
SENATE BILL NO. 227—SENATORS WOODHOUSE, MANENDO,
PARKS, FORD, SPEARMAN; CANCELA, DENIS, RATTI AND
SEGERBLOM

FEBRUARY 28, 2017

JOINT SPONSORS: ASSEMBLYMEN CARLTON, OSCARSON AND TITUS

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to nurses. (BDR 54-213)

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

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

AN ACT relating to nursing; authorizing a qualified advanced practice registered nurse to sign, certify, stamp, verify or endorse certain documents requiring the signature, certification, stamp, verification or endorsement of a physician; authorizing an advanced practice registered nurse to make certain certifications, diagnoses and determinations required to be made by a physician or other provider of health care; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 **Section 2** of this bill: (1) authorizes an advanced practice registered nurse,
2 when the signature, certification, stamp, verification or endorsement of a physician
3 is required, to provide his or her own signature, certification, stamp, verification or
4 endorsement if he or she is qualified to do so; and (2) requires the State Board of
5 Nursing to adopt regulations specifically providing for when an advanced practice
6 registered nurse is qualified to provide his or her signature, certification, stamp,
7 verification or endorsement in the place of a physician's signature, certification,
8 stamp, verification or endorsement.
9 Existing law requires a court to permanently excuse a person from service as a
10 juror if the person is incapable of serving because of a permanent physical or
11 mental disability that is certified by a physician. (NRS 6.030) **Section 4** of this bill
12 authorizes an advanced practice registered nurse to certify such a disability.



13 Existing law requires a court to appoint two psychiatrists or psychologists to
14 examine the competency of a defendant to stand trial. (NRS 178.415) **Section 5** of
15 this bill authorizes the court to appoint, as part of the appointment of two
16 professionals, one or more advanced practice registered nurses who have obtained
17 certain psychiatric training and experience to examine the competency of a
18 defendant.

19 Existing law prohibits a child from being enrolled in a public or private school,
20 or a child from being admitted to a child care facility or accommodation facility,
21 without first certifying that the child has been immunized for certain diseases.
22 (NRS 392.435, 394.192, 432A.230, 432A.235) Existing law also exempts a child
23 from such immunization requirements if the medical condition of the child will not
24 permit the child to be immunized and a written statement of that fact is signed by a
25 licensed physician. (NRS 392.439, 394.194, 432A.250) **Sections 8, 9 and 11** of this
26 bill authorize an advanced practice registered nurse to sign such a written
27 statement.

28 Existing law allows the parent or legal guardian of a pupil who has asthma,
29 anaphylaxis or diabetes to request authorization from the principal or, if applicable,
30 the school nurse of the public school in which the pupil is enrolled to allow the
31 pupil to self-administer medication for the treatment of asthma, anaphylaxis or
32 diabetes while the pupil is on the grounds of a public school, at an activity
33 sponsored by the public school or on a school bus. (NRS 392.425) **Section 7** of this
34 bill authorizes an advanced practice registered nurse to provide a signed statement
35 that a pupil has asthma, anaphylaxis or diabetes and is capable of self-
36 administration of his or her medication.

37 Existing law authorizes certain persons to file an application for the emergency
38 admission of a person alleged to be a person with mental illness to certain facilities.
39 (NRS 433A.160) With certain exceptions, existing law requires an application for
40 the emergency admission of a person alleged to be a person with a mental illness to
41 be accompanied by a certificate of a psychiatrist or licensed psychologist or, if
42 neither is available, a physician, stating that the person has a mental illness and,
43 because of that mental illness, is likely to harm himself or herself or others if not
44 admitted to certain facilities or programs. (NRS 433A.170, 433A.200) **Sections 1**
45 **and 14-22** of this bill: (1) expand the list of persons who are authorized to evaluate
46 such a person alleged to have a mental illness and provide a certificate stating that
47 the person has a mental illness to include an advanced practice registered nurse who
48 has obtained certain psychiatric training and experience; and (2) authorize such an
49 advanced practice registered nurse to conduct such an evaluation for an involuntary
50 court-ordered admission, transfer or early release of a person with mental illness.

51 Under existing law, a medical certificate of death or certificate of stillbirth must
52 be signed by a physician or certain other qualified persons. (NRS 440.340,
53 440.380) Existing law also allows a physician to authorize a physician assistant or
54 registered nurse to make a pronouncement of death if the physician anticipates such
55 death. (NRS 440.415, 632.474) **Sections 23-33** of this bill authorize an advanced
56 practice registered nurse to: (1) sign a medical certificate of death or certificate of
57 stillbirth; and (2) authorize a registered nurse to make a pronouncement of death.

58 Existing law allows any person who is of sound mind and 18 years of age or
59 older to execute a declaration governing the withholding or withdrawal of life-
60 sustaining treatment. (NRS 449.600, 449.610) Under existing law, a directive
61 governing the withholding or withdrawal of life-sustaining treatment becomes
62 operative when it is communicated to the declarant's attending physician and the
63 declarant is determined by the attending physician to be in a terminal condition and
64 no longer able to make decisions regarding the administration of life-sustaining
65 treatment. (NRS 449.617) **Sections 35, 36 and 39-51** of this bill authorize an
66 attending advanced practice registered nurse to: (1) diagnose a person as being in a
67 terminal condition and no longer able to make decisions regarding life-sustaining



68 treatment for the purpose of determining whether a declaration or written consent to
69 the withholding or withdrawal of life-sustaining treatment is operative; and (2)
70 withhold or withdraw life-sustaining treatment in accordance with such a
71 declaration or written consent.

72 Existing law requires the State Board of Health to adopt a Physician Order for
73 Life-Sustaining Treatment form (POLST form), a document which records the
74 wishes of a patient and directs any provider of health care regarding the provision
75 of life-resuscitating treatment and life-sustaining treatment. (NRS 449.694)
76 Existing law additionally allows certain patients suffering from a terminal condition
77 to obtain a do-not-resuscitate order from a physician and a do-not-resuscitate
78 identification from the health authority. (NRS 450B.510-450B.525) **Sections 37, 38**
79 **and 52-63** of this bill authorize an advanced practice registered nurse to make
80 certain determinations related to a POLST form and to execute a POLST form for a
81 patient. **Sections 68-84** authorize an advanced practice registered nurse to: (1)
82 determine whether a patient is in a terminal condition for his or her application for a
83 do-not-resuscitate identification from the health authority; and (2) issue a do-not-
84 resuscitate order.

85 Under existing law, the use of a mechanical or chemical restraint on a person
86 with a disability is authorized under certain permissible uses or for use in an
87 emergency. Existing law further requires a physician to sign a medical order
88 authorizing such use. (NRS 449.779, 449.780) **Sections 6, 10, 12, 13, 64 and 65** of
89 this bill authorize an advanced practice registered nurse to sign an order authorizing
90 the use of a mechanical or chemical restraint on a person with a disability for such
91 permissible uses or for use in an emergency.

92 Existing law requires each organization for youth sports that sanctions or
93 sponsors competitive sports for youths in this State to adopt a policy concerning the
94 prevention and treatment of injuries to the head which may occur during a youth's
95 participation in competitive sports, including, without limitation, concussion of the
96 brain. The policy must require that a youth who sustains or is suspected of
97 sustaining an injury to the head while participating in such an activity or event: (1)
98 be immediately removed from the activity or event; and (2) may not return to the
99 activity or event unless the parent or legal guardian of the pupil provides a written
100 statement from a provider of health care indicating that the pupil is medically
101 cleared to participate and the date on which the pupil may return to the activity or
102 event. (NRS 455A.200) **Section 86** of this bill expands the definition of "provider
103 of health care" to include an advanced practice registered nurse.

104 Under existing law, the Department of Motor Vehicles is authorized to issue
105 special license plates, a special or temporary parking placard or a special or
106 temporary parking sticker to a person with a disability who has certification of such
107 disability completed by a physician and applies for such a plate, placard or sticker.
108 **Sections 87-90** of this bill authorize an advanced practice registered nurse to
109 determine whether a person has a disability and provide that person certification for
110 purposes of obtaining a special license plate, a special or temporary parking placard
111 or a special or temporary parking sticker from the Department.

112 **Sections 91-126** of this bill revise the Nevada Industrial Insurance Act to
113 authorize an advanced practice registered nurse to: (1) examine and provide
114 treatment to an injured employee who has experienced an industrial accident; (2)
115 provide certification of death resulting from an injury; (3) file claims of
116 compensation after providing treatment to an injured employee; (4) be appointed to
117 panels of providers who have demonstrated special competence and interest in
118 industrial health; (5) rate permanent partial and total disabilities if he or she has
119 completed an advanced program of training in rating disabilities; (6) review appeals
120 of determinations concerning accident benefits; (7) conduct independent medical
121 examinations upon an order from a hearing officer and testify to his or her findings;
122 (8) examine an injured employee to determine if he or she is capable of



123 participating in a program of vocational rehabilitation; and (9) determine if an
124 injured employee is in need of a life care plan after a catastrophic injury.

125 Existing law requires a person who wishes to be employed as a taxicab driver
126 to obtain a health certificate issued by a physician or chiropractic physician stating
127 that he or she has examined the prospective driver and found that the prospective
128 driver meets certain health requirements. (NRS 706.495, 706.8842) **Sections 127**
129 **and 128** of this bill authorize an advanced practice registered nurse to issue a health
130 certificate to a prospective driver found by the advanced practice registered nurse to
131 meet the health requirements.

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

1 **Section 1.** NRS 632.120 is hereby amended to read as follows:

2 632.120 1. The Board shall:

3 (a) Adopt regulations establishing reasonable standards:

4 (1) For the denial, renewal, suspension and revocation of,
5 and the placement of conditions, limitations and restrictions upon, a
6 license to practice professional or practical nursing or a certificate to
7 practice as a nursing assistant or medication aide - certified.

8 (2) Of professional conduct for the practice of nursing.

9 (3) For prescribing and dispensing controlled substances and
10 dangerous drugs in accordance with applicable statutes.

11 (4) For the psychiatric training and experience necessary for
12 an advanced practice registered nurse to be authorized to make *the*
13 *evaluations and examinations described in NRS 433A.160,*
14 *433A.240 and 433A.430 and* the certifications described in NRS
15 433A.170, 433A.195 and 433A.200.

16 (b) Prepare and administer examinations for the issuance of a
17 license or certificate under this chapter.

18 (c) Investigate and determine the eligibility of an applicant for a
19 license or certificate under this chapter.

20 (d) Carry out and enforce the provisions of this chapter and the
21 regulations adopted pursuant thereto.

22 2. The Board may adopt regulations establishing reasonable:

23 (a) Qualifications for the issuance of a license or certificate
24 under this chapter.

25 (b) Standards for the continuing professional competence of
26 licensees or holders of a certificate. The Board may evaluate
27 licensees or holders of a certificate periodically for compliance with
28 those standards.

29 3. The Board may adopt regulations establishing a schedule of
30 reasonable fees and charges, in addition to those set forth in NRS
31 632.345, for:

32 (a) Investigating licensees or holders of a certificate and
33 applicants for a license or certificate under this chapter;



1 (b) Evaluating the professional competence of licensees or
2 holders of a certificate;

3 (c) Conducting hearings pursuant to this chapter;

4 (d) Duplicating and verifying records of the Board; and

5 (e) Surveying, evaluating and approving schools of practical
6 nursing, and schools and courses of professional nursing,

7 and collect the fees established pursuant to this subsection.

8 4. For the purposes of this chapter, the Board shall, by
9 regulation, define the term "in the process of obtaining
10 accreditation."

11 5. The Board may adopt such other regulations, not
12 inconsistent with state or federal law, as may be necessary to carry
13 out the provisions of this chapter relating to nursing assistant
14 trainees, nursing assistants and medication aides - certified.

15 6. The Board may adopt such other regulations, not
16 inconsistent with state or federal law, as are necessary to enable it to
17 administer the provisions of this chapter.

18 **Sec. 2.** NRS 632.237 is hereby amended to read as follows:

19 632.237 1. The Board may issue a license to practice as an
20 advanced practice registered nurse to a registered nurse:

21 (a) Who is licensed by endorsement pursuant to NRS 632.161 or
22 632.162 and holds a corresponding valid and unrestricted license to
23 practice as an advanced practice registered nurse in the District of
24 Columbia or any other state or territory of the United States; or

25 (b) Who:

26 (1) Has completed an educational program designed to
27 prepare a registered nurse to:

28 (I) Perform designated acts of medical diagnosis;

29 (II) Prescribe therapeutic or corrective measures; and

30 (III) Prescribe controlled substances, poisons, dangerous
31 drugs and devices;

32 (2) Except as otherwise provided in subsection ~~6~~ 7,
33 submits proof that he or she is certified as an advanced practice
34 registered nurse by the American Board of Nursing Specialties, the
35 National Commission for Certifying Agencies of the Institute for
36 Credentialing Excellence, or their successor organizations, or any
37 other nationally recognized certification agency approved by the
38 Board; and

39 (3) Meets any other requirements established by the Board
40 for such licensure.

41 2. An advanced practice registered nurse may:

42 (a) Engage in selected medical diagnosis and treatment; ~~and~~

43 (b) If authorized pursuant to NRS 639.2351 and subject to the
44 limitations set forth in subsection 3, prescribe controlled substances,
45 poisons, dangerous drugs and devices ~~and~~; *and*



1 *(c) Provide his or her signature, certification, stamp,*
2 *verification or endorsement when a signature, certification, stamp,*
3 *verification or endorsement by a physician is required, if providing*
4 *such a signature, certification, stamp, verification or endorsement*
5 *is within the authorized scope of practice of an advanced practice*
6 *registered nurse.*

7 ↪ An advanced practice registered nurse shall not engage in any
8 diagnosis, treatment or other conduct which the advanced practice
9 registered nurse is not qualified to perform.

10 3. An advanced practice registered nurse who is authorized to
11 prescribe controlled substances, poisons, dangerous drugs and
12 devices pursuant to NRS 639.2351 shall not prescribe a controlled
13 substance listed in schedule II unless:

14 (a) The advanced practice registered nurse has at least 2 years or
15 2,000 hours of clinical experience; or

16 (b) The controlled substance is prescribed pursuant to a protocol
17 approved by a collaborating physician.

18 4. An advanced practice registered nurse may perform the acts
19 described in *paragraphs (a) and (b) of* subsection 2 by using
20 equipment that transfers information concerning the medical
21 condition of a patient in this State electronically, telephonically or
22 by fiber optics, including, without limitation, through telehealth, as
23 defined in NRS 629.515, from within or outside this State or the
24 United States.

25 5. *Nothing in paragraph (c) of subsection 2 shall be deemed*
26 *to expand the scope of practice of an advanced practice registered*
27 *nurse who provides his or her signature, certification, stamp,*
28 *verification or endorsement in the place of a physician.*

29 6. The Board shall adopt regulations:

30 (a) Specifying any additional training, education and experience
31 necessary for licensure as an advanced practice registered nurse.

32 (b) Delineating the authorized scope of practice of an advanced
33 practice registered nurse ~~H~~, *including, without limitation, when*
34 *an advanced practice registered nurse is qualified to provide his or*
35 *her signature, certification, stamp, verification or endorsement in*
36 *the place of a physician.*

37 (c) Establishing the procedure for application for licensure as an
38 advanced practice registered nurse.

39 ~~16~~ 7. The provisions of subparagraph (2) of paragraph (b) of
40 subsection 1 do not apply to an advanced practice registered nurse
41 who obtains a license before July 1, 2014.

42 **Sec. 3.** NRS 632.474 is hereby amended to read as follows:

43 632.474 A registered nurse who is authorized by a physician *or*
44 *advanced practice registered nurse* pursuant to NRS 440.415 may
45 make a pronouncement of death.



1 **Sec. 4.** NRS 6.030 is hereby amended to read as follows:

2 6.030 1. The court may at any time temporarily excuse any
3 juror on account of:

4 (a) Sickness or physical disability.

5 (b) Serious illness or death of a member of the juror's
6 immediate family.

7 (c) Undue hardship or extreme inconvenience.

8 (d) Public necessity.

9 2. In addition to the reasons set forth in subsection 1, the court
10 may at any time temporarily excuse a person who provides proof
11 that the person is the primary caregiver of another person who has a
12 documented medical condition which requires the assistance of
13 another person at all times.

14 3. A person temporarily excused shall appear for jury service
15 as the court may direct.

16 4. The court shall permanently excuse any person from service
17 as a juror if the person is incapable, by reason of a permanent
18 physical or mental disability, of rendering satisfactory service as a
19 juror. The court may require the prospective juror to submit a
20 ~~physician's~~ certificate *completed by a physician or an advanced
21 practice registered nurse licensed pursuant to NRS 632.237*
22 concerning the nature and extent of the disability and the certifying
23 physician *or advanced practice registered nurse* may be required to
24 testify concerning the disability when the court so directs.

25 **Sec. 5.** NRS 178.415 is hereby amended to read as follows:

26 178.415 1. Except as otherwise provided in this subsection,
27 the court shall appoint two psychiatrists, ~~two~~ psychologists ~~;~~ or
28 ~~one psychiatrist and one psychologist,~~ *advanced practice
29 registered nurses who have the psychiatric training and
30 experience prescribed by the State Board of Nursing pursuant to
31 NRS 632.120, or any combination of two such persons,* to examine
32 the defendant. If the defendant is accused of a misdemeanor, the
33 court of jurisdiction shall appoint a psychiatric social worker, or
34 other person who is especially qualified by the Division, to examine
35 the defendant.

36 2. Except as otherwise provided in this subsection, at a hearing
37 in open court, the court that orders the examination must receive the
38 report of the examination. If a justice court orders the examination
39 of a defendant who is charged with a gross misdemeanor or felony,
40 the district court must receive the report of the examination.

41 3. The court that receives the report of the examination shall
42 permit counsel for both sides to examine the person or persons
43 appointed to examine the defendant. The prosecuting attorney and
44 the defendant may:



1 (a) Introduce other evidence including, without limitation,
2 evidence related to treatment to competency and the possibility of
3 ordering the involuntary administration of medication; and

4 (b) Cross-examine one another's witnesses.

5 4. The court that receives the report of the examination shall
6 then make and enter its finding of competence or incompetence.

7 5. The court shall not appoint a person to provide a report or an
8 evaluation pursuant to this section, unless the person is certified by
9 the Division pursuant to NRS 178.417.

10 **Sec. 6.** NRS 388.503 is hereby amended to read as follows:

11 388.503 1. Except as otherwise provided in subsection 2,
12 mechanical restraint may be used on a pupil with a disability only if:

13 (a) An emergency exists that necessitates the use of mechanical
14 restraint;

15 (b) A medical order authorizing the use of mechanical restraint
16 from the pupil's treating physician *or advanced practice registered*
17 *nurse* is included in the pupil's individualized education program
18 before the application of the mechanical restraint;

19 (c) The physician *or advanced practice registered nurse* who
20 signed the order required pursuant to paragraph (b) or the attending
21 physician *or attending advanced practice registered nurse*
22 examines the pupil as soon as practicable after the application of the
23 mechanical restraint;

24 (d) The mechanical restraint is applied by a member of the staff
25 of the school who is trained and qualified to apply mechanical
26 restraint;

27 (e) The pupil is given the opportunity to move and exercise the
28 parts of his or her body that are restrained at least 10 minutes per
29 every 60 minutes of restraint, unless otherwise prescribed by the
30 physician *or advanced practice registered nurse* who signed the
31 order;

32 (f) A member of the staff of the school lessens or discontinues
33 the restraint every 15 minutes to determine whether the pupil will
34 stop injury to himself or herself without the use of the restraint;

35 (g) The record of the pupil contains a notation that includes the
36 time of day that the restraint was lessened or discontinued pursuant
37 to paragraph (f), the response of the pupil and the response of the
38 member of the staff of the school who applied the mechanical
39 restraint;

40 (h) A member of the staff of the school continuously monitors
41 the pupil during the time that mechanical restraint is used on the
42 pupil; and

43 (i) The mechanical restraint is used only for the period that is
44 necessary to contain the behavior of the pupil so that the pupil is no



1 longer an immediate threat of causing physical injury to himself or
2 herself.

3 2. Mechanical restraint may be used on a pupil with a disability
4 and the provisions of subsection 1 do not apply if the mechanical
5 restraint is used to:

6 (a) Treat the medical needs of the pupil;

7 (b) Protect a pupil who is known to be at risk of injury to
8 himself or herself because he or she lacks coordination or suffers
9 from frequent loss of consciousness;

10 (c) Provide proper body alignment to a pupil; or

11 (d) Position a pupil who has physical disabilities in a manner
12 prescribed in the pupil's individualized education program.

13 3. If mechanical restraint is used on a pupil with a disability in
14 an emergency, the use of the procedure must be reported in the
15 pupil's cumulative record and a confidential file maintained for the
16 pupil not later than 1 working day after the procedure is used. A
17 copy of the report must be provided to the board of trustees of the
18 school district or its designee, the pupil's individualized education
19 program team and the parent or guardian of the pupil. If the board of
20 trustees or its designee determines that a denial of the pupil's rights
21 has occurred, the board of trustees or its designee shall submit a
22 report to the Department in accordance with NRS 388.513.

23 4. If a pupil with a disability has three reports of the use of
24 mechanical restraint in his or her record pursuant to subsection 3 in
25 1 school year, the school district shall notify the school in which the
26 pupil is enrolled to review the circumstances of the use of
27 the restraint on the pupil and provide a report of its findings to the
28 school district.

29 5. If a pupil with a disability has five reports of the use of
30 mechanical restraint in his or her record pursuant to subsection 3 in
31 1 school year, the pupil's individualized education program must be
32 reviewed in accordance with the Individuals with Disabilities
33 Education Act, 20 U.S.C. §§ 1414 et seq., and the regulations
34 adopted pursuant thereto. If mechanical restraint continues after the
35 pupil's individualized education program has been reviewed, the
36 school district and the parent or legal guardian of the pupil shall
37 include in the pupil's individualized education program additional
38 methods that are appropriate for the pupil to ensure that restraint
39 does not continue, including, without limitation, mentoring, training,
40 a functional behavioral assessment, a positive behavior plan and
41 positive behavioral supports.

42 **Sec. 7.** NRS 392.425 is hereby amended to read as follows:

43 392.425 1. The parent or legal guardian of a pupil who has
44 asthma, anaphylaxis or diabetes may submit a written request to the
45 principal or, if applicable, the school nurse of the public school in



1 which the pupil is enrolled to allow the pupil to self-administer
2 medication for the treatment of the pupil's asthma, anaphylaxis or
3 diabetes while the pupil is on the grounds of a public school,
4 participating in an activity sponsored by a public school or on a
5 school bus.

6 2. A public school shall establish protocols for containing
7 blood-borne pathogens and the handling and disposal of needles,
8 medical devices and other medical waste and provide a copy of
9 these protocols and procedures to the parent or guardian of a pupil
10 who requests permission for the pupil to self-administer medication
11 pursuant to subsection 1.

12 3. A written request made pursuant to subsection 1 must
13 include:

14 (a) A signed statement of a physician *or advanced practice*
15 *registered nurse* indicating that the pupil has asthma, anaphylaxis or
16 diabetes and is capable of self-administration of the medication
17 while the pupil is on the grounds of a public school, participating in
18 an activity sponsored by a public school or on a school bus;

19 (b) A written treatment plan prepared by the physician *or*
20 *advanced practice registered nurse* pursuant to which the pupil will
21 manage his or her asthma, anaphylaxis or diabetes if the pupil
22 experiences an asthmatic attack, anaphylactic shock or diabetic
23 episode while on the grounds of a public school, participating in an
24 activity sponsored by a public school or on a school bus; and

25 (c) A signed statement of the parent or legal guardian:

26 (1) Indicating that the parent or legal guardian grants
27 permission for the pupil to self-administer the medication while the
28 pupil is on the grounds of a public school, participating in an
29 activity sponsored by a public school or on a school bus;

30 (2) Acknowledging that the parent or legal guardian is aware
31 of and understands the provisions of subsections 4 and 5;

32 (3) Acknowledging the receipt of the protocols provided
33 pursuant to subsection 2;

34 (4) Acknowledging that the protocols established pursuant to
35 subsection 2 have been explained to the pupil who will self-
36 administer the medication and that he or she has agreed to comply
37 with the protocols; and

38 (5) Acknowledging that authorization to self-administer
39 medication pursuant to this section may be revoked if the pupil fails
40 to comply with the protocols established pursuant to subsection 2.

41 4. The provisions of this section do not create a duty for the
42 board of trustees of the school district, the school district, the public
43 school in which the pupil is enrolled, or an employee or agent
44 thereof, that is in addition to those duties otherwise required in the
45 course of service or employment.



1 5. If a pupil is granted authorization pursuant to this section to
2 self-administer medication, the board of trustees of the school
3 district, the school district and the public school in which the pupil
4 is enrolled, and any employee or agent thereof, are immune from
5 liability for the injury to or death of:

6 (a) The pupil as a result of self-administration of a medication
7 pursuant to this section or the failure of the pupil to self-administer
8 such a medication; and

9 (b) Any other person as a result of exposure to or injury caused
10 by needles, medical devices or other medical waste from the self-
11 administration of medication by a pupil pursuant to this section.

12 6. Upon receipt of a request that complies with subsection 3,
13 the principal or, if applicable, the school nurse of the public school
14 in which a pupil is enrolled shall provide written authorization for
15 the pupil to carry and self-administer medication to treat his or her
16 asthma, anaphylaxis or diabetes while the pupil is on the grounds of
17 a public school, participating in an activity sponsored by a public
18 school or on a school bus. The written authorization must be filed
19 with the principal or, if applicable, the school nurse of the public
20 school in which the pupil is enrolled and must include:

21 (a) The name and purpose of the medication which the pupil is
22 authorized to self-administer;

23 (b) The prescribed dosage and the duration of the prescription;

24 (c) The times or circumstances, or both, during which the
25 medication is required or recommended for self-administration;

26 (d) The side effects that may occur from an administration of the
27 medication;

28 (e) The name and telephone number of the pupil's physician *or*
29 *advanced practice registered nurse* and the name and telephone
30 number of the person to contact in the case of a medical emergency
31 concerning the pupil; and

32 (f) The procedures for the handling and disposal of needles,
33 medical devices and other medical waste.

34 7. The written authorization provided pursuant to subsection 6
35 is valid for 1 school year. If a parent or legal guardian submits a
36 written request that complies with subsection 3, the principal or, if
37 applicable, the school nurse of the public school in which the pupil
38 is enrolled shall renew and, if necessary, revise the written
39 authorization.

40 8. If a parent or legal guardian of a pupil who is authorized
41 pursuant to this section to carry medication on his or her person
42 provides to the principal or, if applicable, the school nurse of the
43 public school in which the pupil is enrolled doses of the medication
44 in addition to the dosage that the pupil carries on his or her person,



1 the principal or, if applicable, the school nurse shall ensure that the
2 additional medication is:

3 (a) Stored on the premises of the public school in a location that
4 is secure; and

5 (b) Readily available if the pupil experiences an asthmatic
6 attack, anaphylactic shock or diabetic episode during school hours.

7 9. As used in this section:

8 (a) *“Advanced practice registered nurse” means a registered
9 nurse who holds a valid license as an advanced practice registered
10 nurse issued by the State Board of Nursing pursuant to
11 NRS 632.237.*

12 (b) “Medication” means any medicine prescribed by a physician
13 *or advanced practice registered nurse* for the treatment of
14 anaphylaxis, asthma or diabetes, including, without limitation,
15 asthma inhalers, auto-injectable epinephrine and insulin.

16 ~~(b)~~ (c) “Physician” means a person who is licensed to practice
17 medicine pursuant to chapter 630 of NRS or osteopathic medicine
18 pursuant to chapter 633 of NRS.

19 ~~(e)~~ (d) “Self-administer” means the auto-administration of a
20 medication pursuant to the prescription for the medication or written
21 directions for such a medication.

22 **Sec. 8.** NRS 392.439 is hereby amended to read as follows:

23 392.439 If the medical condition of a child will not permit the
24 child to be immunized to the extent required by NRS 392.435 and a
25 written statement of this fact is signed by a licensed physician *or
26 advanced practice registered nurse* and by the parents or guardian
27 of the child, the board of trustees of the school district or governing
28 body of the charter school in which the child has been accepted for
29 enrollment shall exempt the child from all or part of the provisions
30 of NRS 392.435, as the case may be, for enrollment purposes.

31 **Sec. 9.** NRS 394.194 is hereby amended to read as follows:

32 394.194 If the medical condition of a child will not permit the
33 child to be immunized to the extent required by NRS 394.192, a
34 written statement of this fact signed by a licensed physician *or
35 advanced practice registered nurse* and presented to the governing
36 body by the parents or guardian of such child shall exempt such
37 child from all or part of the provisions of NRS 394.192, as the case
38 may be, for enrollment purposes.

39 **Sec. 10.** NRS 394.369 is hereby amended to read as follows:

40 394.369 1. Except as otherwise provided in subsection 2,
41 mechanical restraint may be used on a pupil with a disability only if:

42 (a) An emergency exists that necessitates the use of mechanical
43 restraint;

44 (b) A medical order authorizing the use of mechanical restraint
45 from the pupil’s treating physician *or advanced practice registered*



1 *nurse* is included in the pupil's services plan developed pursuant to
2 34 C.F.R. § 300.138 or the pupil's individualized education
3 program, whichever is appropriate, before the application of the
4 mechanical restraint;

5 (c) The physician *or advanced practice registered nurse* who
6 signed the order required pursuant to paragraph (b) or the attending
7 physician *or attending advanced practice registered nurse*
8 examines the pupil as soon as practicable after the application of the
9 mechanical restraint;

10 (d) The mechanical restraint is applied by a member of the staff
11 of the private school who is trained and qualified to apply
12 mechanical restraint;

13 (e) The pupil is given the opportunity to move and exercise the
14 parts of his or her body that are restrained at least 10 minutes per
15 every 60 minutes of restraint, unless otherwise prescribed by the
16 physician *or advanced practice registered nurse* who signed the
17 order;

18 (f) A member of the staff of the private school lessens or
19 discontinues the restraint every 15 minutes to determine whether the
20 pupil will stop injury to himself or herself without the use of the
21 restraint;

22 (g) The record of the pupil contains a notation that includes the
23 time of day that the restraint was lessened or discontinued pursuant
24 to paragraph (f), the response of the pupil and the response of the
25 member of the staff of the private school who applied the
26 mechanical restraint;

27 (h) A member of the staff of the private school continuously
28 monitors the pupil during the time that mechanical restraint is used
29 on the pupil; and

30 (i) The mechanical restraint is used only for the period that is
31 necessary to contain the behavior of the pupil so that the pupil is no
32 longer an immediate threat of causing physical injury to himself or
33 herself.

34 2. Mechanical restraint may be used on a pupil with a disability
35 and the provisions of subsection 1 do not apply if the mechanical
36 restraint is used to:

37 (a) Treat the medical needs of the pupil;

38 (b) Protect a pupil who is known to be at risk of injury to
39 himself or herself because he or she lacks coordination or suffers
40 from frequent loss of consciousness;

41 (c) Provide proper body alignment to a pupil; or

42 (d) Position a pupil who has physical disabilities in a manner
43 prescribed in the pupil's service plan developed pursuant to 34
44 C.F.R. § 300.138 or the pupil's individualized education program,
45 whichever is appropriate.



1 3. If mechanical restraint is used on a pupil with a disability in
2 an emergency, the use of the procedure must be reported in the
3 pupil's cumulative record not later than 1 working day after
4 the procedure is used. A copy of the report must be provided to the
5 Superintendent, the administrator of the private school, the pupil's
6 individualized education program team, if applicable, and the parent
7 or guardian of the pupil. If the administrator of the private school
8 determines that a denial of the pupil's rights has occurred, the
9 administrator shall submit a report to the Superintendent in
10 accordance with NRS 394.378.

11 4. If a pupil with a disability has three reports of the use of
12 mechanical restraint in his or her record pursuant to subsection 3 in
13 1 school year, the private school in which the pupil is enrolled shall
14 review the circumstances of the use of the restraint on the pupil and
15 provide a report to the Superintendent on its findings.

16 5. If a pupil with a disability has five reports of the use of
17 mechanical restraint in his or her record pursuant to subsection 3 in
18 1 school year, the pupil's individualized education program or the
19 pupil's services plan, as applicable, must be reviewed in accordance
20 with the Individuals with Disabilities Education Act, 20 U.S.C. §§
21 1414 et seq., and the regulations adopted pursuant thereto. If
22 mechanical restraint continues after the pupil's individualized
23 education program or services plan has been reviewed, the private
24 school and the parent or legal guardian of the pupil shall include in
25 the pupil's individualized education program or services plan, as
26 applicable, additional methods that are appropriate for the pupil to
27 ensure that the restraint does not continue, including, without
28 limitation, mentoring, training, a functional behavioral assessment, a
29 positive behavior plan and positive behavioral supports.

30 6. As used in this section, "individualized education program"
31 has the meaning ascribed to it in 20 U.S.C. § 1414(d)(1)(A).

32 **Sec. 11.** NRS 432A.250 is hereby amended to read as follows:

33 432A.250 If the medical condition of a child will not permit
34 the child to be immunized to the extent required by NRS 432A.230
35 or 432A.235, a written statement of this fact signed by a licensed
36 physician *or advanced practice registered nurse* and presented to
37 the operator of the facility by the parents or guardian of such child
38 exempts such child from all or part of the provisions of NRS
39 432A.230 or 432A.235, as the case may be, for purposes of
40 admission.

41 **Sec. 12.** NRS 433.5496 is hereby amended to read as follows:

42 433.5496 1. Except as otherwise provided in subsections 2
43 and 4, mechanical restraint may be used on a person with a
44 disability who is a consumer only if:



- 1 (a) An emergency exists that necessitates the use of mechanical
2 restraint;
- 3 (b) A medical order authorizing the use of mechanical restraint
4 is obtained from the consumer's treating physician *or advanced*
5 *practice registered nurse* before the application of the mechanical
6 restraint or not later than 15 minutes after the application of the
7 mechanical restraint;
- 8 (c) The physician *or advanced practice registered nurse* who
9 signed the order required pursuant to paragraph (b) or the attending
10 physician *or attending advanced practice registered nurse*
11 examines the consumer not later than 1 working day immediately
12 after the application of the mechanical restraint;
- 13 (d) The mechanical restraint is applied by a member of the staff
14 of the facility who is trained and qualified to apply mechanical
15 restraint;
- 16 (e) The consumer is given the opportunity to move and exercise
17 the parts of his or her body that are restrained at least 10 minutes per
18 every 60 minutes of restraint;
- 19 (f) A member of the staff of the facility lessens or discontinues
20 the restraint every 15 minutes to determine whether the consumer
21 will stop or control his or her inappropriate behavior without the use
22 of the restraint;
- 23 (g) The record of the consumer contains a notation that includes
24 the time of day that the restraint was lessened or discontinued
25 pursuant to paragraph (f), the response of the consumer and the
26 response of the member of the staff of the facility who applied the
27 mechanical restraint;
- 28 (h) A member of the staff of the facility continuously monitors
29 the consumer during the time that mechanical restraint is used on the
30 consumer; and
- 31 (i) The mechanical restraint is used only for the period that is
32 necessary to contain the behavior of the consumer so that the
33 consumer is no longer an immediate threat of causing physical
34 injury to himself or herself or others or causing severe property
35 damage.
- 36 2. Mechanical restraint may be used on a person with a
37 disability who is a consumer and the provisions of subsection 1 do
38 not apply if the mechanical restraint is used to:
- 39 (a) Treat the medical needs of a consumer;
- 40 (b) Protect a consumer who is known to be at risk of injury to
41 himself or herself because the consumer lacks coordination or
42 suffers from frequent loss of consciousness;
- 43 (c) Provide proper body alignment to a consumer; or
- 44 (d) Position a consumer who has physical disabilities in a
45 manner prescribed in the consumer's plan of services.



1 3. If mechanical restraint is used on a person with a disability
2 who is a consumer in an emergency, the use of the procedure must
3 be reported as a denial of rights pursuant to NRS 433.534 or
4 435.610, as applicable, regardless of whether the use of the
5 procedure is authorized by statute. The report must be made not
6 later than 1 working day after the procedure is used.

7 4. The provisions of this section do not apply to a forensic
8 facility, as that term is defined in subsection 5 of NRS 433.5499.

9 **Sec. 13.** NRS 433.5503 is hereby amended to read as follows:

10 433.5503 1. Chemical restraint may only be used on a person
11 with a disability who is a consumer if:

12 (a) The consumer has been diagnosed as mentally ill, as defined
13 in NRS 433A.115, and is receiving mental health services from a
14 facility;

15 (b) The chemical restraint is administered to the consumer while
16 he or she is under the care of the facility;

17 (c) An emergency exists that necessitates the use of chemical
18 restraint;

19 (d) A medical order authorizing the use of chemical restraint is
20 obtained from the consumer's attending physician, ~~††~~ psychiatrist
21 ~~††~~ *or advanced practice registered nurse;*

22 (e) The physician, ~~††~~ psychiatrist *or advanced practice*
23 *registered nurse* who signed the order required pursuant to
24 paragraph (d) examines the consumer not later than 1 working day
25 immediately after the administration of the chemical restraint; and

26 (f) The chemical restraint is administered by a person licensed to
27 administer medication.

28 2. If chemical restraint is used on a person with a disability
29 who is a consumer, the use of the procedure must be reported as a
30 denial of rights pursuant to NRS 433.534 or 435.610, as applicable,
31 regardless of whether the use of the procedure is authorized by
32 statute. The report must be made not later than 1 working day after
33 the procedure is used.

34 **Sec. 14.** NRS 433A.160 is hereby amended to read as follows:

35 433A.160 1. Except as otherwise provided in subsection 2,
36 an application for the emergency admission of a person alleged to be
37 a person with mental illness for evaluation, observation and
38 treatment may only be made by an accredited agent of the
39 Department, an officer authorized to make arrests in the State of
40 Nevada or a physician, physician assistant, psychologist, marriage
41 and family therapist, clinical professional counselor, social worker
42 or registered nurse. The agent, officer, physician, physician
43 assistant, psychologist, marriage and family therapist, clinical
44 professional counselor, social worker or registered nurse may:

45 (a) Without a warrant:



1 (1) Take a person alleged to be a person with mental illness
2 into custody to apply for the emergency admission of the person for
3 evaluation, observation and treatment; and

4 (2) Transport the person alleged to be a person with mental
5 illness to a public or private mental health facility or hospital for
6 that purpose, or arrange for the person to be transported by:

7 (I) A local law enforcement agency;

8 (II) A system for the nonemergency medical
9 transportation of persons whose operation is authorized by the
10 Nevada Transportation Authority;

11 (III) An entity that is exempt pursuant to NRS 706.745
12 from the provisions of NRS 706.386 or 706.421; or

13 (IV) If medically necessary, an ambulance service that
14 holds a permit issued pursuant to the provisions of chapter 450B of
15 NRS,

16 ➔ only if the agent, officer, physician, physician assistant,
17 psychologist, marriage and family therapist, clinical professional
18 counselor, social worker or registered nurse has, based upon his or
19 her personal observation of the person alleged to be a person with
20 mental illness, probable cause to believe that the person has a
21 mental illness and, because of that illness, is likely to harm himself
22 or herself or others if allowed his or her liberty.

23 (b) Apply to a district court for an order requiring:

24 (1) Any peace officer to take a person alleged to be a person
25 with mental illness into custody to allow the applicant for the order
26 to apply for the emergency admission of the person for evaluation,
27 observation and treatment; and

28 (2) Any agency, system or service described in subparagraph
29 (2) of paragraph (a) to transport the person alleged to be a person
30 with mental illness to a public or private mental health facility or
31 hospital for that purpose.

32 ➔ The district court may issue such an order only if it is satisfied
33 that there is probable cause to believe that the person has a mental
34 illness and, because of that illness, is likely to harm himself or
35 herself or others if allowed his or her liberty.

36 2. An application for the emergency admission of a person
37 alleged to be a person with mental illness for evaluation, observation
38 and treatment may be made by a spouse, parent, adult child or legal
39 guardian of the person. The spouse, parent, adult child or legal
40 guardian and any other person who has a legitimate interest in the
41 person alleged to be a person with mental illness may apply to a
42 district court for an order described in paragraph (b) of subsection 1.

43 3. The application for the emergency admission of a person
44 alleged to be a person with mental illness for evaluation, observation



1 and treatment must reveal the circumstances under which the person
2 was taken into custody and the reasons therefor.

3 4. Except as otherwise provided in this subsection, each person
4 admitted to a public or private mental health facility or hospital
5 under an emergency admission must be evaluated at the time of
6 admission by a psychiatrist or a psychologist. If a psychiatrist or a
7 psychologist is not available to conduct an evaluation at the time of
8 admission, a physician *or an advanced practice registered nurse*
9 *who has the training and experience prescribed by the State Board*
10 *of Nursing pursuant to NRS 632.120* may conduct the evaluation.
11 Each such emergency admission must be approved by a psychiatrist.

12 5. As used in this section, "an accredited agent of the
13 Department" means any person appointed or designated by the
14 Director of the Department to take into custody and transport to a
15 mental health facility pursuant to subsections 1 and 2 those persons
16 in need of emergency admission.

17 **Sec. 15.** NRS 433A.200 is hereby amended to read as follows:

18 433A.200 1. Except as otherwise provided in NRS
19 432B.6075, a proceeding for an involuntary court-ordered admission
20 of any person in the State of Nevada may be commenced by the
21 filing of a petition for the involuntary admission to a mental health
22 facility or to a program of community-based or outpatient services
23 with the clerk of the district court of the county where the person
24 who is to be treated resides. The petition may be filed by the spouse,
25 parent, adult children or legal guardian of the person to be treated or
26 by any physician, physician assistant, psychologist, social worker or
27 registered nurse, by an accredited agent of the Department or by any
28 officer authorized to make arrests in the State of Nevada. The
29 petition must be accompanied:

30 (a) By a certificate of a physician, a licensed psychologist, a
31 physician assistant under the supervision of a psychiatrist, a clinical
32 social worker who has the psychiatric training and experience
33 prescribed by the Board of Examiners for Social Workers pursuant
34 to NRS 641B.160, an advanced practice registered nurse who has
35 the psychiatric training and experience prescribed by the State
36 Board of Nursing pursuant to NRS 632.120 or an accredited agent
37 of the Department stating that he or she has examined the person
38 alleged to be a person with mental illness and has concluded that the
39 person has a mental illness and, because of that illness, is likely to
40 harm himself or herself or others if allowed his or her liberty or if
41 not required to participate in a program of community-based or
42 outpatient services; or

43 (b) By a sworn written statement by the petitioner that:

44 (1) The petitioner has, based upon the petitioner's personal
45 observation of the person alleged to be a person with mental illness,



1 probable cause to believe that the person has a mental illness and,
2 because of that illness, is likely to harm himself or herself or others
3 if allowed his or her liberty or if not required to participate in a
4 program of community-based or outpatient services; and

5 (2) The person alleged to be a person with mental illness has
6 refused to submit to examination or treatment by a physician,
7 psychiatrist, ~~††~~ licensed psychologist **††** *or advanced practice*
8 *registered nurse who has the psychiatric training and experience*
9 *prescribed by the State Board of Nursing pursuant to*
10 *NRS 632.120.*

11 2. Except as otherwise provided in NRS 432B.6075, if the
12 person to be treated is a minor and the petitioner is a person other
13 than a parent or guardian of the minor, the petition must, in addition
14 to the certificate or statement required by subsection 1, include a
15 statement signed by a parent or guardian of the minor that the parent
16 or guardian does not object to the filing of the petition.

17 **Sec. 16.** NRS 433A.210 is hereby amended to read as follows:

18 433A.210 In addition to the requirements of NRS 433A.200, a
19 petition filed pursuant to that section with the clerk of the district
20 court to commence proceedings for involuntary court-ordered
21 admission of a person pursuant to NRS 433A.145 or 433A.150 must
22 include a certified copy of:

23 1. The application for the emergency admission of the person
24 made pursuant to NRS 433A.160; and

25 2. A petition executed by a psychiatrist, licensed psychologist,
26 ~~††~~ physician **††** *or advanced practice registered nurse who has*
27 *the psychiatric training and experience prescribed by the State*
28 *Board of Nursing pursuant to NRS 632.120*, including, without
29 limitation, a sworn statement that:

30 (a) He or she has examined the person alleged to be a person
31 with mental illness;

32 (b) In his or her opinion, there is a reasonable degree of certainty
33 that the person alleged to be a person with mental illness suffers
34 from a mental illness;

35 (c) Based on his or her personal observation of the person
36 alleged to be a person with mental illness and other facts set forth in
37 the petition, the person poses a risk of imminent harm to himself or
38 herself or others; and

39 (d) In his or her opinion, involuntary admission of the person
40 alleged to be a person with mental illness to a mental health facility
41 or hospital is medically necessary to prevent the person from
42 harming himself or herself or others.

43 **Sec. 17.** NRS 433A.240 is hereby amended to read as follows:

44 433A.240 1. After the filing of a petition to commence
45 proceedings for the involuntary court-ordered admission of a person



1 pursuant to NRS 433A.200 or 433A.210, the court shall promptly
2 cause two or more physicians , ~~for~~ licensed psychologists ~~or~~ *or*
3 *advanced practice registered nurses who have the psychiatric*
4 *training and experience prescribed by the State Board of Nursing*
5 *pursuant to NRS 632.120*, one of whom must always be a
6 physician, to examine the person alleged to be a person with mental
7 illness, or request an evaluation by an evaluation team from the
8 Division of the person alleged to be a person with mental illness.

9 2. To conduct the examination of a person who is not being
10 detained at a mental health facility or hospital under emergency
11 admission pursuant to an application made pursuant to NRS
12 433A.160, the court may order a peace officer to take the person
13 into protective custody and transport the person to a mental health
14 facility or hospital where the person may be detained until a hearing
15 is had upon the petition.

16 3. If the person is not being detained under an emergency
17 admission pursuant to an application made pursuant to NRS
18 433A.160, the person may be allowed to remain in his or her home
19 or other place of residence pending an ordered examination or
20 examinations and to return to his or her home or other place of
21 residence upon completion of the examination or examinations. The
22 person may be accompanied by one or more of his or her relations
23 or friends to the place of examination.

24 4. Each physician , ~~and~~ licensed psychologist *and advanced*
25 *practice registered nurse* who examines a person pursuant to
26 subsection 1 shall, in conducting such an examination, consider the
27 least restrictive treatment appropriate for the person.

28 5. Except as otherwise provided in this subsection, each
29 physician , ~~and~~ licensed psychologist *and advanced practice*
30 *registered nurse* who examines a person pursuant to subsection 1
31 shall, not later than 48 hours before the hearing set pursuant to NRS
32 433A.220, submit to the court in writing a summary of his or her
33 findings and evaluation regarding the person alleged to be a person
34 with mental illness. If the person alleged to be a person with mental
35 illness is admitted under an emergency admission pursuant to an
36 application made pursuant to NRS 433A.160, the written findings
37 and evaluation must be submitted to the court not later than 24 hours
38 before the hearing set pursuant to subsection 1 of NRS 433A.220.

39 **Sec. 18.** NRS 433A.280 is hereby amended to read as follows:

40 433A.280 In proceedings for involuntary court-ordered
41 admission, the court shall hear and consider all relevant testimony,
42 including, but not limited to, the testimony of examining personnel
43 who participated in the evaluation of the person alleged to be a
44 person with mental illness and the certificates of physicians , ~~for~~
45 certified psychologists *or advanced practice registered nurses*



1 accompanying the petition. The court may consider testimony
2 relating to any past actions of the person alleged to be a person with
3 mental illness if such testimony is probative of the question of
4 whether the person is presently mentally ill and presents a clear and
5 present danger of harm to himself or herself or others.

6 **Sec. 19.** NRS 433A.330 is hereby amended to read as follows:

7 433A.330 1. When an involuntary court admission to a
8 mental health facility is ordered under the provisions of this chapter,
9 the involuntarily admitted person, together with the court orders and
10 certificates of the physicians, certified psychologists, *advanced*
11 *practice registered nurses* or evaluation team and a full and
12 complete transcript of the notes of the official reporter made at the
13 examination of such person before the court, must be delivered to
14 the sheriff of the county who shall:

15 (a) Transport the person; or

16 (b) Arrange for the person to be transported by:

17 (1) A system for the nonemergency medical transportation of
18 persons whose operation is authorized by the Nevada Transportation
19 Authority; or

20 (2) If medically necessary, an ambulance service that holds a
21 permit issued pursuant to the provisions of chapter 450B of NRS,
22 to the appropriate public or private mental health facility.

23 2. No person with mental illness may be transported to the
24 mental health facility without at least one attendant of the same sex
25 or a relative in the first degree of consanguinity or affinity being in
26 attendance.

27 **Sec. 20.** NRS 433A.360 is hereby amended to read as follows:

28 433A.360 1. A clinical record for each consumer must be
29 diligently maintained by any division facility, private institution,
30 facility offering mental health services or program of community-
31 based or outpatient services. The record must include information
32 pertaining to the consumer's admission, legal status, treatment and
33 individualized plan for habilitation. The clinical record is not a
34 public record and no part of it may be released, except:

35 (a) If the release is authorized or required pursuant to
36 NRS 439.538.

37 (b) The record must be released to physicians, *advanced*
38 *practice registered nurses*, attorneys and social agencies as
39 specifically authorized in writing by the consumer, the consumer's
40 parent, guardian or attorney.

41 (c) The record must be released to persons authorized by the
42 order of a court of competent jurisdiction.

43 (d) The record or any part thereof may be disclosed to a
44 qualified member of the staff of a division facility, an employee of
45 the Division or a member of the staff of an agency in Nevada which



1 has been established pursuant to the Developmental Disabilities
2 Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et
3 seq., or the Protection and Advocacy for Mentally Ill Individuals
4 Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator
5 deems it necessary for the proper care of the consumer.

6 (e) Information from the clinical records may be used for
7 statistical and evaluative purposes if the information is abstracted in
8 such a way as to protect the identity of individual consumers.

9 (f) To the extent necessary for a consumer to make a claim, or
10 for a claim to be made on behalf of a consumer for aid, insurance or
11 medical assistance to which the consumer may be entitled,
12 information from the records may be released with the written
13 authorization of the consumer or the consumer's guardian.

14 (g) The record must be released without charge to any member
15 of the staff of an agency in Nevada which has been established
16 pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et
17 seq. if:

18 (1) The consumer is a consumer of that office and the
19 consumer or the consumer's legal representative or guardian
20 authorizes the release of the record; or

21 (2) A complaint regarding a consumer was received by the
22 office or there is probable cause to believe that the consumer has
23 been abused or neglected and the consumer:

24 (I) Is unable to authorize the release of the record because
25 of the consumer's mental or physical condition; and

26 (II) Does not have a guardian or other legal representative
27 or is a ward of the State.

28 (h) The record must be released as provided in NRS 433.332 or
29 433B.200 and in chapter 629 of NRS.

30 2. As used in this section, "consumer" includes any person who
31 seeks, on the person's own or others' initiative, and can benefit
32 from, care, treatment and training in a private institution or facility
33 offering mental health services, from treatment to competency in a
34 private institution or facility offering mental health services, or from
35 a program of community-based or outpatient services.

36 **Sec. 21.** NRS 433A.430 is hereby amended to read as follows:

37 433A.430 1. Whenever the Administrator determines that
38 division facilities within the State are inadequate for the care of any
39 person with mental illness, the Administrator may designate two
40 physicians, licensed under the provisions of chapter 630 or 633 of
41 NRS **H** and familiar with the field of psychiatry, *or advanced*
42 *practice registered nurses who have the psychiatric training and*
43 *experience prescribed by the State Board of Nursing pursuant to*
44 *NRS 632.120*, to examine that person. If the two physicians *or*



1 *advanced practice registered nurses* concur with the opinion of the
2 Administrator, the Administrator may:

3 (a) Transfer the person to a state that is a party to the Interstate
4 Compact on Mental Health ratified and enacted in NRS 433.4543 in
5 the manner provided in the Compact; or

6 (b) Contract with appropriate corresponding authorities in any
7 other state of the United States that is not a party to the Compact
8 and has adequate facilities for such purposes for the reception,
9 detention, care or treatment of that person, but if the person in any
10 manner objects to the transfer, the procedures in subsection 3 of
11 NRS 433.484 and subsections 2 and 3 of NRS 433.534 must be
12 followed. The two physicians *or advanced practice registered*
13 *nurses* so designated are entitled to a reasonable fee for their
14 services which must be paid by the county of the person's last
15 known residence.

16 2. Money to carry out the provisions of this section must be
17 provided by direct legislative appropriation.

18 **Sec. 22.** NRS 433A.750 is hereby amended to read as follows:

19 433A.750 1. A person who:

20 (a) Without probable cause for believing a person to be mentally
21 ill causes or conspires with or assists another to cause the
22 involuntary court-ordered admission of the person under this
23 chapter; or

24 (b) Causes or conspires with or assists another to cause the
25 denial to any person of any right accorded to the person under this
26 chapter,

27 **↪** is guilty of a category D felony and shall be punished as provided
28 in NRS 193.130.

29 2. Unless a greater penalty is provided in subsection 1, a
30 person who knowingly and willfully violates any provision of this
31 chapter regarding the admission of a person to, or discharge of a
32 person from, a public or private mental health facility or a program
33 of community-based or outpatient services is guilty of a gross
34 misdemeanor.

35 3. A person who, without probable cause for believing another
36 person to be mentally ill, executes a petition, application or
37 certificate pursuant to this chapter, by which the person secures or
38 attempts to secure the apprehension, hospitalization, detention,
39 admission or restraint of the person alleged to be mentally ill, or any
40 physician, psychiatrist, licensed psychologist, *advanced practice*
41 *registered nurse* or other person professionally qualified in the field
42 of psychiatric mental health who knowingly makes any false
43 certificate or application pursuant to this chapter as to the mental
44 condition of any person is guilty of a category D felony and shall be
45 punished as provided in NRS 193.130.



1 **Sec. 23.** Chapter 440 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

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

6 **Sec. 24.** NRS 440.340 is hereby amended to read as follows:

7 440.340 1. Stillborn children or those dead at birth shall be
8 registered as a stillbirth and a certificate of stillbirth shall be filed
9 with the local health officer in the usual form and manner.

10 2. The medical certificate of the cause of death shall be signed
11 by the attending physician ***† or attending advanced practice***
12 ***registered nurse***, if any.

13 3. Midwives shall not sign certificates of stillbirth for stillborn
14 children; but such cases, and stillbirths occurring without attendance
15 of either physician, ***advanced practice registered nurse*** or midwife,
16 shall be treated as deaths without medical attention as provided for
17 in this chapter.

18 **Sec. 25.** NRS 440.380 is hereby amended to read as follows:

19 440.380 1. The medical certificate of death must be signed
20 by the physician ***† or advanced practice registered nurse***, if any,
21 last in attendance on the deceased, or pursuant to regulations
22 adopted by the Board, it may be signed by the attending physician’s
23 associate physician, the chief medical officer of the hospital or
24 institution in which the death occurred, or the pathologist who
25 performed an autopsy upon the deceased. The person who signs the
26 medical certificate of death shall specify:

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

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

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

33 2. In deaths in hospitals or institutions, or of nonresidents, the
34 physician ***or advanced practice registered nurse*** shall furnish the
35 information required under this section, and may state where, in ***the***
36 ***physician’s† his or her*** opinion, the disease was contracted.

37 **Sec. 26.** NRS 440.390 is hereby amended to read as follows:

38 440.390 The certificate of stillbirth must be presented by the
39 funeral director or person acting as undertaker to the physician ***or***
40 ***advanced practice registered nurse*** in attendance at the stillbirth,
41 for the certificate of the fact of stillbirth and the medical data
42 pertaining to stillbirth as the physician ***or advanced practice***
43 ***registered nurse*** can furnish them in his or her professional
44 capacity.



1 **Sec. 27.** NRS 440.400 is hereby amended to read as follows:

2 440.400 Indefinite and unsatisfactory terms, indicating only
3 symptoms of disease or conditions resulting from disease, will not
4 be held sufficient for issuing a burial or removal permit. Any
5 certificate containing only such terms as defined by the State Board
6 of Health shall be returned to the physician *or advanced practice*
7 *registered nurse* for correction and more definite statement.

8 **Sec. 28.** NRS 440.415 is hereby amended to read as follows:

9 440.415 1. A physician who anticipates the death of a patient
10 because of an illness, infirmity or disease may authorize a specific
11 registered nurse or physician assistant or the registered nurses or
12 physician assistants employed by a medical facility or program for
13 hospice care to make a pronouncement of death if they attend the
14 death of the patient. *An advanced practice registered nurse who*
15 *anticipates the death of a patient because of an illness, infirmity or*
16 *disease may authorize a specific registered nurse or the registered*
17 *nurses employed by a medical facility or program for hospice care*
18 *to make a pronouncement of death if they attend the death of the*
19 *patient.*

20 2. Such an authorization is valid for 120 days. Except as
21 otherwise provided in subsection 3, the authorization must:

22 (a) Be a written order entered on the chart of the patient;

23 (b) State the name of the registered nurse or nurses or physician
24 assistant or assistants authorized to make the pronouncement of
25 death; and

26 (c) Be signed and dated by the physician **H** *or advanced*
27 *practice registered nurse.*

28 3. If the patient is in a medical facility or under the care of a
29 program for hospice care, the physician may authorize the registered
30 nurses or physician assistants employed by the facility or program ,
31 *or an advanced practice registered nurse may authorize such a*
32 *registered nurse,* to make pronouncements of death without
33 specifying the name of each nurse or physician assistant, as
34 applicable.

35 4. If a pronouncement of death is made by a registered nurse or
36 physician assistant, the physician *or advanced practice registered*
37 *nurse* who authorized that action shall sign the medical certificate of
38 death within 24 hours after being presented with the certificate.

39 5. If a patient in a medical facility is pronounced dead by a
40 registered nurse or physician assistant employed by the facility, the
41 registered nurse or physician assistant may release the body of
42 the patient to a licensed funeral director pending the completion of
43 the medical certificate of death by the attending physician *or*
44 *attending advanced practice registered nurse* if the physician ,
45 *advanced practice registered nurse* or the medical director or chief



1 of the medical staff of the facility has authorized the release in
2 writing.

3 6. The Board may adopt regulations concerning the
4 authorization of a registered nurse or physician assistant to make
5 pronouncements of death.

6 7. As used in this section:

7 (a) *“Advanced practice registered nurse” means a registered*
8 *nurse who holds a valid license as an advanced practice registered*
9 *nurse issued by the State Board of Nursing pursuant to*
10 *NRS 632.237.*

11 (b) “Medical facility” means:

12 (1) A facility for skilled nursing as defined in NRS 449.0039;

13 (2) A facility for hospice care as defined in NRS 449.0033;

14 (3) A hospital as defined in NRS 449.012;

15 (4) An agency to provide nursing in the home as defined in
16 NRS 449.0015; or

17 (5) A facility for intermediate care as defined in
18 NRS 449.0038.

19 ~~(b)~~ (c) “Physician assistant” means a person who holds a
20 license as a physician assistant pursuant to chapter 630 or 633 of
21 NRS.

22 ~~(c)~~ (d) “Program for hospice care” means a program for
23 hospice care licensed pursuant to chapter 449 of NRS.

24 ~~(d)~~ (e) “Pronouncement of death” means a declaration of the
25 time and date when the cessation of the cardiovascular and
26 respiratory functions of a patient occurs as recorded in the patient’s
27 medical record by the attending provider of health care in
28 accordance with the provisions of this chapter.

29 **Sec. 29.** NRS 440.420 is hereby amended to read as follows:

30 440.420 1. In case of any death occurring without medical
31 attendance, the funeral director shall notify the local health officer,
32 coroner or coroner’s deputy of such death and refer the case to the
33 local health officer, coroner or coroner’s deputy for immediate
34 investigation and certification.

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

40 3. If the death was caused by unlawful or suspicious means, the
41 local health officer shall then refer the case to the coroner for
42 investigation and certification.

43 4. In counties which have adopted an ordinance authorizing a
44 coroner’s examination in cases of sudden infant death syndrome, the
45 funeral director shall notify the local health officer whenever the



1 cause or suspected cause of death is sudden infant death syndrome.
2 The local health officer shall then refer the case to the coroner for
3 investigation and certification.

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

7 **Sec. 30.** NRS 440.470 is hereby amended to read as follows:

8 440.470 The funeral director or person acting as undertaker
9 shall present the certificate to the attending physician ~~H~~ *or*
10 *attending advanced practice registered nurse*, if any, or to the
11 health officer or coroner, for the medical certificate of the cause of
12 death and other particulars necessary to complete the record.

13 **Sec. 31.** NRS 440.720 is hereby amended to read as follows:

14 440.720 Any physician *or advanced practice registered nurse*
15 who was in medical attendance upon any deceased person at the
16 time of death who neglects or refuses to make out and deliver to the
17 funeral director, sexton or other person in charge of the interment,
18 removal or other disposition of the body, upon request, the medical
19 certificate of the cause of death shall be punished by a fine of not
20 more than \$250.

21 **Sec. 32.** NRS 440.730 is hereby amended to read as follows:

22 440.730 If any physician *or advanced practice registered*
23 *nurse* knowingly makes a false certification of the cause of death in
24 any case, the physician *or advanced practice registered nurse* shall
25 be punished by a fine of not more than \$250.

26 **Sec. 33.** NRS 440.770 is hereby amended to read as follows:

27 440.770 Any person who furnishes false information to a
28 physician, *advanced practice registered nurse*, funeral director,
29 midwife or informant for the purpose of making incorrect
30 certification of births or deaths shall be punished by a fine of not
31 more than \$250.

32 **Sec. 34.** Chapter 449 of NRS is hereby amended by adding
33 thereto the provisions set forth as sections 35 to 38, inclusive, of this
34 act.

35 **Sec. 35.** *“Advanced practice registered nurse” means a*
36 *registered nurse who holds a valid license as an advanced practice*
37 *registered nurse issued by the State Board of Nursing pursuant to*
38 *NRS 632.237.*

39 **Sec. 36.** *“Attending advanced practice registered nurse”*
40 *means an advanced practice registered nurse who has primary*
41 *responsibility for the treatment and care of the patient.*

42 **Sec. 37.** *“Advanced practice registered nurse” has the*
43 *meaning ascribed to it in section 35 of this act.*

44 **Sec. 38.** *“Attending advanced practice registered nurse” has*
45 *the meaning ascribed to it in section 36 of this act.*



If you wish to include this statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

[.....]

Signed this day of,

Signature.....
Address.....

The declarant voluntarily signed this writing in my presence.

Witness.....
Address.....

Witness.....
Address.....

Sec. 44. NRS 449.613 is hereby amended to read as follows:
449.613 1. A declaration that designates another person to make decisions governing the withholding or withdrawal of life-sustaining treatment may, but need not, be in the following form:

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician **†** *or attending advanced practice registered nurse*, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I appoint or, if he or she is not reasonably available or is unwilling to serve,, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to



1 NRS 449.535 to 449.690, inclusive **H**, *and sections 35 and*
2 *36 of this act.* (If the person or persons I have so appointed
3 are not reasonably available or are unwilling to serve, I direct
4 my attending physician **H** *or attending advanced practice*
5 *registered nurse*, pursuant to those sections, to withhold or
6 withdraw treatment that only prolongs the process of dying
7 and is not necessary for my comfort or to alleviate pain.)
8 Strike language in parentheses if you do not desire it.
9

10 If you wish to include this statement in this declaration, you
11 must INITIAL the statement in the box provided:
12

13 Withholding or withdrawal of
14 artificial nutrition and hydration may
15 result in death by starvation or
16 dehydration. Initial this box if you
17 want to receive or continue receiving
18 artificial nutrition and hydration by
19 way of the gastrointestinal tract after
20 all other treatment is withheld
21 pursuant to this declaration.

[.....]

22
23
24 Signed this day of,

25
26 Signature.....

27 Address.....

28
29 The declarant voluntarily signed this writing in my presence.

30
31 Witness

32 Address.....

33
34 Witness

35 Address.....

36
37 Name and address of each designee.

38
39 Name

40 Address.....

41
42 2. The designation of an agent pursuant to chapter 162A of
43 NRS, or the judicial appointment of a guardian, who is authorized to
44 make decisions regarding the withholding or withdrawal of life-
45 sustaining treatment, constitutes for the purpose of NRS 449.535



1 to 449.690, inclusive, *and sections 35 and 36 of this act*, a
2 declaration designating another person to act for the declarant
3 pursuant to subsection 1.

4 **Sec. 45.** NRS 449.617 is hereby amended to read as follows:

5 449.617 A declaration becomes operative when it is
6 communicated to the attending physician *or attending advanced*
7 *practice registered nurse* and the declarant is determined by the
8 attending physician *or attending advanced practice registered*
9 *nurse* to be in a terminal condition and no longer able to make
10 decisions regarding administration of life-sustaining treatment.
11 When the declaration becomes operative, the attending physician
12 and other providers of health care shall act in accordance with its
13 provisions and with the instructions of a person designated pursuant
14 to NRS 449.600 or comply with the requirements of NRS 449.628
15 to transfer care of the declarant.

16 **Sec. 46.** NRS 449.622 is hereby amended to read as follows:

17 449.622 Upon determining that a declarant is in a terminal
18 condition, the attending physician *or attending advanced practice*
19 *registered nurse* who knows of a declaration shall record the
20 determination, and the terms of the declaration if not already a part
21 of the record, in the declarant's medical record.

22 **Sec. 47.** NRS 449.624 is hereby amended to read as follows:

23 449.624 1. A qualified patient may make decisions regarding
24 life-sustaining treatment so long as the patient is able to do so.

25 2. NRS 449.535 to 449.690, inclusive, *and sections 35 and 36*
26 *of this act* do not affect the responsibility of the attending physician
27 or other provider of health care to provide treatment for a patient's
28 comfort or alleviation of pain.

29 3. Artificial nutrition and hydration by way of the
30 gastrointestinal tract shall be deemed a life-sustaining treatment and
31 must be withheld or withdrawn from a qualified patient unless a
32 different desire is expressed in writing by the patient. For a patient
33 who has no effective declaration, artificial nutrition and hydration
34 must not be withheld unless a different desire is expressed in writing
35 by the patient's authorized representative or the family member with
36 the authority to consent or withhold consent.

37 4. Life-sustaining treatment must not be withheld or withdrawn
38 pursuant to a declaration from a qualified patient known to the
39 attending physician *or attending advanced practice registered*
40 *nurse* to be pregnant so long as it is probable that the fetus will
41 develop to the point of live birth with continued application of life-
42 sustaining treatment.

43 **Sec. 48.** NRS 449.626 is hereby amended to read as follows:

44 449.626 1. If written consent to the withholding or
45 withdrawal of the treatment, attested by two witnesses, is given to



1 the attending physician **H** *or attending advanced practice*
2 *registered nurse*, the attending physician *or attending advanced*
3 *practice registered nurse* may withhold or withdraw life-sustaining
4 treatment from a patient who:

5 (a) Has been determined by the attending physician *or attending*
6 *advanced practice registered nurse* to be in a terminal condition
7 and no longer able to make decisions regarding administration of
8 life-sustaining treatment; and

9 (b) Has no effective declaration.

10 2. The authority to consent or to withhold consent under
11 subsection 1 may be exercised by the following persons, in order of
12 priority:

13 (a) The spouse of the patient;

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

17 (c) The parents of the patient;

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

21 (e) The nearest other adult relative of the patient by blood or
22 adoption who is reasonably available for consultation.

23 3. If a class entitled to decide whether to consent is not
24 reasonably available for consultation and competent to decide, or
25 declines to decide, the next class is authorized to decide, but an
26 equal division in a class does not authorize the next class to decide.

27 4. A decision to grant or withhold consent must be made in
28 good faith. A consent is not valid if it conflicts with the expressed
29 intention of the patient.

30 5. A decision of the attending physician *or attending advanced*
31 *practice registered nurse* acting in good faith that a consent is valid
32 or invalid is conclusive.

33 6. Life-sustaining treatment must not be withheld or withdrawn
34 pursuant to this section from a patient known to the attending
35 physician *or attending advanced practice registered nurse* to be
36 pregnant so long as it is probable that the fetus will develop to the
37 point of live birth with continued application of life-sustaining
38 treatment.

39 **Sec. 49.** NRS 449.640 is hereby amended to read as follows:

40 449.640 1. If a patient in a terminal condition has a
41 declaration in effect and becomes comatose or is otherwise rendered
42 incapable of communicating with his or her attending physician **H**
43 *or attending advanced practice registered nurse*, the physician *or*
44 *advanced practice registered nurse* must give weight to the
45 declaration as evidence of the patient's directions regarding the



1 application of life-sustaining treatments, but the attending physician
2 *or attending advanced practice registered nurse* may also consider
3 other factors in determining whether the circumstances warrant
4 following the directions.

5 2. No hospital or other medical facility, physician, *advanced*
6 *practice registered nurse* or person working under the direction of a
7 physician *or advanced practice registered nurse* is subject to
8 criminal or civil liability for failure to follow the directions of the
9 patient to withhold or withdraw life-sustaining treatments.

10 **Sec. 50.** NRS 449.660 is hereby amended to read as follows:

11 449.660 1. A physician or other provider of health care who
12 willfully fails to transfer the care of a patient in accordance with
13 NRS 449.628 is guilty of a gross misdemeanor.

14 2. A physician *or advanced practice registered nurse* who
15 willfully fails to record a determination of terminal condition or the
16 terms of a declaration in accordance with NRS 449.622 is guilty of a
17 misdemeanor.

18 3. A person who willfully conceals, cancels, defaces or
19 obliterates the declaration of another without the declarant's consent
20 or who falsifies or forges a revocation of the declaration of another
21 is guilty of a misdemeanor.

22 4. A person who falsifies or forges the declaration of another,
23 or willfully conceals or withholds personal knowledge of a
24 revocation, with the intent to cause a withholding or withdrawal of
25 life-sustaining treatment contrary to the wishes of the declarant and
26 thereby directly causes life-sustaining treatment to be withheld or
27 withdrawn and death to be hastened is guilty of murder.

28 5. A person who requires or prohibits the execution of a
29 declaration as a condition of being insured for, or receiving, health
30 care is guilty of a misdemeanor.

31 6. A person who coerces or fraudulently induces another to
32 execute a declaration, or who falsifies or forges the declaration of
33 another except as provided in subsection 4, is guilty of a gross
34 misdemeanor.

35 7. The penalties provided in this section do not displace any
36 sanction applicable under other law.

37 **Sec. 51.** NRS 449.690 is hereby amended to read as follows:

38 449.690 1. A declaration executed in another state in
39 compliance with the law of that state or of this State is valid for
40 purposes of NRS 449.535 to 449.690, inclusive **H**, *and sections 35*
41 *and 36 of this act.*

42 2. An instrument executed anywhere before July 1, 1977,
43 which clearly expresses the intent of the declarant to direct the
44 withholding or withdrawal of life-sustaining treatment from the
45 declarant when the declarant is in a terminal condition and becomes



1 comatose or is otherwise rendered incapable of communicating with
2 his or her attending physician ~~H~~ *or attending advanced practice*
3 *registered nurse*, if executed in a manner which attests voluntary
4 execution, or executed anywhere before October 1, 1991, which
5 substantially complies with NRS 449.600, and has not been
6 subsequently revoked, is effective under NRS 449.535 to 449.690,
7 inclusive ~~H~~, *and sections 35 and 36 of this act.*

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

11 **Sec. 52.** NRS 449.691 is hereby amended to read as follows:

12 449.691 As used in NRS 449.691 to 449.697, inclusive, *and*
13 *sections 37 and 38 of this act*, unless the context otherwise requires,
14 the words and terms defined in NRS 449.6912 to 449.6934,
15 inclusive, *and sections 37 and 38 of this act* have the meanings
16 ascribed to them in those sections.

17 **Sec. 53.** NRS 449.693 is hereby amended to read as follows:

18 449.693 ~~["Physician"]~~ *"Provider* Order for Life-Sustaining
19 Treatment form" or "POLST form" means the form prescribed
20 pursuant to NRS 449.694 that:

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

24 **Sec. 54.** NRS 449.694 is hereby amended to read as follows:

25 449.694 The Board shall prescribe a standardized ~~["Physician"]~~
26 *Provider* Order for Life-Sustaining Treatment form, commonly
27 known as a POLST form, which:

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

41 **Sec. 55.** NRS 449.6942 is hereby amended to read as follows:

42 449.6942 1. A physician *or advanced practice registered*
43 *nurse* shall take the actions described in subsection 2:

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



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

4 (c) At the request of a patient.

5 2. Upon the occurrence of any of the events specified in
6 subsection 1, the physician *or advanced practice registered nurse*
7 shall explain to the patient:

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

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

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

14 3. Upon the request of the patient, the physician *or advanced*
15 *practice registered nurse* shall complete the POLST form based on
16 the preferences and medical indications of the patient.

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

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

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

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

25 5. As used in this section, “terminal condition” has the
26 meaning ascribed to it in NRS 449.590.

27 **Sec. 56.** NRS 449.6944 is hereby amended to read as follows:

28 449.6944 1. A ~~{Physician}~~ *Provider* Order for Life-
29 Sustaining Treatment form may be revoked at any time and in any
30 manner by:

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

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

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

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

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

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



1 **Sec. 57.** NRS 449.6946 is hereby amended to read as follows:

2 449.6946 1. If a valid ~~{Physician}~~ *Provider* Order for Life-
3 Sustaining Treatment form sets forth a declaration, direction or
4 order which conflicts with a declaration, direction or order set forth
5 in one or more of the other types of advance directives:

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

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

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

17 **Sec. 58.** NRS 449.6948 is hereby amended to read as follows:

18 449.6948 1. A provider of health care is not guilty of
19 unprofessional conduct or subject to civil or criminal liability if:

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

22 (1) In compliance with a ~~{Physician}~~ *Provider* Order for
23 Life-Sustaining Treatment form and the provisions of NRS 449.691
24 to 449.697, inclusive ~~{†}~~, *and sections 37 and 38 of this act*; or

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

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

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

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

36 (1) Pursuant to an oral or written request made by the patient,
37 the representative of the patient, or a parent or legal guardian of the
38 patient, who may revoke the POLST form pursuant to
39 NRS 449.6944;

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

44 (3) In violation of a POLST form, if the provider of health
45 care reasonably and in good faith, at the time the emergency care or



1 life-sustaining treatment is provided, is unaware of the existence of
2 the POLST form or believes that the POLST form has been revoked
3 pursuant to NRS 449.6944.

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

9 **Sec. 59.** NRS 449.695 is hereby amended to read as follows:

10 449.695 1. Except as otherwise provided in this section and
11 NRS 449.6946, a provider of health care shall comply with a valid
12 ~~{Physician}~~ **Provider** Order for Life-Sustaining Treatment form,
13 regardless of whether the provider of health care is employed by a
14 health care facility or other entity affiliated with the physician **or**
15 **advanced practice registered nurse** who executed the POLST form.

16 2. A physician **or advanced practice registered nurse** may
17 medically evaluate the patient and, based upon the evaluation, may
18 recommend new orders consistent with the most current information
19 available about the patient's health status and goals of care. Before
20 making a modification to a valid POLST form, the physician **or**
21 **advanced practice registered nurse** shall consult the patient or, if
22 the patient is incompetent, shall make a reasonable attempt to
23 consult the representative of the patient and the patient's attending
24 physician ~~{}~~ **or attending advanced practice registered nurse**.

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

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

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

39 **Sec. 60.** NRS 449.6952 is hereby amended to read as follows:

40 449.6952 1. Unless he or she has knowledge to the contrary,
41 a provider of health care may assume that a ~~{Physician}~~ **Provider**
42 Order for Life-Sustaining Treatment form complies with the
43 provisions of NRS 449.691 to 449.697, inclusive, **and sections 37**
44 **and 38 of this act** and is valid.



1 2. The provisions of NRS 449.691 to 449.697, inclusive, *and*
2 *sections 37 and 38 of this act* do not create a presumption
3 concerning the intention of a:

4 (a) Patient if the patient, the representative of the patient or a
5 parent or legal guardian of the patient has revoked the POLST form
6 pursuant to NRS 449.6944; or

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

10 **Sec. 61.** NRS 449.6954 is hereby amended to read as follows:

11 449.6954 1. Death that results when emergency care or life-
12 sustaining treatment has been withheld pursuant to a ~~Physician~~
13 *Provider* Order for Life-Sustaining Treatment form and in
14 accordance with the provisions of NRS 449.691 to 449.697,
15 inclusive, *and sections 37 and 38 of this act* does not constitute a
16 suicide or homicide.

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

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

28 **Sec. 62.** NRS 449.6956 is hereby amended to read as follows:

29 449.6956 1. It is unlawful for:

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

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

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

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

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



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

3 **Sec. 63.** NRS 449.696 is hereby amended to read as follows:

4 449.696 1. A ~~[Physician]~~ *Provider* Order for Life-Sustaining
5 Treatment form executed in another state in compliance with the
6 laws of that state or this State is valid for the purposes of NRS
7 449.691 to 449.697, inclusive ~~H~~, *and sections 37 and 38 of this*
8 *act.*

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

12 **Sec. 64.** NRS 449.779 is hereby amended to read as follows:

13 449.779 1. Except as otherwise provided in subsection 2,
14 mechanical restraint may be used on a person with a disability who
15 is a patient at a facility only if:

16 (a) An emergency exists that necessitates the use of mechanical
17 restraint;

18 (b) A medical order authorizing the use of mechanical restraint
19 is obtained from the patient's treating physician *or advanced*
20 *practice registered nurse* before the application of the mechanical
21 restraint or not later than 15 minutes after the application of the
22 mechanical restraint;

23 (c) The physician *or advanced practice registered nurse* who
24 signed the order required pursuant to paragraph (b) or the attending
25 physician *or attending advanced practice registered nurse*
26 examines the patient not later than 1 working day immediately after
27 the application of the mechanical restraint;

28 (d) The mechanical restraint is applied by a member of the staff
29 of the facility who is trained and qualified to apply mechanical
30 restraint;

31 (e) The patient is given the opportunity to move and exercise the
32 parts of his or her body that are restrained at least 10 minutes per
33 every 60 minutes of restraint;

34 (f) A member of the staff of the facility lessens or discontinues
35 the restraint every 15 minutes to determine whether the patient will
36 stop or control his or her inappropriate behavior without the use of
37 the restraint;

38 (g) The record of the patient contains a notation that includes the
39 time of day that the restraint was lessened or discontinued pursuant
40 to paragraph (f), the response of the patient and the response of the
41 member of the staff of the facility who applied the mechanical
42 restraint;

43 (h) A member of the staff of the facility continuously monitors
44 the patient during the time that mechanical restraint is used on the
45 patient; and



1 (i) The patient is released from the mechanical restraint as soon
2 as the behavior of the patient no longer presents an immediate threat
3 to himself or herself or others.

4 2. Mechanical restraint may be used on a person with a
5 disability who is a patient at a facility and the provisions of
6 subsection 1 do not apply if the mechanical restraint is used to:

7 (a) Treat the medical needs of a patient;

8 (b) Protect a patient who is known to be at risk of injury to
9 himself or herself because the patient lacks coordination or suffers
10 from frequent loss of consciousness;

11 (c) Provide proper body alignment to a patient; or

12 (d) Position a patient who has physical disabilities in a manner
13 prescribed in the patient's plan of treatment.

14 3. If mechanical restraint is used on a person with a disability
15 who is a patient at a facility in an emergency, the use of the
16 procedure must be reported as a denial of rights pursuant to NRS
17 449.786, regardless of whether the use of the procedure is
18 authorized by statute. The report must be made not later than 1
19 working day after the procedure is used.

20 **Sec. 65.** NRS 449.780 is hereby amended to read as follows:

21 449.780 1. Chemical restraint may only be used on a person
22 with a disability who is a patient at a facility if:

23 (a) The patient has been diagnosed as a person with mental
24 illness, as defined in NRS 433A.115, and is receiving mental health
25 services from a facility;

26 (b) The chemical restraint is administered to the patient while he
27 or she is under the care of the facility;

28 (c) An emergency exists that necessitates the use of chemical
29 restraint;

30 (d) A medical order authorizing the use of chemical restraint is
31 obtained from the patient's attending physician, ~~or~~ psychiatrist ~~or~~
32 *or advanced practice registered nurse;*

33 (e) The physician, ~~or~~ psychiatrist *or advanced practice*
34 *registered nurse* who signed the order required pursuant to
35 paragraph (d) examines the patient not later than 1 working day
36 immediately after the administration of the chemical restraint; and

37 (f) The chemical restraint is administered by a person licensed to
38 administer medication.

39 2. If chemical restraint is used on a person with a disability
40 who is a patient, the use of the procedure must be reported as a
41 denial of rights pursuant to NRS 449.786, regardless of whether the
42 use of the procedure is authorized by statute. The report must be
43 made not later than 1 working day after the procedure is used.



1 **Sec. 66.** NRS 449.905 is hereby amended to read as follows:
2 449.905 “Advance directive” means an advance directive for
3 health care. The term includes:

4 1. A declaration governing the withholding or withdrawal of
5 life-sustaining treatment as set forth in NRS 449.535 to 449.690,
6 inclusive ~~§~~, *and sections 35 and 36 of this act*;

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

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

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

12 **Sec. 67.** NRS 449.945 is hereby amended to read as follows:

13 449.945 1. The provisions of NRS 449.900 to 449.965,
14 inclusive, do not require a provider of health care to inquire whether
15 a patient has an advance directive registered on the Registry or to
16 access the Registry to determine the terms of the advance directive.

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

20 (a) NRS 449.630, if the advance directive is a declaration
21 governing the withholding or withdrawal of life-sustaining treatment
22 executed pursuant to NRS 449.535 to 449.690, inclusive, *and*
23 *sections 35 and 36 of this act* or a durable power of attorney for
24 health care executed pursuant to NRS 162A.700 to 162A.865,
25 inclusive;

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

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

31 **Sec. 68.** Chapter 450B of NRS is hereby amended by adding
32 thereto the provisions set forth as sections 69 and 70 of this act.

33 **Sec. 69.** *“Advanced practice registered nurse” has the*
34 *meaning ascribed to it in section 35 of this act.*

35 **Sec. 70.** *“Attending advanced practice registered nurse” has*
36 *the meaning ascribed to it in section 36 of this act.*

37 **Sec. 71.** NRS 450B.400 is hereby amended to read as follows:

38 450B.400 As used in NRS 450B.400 to 450B.590, inclusive,
39 *and sections 69 and 70 of this act*, unless the context otherwise
40 requires, the words and terms defined in NRS 450B.405 to
41 450B.475, inclusive, *and sections 69 and 70 of this act* have the
42 meanings ascribed to them in those sections.

43 **Sec. 72.** NRS 450B.410 is hereby amended to read as follows:

44 450B.410 “Do-not-resuscitate identification” means:



1 1. A form of identification approved by the health authority,
2 which signifies that:

3 (a) A person is a qualified patient who wishes not to be
4 resuscitated in the event of cardiac or respiratory arrest; or

5 (b) The patient's attending physician *or attending advanced*
6 *practice registered nurse* has:

7 (1) Issued a do-not-resuscitate order for the patient;

8 (2) Obtained the written approval of the patient concerning
9 the order; and

10 (3) Documented the grounds for the order in the patient's
11 medical record.

12 2. The term also includes a valid do-not-resuscitate
13 identification issued under the laws of another state.

14 **Sec. 73.** NRS 450B.420 is hereby amended to read as follows:

15 450B.420 "Do-not-resuscitate order" means a written directive
16 issued by a physician *or advanced practice registered nurse*
17 licensed in this state that emergency life-resuscitating treatment
18 must not be administered to a qualified patient. The term also
19 includes a valid do-not-resuscitate order issued under the laws of
20 another state.

21 **Sec. 74.** NRS 450B.470 is hereby amended to read as follows:

22 450B.470 "Qualified patient" means:

23 1. A patient 18 years of age or older who has been determined
24 by the patient's attending physician *or attending advanced practice*
25 *registered nurse* to be in a terminal condition and who:

26 (a) Has executed a declaration in accordance with the
27 requirements of NRS 449.600;

28 (b) Has executed a ~~Physician~~ *Provider* Order for Life-
29 Sustaining Treatment form pursuant to NRS 449.691 to 449.697,
30 inclusive, *and sections 37 and 38 of this act*, if the form provides
31 that the patient is not to receive life-resuscitating treatment; or

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

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

35 (a) Has been determined by the patient's attending physician *or*
36 *attending advanced practice registered nurse* to be in a terminal
37 condition; and

38 (b) Has executed a ~~Physician~~ *Provider* Order for Life-
39 Sustaining Treatment form pursuant to NRS 449.691 to 449.697,
40 inclusive, *and sections 37 and 38 of this act*, if the form provides
41 that the patient is not to receive life-resuscitating treatment or has
42 been issued a do-not-resuscitate order pursuant to NRS 450B.510.



1 **Sec. 75.** NRS 450B.480 is hereby amended to read as follows:
2 450B.480 The provisions of NRS 450B.400 to 450B.590,
3 inclusive, *and sections 69 and 70 of this act* apply only to
4 emergency medical services administered to a qualified patient:

- 5 1. Before he or she is admitted to a medical facility; or
- 6 2. While the qualified patient is being prepared to be
7 transferred, or is being transferred, from one health care facility to
8 another health care facility.

9 **Sec. 76.** NRS 450B.500 is hereby amended to read as follows:
10 450B.500 Each do-not-resuscitate identification issued by the
11 health authority must include, without limitation:

- 12 1. An identification number that is unique to the qualified
13 patient to whom the identification is issued;
- 14 2. The name and date of birth of the patient; and
- 15 3. The name of the attending physician *or attending advanced
16 practice registered nurse* of the patient.

17 **Sec. 77.** NRS 450B.510 is hereby amended to read as follows:
18 450B.510 1. A physician *or advanced practice registered
19 nurse* licensed in this state may issue a written do-not-resuscitate
20 order only to a patient who has been determined to be in a terminal
21 condition.

22 2. Except as otherwise provided in subsection 3, the order is
23 effective only if the patient has agreed to its terms, in writing, while
24 the patient is capable of making an informed decision.

25 3. If the patient is a minor, the order is effective only if:

26 (a) The parent or legal guardian of the minor has agreed to its
27 terms, in writing; and

28 (b) The minor has agreed to its terms, in writing, while the
29 minor is capable of making an informed decision if, in the opinion
30 of the attending physician *†† or attending advanced practice
31 registered nurse*, the minor is of sufficient maturity to understand
32 the nature and effect of withholding life-resuscitating treatment.

33 4. A physician *or advanced practice registered nurse* who
34 issues a do-not-resuscitate order may apply, on behalf of the patient,
35 to the health authority for a do-not-resuscitate identification for that
36 patient.

37 **Sec. 78.** NRS 450B.520 is hereby amended to read as follows:
38 450B.520 Except as otherwise provided in NRS 450B.525:

39 1. A qualified patient may apply to the health authority for a
40 do-not-resuscitate identification by submitting an application on a
41 form provided by the health authority. To obtain a do-not-resuscitate
42 identification, the patient must comply with the requirements
43 prescribed by the board and sign a form which states that the patient
44 has informed each member of his or her family within the first
45 degree of consanguinity or affinity, whose whereabouts are known



1 to the patient, or if no such members are living, the patient's legal
2 guardian, if any, or if he or she has no such members living and has
3 no legal guardian, his or her caretaker, if any, of the patient's
4 decision to apply for an identification.

5 2. An application must include, without limitation:

6 (a) Certification by the patient's attending physician *or*
7 *attending advanced practice registered nurse* that the patient
8 suffers from a terminal condition;

9 (b) Certification by the patient's attending physician *or*
10 *attending advanced practice registered nurse* that the patient is
11 capable of making an informed decision or, when the patient was
12 capable of making an informed decision, that the patient:

13 (1) Executed:

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

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

18 (III) A ~~Physician~~ *Provider* Order for Life-Sustaining
19 Treatment form pursuant to NRS 449.691 to 449.697, inclusive, *and*
20 *sections 37 and 38 of this act*, if the form provides that the patient is
21 not to receive life-resuscitating treatment; or

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

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

27 (d) The name, signature and telephone number of the patient's
28 attending physician ~~†~~ *or attending advanced practice registered*
29 *nurse*; and

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

33 **Sec. 79.** NRS 450B.525 is hereby amended to read as follows:

34 450B.525 1. A parent or legal guardian of a minor may apply
35 to the health authority for a do-not-resuscitate identification on
36 behalf of the minor if the minor has been:

37 (a) Determined by his or her attending physician *or attending*
38 *advanced practice registered nurse* to be in a terminal condition;
39 and

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

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

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

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



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

3 (a) Certification by the minor's attending physician *or attending*
4 *advanced practice registered nurse* that the minor:

5 (1) Suffers from a terminal condition; and

6 (2) Has executed a ~~Physician~~ *Provider* Order for Life-
7 Sustaining Treatment form pursuant to NRS 449.691 to 449.697,
8 inclusive, *and sections 37 and 38 of this act*, if the form provides
9 that the minor is not to receive life-resuscitating treatment or has
10 been issued a do-not-resuscitate order pursuant to NRS 450B.510;

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

14 (c) The name of the minor;

15 (d) The name, signature and telephone number of the minor's
16 attending physician ~~H~~ *or attending advanced practice registered*
17 *nurse*; and

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

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

25 5. If, in the opinion of the attending physician ~~H~~ *or attending*
26 *advanced practice registered nurse*, the minor is of sufficient
27 maturity to understand the nature and effect of withholding life-
28 resuscitating treatment:

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

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

36 **Sec. 80.** NRS 450B.540 is hereby amended to read as follows:

37 450B.540 1. A person is not guilty of unprofessional conduct
38 or subject to civil or criminal liability if the person:

39 (a) Is a physician *or advanced practice registered nurse* who:

40 (1) Causes the withholding of life-resuscitating treatment
41 from a qualified patient who possesses a do-not-resuscitate
42 identification in accordance with the do-not-resuscitate protocol; or

43 (2) While the patient is being prepared to be transferred, or is
44 being transferred, from one health care facility to another health care
45 facility, carries out a do-not-resuscitate order that is documented in



1 the medical record of a qualified patient, in accordance with the do-
2 not-resuscitate protocol;

3 (b) Pursuant to the direction of or with the authorization of a
4 physician **H** or *advanced practice registered nurse*, participates in:

5 (1) The withholding of life-resuscitating treatment from a
6 qualified patient who possesses a do-not-resuscitate identification in
7 accordance with the do-not-resuscitate protocol; or

8 (2) While the patient is being prepared to be transferred, or is
9 being transferred, from one health care facility to another health care
10 facility, carrying out a do-not-resuscitate order that is documented in
11 the medical record of a qualified patient, in accordance with the do-
12 not-resuscitate protocol; or

13 (c) Administers emergency medical services and:

14 (1) Causes or participates in the withholding of life-
15 resuscitating treatment from a qualified patient who possesses a do-
16 not-resuscitate identification;

17 (2) Before a qualified patient is admitted to a medical
18 facility, carries out a do-not-resuscitate order that has been issued in
19 accordance with the do-not-resuscitate protocol; or

20 (3) While the patient is being prepared to be transferred, or is
21 being transferred, from one health care facility to another health care
22 facility, carries out a do-not-resuscitate order that is documented in
23 the medical record of a qualified patient, in accordance with the do-
24 not-resuscitate protocol.

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

30 3. A physician **H** or *advanced practice registered nurse*, a
31 person pursuant to the direction or authorization of a physician **H** or
32 *advanced practice registered nurse*, a health care facility or a
33 person administering emergency medical services who provides life-
34 resuscitating treatment pursuant to:

35 (a) An oral or written request made by a qualified patient, or the
36 parent or legal guardian of a qualified patient, who may revoke the
37 authorization to withhold life-resuscitating treatment pursuant to
38 NRS 450B.525 or 450B.530; or

39 (b) An observation that a qualified patient, or the parent or legal
40 guardian of a qualified patient, has revoked or otherwise indicated
41 that he or she wishes to revoke the authorization to withhold life-
42 resuscitating treatment pursuant to NRS 450B.525 or 450B.530,

43 ➤ is not guilty of unprofessional conduct or subject to civil or
44 criminal liability.



1 **Sec. 81.** NRS 450B.550 is hereby amended to read as follows:

2 450B.550 1. Except as otherwise provided in subsection 2, a
3 person who administers emergency medical services shall comply
4 with do-not-resuscitate protocol when the person observes a do-not-
5 resuscitate identification or carries out a do-not-resuscitate order.

6 2. A person who administers emergency medical services and
7 who is unwilling or unable to comply with the do-not-resuscitate
8 protocol shall take all reasonable measures to transfer a qualified
9 patient who possesses a do-not-resuscitate identification or has been
10 issued a do-not-resuscitate order to a physician , *advanced practice*
11 *registered nurse* or health care facility in which the do-not-
12 resuscitate protocol may be followed.

13 **Sec. 82.** NRS 450B.560 is hereby amended to read as follows:

14 450B.560 1. Unless he or she has knowledge to the contrary,
15 a physician, any other provider of health care or any person who
16 administers emergency medical services may assume that a do-not-
17 resuscitate identification complies with the provisions of NRS
18 450B.400 to 450B.590, inclusive, *and sections 69 and 70 of this act*
19 and is valid.

20 2. The provisions of NRS 450B.400 to 450B.590, inclusive,
21 *and sections 69 and 70 of this act* do not create a presumption
22 concerning the intention of a:

23 (a) Qualified patient or a parent or legal guardian of a qualified
24 patient who has revoked authorization to withhold life-resuscitating
25 treatment pursuant to NRS 450B.525 or 450B.530; or

26 (b) Person who has not obtained a do-not-resuscitate
27 identification,

28 ↳ concerning the use or withholding of life-resuscitating treatment
29 in a life-threatening emergency.

30 **Sec. 83.** NRS 450B.570 is hereby amended to read as follows:

31 450B.570 1. Death that results when life-resuscitating
32 treatment has been withheld pursuant to the do-not-resuscitate
33 protocol and in accordance with the provisions of NRS 450B.400 to
34 450B.590, inclusive, *and sections 69 and 70 of this act* does not
35 constitute a suicide or homicide.

36 2. The possession of a do-not-resuscitate identification or the
37 issuance of a do-not-resuscitate order does not affect the sale,
38 procurement or issuance of a policy of life insurance or an annuity
39 or impair or modify the terms of a policy of life insurance or an
40 annuity. A policy of life insurance or an annuity is not legally
41 impaired or invalidated if life-resuscitating treatment has been
42 withheld from an insured who possesses a do-not-resuscitate
43 identification or has been issued a do-not-resuscitate order,
44 notwithstanding any term in the policy or annuity to the contrary.



1 3. A person may not prohibit or require the possession of a do-
2 not-resuscitate identification or the issuance of a do-not-resuscitate
3 order as a condition of being insured for, or receiving, health care.

4 **Sec. 84.** NRS 450B.590 is hereby amended to read as follows:

5 450B.590 The provisions of NRS 450B.400 to 450B.590,
6 inclusive, *and sections 69 and 70 of this act* do not:

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

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

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

14 4. Except as otherwise provided in NRS 449.6946, affect or
15 impair any right created pursuant to the provisions of NRS 449.535
16 to 449.690, inclusive, *and sections 35 and 36 of this act* or 449.691
17 to 449.697, inclusive ~~H~~, *and sections 37 and 38 of this act*; or

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

22 **Sec. 85.** NRS 451.595 is hereby amended to read as follows:

23 451.595 1. As used in this section:

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

29 (b) "Declaration" means a record signed by a prospective donor,
30 or executed as set forth in NRS 449.600, specifying the
31 circumstances under which life-sustaining treatment may be
32 withheld or withdrawn from the prospective donor. The term
33 includes a ~~Physician~~ *Provider* Order for Life-Sustaining Treatment
34 form executed pursuant to NRS 449.691 to 449.697, inclusive ~~H~~,
35 *and sections 37 and 38 of this act*.

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

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



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

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

6 (2) If an agent is not named in the declaration or advance
7 health-care directive or the agent is not reasonably available, any
8 other person authorized by law, other than by a provision of NRS
9 451.500 to 451.598, inclusive, to make a health-care decision for the
10 prospective donor.

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

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

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

23 **Sec. 86.** NRS 455A.200 is hereby amended to read as follows:

24 455A.200 1. Each organization for youth sports that
25 sanctions or sponsors competitive sports for youths in this State
26 shall adopt a policy concerning the prevention and treatment of
27 injuries to the head which may occur during a youth's participation
28 in those competitive sports, including, without limitation, a
29 concussion of the brain. To the extent practicable, the policy must
30 be consistent with the policy adopted by the Nevada Interscholastic
31 Activities Association pursuant to NRS 385B.080. The policy must
32 provide information concerning the nature and risk of injuries to the
33 head which may occur during a youth's participation in competitive
34 sports, including, without limitation, the risks associated with
35 continuing to participate in competitive sports after sustaining such
36 an injury.

37 2. The policy adopted pursuant to subsection 1 must require
38 that if a youth sustains or is suspected of sustaining an injury to the
39 head while participating in competitive sports, the youth:

40 (a) Must be immediately removed from the competitive sport;
41 and

42 (b) May return to the competitive sport if the parent or legal
43 guardian of the youth provides a signed statement of a provider of
44 health care indicating that the youth is medically cleared for



1 participation in the competitive sport and the date on which the
2 youth may return to the competitive sport.

3 3. Before a youth participates in competitive sports sanctioned
4 or sponsored by an organization for youth sports in this State, the
5 youth and his or her parent or legal guardian:

6 (a) Must be provided with a copy of the policy adopted pursuant
7 to subsection 1; and

8 (b) Must sign a statement on a form prescribed by the
9 organization for youth sports acknowledging that the youth and his
10 or her parent or legal guardian have read and understand the terms
11 and conditions of the policy.

12 4. As used in this section:

13 (a) "Provider of health care" means a physician licensed under
14 chapter 630 or 633 of NRS, *an advanced practice registered nurse*
15 *who holds a valid license as an advanced practice registered nurse*
16 *issued by the State Board of Nursing pursuant to NRS 632.237*, a
17 physical therapist licensed under chapter 640 of NRS or an athletic
18 trainer licensed under chapter 640B of NRS.

19 (b) "Youth" means a person under the age of 18 years.

20 **Sec. 87.** NRS 482.3833 is hereby amended to read as follows:

21 482.3833 "Person with a disability of moderate duration"
22 means a person:

23 1. With a disability which limits or impairs the ability to walk;
24 and

25 2. Whose disability has been certified by a licensed physician
26 *or advanced practice registered nurse* as being reversible, but
27 estimated to last longer than 6 months.

28 **Sec. 88.** NRS 482.3837 is hereby amended to read as follows:

29 482.3837 "Person with a permanent disability" means a
30 person:

31 1. With a disability which limits or impairs the ability to walk;
32 and

33 2. Whose disability has been certified by a licensed physician
34 *or advanced practice registered nurse* as irreversible.

35 **Sec. 89.** NRS 482.3839 is hereby amended to read as follows:

36 482.3839 "Person with a temporary disability" means a person:

37 1. With a disability which limits or impairs the ability to walk;
38 and

39 2. Whose disability has been certified by a licensed physician
40 *or advanced practice registered nurse* as estimated to last not
41 longer than 6 months.

42 **Sec. 90.** NRS 482.384 is hereby amended to read as follows:

43 482.384 1. Upon the application of a person with a
44 permanent disability, the Department may issue special license
45 plates for a vehicle, including a motorcycle or moped, registered by



1 the applicant pursuant to this chapter. The application must include
2 a statement from a licensed physician *or advanced practice*
3 *registered nurse* certifying that the applicant is a person with a
4 permanent disability. The issuance of a special license plate to a
5 person with a permanent disability pursuant to this subsection does
6 not preclude the issuance to such a person of a special parking
7 placard for a vehicle other than a motorcycle or moped or a special
8 parking sticker for a motorcycle or moped pursuant to subsection 6.

9 2. Every year after the initial issuance of special license plates
10 to a person with a permanent disability, the Department shall require
11 the person to renew the special license plates in accordance with the
12 procedures for renewal of registration pursuant to this chapter. The
13 Department shall not require a person with a permanent disability to
14 include with the application for renewal a statement from a licensed
15 physician *or advanced practice registered nurse* certifying that the
16 person is a person with a permanent disability.

17 3. Upon the application of an organization which provides
18 transportation for a person with a permanent disability, disability of
19 moderate duration or temporary disability, the Department may
20 issue special license plates for a vehicle registered by the
21 organization pursuant to this chapter, or the Department may issue
22 special parking placards to the organization pursuant to this section
23 to be used on vehicles providing transportation to such persons. The
24 application must include a statement from the organization
25 certifying that:

26 (a) The vehicle for which the special license plates are issued is
27 used primarily to transport persons with permanent disabilities,
28 disabilities of moderate duration or temporary disabilities; or

29 (b) The organization which is issued the special parking
30 placards will only use such placards on vehicles that actually
31 transport persons with permanent disabilities, disabilities of
32 moderate duration or temporary disabilities.

33 4. The Department may charge a fee for special license plates
34 issued pursuant to this section not to exceed the fee charged for the
35 issuance of license plates for the same class of vehicle.

36 5. Special license plates issued pursuant to this section must
37 display the international symbol of access in a color which contrasts
38 with the background and is the same size as the numerals and letters
39 on the plate.

40 6. Upon the application of a person with a permanent disability
41 or disability of moderate duration, the Department may issue:

42 (a) A special parking placard for a vehicle other than a
43 motorcycle or moped. Upon request, the Department may issue one
44 additional placard to an applicant to whom special license plates
45 have not been issued pursuant to this section.



- 1 (b) A special parking sticker for a motorcycle or moped.
2 → The application must include a statement from a licensed
3 physician *or advanced practice registered nurse* certifying that the
4 applicant is a person with a permanent disability or disability of
5 moderate duration.
- 6 7. A special parking placard issued pursuant to subsection 6
7 must:
- 8 (a) Have inscribed on it the international symbol of access
9 which is at least 3 inches in height, is centered on the placard and is
10 white on a blue background;
- 11 (b) Have an identification number and date of expiration of:
- 12 (1) If the special parking placard is issued to a person with a
13 permanent disability, 10 years after the initial date of issuance; or
14 (2) If the special parking placard is issued to a person with a
15 disability of moderate duration, 2 years after the initial date of
16 issuance;
- 17 (c) Have placed or inscribed on it the seal or other identification
18 of the Department; and
- 19 (d) Have a form of attachment which enables a person using the
20 placard to display the placard from the rearview mirror of the
21 vehicle.
- 22 8. A special parking sticker issued pursuant to subsection 6
23 must:
- 24 (a) Have inscribed on it the international symbol of access
25 which complies with any applicable federal standards, is centered on
26 the sticker and is white on a blue background;
- 27 (b) Have an identification number and a date of expiration of:
- 28 (1) If the special parking sticker is issued to a person with a
29 permanent disability, 10 years after the initial date of issuance; or
30 (2) If the special parking sticker is issued to a person with a
31 disability of moderate duration, 2 years after the initial date of
32 issuance; and
- 33 (c) Have placed or inscribed on it the seal or other identification
34 of the Department.
- 35 9. Before the date of expiration of a special parking placard or
36 special parking sticker issued to a person with a permanent
37 disability or disability of moderate duration, the person shall renew
38 the special parking placard or special parking sticker. If the
39 applicant for renewal is a person with a disability of moderate
40 duration, the applicant must include with the application for renewal
41 a statement from a licensed physician *or advanced practice*
42 *registered nurse* certifying that the applicant is a person with a
43 disability which limits or impairs the ability to walk, and that such
44 disability, although not irreversible, is estimated to last longer than 6
45 months. A person with a permanent disability is not required to



1 submit evidence of a continuing disability with the application for
2 renewal.

3 10. The Department, or a city or county, may issue, and charge
4 a reasonable fee for, a temporary parking placard for a vehicle other
5 than a motorcycle or moped or a temporary parking sticker for a
6 motorcycle or moped upon the application of a person with a
7 temporary disability. Upon request, the Department, city or county
8 may issue one additional temporary parking placard to an applicant.
9 The application must include a certificate from a licensed physician
10 *or advanced practice registered nurse* indicating:

- 11 (a) That the applicant has a temporary disability; and
12 (b) The estimated period of the disability.

13 11. A temporary parking placard issued pursuant to subsection
14 10 must:

15 (a) Have inscribed on it the international symbol of access
16 which is at least 3 inches in height, is centered on the placard and is
17 white on a red background;

18 (b) Have an identification number and a date of expiration; and

19 (c) Have a form of attachment which enables a person using the
20 placard to display the placard from the rearview mirror of the
21 vehicle.

22 12. A temporary parking sticker issued pursuant to subsection
23 10 must:

24 (a) Have inscribed on it the international symbol of access
25 which is at least 3 inches in height, is centered on the sticker and is
26 white on a red background; and

27 (b) Have an identification number and a date of expiration.

28 13. A temporary parking placard or temporary parking sticker
29 is valid only for the period for which a physician *or advanced*
30 *practice registered nurse* has certified the disability, but in no
31 case longer than 6 months. If the temporary disability continues
32 after the period for which the physician *or advanced practice*
33 *registered nurse* has certified the disability, the person with
34 the temporary disability must renew the temporary parking placard
35 or temporary parking sticker before the temporary parking placard
36 or temporary parking sticker expires. The person with the temporary
37 disability shall include with the application for renewal a statement
38 from a licensed physician *or advanced practice registered nurse*
39 certifying that the applicant continues to be a person with a
40 temporary disability and the estimated period of the disability.

41 14. A special or temporary parking placard must be displayed
42 in the vehicle when the vehicle is parked by hanging or attaching the
43 placard to the rearview mirror of the vehicle. If the vehicle has no
44 rearview mirror, the placard must be placed on the dashboard of the



1 vehicle in such a manner that the placard can easily be seen from
2 outside the vehicle when the vehicle is parked.

3 15. Upon issuing a special license plate pursuant to subsection
4 1, a special or temporary parking placard, or a special or temporary
5 parking sticker, the Department, or the city or county, if applicable,
6 shall issue a letter to the applicant that sets forth the name and
7 address of the person with a permanent disability, disability of
8 moderate duration or temporary disability to whom the special
9 license plate, special or temporary parking placard or special or
10 temporary parking sticker has been issued and:

11 (a) If the person receives special license plates, the license plate
12 number designated for the plates; and

13 (b) If the person receives a special or temporary parking placard
14 or a special or temporary parking sticker, the identification number
15 and date of expiration indicated on the placard or sticker.

16 ➔ The letter, or a legible copy thereof, must be kept with the vehicle
17 for which the special license plate has been issued or in which the
18 person to whom the special or temporary parking placard or special
19 or temporary parking sticker has been issued is driving or is a
20 passenger.

21 16. A special or temporary parking sticker must be affixed to
22 the windscreen of the motorcycle or moped. If the motorcycle or
23 moped has no windscreen, the sticker must be affixed to any other
24 part of the motorcycle or moped which may be easily seen when the
25 motorcycle or moped is parked.

26 17. Special or temporary parking placards, special or
27 temporary parking stickers, or special license plates issued pursuant
28 to this section do not authorize parking in any area on a highway
29 where parking is prohibited by law.

30 18. No person, other than the person certified as being a person
31 with a permanent disability, disability of moderate duration or
32 temporary disability, or a person actually transporting such a person,
33 may use the special license plate or plates or a special or temporary
34 parking placard, or a special or temporary parking sticker issued
35 pursuant to this section to obtain any special parking privileges
36 available pursuant to this section.

37 19. Any person who violates the provisions of subsection 18 is
38 guilty of a misdemeanor.

39 20. The Department may review the eligibility of each holder
40 of a special parking placard, a special parking sticker or special
41 license plates, or any combination thereof. Upon a determination of
42 ineligibility by the Department, the holder shall surrender the
43 special parking placard, special parking sticker or special license
44 plates, or any combination thereof, to the Department.



1 21. The Department may adopt such regulations as are
2 necessary to carry out the provisions of this section.

3 **Sec. 91.** NRS 616C.005 is hereby amended to read as follows:

4 616C.005 On or before September 1 of each year:

5 1. An insurer shall distribute to each employer that it insures
6 any form for reporting injuries that has been revised within the
7 previous 12 months.

8 2. The Administrator shall make available to physicians , ~~and~~
9 chiropractors *and advanced practice registered nurses* any form for
10 reporting injuries that has been revised within the previous 12
11 months.

12 **Sec. 92.** NRS 616C.010 is hereby amended to read as follows:

13 616C.010 1. Whenever any accident occurs to any employee,
14 the employee shall forthwith report the accident and the injury
15 resulting therefrom to his or her employer.

16 2. When an employer learns of an accident, whether or not it is
17 reported, the employer may direct the employee to submit to, or the
18 employee may request, an examination by a physician , ~~or~~
19 chiropractor ~~or~~ *or advanced practice registered nurse*, in order to
20 ascertain the character and extent of the injury and render medical
21 attention which is required immediately. The employer shall:

22 (a) If the employer's insurer has entered into a contract with an
23 organization for managed care or with providers of health care
24 pursuant to NRS 616B.527, furnish the names, addresses and
25 telephone numbers of:

26 (1) Two or more physicians , ~~or~~ chiropractors *or advanced*
27 *practice registered nurses* who are qualified to conduct the
28 examination and who are available pursuant to the terms of the
29 contract, if there are two or more such physicians , ~~or~~ chiropractors
30 *or advanced practice registered nurses* within 30 miles of the
31 employee's place of employment; or

32 (2) One or more physicians , ~~or~~ chiropractors *or advanced*
33 *practice registered nurses* who are qualified to conduct the
34 examination and who are available pursuant to the terms of the
35 contract, if there are not two or more such physicians , ~~or~~
36 chiropractors *or advanced practice registered nurses* within 30
37 miles of the employee's place of employment.

38 (b) If the employer's insurer has not entered into a contract with
39 an organization for managed care or with providers of health care
40 pursuant to NRS 616B.527, furnish the names, addresses and
41 telephone numbers of:

42 (1) Two or more physicians , ~~or~~ chiropractors *or advanced*
43 *practice registered nurses* who are qualified to conduct the
44 examination, if there are two or more such physicians , ~~or~~



1 chiropractors *or advanced practice registered nurses* within 30
2 miles of the employee's place of employment; or

3 (2) One or more physicians , ~~†or†~~ chiropractors *or advanced*
4 *practice registered nurses* who are qualified to conduct the
5 examination, if there are not two or more such physicians , ~~†or†~~
6 chiropractors *or advanced practice registered nurses* within 30
7 miles of the employee's place of employment.

8 3. From among the names furnished by the employer pursuant
9 to subsection 2, the employee shall select one of those physicians ,
10 ~~†or†~~ chiropractors *or advanced practice registered nurses* to
11 conduct the examination, but the employer shall not require the
12 employee to select a particular physician , ~~†or†~~ chiropractor *or*
13 *advanced practice registered nurse* from among the names
14 furnished by the employer. Thereupon, the examining physician ,
15 ~~†or†~~ chiropractor *or advanced practice registered nurse* shall report
16 forthwith to the employer and to the insurer the character and extent
17 of the injury. The employer shall not require the employee to
18 disclose or permit the disclosure of any other information
19 concerning the employee's physical condition except as required by
20 NRS 616C.177.

21 4. Further medical attention, except as otherwise provided in
22 NRS 616C.265, must be authorized by the insurer.

23 5. This section does not prohibit an employer from requiring
24 the employee to submit to an examination by a physician , ~~†or†~~
25 chiropractor *or advanced practice registered nurse* specified by the
26 employer at any convenient time after medical attention which is
27 required immediately has been completed.

28 6. An employee leasing company must provide to each
29 employee covered under an employee leasing contract instructions
30 on how to notify the leasing company supervisor and client
31 company of an injury in plain, clear language placed in conspicuous
32 type in a specifically labeled area of instructions given to the
33 employee.

34 **Sec. 93.** NRS 616C.035 is hereby amended to read as follows:

35 616C.035 Where death results from injury, the parties entitled
36 to compensation under chapters 616A to 616D, inclusive, of NRS,
37 or someone in their behalf, must make application for compensation
38 to the insurer. The application must be accompanied by:

39 1. Proof of death;

40 2. Proof of relationship showing the parties to be entitled to
41 compensation under chapters 616A to 616D, inclusive, of NRS;

42 3. Certificates of the attending physician ~~†~~ *or attending*
43 *advanced practice registered nurse*, if any; and

44 4. Such other proof as required by the regulations of the
45 Division.



1 **Sec. 94.** NRS 616C.040 is hereby amended to read as follows:
2 616C.040 1. Except as otherwise provided in this section, a
3 treating physician , ~~MD~~ chiropractor *or advanced practice*
4 *registered nurse* shall, within 3 working days after first providing
5 treatment to an injured employee for a particular injury, complete
6 and file a claim for compensation with the employer of the injured
7 employee and the employer's insurer. If the employer is a self-
8 insured employer, the treating physician , ~~MD~~ chiropractor *or*
9 *advanced practice registered nurse* shall file the claim for
10 compensation with the employer's third-party administrator. If the
11 physician , ~~MD~~ chiropractor *or advanced practice registered nurse*
12 files the claim for compensation by electronic transmission, the
13 physician , ~~MD~~ chiropractor *or advanced practice registered nurse*
14 shall, upon request, mail to the insurer or third-party administrator
15 the form that contains the original signatures of the injured
16 employee and the physician , ~~MD~~ chiropractor ~~MD~~ *or advanced*
17 *practice registered nurse*. The form must be mailed within 7 days
18 after receiving such a request.
19 2. A physician , ~~MD~~ chiropractor *or advanced practice*
20 *registered nurse* who has a duty to file a claim for compensation
21 pursuant to subsection 1 may delegate the duty to a medical facility.
22 If the physician , ~~MD~~ chiropractor *or advanced practice registered*
23 *nurse* delegates the duty to a medical facility:
24 (a) The medical facility must comply with the filing
25 requirements set forth in this section; and
26 (b) The delegation must be in writing and signed by:
27 (1) The physician , ~~MD~~ chiropractor ~~MD~~ *or advanced practice*
28 *registered nurse*; and
29 (2) An authorized representative of the medical facility.
30 3. A claim for compensation required by subsection 1 must be
31 filed on a form prescribed by the Administrator.
32 4. If a claim for compensation is accompanied by a certificate
33 of disability, the certificate must include a description of any
34 limitation or restrictions on the injured employee's ability to work.
35 5. Each physician, chiropractor , *advanced practice registered*
36 *nurse* and medical facility that treats injured employees, each
37 insurer, third-party administrator and employer, and the Division
38 shall maintain at their offices a sufficient supply of the forms
39 prescribed by the Administrator for filing a claim for compensation.
40 6. The Administrator may impose an administrative fine of not
41 more than \$1,000 for each violation of subsection 1 on:
42 (a) A physician , ~~MD~~ chiropractor ~~MD~~ *or advanced practice*
43 *registered nurse*; or



1 (b) A medical facility if the duty to file the claim for
2 compensation has been delegated to the medical facility pursuant to
3 this section.

4 **Sec. 95.** NRS 616C.045 is hereby amended to read as follows:

5 616C.045 1. Except as otherwise provided in NRS 616B.727,
6 within 6 working days after the receipt of a claim for compensation
7 from a physician , ~~††~~ chiropractor ~~††~~ *or advanced practice*
8 *registered nurse*, or a medical facility if the duty to file the claim for
9 compensation has been delegated to the medical facility pursuant to
10 NRS 616C.040, an employer shall complete and file with his or her
11 insurer or third-party administrator an employer's report of
12 industrial injury or occupational disease.

13 2. The report must:

14 (a) Be filed on a form prescribed by the Administrator;

15 (b) Be signed by the employer or the employer's designee;

16 (c) Contain specific answers to all questions required by the
17 regulations of the Administrator; and

18 (d) Be accompanied by a statement of the wages of the
19 employee if the claim for compensation received from the treating
20 physician , ~~††~~ chiropractor ~~††~~ *or advanced practice registered*
21 *nurse*, or a medical facility if the duty to file the claim for
22 compensation has been delegated to the medical facility pursuant to
23 NRS 616C.040, indicates that the injured employee is expected to
24 be off work for 5 days or more.

25 3. An employer who files the report required by subsection 1
26 by electronic transmission shall, upon request, mail to the insurer or
27 third-party administrator the form that contains the original
28 signature of the employer or the employer's designee. The form
29 must be mailed within 7 days after receiving such a request.

30 4. The Administrator shall impose an administrative fine of not
31 more than \$1,000 on an employer for each violation of this section.

32 **Sec. 96.** NRS 616C.050 is hereby amended to read as follows:

33 616C.050 1. An insurer shall provide to each claimant:

34 (a) Upon written request, one copy of any medical information
35 concerning the claimant's injury or illness.

36 (b) A statement which contains information concerning the
37 claimant's right to:

38 (1) Receive the information and forms necessary to file a
39 claim;

40 (2) Select a treating physician , ~~††~~ chiropractor *or advanced*
41 *practice registered nurse* and an alternative treating physician , ~~††~~
42 chiropractor *or advanced practice registered nurse* in accordance
43 with the provisions of NRS 616C.090;

44 (3) Request the appointment of the Nevada Attorney for
45 Injured Workers to represent the claimant before the appeals officer;



- 1 (4) File a complaint with the Administrator;
- 2 (5) When applicable, receive compensation for:
 - 3 (I) Permanent total disability;
 - 4 (II) Temporary total disability;
 - 5 (III) Permanent partial disability;
 - 6 (IV) Temporary partial disability;
 - 7 (V) All medical costs related to the claimant's injury or
8 disease; or
 - 9 (VI) The hours the claimant is absent from the place
10 of employment to receive medical treatment pursuant to
11 NRS 616C.477;
- 12 (6) Receive services for rehabilitation if the claimant's injury
13 prevents him or her from returning to gainful employment;
- 14 (7) Review by a hearing officer of any determination or
15 rejection of a claim by the insurer within the time specified by
16 statute; and
- 17 (8) Judicial review of any final decision within the time
18 specified by statute.

19 2. The insurer's statement must include a copy of the form
20 designed by the Administrator pursuant to subsection 8 of NRS
21 616C.090 that notifies injured employees of their right to select an
22 alternative treating physician , ~~†or†~~ chiropractor ~~††~~ *or advanced*
23 *practice registered nurse*. The Administrator shall adopt regulations
24 for the manner of compliance by an insurer with the other provisions
25 of subsection 1.

26 **Sec. 97.** NRS 616C.055 is hereby amended to read as follows:
27 616C.055 1. The insurer may not, in accepting responsibility
28 for any charges, use fee schedules which unfairly discriminate
29 among physicians , ~~†and†~~ chiropractors ~~††~~ *and advanced practice*
30 *registered nurses*.

31 2. If a physician , ~~†or†~~ chiropractor *or advanced practice*
32 *registered nurse* is removed from the panel established pursuant to
33 NRS 616C.090 or from participation in a plan for managed care
34 established pursuant to NRS 616B.527, the physician , ~~†or†~~
35 chiropractor ~~††~~ *or advanced practice registered nurse*, as
36 applicable, must not be paid for any services rendered to the injured
37 employee after the date of the removal.

38 **Sec. 98.** NRS 616C.075 is hereby amended to read as follows:
39 616C.075 If an employee is properly directed to submit to a
40 physical examination and the employee refuses to permit the
41 treating physician , ~~†or†~~ chiropractor *or advanced practice*
42 *registered nurse* to make an examination and to render medical
43 attention as may be required immediately, no compensation may be
44 paid for the injury claimed to result from the accident.



1 **Sec. 99.** NRS 616C.090 is hereby amended to read as follows:

2 616C.090 1. The Administrator shall establish a panel of
3 physicians , ~~and~~ chiropractors *and advanced practice registered*
4 *nurses* who have demonstrated special competence and interest in
5 industrial health to treat injured employees under chapters 616A to
6 616D, inclusive, or chapter 617 of NRS. Every employer whose
7 insurer has not entered into a contract with an organization for
8 managed care or with providers of health care services pursuant to
9 NRS 616B.527 shall maintain a list of those physicians , ~~and~~
10 chiropractors *and advanced practice registered nurses* on the panel
11 who are reasonably accessible to his or her employees.

12 2. An injured employee whose employer's insurer has not
13 entered into a contract with an organization for managed care or
14 with providers of health care services pursuant to NRS 616B.527
15 may choose a treating physician , ~~or~~ chiropractor *or advanced*
16 *practice registered nurse* from the panel of physicians , ~~and~~
17 chiropractors ~~and~~ *and advanced practice registered nurses*. If the
18 injured employee is not satisfied with the first physician , ~~or~~
19 chiropractor *or advanced practice registered nurse* he or she so
20 chooses, the injured employee may make an alternative choice of
21 physician , ~~or~~ chiropractor *or advanced practice registered nurse*
22 from the panel if the choice is made within 90 days after his or her
23 injury. The insurer shall notify the first physician , ~~or~~ chiropractor
24 *or advanced practice registered nurse* in writing. The notice must
25 be postmarked within 3 working days after the insurer receives
26 knowledge of the change. The first physician , ~~or~~ chiropractor *or*
27 *advanced practice registered nurse* must be reimbursed only for the
28 services the physician , ~~or~~ chiropractor ~~and~~ *or advanced practice*
29 *registered nurse*, as applicable, rendered to the injured employee up
30 to and including the date of notification. Except as otherwise
31 provided in this subsection, any further change is subject to the
32 approval of the insurer, which must be granted or denied within 10
33 days after a written request for such a change is received from the
34 injured employee. If no action is taken on the request within 10
35 days, the request shall be deemed granted. Any request for a change
36 of physician , ~~or~~ chiropractor *or advanced practice registered*
37 *nurse* must include the name of the new physician , ~~or~~
38 chiropractor *or advanced practice registered nurse* chosen by the
39 injured employee. If the treating physician , ~~or~~ chiropractor *or*
40 *advanced practice registered nurse* refers the injured employee to a
41 specialist for treatment, the treating physician , ~~or~~ chiropractor *or*
42 *advanced practice registered nurse* shall provide to the injured
43 employee a list that includes the name of each physician , ~~or~~
44 chiropractor *or advanced practice registered nurse* with that
45 specialization who is on the panel. After receiving the list, the



1 injured employee shall, at the time the referral is made, select a
2 physician , ~~or~~ chiropractor *or advanced practice registered nurse*
3 from the list.

4 3. An injured employee whose employer's insurer has entered
5 into a contract with an organization for managed care or with
6 providers of health care services pursuant to NRS 616B.527 must
7 choose a treating physician , ~~or~~ chiropractor *or advanced practice*
8 *registered nurse* pursuant to the terms of that contract. If the injured
9 employee is not satisfied with the first physician , ~~or~~ chiropractor
10 *or advanced practice registered nurse* he or she so chooses, the
11 injured employee may make an alternative choice of physician , ~~or~~
12 chiropractor *or advanced practice registered nurse* pursuant to the
13 terms of the contract without the approval of the insurer if the
14 choice is made within 90 days after his or her injury. If the injured
15 employee, after choosing a treating physician , ~~or~~ chiropractor ~~or~~
16 *or advanced practice registered nurse*, moves to a county which is
17 not served by the organization for managed care or providers of
18 health care services named in the contract and the insurer
19 determines that it is impractical for the injured employee to continue
20 treatment with the physician , ~~or~~ chiropractor ~~or~~ *or advanced*
21 *practice registered nurse*, the injured employee must choose a
22 treating physician , ~~or~~ chiropractor *or advanced practice*
23 *registered nurse* who has agreed to the terms of that contract unless
24 the insurer authorizes the injured employee to choose another
25 physician , ~~or~~ chiropractor ~~or~~ *or advanced practice registered*
26 *nurse*. If the treating physician , ~~or~~ chiropractor *or advanced*
27 *practice registered nurse* refers the injured employee to a specialist
28 for treatment, the treating physician , ~~or~~ chiropractor *or advanced*
29 *practice registered nurse* shall provide to the injured employee a list
30 that includes the name of each physician , ~~or~~ chiropractor *or*
31 *advanced practice registered nurse* with that specialization who is
32 available pursuant to the terms of the contract with the organization
33 for managed care or with providers of health care services pursuant
34 to NRS 616B.527, as appropriate. After receiving the list, the
35 injured employee shall, at the time the referral is made, select a
36 physician , ~~or~~ chiropractor *or advanced practice registered nurse*
37 from the list. If the employee fails to select a physician , ~~or~~
38 chiropractor ~~or~~ *or advanced practice registered nurse*, the insurer
39 may select a physician , ~~or~~ chiropractor *or advanced practice*
40 *registered nurse* with that specialization. If a physician , ~~or~~
41 chiropractor *or advanced practice registered nurse* with that
42 specialization is not available pursuant to the terms of the contract,
43 the organization for managed care or the provider of health care
44 services may select a physician , ~~or~~ chiropractor *or advanced*
45 *practice registered nurse* with that specialization.



1 4. If the injured employee is not satisfied with the physician ,
2 ~~or~~ chiropractor *or advanced practice registered nurse* selected by
3 himself or herself or by the insurer, the organization for managed
4 care or the provider of health care services pursuant to subsection 3,
5 the injured employee may make an alternative choice of physician ,
6 ~~or~~ chiropractor *or advanced practice registered nurse* pursuant to
7 the terms of the contract. A change in the treating physician , ~~or~~
8 chiropractor *or advanced practice registered nurse* may be made at
9 any time but is subject to the approval of the insurer, which must be
10 granted or denied within 10 days after a written request for such a
11 change is received from the injured employee. If no action is taken
12 on the request within 10 days, the request shall be deemed granted.
13 Any request for a change of physician , ~~or~~ chiropractor *or*
14 *advanced practice registered nurse* must include the name of the
15 new physician , ~~or~~ chiropractor *or advanced practice registered*
16 *nurse* chosen by the injured employee. If the insurer denies a
17 request for a change in the treating physician , ~~or~~ chiropractor *or*
18 *advanced practice registered nurse* under this subsection, the
19 insurer must include in a written notice of denial to the injured
20 employee the specific reason for the denial of the request.

21 5. Except when emergency medical care is required and except
22 as otherwise provided in NRS 616C.055, the insurer is not
23 responsible for any charges for medical treatment or other accident
24 benefits furnished or ordered by any physician, chiropractor ,
25 *advanced practice registered nurse* or other person selected by the
26 injured employee in disregard of the provisions of this section or for
27 any compensation for any aggravation of the injured employee's
28 injury attributable to improper treatments by such physician,
29 chiropractor , *advanced practice registered nurse* or other person.

30 6. The Administrator may order necessary changes in a panel
31 of physicians , ~~and~~ chiropractors *and advanced practice registered*
32 *nurses* and shall suspend or remove any physician , ~~or~~ chiropractor
33 *or advanced practice registered nurse* from a panel for good cause
34 shown.

35 7. An injured employee may receive treatment by more than
36 one physician , ~~or~~ chiropractor *or advanced practice registered*
37 *nurse* if the insurer provides written authorization for such
38 treatment.

39 8. The Administrator shall design a form that notifies injured
40 employees of their right pursuant to subsections 2, 3 and 4 to select
41 an alternative treating physician , ~~or~~ chiropractor *or advanced*
42 *practice registered nurse* and make the form available to insurers
43 for distribution pursuant to subsection 2 of NRS 616C.050.



1 **Sec. 100.** NRS 616C.095 is hereby amended to read as
2 follows:

3 616C.095 The physician , ~~†or†~~ chiropractor *or advanced*
4 *practice registered nurse* shall inform the injured employee of the
5 injured employee's rights under chapters 616A to 616D, inclusive,
6 or chapter 617 of NRS and lend all necessary assistance in making
7 application for compensation and such proof of other matters as
8 required by the rules of the Division, without charge to the
9 employee.

10 **Sec. 101.** NRS 616C.100 is hereby amended to read as
11 follows:

12 616C.100 1. If an injured employee disagrees with the
13 percentage of disability determined by a physician , ~~†or†~~
14 chiropractor ~~†~~ *or advanced practice registered nurse*, the injured
15 employee may obtain a second determination of the percentage of
16 disability. If the employee wishes to obtain such a determination,
17 the employee must select the next physician , ~~†or†~~ chiropractor *or*
18 *advanced practice registered nurse* in rotation from the list of
19 qualified physicians , ~~†or†~~ chiropractors *or advanced practice*
20 *registered nurses* maintained by the Administrator pursuant to
21 subsection 2 of NRS 616C.490. If a second determination is
22 obtained, the injured employee shall pay for the determination. If
23 the physician , ~~†or†~~ chiropractor *or advanced practice registered*
24 *nurse* selected to make the second determination finds a higher
25 percentage of disability than the first physician , ~~†or†~~ chiropractor ~~†~~
26 *or advanced practice registered nurse*, the injured employee may
27 request a hearing officer or appeals officer to order the insurer to
28 reimburse the employee pursuant to the provisions of NRS
29 616C.330 or 616C.360.

30 2. The results of a second determination made pursuant to
31 subsection 1 may be offered at any hearing or settlement conference.

32 **Sec. 102.** NRS 616C.105 is hereby amended to read as
33 follows:

34 616C.105 The Administrator shall not designate a chiropractor
35 *or advanced practice registered nurse* to rate permanent partial
36 disabilities unless the chiropractor *or advanced practice registered*
37 *nurse* has completed an advanced program of training in rating
38 disabilities using the American Medical Association's Guides to the
39 Evaluation of Permanent Impairment which is offered or approved
40 by the Administrator.

41 **Sec. 103.** NRS 616C.130 is hereby amended to read as
42 follows:

43 616C.130 The insurer shall not authorize the payment of any
44 money to a physician , ~~†or†~~ chiropractor *or advanced practice*
45 *registered nurse* for services rendered by the physician , ~~†or†~~



1 chiropractor ~~H~~ *or advanced practice registered nurse*, as
2 applicable, in attending an injured employee until an itemized
3 statement for the services has been received by the insurer
4 accompanied by a certificate of the physician, ~~or~~ chiropractor *or*
5 *advanced practice registered nurse* stating that a duplicate of the
6 itemized statement has been filed with the employer of the injured
7 employee.

8 **Sec. 104.** NRS 616C.140 is hereby amended to read as
9 follows:

10 616C.140 1. Any employee who is entitled to receive
11 compensation under chapters 616A to 616D, inclusive, of NRS
12 shall, if:

13 (a) Requested by the insurer or employer; or

14 (b) Ordered by an appeals officer or a hearing officer,

15 → submit to a medical examination at a time and from time to time
16 at a place reasonably convenient for the employee, and as may be
17 provided by the regulations of the Division.

18 2. If the insurer has reasonable cause to believe that an injured
19 employee who is receiving compensation for a permanent total
20 disability is no longer disabled, the insurer may request the
21 employee to submit to an annual medical examination to determine
22 whether the disability still exists. The insurer shall pay the costs of
23 the examination.

24 3. The request or order for an examination must fix a time and
25 place therefor, with due regard for the nature of the medical
26 examination, the convenience of the employee, the employee's
27 physical condition and the employee's ability to attend at the time
28 and place fixed.

29 4. The employee is entitled to have a physician, ~~or~~
30 chiropractor ~~H~~ *or advanced practice registered nurse*, provided and
31 paid for by the employer, present at any such examination.

32 5. If the employee refuses to submit to an examination ordered
33 or requested pursuant to subsection 1 or 2 or obstructs the
34 examination, the right of the employee to compensation is
35 suspended until the examination has taken place, and no
36 compensation is payable during or for the period of suspension.

37 6. Any physician, ~~or~~ chiropractor *or advanced practice*
38 *registered nurse* who makes or is present at any such examination
39 may be required to testify as to the result thereof.

40 **Sec. 105.** NRS 616C.160 is hereby amended to read as
41 follows:

42 616C.160 If, after a claim for compensation is filed pursuant to
43 NRS 616C.020:



1 1. The injured employee seeks treatment from a physician , ~~for~~
2 chiropractor *or advanced practice registered nurse* for a newly
3 developed injury or disease; and

4 2. The employee's medical records for the injury reported do
5 not include a reference to the injury or disease for which treatment
6 is being sought, or there is no documentation indicating that there
7 was possible exposure to an injury described in paragraph (b), (c) or
8 (d) of subsection 2 of NRS 616A.265,

9 ↳ the injury or disease for which treatment is being sought must not
10 be considered part of the employee's original claim for
11 compensation unless the physician , ~~for~~ chiropractor *or advanced*
12 *practice registered nurse* establishes by medical evidence a causal
13 relationship between the injury or disease for which treatment is
14 being sought and the original accident.

15 **Sec. 106.** NRS 616C.230 is hereby amended to read as
16 follows:

17 616C.230 1. Compensation is not payable pursuant to the
18 provisions of chapters 616A to 616D, inclusive, or chapter 617 of
19 NRS for an injury:

20 (a) Caused by the employee's willful intention to injure himself
21 or herself.

22 (b) Caused by the employee's willful intention to injure another.

23 (c) That occurred while the employee was in a state of
24 intoxication, unless the employee can prove by clear and convincing
25 evidence that his or her state of intoxication was not the proximate
26 cause of the injury. For the purposes of this paragraph, an employee
27 is in a state of intoxication if the level of alcohol in the bloodstream
28 of the employee meets or exceeds the limits set forth in subsection 1
29 of NRS 484C.110.

30 (d) That occurred while the employee was under the influence of
31 a controlled or prohibited substance, unless the employee can prove
32 by clear and convincing evidence that his or her being under the
33 influence of a controlled or prohibited substance was not the
34 proximate cause of the injury. For the purposes of this paragraph, an
35 employee is under the influence of a controlled or prohibited
36 substance if the employee had an amount of a controlled or
37 prohibited substance in his or her system at the time of his or her
38 injury that was equal to or greater than the limits set forth in
39 subsection 3 of NRS 484C.110 and for which the employee did not
40 have a current and lawful prescription issued in the employee's
41 name.

42 2. For the purposes of paragraphs (c) and (d) of subsection 1:

43 (a) The affidavit or declaration of an expert or other person
44 described in NRS 50.310, 50.315 or 50.320 is admissible to prove
45 the existence of an impermissible quantity of alcohol or the



1 existence, quantity or identity of an impermissible controlled or
2 prohibited substance in an employee's system. If the affidavit or
3 declaration is to be so used, it must be submitted in the manner
4 prescribed in NRS 616C.355.

5 (b) When an examination requested or ordered includes testing
6 for the use of alcohol or a controlled or prohibited substance, the
7 laboratory that conducts the testing must be licensed pursuant to the
8 provisions of chapter 652 of NRS.

9 (c) The results of any testing for the use of alcohol or a
10 controlled or prohibited substance, irrespective of the purpose for
11 performing the test, must be made available to an insurer or
12 employer upon request, to the extent that doing so does not conflict
13 with federal law.

14 3. No compensation is payable for the death, disability or
15 treatment of an employee if the employee's death is caused by,
16 or insofar as the employee's disability is aggravated, caused or
17 continued by, an unreasonable refusal or neglect to submit to or to
18 follow any competent and reasonable surgical treatment or medical
19 aid.

20 4. If any employee persists in an unsanitary or injurious
21 practice that imperils or retards his or her recovery, or refuses to
22 submit to such medical or surgical treatment as is necessary to
23 promote his or her recovery, the employee's compensation may be
24 reduced or suspended.

25 5. An injured employee's compensation, other than accident
26 benefits, must be suspended if:

27 (a) A physician , ~~or~~ chiropractor *or advanced practice*
28 *registered nurse* determines that the employee is unable to undergo
29 treatment, testing or examination for the industrial injury solely
30 because of a condition or injury that did not arise out of and in the
31 course of employment; and

32 (b) It is within the ability of the employee to correct the
33 nonindustrial condition or injury.

34 ➤ The compensation must be suspended until the injured employee
35 is able to resume treatment, testing or examination for the industrial
36 injury. The insurer may elect to pay for the treatment of the
37 nonindustrial condition or injury.

38 6. As used in this section, "prohibited substance" has the
39 meaning ascribed to it in NRS 484C.080.

40 **Sec. 107.** NRS 616C.265 is hereby amended to read as
41 follows:

42 616C.265 1. Except as otherwise provided in NRS 616C.280,
43 every employer operating under chapters 616A to 616D, inclusive,
44 of NRS, alone or together with other employers, may make



1 arrangements to provide accident benefits as defined in those
2 chapters for injured employees.

3 2. Employers electing to make such arrangements shall notify
4 the Administrator of the election and render a detailed statement of
5 the arrangements made, which arrangements do not become
6 effective until approved by the Administrator.

7 3. Every employer who maintains a hospital of any kind for his
8 or her employees, or who contracts for the hospital care of injured
9 employees, shall, on or before January 30 of each year, make a
10 written report to the Administrator for the preceding year, which
11 must contain a statement showing:

12 (a) The total amount of hospital fees collected, showing
13 separately the amount contributed by the employees and the amount
14 contributed by the employers;

15 (b) An itemized account of the expenditures, investments or
16 other disposition of such fees; and

17 (c) What balance, if any, remains.

18 4. Every employer who provides accident benefits pursuant to
19 this section:

20 (a) Shall, in accordance with regulations adopted by the
21 Administrator, make a written report to the Division of that
22 employer's actual and expected annual expenditures for claims and
23 such other information as the Division deems necessary to calculate
24 an estimated or final annual assessment and shall, to the extent that
25 the regulations refer to the responsibility of insurers to make such
26 reports, be deemed to be an insurer.

27 (b) Shall pay the assessments collected pursuant to NRS
28 232.680 and 616A.430.

29 5. The reports required by the provisions of subsections 3 and 4
30 must be verified:

31 (a) If the employer is a natural person, by the employer;

32 (b) If the employer is a partnership, by one of the partners;

33 (c) If the employer is a corporation, by the secretary, president,
34 general manager or other executive officer of the corporation; or

35 (d) If the employer has contracted with a physician , ~~††~~
36 chiropractor *or advanced practice registered nurse* for the hospital
37 care of injured employees, by the physician , ~~††~~ chiropractor ~~†~~ *or*
38 *advanced practice registered nurse.*

39 6. No employee is required to accept the services of a
40 physician , ~~††~~ chiropractor *or advanced practice registered nurse*
41 provided by his or her employer, but may seek professional medical
42 services of the employee's choice as provided in NRS 616C.090.
43 Expenses arising from such medical services must be paid by the
44 employer who has elected to provide benefits, pursuant to the
45 provisions of this section, for the employer's injured employees.



1 7. Every employer who fails to notify the Administrator of
2 such election and arrangements, or who fails to render the financial
3 reports required, is liable for accident benefits as provided by
4 NRS 616C.255.

5 **Sec. 108.** NRS 616C.270 is hereby amended to read as
6 follows:

7 616C.270 1. Every employer who has elected to provide
8 accident benefits for his or her injured employees shall prepare and
9 submit a written report to the Administrator:

10 (a) Within 6 days after any accident if an injured employee is
11 examined or treated by a physician , ~~or~~ chiropractor ~~or~~ *or*
12 *advanced practice registered nurse*; and

13 (b) If the injured employee receives additional medical services.

14 2. The Administrator shall review each report to determine
15 whether the employer is furnishing the accident benefits required by
16 chapters 616A to 616D, inclusive, of NRS.

17 3. The content and form of the written reports must be
18 prescribed by the Administrator.

19 **Sec. 109.** NRS 616C.275 is hereby amended to read as
20 follows:

21 616C.275 1. If the Administrator finds that the employer is
22 furnishing the requirements of accident benefits in such a manner
23 that there are reasonable grounds for believing that the health, life or
24 recovery of the employee is being endangered or impaired thereby,
25 or that an employer has failed to provide benefits pursuant to NRS
26 616C.265 for which he or she has made arrangements, the
27 Administrator may, upon application of the employee, or upon the
28 Administrator's own motion, order a change of physicians , ~~or~~
29 chiropractors *or advanced practice registered nurses* or of any other
30 requirements of accident benefits.

31 2. If the Administrator orders a change of physicians , ~~or~~
32 chiropractors *or advanced practice registered nurses* or of any other
33 accident benefits, the cost of the change must be borne by the
34 insurer.

35 3. The cause of action of an injured employee against an
36 employer insured by a private carrier must be assigned to the private
37 carrier.

38 **Sec. 110.** NRS 616C.280 is hereby amended to read as
39 follows:

40 616C.280 The Administrator may withdraw his or her approval
41 of an employer's providing accident benefits for his or her
42 employees and require the employer to pay the premium collected
43 pursuant to NRS 616C.255 if the employer intentionally:

44 1. Determines incorrectly that a claimed injury did not arise out
45 of and in the course of the employee's employment;



1 2. Fails to advise an injured employee of the employee's rights
2 under chapters 616A to 616D, inclusive, or chapter 617 of NRS;

3 3. Impedes the determination of disability or benefits by
4 delaying a needed change of an injured employee's physician , ~~or~~
5 chiropractor ~~or~~ *or advanced practice registered nurse*;

6 4. Causes an injured employee to file a legal action to recover
7 any compensation or other medical benefits due the employee from
8 the employer;

9 5. Violates any of the Administrator's or the Division's
10 regulations regarding the provision of accident benefits by
11 employers; or

12 6. Discriminates against an employee who claims benefits
13 under chapters 616A to 616D, inclusive, or chapter 617 of NRS.

14 **Sec. 111.** NRS 616C.305 is hereby amended to read as
15 follows:

16 616C.305 1. Except as otherwise provided in subsection 3,
17 any person who is aggrieved by a final determination concerning
18 accident benefits made by an organization for managed care which
19 has contracted with an insurer must, within 14 days of the
20 determination and before requesting a resolution of the dispute
21 pursuant to NRS 616C.345 to 616C.385, inclusive, appeal that
22 determination in accordance with the procedure for resolving
23 complaints established by the organization for managed care.

24 2. The procedure for resolving complaints established by the
25 organization for managed care must be informal and must include,
26 but is not limited to, a review of the appeal by a qualified physician ,
27 ~~or~~ chiropractor *or advanced practice registered nurse* who did not
28 make or otherwise participate in making the determination.

29 3. If a person appeals a final determination pursuant to a
30 procedure for resolving complaints established by an organization
31 for managed care and the dispute is not resolved within 14 days
32 after it is submitted, the person may request a resolution of the
33 dispute pursuant to NRS 616C.345 to 616C.385, inclusive.

34 **Sec. 112.** NRS 616C.330 is hereby amended to read as
35 follows:

36 616C.330 1. The hearing officer shall:

37 (a) Except as otherwise provided in subsection 2 of NRS
38 616C.315, within 5 days after receiving a request for a hearing, set
39 the hearing for a date and time within 30 days after his or her receipt
40 of the request at a place in Carson City, Nevada, or Las Vegas,
41 Nevada, or upon agreement of one or more of the parties to pay all
42 additional costs directly related to an alternative location, at any
43 other place of convenience to the parties, at the discretion of the
44 hearing officer;



1 (b) Give notice by mail or by personal service to all interested
2 parties to the hearing at least 15 days before the date and time
3 scheduled; and

4 (c) Conduct hearings expeditiously and informally.

5 2. The notice must include a statement that the injured
6 employee may be represented by a private attorney or seek
7 assistance and advice from the Nevada Attorney for Injured
8 Workers.

9 3. If necessary to resolve a medical question concerning an
10 injured employee's condition or to determine the necessity of
11 treatment for which authorization for payment has been denied, the
12 hearing officer may order an independent medical examination,
13 which must not involve treatment, and refer the employee to a
14 physician, ~~or~~ chiropractor *or advanced practice registered nurse*
15 of his or her choice who has demonstrated special competence to
16 treat the particular medical condition of the employee, whether or
17 not the physician, ~~or~~ chiropractor *or advanced practice registered*
18 *nurse* is on the insurer's panel of providers of health care. If the
19 medical question concerns the rating of a permanent disability, the
20 hearing officer may refer the employee to a rating physician, ~~or~~
21 chiropractor ~~or~~ *or advanced practice registered nurse*. The rating
22 physician, ~~or~~ chiropractor *or advanced practice registered nurse*
23 must be selected in rotation from the list of qualified physicians,
24 ~~and~~ chiropractors *and advanced practice registered nurses*
25 maintained by the Administrator pursuant to subsection 2 of NRS
26 616C.490, unless the insurer and injured employee otherwise agree
27 to a rating physician, ~~or~~ chiropractor ~~or~~ *or advanced practice*
28 *registered nurse*. The insurer shall pay the costs of any medical
29 examination requested by the hearing officer.

30 4. The hearing officer may consider the opinion of an
31 examining physician, ~~or~~ chiropractor ~~or~~ *or advanced practice*
32 *registered nurse*, in addition to the opinion of an authorized treating
33 physician, ~~or~~ chiropractor ~~or~~ *or advanced practice registered*
34 *nurse*, in determining the compensation payable to the injured
35 employee.

36 5. If an injured employee has requested payment for the cost of
37 obtaining a second determination of his or her percentage of
38 disability pursuant to NRS 616C.100, the hearing officer shall
39 decide whether the determination of the higher percentage of
40 disability made pursuant to NRS 616C.100 is appropriate and, if so,
41 may order the insurer to pay to the employee an amount equal to the
42 maximum allowable fee established by the Administrator pursuant
43 to NRS 616C.260 for the type of service performed, or the usual fee
44 of that physician, ~~or~~ chiropractor *or advanced practice registered*
45 *nurse* for such service, whichever is less.



1 6. The hearing officer shall order an insurer, organization for
2 managed care or employer who provides accident benefits for
3 injured employees pursuant to NRS 616C.265 to pay to the
4 appropriate person the charges of a provider of health care if the
5 conditions of NRS 616C.138 are satisfied.

6 7. The hearing officer may allow or forbid the presence of a
7 court reporter and the use of a tape recorder in a hearing.

8 8. The hearing officer shall render his or her decision within 15
9 days after:

10 (a) The hearing; or

11 (b) The hearing officer receives a copy of the report from the
12 medical examination the hearing officer requested.

13 9. The hearing officer shall render a decision in the most
14 efficient format developed by the Chief of the Hearings Division of
15 the Department of Administration.

16 10. The hearing officer shall give notice of the decision to each
17 party by mail. The hearing officer shall include with the notice of
18 the decision the necessary forms for appealing from the decision.

19 11. Except as otherwise provided in NRS 616C.380, the
20 decision of the hearing officer is not stayed if an appeal from that
21 decision is taken unless an application for a stay is submitted by a
22 party. If such an application is submitted, the decision is
23 automatically stayed until a determination is made on the
24 application. A determination on the application must be made within
25 30 days after the filing of the application. If, after reviewing the
26 application, a stay is not granted by the hearing officer or an appeals
27 officer, the decision must be complied with within 10 days after the
28 refusal to grant a stay.

29 **Sec. 113.** NRS 616C.350 is hereby amended to read as
30 follows:

31 616C.350 1. Any physician , ~~†~~ chiropractor *or advanced*
32 *practice registered nurse* who attends an employee within the
33 provisions of chapters 616A to 616D, inclusive, or chapter 617 of
34 NRS in a professional capacity, may be required to testify before an
35 appeals officer. A physician , ~~†~~ chiropractor *or advanced practice*
36 *registered nurse* who testifies is entitled to receive the same fees as
37 witnesses in civil cases and, if the appeals officer so orders at his or
38 her own discretion, a fee equal to that authorized for a consultation
39 by the appropriate schedule of fees for physicians , ~~†~~
40 chiropractors ~~†~~ *or advanced practice registered nurses*. These fees
41 must be paid by the insurer.

42 2. Information gained by the attending physician , ~~†~~
43 chiropractor *or advanced practice registered nurse* while in
44 attendance on the injured employee is not a privileged
45 communication if:



1 (a) Required by an appeals officer for a proper understanding of
2 the case and a determination of the rights involved; or

3 (b) The information is related to any fraud that has been or is
4 alleged to have been committed in violation of the provisions of this
5 chapter or chapter 616A, 616B, 616D or 617 of NRS.

6 **Sec. 114.** NRS 616C.360 is hereby amended to read as
7 follows:

8 616C.360 1. A stenographic or electronic record must be kept
9 of the hearing before the appeals officer and the rules of evidence
10 applicable to contested cases under chapter 233B of NRS apply to
11 the hearing.

12 2. The appeals officer must hear any matter raised before him
13 or her on its merits, including new evidence bearing on the matter.

14 3. If there is a medical question or dispute concerning an
15 injured employee's condition or concerning the necessity of
16 treatment for which authorization for payment has been denied, the
17 appeals officer may:

18 (a) Order an independent medical examination and refer the
19 employee to a physician, ~~†or†~~ chiropractor *or advanced practice*
20 *registered nurse* of his or her choice who has demonstrated special
21 competence to treat the particular medical condition of the
22 employee, whether or not the physician, ~~†or†~~ chiropractor *or*
23 *advanced practice registered nurse* is on the insurer's panel of
24 providers of health care. If the medical question concerns the rating
25 of a permanent disability, the appeals officer may refer the
26 employee to a rating physician, ~~†or†~~ chiropractor *† or advanced*
27 *practice registered nurse*. The rating physician, ~~†or†~~ chiropractor *or*
28 *advanced practice registered nurse* must be selected in rotation
29 from the list of qualified physicians, ~~†or†~~ chiropractors *or advanced*
30 *practice registered nurses* maintained by the Administrator
31 pursuant to subsection 2 of NRS 616C.490, unless the insurer and
32 the injured employee otherwise agree to a rating physician, ~~†or†~~
33 chiropractor *† or advanced practice registered nurse*. The insurer
34 shall pay the costs of any examination requested by the appeals
35 officer.

36 (b) If the medical question or dispute is relevant to an issue
37 involved in the matter before the appeals officer and all parties agree
38 to the submission of the matter to an independent review
39 organization, submit the matter to an independent review
40 organization in accordance with NRS 616C.363 and any regulations
41 adopted by the Commissioner.

42 4. The appeals officer may consider the opinion of an
43 examining physician, ~~†or†~~ chiropractor *† or advanced practice*
44 *registered nurse*, in addition to the opinion of an authorized treating
45 physician, ~~†or†~~ chiropractor *† or advanced practice registered*



1 *nurse*, in determining the compensation payable to the injured
2 employee.

3 5. If an injured employee has requested payment for the cost of
4 obtaining a second determination of his or her percentage of
5 disability pursuant to NRS 616C.100, the appeals officer shall
6 decide whether the determination of the higher percentage of
7 disability made pursuant to NRS 616C.100 is appropriate and, if so,
8 may order the insurer to pay to the employee an amount equal to the
9 maximum allowable fee established by the Administrator pursuant
10 to NRS 616C.260 for the type of service performed, or the usual fee
11 of that physician, ~~or~~ chiropractor *or advanced practice registered*
12 *nurse* for such service, whichever is less.

13 6. The appeals officer shall order an insurer, organization for
14 managed care or employer who provides accident benefits for
15 injured employees pursuant to NRS 616C.265 to pay to the
16 appropriate person the charges of a provider of health care if the
17 conditions of NRS 616C.138 are satisfied.

18 7. Any party to the appeal or contested case or the appeals
19 officer may order a transcript of the record of the hearing at any
20 time before the seventh day after the hearing. The transcript must be
21 filed within 30 days after the date of the order unless the appeals
22 officer otherwise orders.

23 8. Except as otherwise provided in subsection 9, the appeals
24 officer shall render a decision:

25 (a) If a transcript is ordered within 7 days after the hearing,
26 within 30 days after the transcript is filed; or

27 (b) If a transcript has not been ordered, within 30 days after the
28 date of the hearing.

29 9. The appeals officer shall render a decision on a contested
30 claim submitted pursuant to subsection 2 of NRS 616C.345 within
31 15 days after:

32 (a) The date of the hearing; or

33 (b) If the appeals officer orders an independent medical
34 examination, the date the appeals officer receives the report of the
35 examination,

36 ↪ unless both parties to the contested claim agree to a later date.

37 10. The appeals officer may affirm, modify or reverse any
38 decision made by a hearing officer and issue any necessary and
39 proper order to give effect to his or her decision.

40 **Sec. 115.** NRS 616C.363 is hereby amended to read as
41 follows:

42 616C.363 1. Not later than 5 business days after the date that
43 an independent review organization receives a request for an
44 external review, the independent review organization shall:



1 (a) Review the documents and materials submitted for the
2 external review; and

3 (b) Notify the injured employee, his or her employer and the
4 insurer whether the independent review organization needs any
5 additional information to conduct the external review.

6 2. The independent review organization shall render a decision
7 on the matter not later than 15 business days after the date that it
8 receives all information that is necessary to conduct the external
9 review.

10 3. In conducting the external review, the independent review
11 organization shall consider, without limitation:

12 (a) The medical records of the insured;

13 (b) Any recommendations of the physician , *chiropractor or*
14 *advanced practice registered nurse* of the insured; and

15 (c) Any other information approved by the Commissioner for
16 consideration by an independent review organization.

17 4. In its decision, the independent review organization shall
18 specify the reasons for its decision. The independent review
19 organization shall submit a copy of its decision to:

20 (a) The injured employee;

21 (b) The employer;

22 (c) The insurer; and

23 (d) The appeals officer, if any.

24 5. The insurer shall pay the costs of the services provided by
25 the independent review organization.

26 6. The Commissioner may adopt regulations to govern the
27 process of external review and to carry out the provisions of this
28 section. Any regulations adopted pursuant to this section must
29 provide that:

30 (a) All parties must agree to the submission of a matter to an
31 independent review organization before a request for external
32 review may be submitted;

33 (b) A party may not be ordered to submit a matter to an
34 independent review organization; and

35 (c) The findings and decisions of an independent review
36 organization are not binding.

37 **Sec. 116.** NRS 616C.390 is hereby amended to read as
38 follows:

39 616C.390 Except as otherwise provided in NRS 616C.392:

40 1. If an application to reopen a claim to increase or rearrange
41 compensation is made in writing more than 1 year after the date on
42 which the claim was closed, the insurer shall reopen the claim if:

43 (a) A change of circumstances warrants an increase or
44 rearrangement of compensation during the life of the claimant;



1 (b) The primary cause of the change of circumstances is the
2 injury for which the claim was originally made; and

3 (c) The application is accompanied by the certificate of a
4 physician , ~~for a~~ chiropractor *or advanced practice registered*
5 *nurse* showing a change of circumstances which would warrant an
6 increase or rearrangement of compensation.

7 2. After a claim has been closed, the insurer, upon receiving an
8 application and for good cause shown, may authorize the reopening
9 of the claim for medical investigation only. The application must be
10 accompanied by a written request for treatment from the physician ,
11 ~~for~~ chiropractor *or advanced practice registered nurse* treating the
12 claimant, certifying that the treatment is indicated by a change in
13 circumstances and is related to the industrial injury sustained by the
14 claimant.

15 3. If a claimant applies for a claim to be reopened pursuant to
16 subsection 1 or 2 and a final determination denying the reopening is
17 issued, the claimant shall not reapply to reopen the claim until at
18 least 1 year after the date on which the final determination is issued.

19 4. Except as otherwise provided in subsection 5, if an
20 application to reopen a claim is made in writing within 1 year after
21 the date on which the claim was closed, the insurer shall reopen the
22 claim only if:

23 (a) The application is supported by medical evidence
24 demonstrating an objective change in the medical condition of the
25 claimant; and

26 (b) There is clear and convincing evidence that the primary
27 cause of the change of circumstances is the injury for which the
28 claim was originally made.

29 5. An application to reopen a claim must be made in writing
30 within 1 year after the date on which the claim was closed if:

31 (a) The claimant did not meet the minimum duration of
32 incapacity as set forth in NRS 616C.400 as a result of the injury;
33 and

34 (b) The claimant did not receive benefits for a permanent partial
35 disability.

36 ➔ If an application to reopen a claim to increase or rearrange
37 compensation is made pursuant to this subsection, the insurer shall
38 reopen the claim if the requirements set forth in paragraphs (a), (b)
39 and (c) of subsection 1 are met.

40 6. If an employee's claim is reopened pursuant to this section,
41 the employee is not entitled to vocational rehabilitation services or
42 benefits for a temporary total disability if, before the claim was
43 reopened, the employee:

44 (a) Retired; or



1 (b) Otherwise voluntarily removed himself or herself from the
2 workforce,
3 ➔ for reasons unrelated to the injury for which the claim was
4 originally made.

5 7. One year after the date on which the claim was closed, an
6 insurer may dispose of the file of a claim authorized to be reopened
7 pursuant to subsection 5, unless an application to reopen the claim
8 has been filed pursuant to that subsection.

9 8. An increase or rearrangement of compensation is not
10 effective before an application for reopening a claim is made unless
11 good cause is shown. The insurer shall, upon good cause shown,
12 allow the cost of emergency treatment the necessity for which has
13 been certified by a physician , ~~†or†~~ chiropractor ~~††~~ *or advanced*
14 *practice registered nurse.*

15 9. A claim that closes pursuant to subsection 2 of NRS
16 616C.235 and is not appealed or is unsuccessfully appealed pursuant
17 to the provisions of NRS 616C.305 and 616C.315 to 616C.385,
18 inclusive, may not be reopened pursuant to this section.

19 10. The provisions of this section apply to any claim for which
20 an application to reopen the claim or to increase or rearrange
21 compensation is made pursuant to this section, regardless of the date
22 of the injury or accident to the claimant. If a claim is reopened
23 pursuant to this section, the amount of any compensation or benefits
24 provided must be determined in accordance with the provisions of
25 NRS 616C.425.

26 **Sec. 117.** NRS 616C.440 is hereby amended to read as
27 follows:

28 616C.440 1. Except as otherwise provided in this section and
29 NRS 616C.175, every employee in the employ of an employer,
30 within the provisions of chapters 616A to 616D, inclusive, of NRS,
31 who is injured by accident arising out of and in the course of
32 employment, or his or her dependents as defined in chapters 616A
33 to 616D, inclusive, of NRS, is entitled to receive the following
34 compensation for permanent total disability:

35 (a) In cases of total disability adjudged to be permanent,
36 compensation per month of $66 \frac{2}{3}$ percent of the average monthly
37 wage.

38 (b) If there is a previous disability, as the loss of one eye, one
39 hand, one foot or any other previous permanent disability, the
40 percentage of disability for a subsequent injury must be determined
41 by computing the percentage of the entire disability and deducting
42 therefrom the percentage of the previous disability as it existed at
43 the time of the subsequent injury, but such a deduction for a
44 previous award for permanent partial disability must be made in a
45 reasonable manner and must not be more than the total amount



1 which was paid for the previous award for permanent partial
2 disability. The total amount of the allowable deduction includes,
3 without limitation, compensation for a permanent partial disability
4 that was deducted from:

5 (1) Any compensation the employee received for a
6 temporary total disability; or

7 (2) Any other compensation received by the employee.

8 (c) If the character of the injury is such as to render the
9 employee so physically helpless as to require the service of a
10 constant attendant, an additional allowance may be made so long as
11 such requirements continue, but the allowance may not be made
12 while the employee is receiving benefits for care in a hospital or
13 facility for intermediate care pursuant to the provisions of
14 NRS 616C.265.

15 2. Except as otherwise provided in NRS 616B.028 and
16 616B.029, an injured employee or his or her dependents are not
17 entitled to accrue or be paid any benefits for a permanent total
18 disability during the time the injured employee is incarcerated. The
19 injured employee or his or her dependents are entitled to receive
20 those benefits when the injured employee is released from
21 incarceration if the injured employee is certified as permanently
22 totally disabled by a physician , ~~††~~ chiropractor ~~††~~ *or advanced
23 practice registered nurse.*

24 3. An employee is entitled to receive compensation for a
25 permanent total disability only so long as the permanent total
26 disability continues to exist. The insurer has the burden of proving
27 that the permanent total disability no longer exists.

28 4. If an employee who has received compensation in a lump
29 sum for a permanent partial disability pursuant to NRS 616C.495 is
30 subsequently determined to be permanently and totally disabled, the
31 insurer of the employee's employer shall recover pursuant to this
32 subsection the actual amount of the lump sum paid to the employee
33 for the permanent partial disability. The insurer shall not recover
34 from the employee, whether by deductions or single payment, or a
35 combination of both, more than the actual amount of the lump sum
36 paid to the employee. To recover the actual amount of the lump
37 sum, the insurer shall:

38 (a) Unless the employee submits a request described in
39 paragraph (b), deduct from the compensation for the permanent total
40 disability an amount that is not more than 10 percent of the rate of
41 compensation for a permanent total disability until the actual
42 amount of the lump sum paid to the employee for the permanent
43 partial disability is recovered; or

44 (b) Upon the request of the employee, accept in a single
45 payment from the employee an amount that is equal to the actual



1 amount of the lump sum paid to the employee for the permanent
2 partial disability, less the actual amount of all deductions made to
3 date by the insurer from the employee for repayment of the lump
4 sum.

5 **Sec. 118.** NRS 616C.475 is hereby amended to read as
6 follows:

7 616C.475 1. Except as otherwise provided in this section,
8 NRS 616C.175 and 616C.390, every employee in the employ of an
9 employer, within the provisions of chapters 616A to 616D,
10 inclusive, of NRS, who is injured by accident arising out of and in
11 the course of employment, or his or her dependents, is entitled to
12 receive for the period of temporary total disability, $66 \frac{2}{3}$ percent of
13 the average monthly wage.

14 2. Except as otherwise provided in NRS 616B.028 and
15 616B.029, an injured employee or his or her dependents are not
16 entitled to accrue or be paid any benefits for a temporary total
17 disability during the time the injured employee is incarcerated. The
18 injured employee or his or her dependents are entitled to receive
19 such benefits when the injured employee is released from
20 incarceration if the injured employee is certified as temporarily
21 totally disabled by a physician , ~~or~~ chiropractor ~~or~~ *or advanced
22 practice registered nurse.*

23 3. If a claim for the period of temporary total disability is
24 allowed, the first payment pursuant to this section must be issued by
25 the insurer within 14 working days after receipt of the initial
26 certification of disability and regularly thereafter.

27 4. Any increase in compensation and benefits effected by the
28 amendment of subsection 1 is not retroactive.

29 5. Payments for a temporary total disability must cease when:

30 (a) A physician , ~~or~~ chiropractor *or advanced practice
31 registered nurse* determines that the employee is physically capable
32 of any gainful employment for which the employee is suited, after
33 giving consideration to the employee's education, training and
34 experience;

35 (b) The employer offers the employee light-duty employment or
36 employment that is modified according to the limitations or
37 restrictions imposed by a physician , ~~or~~ chiropractor *or advanced
38 practice registered nurse* pursuant to subsection 7; or

39 (c) Except as otherwise provided in NRS 616B.028 and
40 616B.029, the employee is incarcerated.

41 6. Each insurer may, with each check that it issues to an injured
42 employee for a temporary total disability, include a form approved
43 by the Division for the injured employee to request continued
44 compensation for the temporary total disability.



1 7. A certification of disability issued by a physician , ~~or~~
2 chiropractor *or advanced practice registered nurse* must:

3 (a) Include the period of disability and a description of any
4 physical limitations or restrictions imposed upon the work of the
5 employee;

6 (b) Specify whether the limitations or restrictions are permanent
7 or temporary; and

8 (c) Be signed by the treating physician , ~~or~~ chiropractor *or*
9 *advanced practice registered nurse* authorized pursuant to NRS
10 616B.527 or appropriately chosen pursuant to subsection 3 or 4 of
11 NRS 616C.090.

12 8. If the certification of disability specifies that the physical
13 limitations or restrictions are temporary, the employer of the
14 employee at the time of the employee's accident may offer
15 temporary, light-duty employment to the employee. If the employer
16 makes such an offer, the employer shall confirm the offer in writing
17 within 10 days after making the offer. The making, acceptance or
18 rejection of an offer of temporary, light-duty employment pursuant
19 to this subsection does not affect the eligibility of the employee to
20 receive vocational rehabilitation services, including compensation,
21 and does not exempt the employer from complying with NRS
22 616C.545 to 616C.575, inclusive, and 616C.590 or the regulations
23 adopted by the Division governing vocational rehabilitation
24 services. Any offer of temporary, light-duty employment made by
25 the employer must specify a position that:

26 (a) Is substantially similar to the employee's position at the time
27 of his or her injury in relation to the location of the employment and
28 the hours the employee is required to work;

29 (b) Provides a gross wage that is:

30 (1) If the position is in the same classification of
31 employment, equal to the gross wage the employee was earning at
32 the time of his or her injury; or

33 (2) If the position is not in the same classification of
34 employment, substantially similar to the gross wage the employee
35 was earning at the time of his or her injury; and

36 (c) Has the same employment benefits as the position of the
37 employee at the time of his or her injury.

38 **Sec. 119.** NRS 616C.490 is hereby amended to read as
39 follows:

40 616C.490 1. Except as otherwise provided in NRS 616C.175,
41 every employee, in the employ of an employer within the provisions
42 of chapters 616A to 616D, inclusive, of NRS, who is injured by an
43 accident arising out of and in the course of employment is entitled to
44 receive the compensation provided for permanent partial disability.



1 As used in this section, “disability” and “impairment of the whole
2 person” are equivalent terms.

3 2. Within 30 days after receiving from a physician , ~~†or†~~
4 chiropractor *or advanced practice registered nurse* a report
5 indicating that the injured employee may have suffered a permanent
6 disability and is stable and ratable, the insurer shall schedule an
7 appointment with the rating physician , ~~†or†~~ chiropractor *or*
8 *advanced practice registered nurse* selected pursuant to this
9 subsection to determine the extent of the employee’s disability.
10 Unless the insurer and the injured employee otherwise agree to a
11 rating physician , ~~†or†~~ chiropractor ~~††~~ *or advanced practice*
12 *registered nurse*:

13 (a) The insurer shall select the rating physician , ~~†or†~~
14 chiropractor *or advanced practice registered nurse* from the list of
15 qualified rating physicians , ~~†and†~~ chiropractors *and advanced*
16 *practice registered nurses* designated by the Administrator, to
17 determine the percentage of disability in accordance with the
18 American Medical Association’s Guides to the Evaluation of
19 Permanent Impairment as adopted and supplemented by the
20 Division pursuant to NRS 616C.110.

21 (b) Rating physicians , ~~†and†~~ chiropractors *and advanced*
22 *practice registered nurses* must be selected in rotation from the list
23 of qualified physicians , ~~†and†~~ chiropractors *and advanced practice*
24 *registered nurses* designated by the Administrator, according to
25 their area of specialization and the order in which their names
26 appear on the list unless the next physician , ~~†or†~~ chiropractor *or*
27 *advanced practice registered nurse* is currently an employee of the
28 insurer making the selection, in which case the insurer must select
29 the physician , ~~†or†~~ chiropractor *or advanced practice registered*
30 *nurse* who is next on the list and who is not currently an employee
31 of the insurer.

32 3. If an insurer contacts the treating physician , ~~†or†~~
33 chiropractor *or advanced practice registered nurse* to determine
34 whether an injured employee has suffered a permanent disability,
35 the insurer shall deliver to the treating physician , ~~†or†~~ chiropractor
36 *or advanced practice registered nurse* that portion or a summary of
37 that portion of the American Medical Association’s Guides to the
38 Evaluation of Permanent Impairment as adopted by the Division
39 pursuant to NRS 616C.110 that is relevant to the type of injury
40 incurred by the employee.

41 4. At the request of the insurer, the injured employee shall,
42 before an evaluation by a rating physician , ~~†or†~~ chiropractor *or*
43 *advanced practice registered nurse* is performed, notify the insurer
44 of:



1 (a) Any previous evaluations performed to determine the extent
2 of any of the employee's disabilities; and

3 (b) Any previous injury, disease or condition sustained by the
4 employee which is relevant to the evaluation performed pursuant to
5 this section.

6 ➤ The notice must be on a form approved by the Administrator and
7 provided to the injured employee by the insurer at the time of the
8 insurer's request.

9 5. Unless the regulations adopted pursuant to NRS 616C.110
10 provide otherwise, a rating evaluation must include an evaluation of
11 the loss of motion, sensation and strength of an injured employee
12 if the injury is of a type that might have caused such a loss. Except
13 in the case of claims accepted pursuant to NRS 616C.180, no factors
14 other than the degree of physical impairment of the whole person
15 may be considered in calculating the entitlement to compensation
16 for a permanent partial disability.

17 6. The rating physician, ~~and~~ chiropractor *or advanced practice*
18 *registered nurse* shall provide the insurer with his or her evaluation
19 of the injured employee. After receiving the evaluation, the insurer
20 shall, within 14 days, provide the employee with a copy of the
21 evaluation and notify the employee:

22 (a) Of the compensation to which the employee is entitled
23 pursuant to this section; or

24 (b) That the employee is not entitled to benefits for permanent
25 partial disability.

26 7. Each 1 percent of impairment of the whole person must be
27 compensated by a monthly payment:

28 (a) Of 0.5 percent of the claimant's average monthly wage for
29 injuries sustained before July 1, 1981;

30 (b) Of 0.6 percent of the claimant's average monthly wage for
31 injuries sustained on or after July 1, 1981, and before June 18, 1993;

32 (c) Of 0.54 percent of the claimant's average monthly wage for
33 injuries sustained on or after June 18, 1993, and before January 1,
34 2000; and

35 (d) Of 0.6 percent of the claimant's average monthly wage for
36 injuries sustained on or after January 1, 2000.

37 ➤ Compensation must commence on the date of the injury or the
38 day following the termination of temporary disability compensation,
39 if any, whichever is later, and must continue on a monthly basis for
40 5 years or until the claimant is 70 years of age, whichever is later.

41 8. Compensation benefits may be paid annually to claimants
42 who will be receiving less than \$100 a month.

43 9. Where there is a previous disability, as the loss of one eye,
44 one hand, one foot, or any other previous permanent disability, the
45 percentage of disability for a subsequent injury must be determined



1 by computing the percentage of the entire disability and deducting
2 therefrom the percentage of the previous disability as it existed at
3 the time of the subsequent injury.

4 10. The Division may adopt schedules for rating permanent
5 disabilities resulting from injuries sustained before July 1, 1973, and
6 reasonable regulations to carry out the provisions of this section.

7 11. The increase in compensation and benefits effected by the
8 amendment of this section is not retroactive for accidents which
9 occurred before July 1, 1973.

10 12. This section does not entitle any person to double payments
11 for the death of an employee and a continuation of payments for a
12 permanent partial disability, or to a greater sum in the aggregate
13 than if the injury had been fatal.

14 **Sec. 120.** NRS 616C.500 is hereby amended to read as
15 follows:

16 616C.500 1. Except as otherwise provided in subsection 2
17 and NRS 616C.175, every employee in the employ of an employer,
18 within the provisions of chapters 616A to 616D, inclusive, of NRS,
19 who is injured by accident arising out of and in the course of
20 employment, is entitled to receive for a temporary partial disability
21 the difference between the wage earned after the injury and the
22 compensation which the injured person would be entitled to receive
23 if temporarily totally disabled when the wage is less than the
24 compensation, but for a period not to exceed 24 months during the
25 period of disability.

26 2. Except as otherwise provided in NRS 616B.028 and
27 616B.029, an injured employee or his or her dependents are not
28 entitled to accrue or be paid any benefits for a temporary partial
29 disability during the time the employee is incarcerated. The injured
30 employee or his or her dependents are entitled to receive such
31 benefits if the injured employee is released from incarceration
32 during the period of disability specified in subsection 1 and the
33 injured employee is certified as temporarily partially disabled by a
34 physician , ~~or~~ chiropractor ~~or~~ *or advanced practice registered*
35 *nurse*.

36 **Sec. 121.** NRS 616C.545 is hereby amended to read as
37 follows:

38 616C.545 If an employee does not return to work for 28
39 consecutive calendar days as a result of an injury arising out of and
40 in the course of his or her employment or an occupational disease,
41 the insurer shall contact the treating physician , ~~or~~ chiropractor *or*
42 *advanced practice registered nurse* to determine whether:

43 1. There are physical limitations on the injured employee's
44 ability to work; and

45 2. The limitations, if any, are permanent or temporary.



1 **Sec. 122.** NRS 616C.550 is hereby amended to read as
2 follows:

3 616C.550 1. If benefits for a temporary total disability will
4 be paid to an injured employee for more than 90 days, the insurer or
5 the injured employee may request a vocational rehabilitation
6 counselor to prepare a written assessment of the injured employee's
7 ability or potential to return to:

8 (a) The position the employee held at the time that he or she was
9 injured; or

10 (b) Any other gainful employment.

11 2. Before completing the written assessment, the counselor
12 shall:

13 (a) Contact the injured employee and:

14 (1) Identify the injured employee's educational background,
15 work experience and career interests; and

16 (2) Determine whether the injured employee has any existing
17 marketable skills.

18 (b) Contact the injured employee's treating physician , ~~for~~
19 chiropractor *or advanced practice registered nurse* and determine:

20 (1) Whether the employee has any temporary or permanent
21 physical limitations;

22 (2) The estimated duration of the limitations;

23 (3) Whether there is a plan for continued medical treatment;

24 and

25 (4) When the employee may return to the position that the
26 employee held at the time of his or her injury or to any other
27 position. The treating physician , ~~for~~ chiropractor *or advanced*
28 *practice registered nurse* shall determine whether an employee may
29 return to the position that the employee held at the time of his or her
30 injury.

31 3. Except as otherwise provided in NRS 616C.542 and
32 616C.547, a vocational rehabilitation counselor shall prepare a
33 written assessment not more than 30 days after receiving a request
34 for a written assessment pursuant to subsection 1. The written
35 assessment must contain a determination as to whether the employee
36 is eligible for vocational rehabilitation services pursuant to NRS
37 616C.590. If the insurer, with the assistance of the counselor,
38 determines that the employee is eligible for vocational rehabilitation
39 services, a plan for a program of vocational rehabilitation must be
40 completed pursuant to NRS 616C.555.

41 4. The Division may, by regulation, require a written
42 assessment to include additional information.

43 5. If an insurer determines that a written assessment requested
44 pursuant to subsection 1 is impractical because of the expected



1 duration of the injured employee's total temporary disability, the
2 insurer shall:

3 (a) Complete a written report which specifies the insurer's
4 reasons for the decision; and

5 (b) Review the claim at least once every 60 days.

6 6. The insurer shall deliver a copy of the written assessment or
7 the report completed pursuant to subsection 5 to the injured
8 employee, his or her employer, the treating physician, ~~for~~
9 chiropractor *or advanced practice registered nurse* and the injured
10 employee's attorney or representative, if applicable.

11 7. For the purposes of this section, "existing marketable skills"
12 include, but are not limited to:

13 (a) Completion of:

14 (1) A program at a trade school;

15 (2) A program which resulted in an associate's degree; or

16 (3) A course of study for certification,

17 ↪ if the program or course of study provided the skills and training
18 necessary for the injured employee to be gainfully employed on a
19 reasonably continuous basis in an occupation that is reasonably
20 available in this State.

21 (b) Completion of a 2-year or 4-year program at a college or
22 university which resulted in a degree.

23 (c) Completion of any portion of a program for a graduate's
24 degree at a college or university.

25 (d) Skills acquired in previous employment, including those
26 acquired during an apprenticeship or a program for on-the-job
27 training.

28 ↪ The skills set forth in paragraphs (a) to (d), inclusive, must have
29 been acquired within the preceding 7 years and be compatible with
30 the physical limitations of the injured employee to be considered
31 existing marketable skills.

32 8. Each written assessment of an injured employee must be
33 signed by a certified vocational rehabilitation counselor.

34 **Sec. 123.** NRS 616C.555 is hereby amended to read as
35 follows:

36 616C.555 1. A vocational rehabilitation counselor shall
37 develop a plan for a program of vocational rehabilitation for each
38 injured employee who is eligible for vocational rehabilitation
39 services pursuant to NRS 616C.590. The counselor shall work with
40 the insurer and the injured employee to develop a program that is
41 compatible with the injured employee's age, sex and physical
42 condition.

43 2. If the counselor determines in a written assessment
44 requested pursuant to NRS 616C.550 that the injured employee has
45 existing marketable skills, the plan must consist of job placement



1 assistance only. When practicable, the goal of job placement
2 assistance must be to aid the employee in finding a position which
3 pays a gross wage that is equal to or greater than 80 percent of the
4 gross wage that the employee was earning at the time of his or her
5 injury. An injured employee must not receive job placement
6 assistance for more than 6 months after the date on which the
7 injured employee was notified that he or she is eligible only for job
8 placement assistance because:

9 (a) The injured employee was physically capable of returning to
10 work; or

11 (b) It was determined that the injured employee had existing
12 marketable skills.

13 3. If the counselor determines in a written assessment
14 requested pursuant to NRS 616C.550 that the injured employee does
15 not have existing marketable skills, the plan must consist of a
16 program which trains or educates the injured employee and provides
17 job placement assistance. Except as otherwise provided in NRS
18 616C.560, such a program must not exceed:

19 (a) If the injured employee has incurred a permanent disability
20 as a result of which permanent restrictions on the ability of the
21 injured employee to work have been imposed but no permanent
22 physical impairment rating has been issued, or a permanent
23 disability with a permanent physical impairment of 1 percent or
24 more but less than 6 percent, 9 months.

25 (b) If the injured employee has incurred a permanent physical
26 impairment of 6 percent or more, but less than 11 percent, 1 year.

27 (c) If the injured employee has incurred a permanent physical
28 impairment of 11 percent or more, 18 months.

29 ➤ The percentage of the injured employee's permanent physical
30 impairment must be determined pursuant to NRS 616C.490.

31 4. A plan for a program of vocational rehabilitation must
32 comply with the requirements set forth in NRS 616C.585.

33 5. A plan created pursuant to subsection 2 or 3 must assist the
34 employee in finding a job or train or educate the employee and
35 assist the employee in finding a job that is a part of an employer's
36 regular business operations and from which the employee will gain
37 skills that would generally be transferable to a job with another
38 employer.

39 6. A program of vocational rehabilitation must not commence
40 before the treating physician , ~~††~~ chiropractor ~~††~~ *or advanced*
41 *practice registered nurse*, or an examining physician , ~~††~~
42 *chiropractor or advanced practice registered nurse* determines that
43 the injured employee is capable of safely participating in the
44 program.



1 7. If, based upon the opinion of a treating or an examining
2 physician , ~~for~~ chiropractor ~~or~~ *or advanced practice registered*
3 *nurse*, the counselor determines that an injured employee is not
4 eligible for vocational rehabilitation services, the counselor shall
5 provide a copy of the opinion to the injured employee, the injured
6 employee's employer and the insurer.

7 8. A plan for a program of vocational rehabilitation must be
8 signed by a certified vocational rehabilitation counselor.

9 9. If an initial program of vocational rehabilitation pursuant to
10 this section is unsuccessful, an injured employee may submit a
11 written request for the development of a second program of
12 vocational rehabilitation which relates to the same injury. An insurer
13 shall authorize a second program for an injured employee upon
14 good cause shown.

15 10. If a second program of vocational rehabilitation pursuant to
16 subsection 9 is unsuccessful, an injured employee may submit a
17 written request for the development of a third program of vocational
18 rehabilitation which relates to the same injury. The insurer, with the
19 approval of the employer who was the injured employee's employer
20 at the time of his or her injury, may authorize a third program for the
21 injured employee. If such an employer has terminated operations,
22 the employer's approval is not required for authorization of a third
23 program. An insurer's determination to authorize or deny a third
24 program of vocational rehabilitation may not be appealed.

25 11. The Division shall adopt regulations to carry out the
26 provisions of this section. The regulations must specify the contents
27 of a plan for a program of vocational rehabilitation.

28 **Sec. 124.** NRS 616C.560 is hereby amended to read as
29 follows:

30 616C.560 1. A program for vocational rehabilitation
31 developed pursuant to subsection 3 of NRS 616C.555 may be
32 extended:

33 (a) Without condition or limitation, by the insurer at the
34 insurer's sole discretion; or

35 (b) In accordance with this section if:

36 (1) The injured employee makes a written request to extend
37 the program not later than 30 days after the program has been
38 completed; and

39 (2) There are exceptional circumstances which make it
40 unlikely that the injured employee will obtain suitable gainful
41 employment as a result of vocational rehabilitation which is limited
42 to the period for which the injured employee is eligible.

43 ➤ An insurer's determination to grant or deny an extension pursuant
44 to paragraph (a) may not be appealed.



1 2. If an injured employee has incurred a permanent physical
2 impairment of less than 11 percent:

3 (a) The total length of the program, including any extension,
4 must not exceed 2 years.

5 (b) "Exceptional circumstances" shall be deemed to exist for the
6 purposes of paragraph (b) of subsection 1, if:

7 (1) The injured employee lacks work experience, training,
8 education or other transferable skills for an occupation which the
9 injured employee is physically capable of performing; or

10 (2) Severe physical restrictions as a result of the industrial
11 injury have been imposed by a physician , *chiropractor or*
12 *advanced practice registered nurse* which significantly limit the
13 employee's occupational opportunities.

14 3. If an injured employee has incurred a permanent physical
15 impairment of 11 percent or more:

16 (a) The total length of the program, including any extension,
17 must not exceed 2 1/2 years.

18 (b) "Exceptional circumstances" shall be deemed to exist for the
19 purposes of paragraph (b) of subsection 1, if the injured employee
20 has suffered:

21 (1) The total and permanent loss of sight of both eyes;

22 (2) The loss by separation of a leg at or above the knee;

23 (3) The loss by separation of a hand at or above the wrist;

24 (4) An injury to the head or spine which results in permanent
25 and complete paralysis of both legs, both arms or a leg and an arm;

26 (5) An injury to the head which results in a severe cognitive
27 functional impairment which may be established by a nationally
28 recognized form of objective psychological testing;

29 (6) The loss by separation of an arm at or above the elbow
30 and the loss by separation of a leg at or above the knee;

31 (7) An injury consisting of second or third degree burns on
32 50 percent or more of the body, both hands or the face;

33 (8) A total bilateral loss of hearing;

34 (9) The total loss or significant and permanent impairment of
35 speech; or

36 (10) A permanent physical impairment of 50 percent or more
37 determined pursuant to NRS 616C.490, if the severity of the
38 impairment limits the injured employee's gainful employment to
39 vocations that are primarily intellectual and require a longer
40 program of education.

41 4. The insurer shall deliver a copy of its decision granting or
42 denying an extension to the injured employee and the employer.
43 Except as otherwise provided in this section, the decision shall be
44 deemed to be a final determination of the insurer for the purposes of
45 NRS 616C.315.



1 **Sec. 125.** NRS 616C.590 is hereby amended to read as
2 follows:

3 616C.590 1. Except as otherwise provided in this section, an
4 injured employee is not eligible for vocational rehabilitation
5 services, unless:

6 (a) The treating physician , ~~or~~ chiropractor *or advanced*
7 *practice registered nurse* approves the return of the injured
8 employee to work but imposes permanent restrictions that prevent
9 the injured employee from returning to the position that the
10 employee held at the time of his or her injury;

11 (b) The injured employee's employer does not offer
12 employment that:

13 (1) The employee is eligible for considering the restrictions
14 imposed pursuant to paragraph (a);

15 (2) Provides a gross wage that is equal to or greater than 80
16 percent of the gross wage that the employee was earning at the time
17 of injury; and

18 (3) Has the same employment benefits as the position of the
19 employee at the time of his or her injury; and

20 (c) The injured employee is unable to return to gainful
21 employment with any other employer at a gross wage that is equal
22 to or greater than 80 percent of the gross wage that the employee
23 was earning at the time of his or her injury.

24 2. If the treating physician , ~~or~~ chiropractor *or advanced*
25 *practice registered nurse* imposes permanent restrictions on the
26 injured employee for the purposes of paragraph (a) of subsection 1,
27 he or she shall specify in writing:

28 (a) The medically objective findings upon which his or her
29 determination is based; and

30 (b) A detailed description of the restrictions.

31 ➔ The treating physician , ~~or~~ chiropractor *or advanced practice*
32 *registered nurse* shall deliver a copy of the findings and the
33 description of the restrictions to the insurer.

34 3. If there is a question as to whether the restrictions imposed
35 upon the injured employee are permanent, the employee may
36 receive vocational rehabilitation services until a final determination
37 concerning the duration of the restrictions is made.

38 4. Vocational rehabilitation services must cease as soon as the
39 injured employee is no longer eligible for the services pursuant to
40 subsection 1.

41 5. An injured employee is not entitled to vocational
42 rehabilitation services solely because the position that the employee
43 held at the time of his or her injury is no longer available.

44 6. An injured employee or the dependents of the injured
45 employee are not entitled to accrue or be paid any money for



1 vocational rehabilitation services during the time the injured
2 employee is incarcerated.

3 7. Any injured employee eligible for compensation other than
4 accident benefits may not be paid those benefits if the injured
5 employee refuses counseling, training or other vocational
6 rehabilitation services offered by the insurer. Except as otherwise
7 provided in NRS 616B.028 and 616B.029, an injured employee
8 shall be deemed to have refused counseling, training and other
9 vocational rehabilitation services while the injured employee is
10 incarcerated.

11 8. If an insurer cannot locate an injured employee for whom it
12 has ordered vocational rehabilitation services, the insurer may close
13 his or her claim 21 days after the insurer determines that the
14 employee cannot be located. The insurer shall make a reasonable
15 effort to locate the employee.

16 9. The reappearance of the injured employee after his or her
17 claim has been closed does not automatically reinstate his or her
18 eligibility for vocational rehabilitation benefits. If the employee
19 wishes to re-establish his or her eligibility for those benefits, the
20 injured employee must file a written application with the insurer to
21 reinstate the claim. The insurer shall reinstate the employee's claim
22 if good cause is shown for the employee's absence.

23 **Sec. 126.** NRS 616C.700 is hereby amended to read as
24 follows:

25 616C.700 1. Notwithstanding any other provision of this
26 chapter, if an insurer accepts a claim for a catastrophic injury, the
27 insurer shall:

28 (a) As soon as reasonably practicable after the date of
29 acceptance of the claim, assign the claim to a qualified adjuster,
30 nurse and vocational rehabilitation counselor;

31 (b) Within 120 days after the date on which the treating
32 physician , *chiropractor or advanced practice registered nurse*
33 determines that the condition of the injured employee has stabilized
34 and that the injured employee requires a life care plan, develop a life
35 care plan in consultation with the adjuster, nurse and vocational
36 rehabilitation counselor assigned to the claim pursuant to paragraph
37 (a); and

38 (c) Pay benefits and provide the proper medical services to the
39 injured employee during the entire period of the development and
40 implementation of the life care plan.

41 2. A life care plan which is developed pursuant to subsection 1
42 must ensure the prompt, efficient and proper provision of medical
43 services to the injured employee.

44 3. In developing a life care plan for an injured employee, the
45 insurer, in consultation with the adjuster, nurse and vocational



- 1 rehabilitation counselor assigned to the claim pursuant to paragraph
2 (a) of subsection 1, shall assess the following:
- 3 (a) The number of home or hospital visits determined to be
4 necessary or appropriate by the registered nurse and vocational
5 rehabilitation counselor;
- 6 (b) The life expectancy of the injured employee;
- 7 (c) The medical needs of the injured employee, including,
8 without limitation:
- 9 (1) Surgery;
- 10 (2) Prescription medication;
- 11 (3) Physical therapy; and
- 12 (4) Maintenance therapy;
- 13 (d) The effect, if any, of any preexisting medical condition; and
- 14 (e) The potential of the injured employee for rehabilitation,
15 taking into account:
- 16 (1) The injured employee's medical condition, age,
17 educational level, work experience and motivation; and
- 18 (2) Any other relevant factors.
- 19 4. A life care plan developed pursuant to paragraph (b) of
20 subsection 1 must include, without limitation, a schedule for the
21 adjuster, nurse and vocational rehabilitation counselor assigned to
22 the claim pursuant to paragraph (a) of subsection 1 to meet or
23 communicate with the injured employee, if practicable, and the
24 treating physician *or advanced practice registered nurse* to
25 determine the need for, without limitation:
- 26 (a) Special medical attention or treatment;
- 27 (b) Psychological counseling or testing; and
- 28 (c) Any medical device, including, without limitation:
- 29 (1) A wheelchair;
- 30 (2) A prosthesis; and
- 31 (3) A specially equipped or designed motor vehicle.
- 32 5. A life care plan developed pursuant to paragraph (b) of
33 subsection 1 must include a plan of action for treatment or
34 vocational rehabilitation of the injured employee or consideration of
35 the possible permanent total disability of the injured employee.
- 36 6. In addition to any claim determination affecting the rights of
37 an injured employee under his or her claim, or responses to requests
38 on behalf of the injured employee for specific action or information
39 on the claim or any other contact that may occur, an insurer shall:
- 40 (a) Schedule a personal meeting concerning the status of the
41 claim to take place at least once per calendar month between the
42 adjuster assigned to the claim pursuant to paragraph (a) of
43 subsection 1 and the injured employee or a family member or
44 designated representative of the injured employee; or



1 (b) If a personal meeting described in paragraph (a) is not
2 practicable, provide a written report concerning the status of the
3 claim and soliciting requests and information at least once per
4 calendar month to the injured employee or a family member or
5 designated representative of the injured employee. The report must
6 be mailed to the injured employee or a family member or designated
7 representative of the injured employee by first-class mail.

8 7. Except as otherwise provided in this subsection, a life care
9 plan developed pursuant to paragraph (b) of subsection 1 must be
10 based on the condition of the injured employee at the time the life
11 care plan is established. If there is a substantial or significant change
12 in the condition or prognosis of the injured employee, the insurer
13 shall amend the life care plan to reflect the change in the condition
14 or prognosis of the injured employee.

15 **Sec. 127.** NRS 706.495 is hereby amended to read as follows:

16 706.495 1. Before applying to a taxicab motor carrier for
17 employment or a contract or lease as a driver of a taxicab, a person
18 must obtain a medical examiner's certificate with two copies thereof
19 from a medical examiner who is licensed to practice in the State of
20 Nevada. The prospective driver must provide a copy of the
21 certificate to the taxicab motor carrier.

22 2. A medical examiner shall issue the certificate and copies
23 described in subsection 1 if the medical examiner finds that a
24 prospective driver meets the health requirements established by the
25 Federal Motor Carrier Safety Regulations, 49 C.F.R. §§ 391.41 et
26 seq.

27 3. The certificate described in subsection 1 must state that the
28 medical examiner has examined the prospective driver and has
29 found that the prospective driver meets the health requirements
30 described in subsection 2. The certificate must be signed and dated
31 by the medical examiner.

32 4. The medical examiner's certificate required by this section
33 expires 2 years after the date of issuance and may be renewed.

34 5. As used in this section, "medical examiner" means a
35 physician, as defined in NRS 0.040, *an advanced practice*
36 *registered nurse licensed pursuant to NRS 632.237* or a
37 chiropractic physician licensed pursuant to chapter 634 of NRS.

38 **Sec. 128.** NRS 706.8842 is hereby amended to read as
39 follows:

40 706.8842 1. Before applying to a certificate holder for
41 employment as a driver, a person must obtain a medical examiner's
42 certificate with two copies thereof from a medical examiner who is
43 licensed to practice in the State of Nevada.

44 2. A medical examiner shall issue the certificate and copies
45 described in subsection 1 if the medical examiner finds that a



1 prospective driver meets the health requirements established by the
2 Federal Motor Carrier Safety Regulations, 49 C.F.R. §§ 391.41 et
3 seq.

4 3. The certificate described in subsection 1 must state that the
5 medical examiner has examined the prospective driver and has
6 found that the prospective driver meets the health requirements
7 described in subsection 2. The certificate must be signed and dated
8 by the medical examiner.

9 4. The medical examiner's certificate required by this section
10 expires 2 years after the date of issuance and may be renewed.

11 5. As used in this section, "medical examiner" means a
12 physician, as defined in NRS 0.040, *an advanced practice*
13 *registered nurse licensed pursuant to NRS 632.237* or a
14 chiropractic physician licensed pursuant to chapter 634 of NRS.

15 **Sec. 129.** This act becomes effective:

16 1. Upon passage and approval for the purpose of adopting any
17 regulations and performing any other preparatory administrative
18 tasks that are necessary to carry out the provisions of this act; and

19 2. On January 1, 2018, for all other purposes.

