

Senate Bill No. 227—Senators Woodhouse, Manendo, Parks, Ford,
Spearman; Cancela, Denis, Ratti and Segerblom

Joint Sponsors: Assemblymen Carlton, Oscarson and Titus

CHAPTER.....

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:

Section 2 of this bill: (1) authorizes an advanced practice registered nurse, when the signature, certification, stamp, verification or endorsement of a physician is required, to provide his or her own signature, certification, stamp, verification or endorsement if he or she is qualified to do so; and (2) requires the State Board of Nursing to adopt regulations specifically providing for when an advanced practice registered nurse is qualified to provide his or her signature, certification, stamp, verification or endorsement in the place of a physician's signature, certification, stamp, verification or endorsement.

Existing law requires a court to permanently excuse a person from service as a juror if the person is incapable of serving because of a permanent physical or mental disability that is certified by a physician. (NRS 6.030) **Section 4** of this bill authorizes an advanced practice registered nurse to certify such a disability.

Existing law requires a court to appoint two psychiatrists or psychologists to examine the competency of a defendant to stand trial. (NRS 178.415) **Section 5** of this bill authorizes the court to appoint an advanced practice registered nurse who has obtained the psychiatric training and experience prescribed by the State Board to examine the competency of a defendant who has been accused of a misdemeanor.

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

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



that a pupil has asthma, anaphylaxis or diabetes and is capable of self-administration of his or her medication.

Existing law authorizes certain persons to file an application for the emergency admission of a person alleged to be a person with mental illness to certain facilities. (NRS 433A.160) With certain exceptions, existing law requires an application for the emergency admission of a person alleged to be a person with a mental illness to be accompanied by a certificate of a psychiatrist or licensed psychologist or, if neither is available, a physician, stating that the person has a mental illness and, because of that mental illness, is likely to harm himself or herself or others if not admitted to certain facilities or programs. (NRS 433A.170, 433A.200) **Sections 1 and 14-22** of this bill: (1) expand the list of persons who are authorized to evaluate such a person alleged to have a mental illness and provide a certificate stating that the person has a mental illness to include an advanced practice registered nurse who has obtained certain psychiatric training and experience; and (2) authorize such an advanced practice registered nurse to conduct such an evaluation for an involuntary court-ordered admission, transfer or early release of a person with mental illness. **Section 17** of this bill also provides the judge presiding over a proceeding for such an emergency admission with complete discretion in choosing the health care professionals to conduct such an examination.

Under existing law, a medical certificate of death or certificate of stillbirth must be signed by a physician or certain other qualified persons. (NRS 440.340, 440.380) Existing law also allows a physician to authorize a physician assistant or registered nurse to make a pronouncement of death if the physician anticipates such death. (NRS 440.415, 632.474) **Sections 3 and 23-33** of this bill authorize an advanced practice registered nurse to: (1) sign a medical certificate of death or certificate of stillbirth; and (2) authorize a registered nurse to make a pronouncement of death.

Existing law allows any person who is of sound mind and 18 years of age or older to execute a declaration governing the withholding or withdrawal of life-sustaining treatment. (NRS 449.600, 449.610) Under existing law, a directive governing the withholding or withdrawal of life-sustaining treatment becomes operative when it is communicated to the declarant's attending physician and the declarant is determined by the attending physician to be in a terminal condition and no longer able to make decisions regarding the administration of life-sustaining treatment. (NRS 449.617) **Sections 35, 36 and 39-51** of this bill authorize an attending advanced practice registered nurse to: (1) diagnose a person as being in a terminal condition and no longer able to make decisions regarding life-sustaining treatment for the purpose of determining whether a declaration or written consent to the withholding or withdrawal of life-sustaining treatment is operative; and (2) withhold or withdraw life-sustaining treatment in accordance with such a declaration or written consent.

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



do-not-resuscitate identification from the health authority; and (2) issue a do-not-resuscitate order.

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

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

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

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

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

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

Section 1. NRS 632.120 is hereby amended to read as follows:
632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:

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



- (2) Of professional conduct for the practice of nursing.
- (3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

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

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

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

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

2. The Board may adopt regulations establishing reasonable:

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

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

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

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

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

(c) Conducting hearings pursuant to this chapter;

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

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

↳ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term “in the process of obtaining accreditation.”

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

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



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

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

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

(b) Who:

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

(I) Perform designated acts of medical diagnosis;

(II) Prescribe therapeutic or corrective measures; and

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

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

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

2. An advanced practice registered nurse may:

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

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

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

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

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

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



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

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

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

6. The Board shall adopt regulations:

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

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

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

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

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

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

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

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

(a) Sickness or physical disability.

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

(c) Undue hardship or extreme inconvenience.

(d) Public necessity.

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



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

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

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

178.415 1. Except as otherwise provided in this subsection, the court shall appoint two psychiatrists, two psychologists, or one psychiatrist and one psychologist ~~+~~ to examine the defendant. If the defendant is accused of a misdemeanor, the court of jurisdiction shall appoint a psychiatric social worker, *advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120* or other person who is especially qualified by the Division, to examine the defendant.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

(a) Treat the medical needs of the pupil;

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

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



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

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

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

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

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

392.425 1. The parent or legal guardian of a pupil who has asthma, anaphylaxis or diabetes may submit a written request to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled to allow the pupil to self-administer medication for the treatment of the pupil's asthma, anaphylaxis or diabetes while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus.

2. A public school shall establish protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste and provide a copy of



these protocols and procedures to the parent or guardian of a pupil who requests permission for the pupil to self-administer medication pursuant to subsection 1.

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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



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

9. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

(b) A medical order authorizing the use of mechanical restraint from the pupil’s treating physician ***or advanced practice registered nurse*** is included in the pupil’s services plan developed pursuant to 34 C.F.R. § 300.138 or the pupil’s individualized education



program, whichever is appropriate, before the application of the mechanical restraint;

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

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

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

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

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

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

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

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

(a) Treat the medical needs of the pupil;

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

(i) The mechanical restraint is used only for the period that is necessary to contain the behavior of the consumer so that the consumer is no longer an immediate threat of causing physical injury to himself or herself or others or causing severe property damage.

2. Mechanical restraint may be used on a person with a disability who is a consumer and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

(a) Treat the medical needs of a consumer;



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

(c) Provide proper body alignment to a consumer; or

(d) Position a consumer who has physical disabilities in a manner prescribed in the consumer's plan of services.

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

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

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

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

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

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

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

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

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

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

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

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

433A.160 1. Except as otherwise provided in subsection 2, an application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and



treatment may only be made by an accredited agent of the Department, an officer authorized to make arrests in the State of Nevada or a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse. The agent, officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:

(a) Without a warrant:

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

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

(I) A local law enforcement agency;

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

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

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

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

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

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

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

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



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

3. The application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment must reveal the circumstances under which the person was taken into custody and the reasons therefor.

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

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

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

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

(a) By a certificate of a physician, a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has



the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department stating that he or she has examined the person alleged to be a person with mental illness and has concluded that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; or

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

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person with mental illness, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; and

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

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

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

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

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

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

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



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

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

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

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

433A.240 1. After the filing of a petition to commence proceedings for the involuntary court-ordered admission of a person pursuant to NRS 433A.200 or 433A.210, the court shall promptly cause two or more physicians , ~~two~~ licensed psychologists ~~two~~ *or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120*, one of whom must always be a physician, to examine the person alleged to be a person with mental illness, or request an evaluation by an evaluation team from the Division of the person alleged to be a person with mental illness.

2. *Subject to the provisions in subsection 1, the judge assigned to hear a proceeding brought pursuant to NRS 433A.200 to 433A.330, inclusive, shall have complete discretion in selecting the medical professionals to conduct the examination required pursuant to subsection 1.*

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

~~3~~ 4. If the person is not being detained under an emergency admission pursuant to an application made pursuant to NRS 433A.160, the person may be allowed to remain in his or her home or other place of residence pending an ordered examination or examinations and to return to his or her home or other place of residence upon completion of the examination or examinations. The person may be accompanied by one or more of his or her relations or friends to the place of examination.



~~4.~~ 5. Each physician , ~~and~~ licensed psychologist *and advanced practice registered nurse* who examines a person pursuant to subsection 1 shall, in conducting such an examination, consider the least restrictive treatment appropriate for the person.

~~5.~~ 6. Except as otherwise provided in this subsection, each physician , ~~and~~ licensed psychologist *and advanced practice registered nurse* who examines a person pursuant to subsection 1 shall, not later than 48 hours before the hearing set pursuant to NRS 433A.220, submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to be a person with mental illness. If the person alleged to be a person with mental illness is admitted under an emergency admission pursuant to an application made pursuant to NRS 433A.160, the written findings and evaluation must be submitted to the court not later than 24 hours before the hearing set pursuant to subsection 1 of NRS 433A.220.

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

433A.280 In proceedings for involuntary court-ordered admission, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to be a person with mental illness and the certificates of physicians , ~~or~~ certified psychologists *or advanced practice registered nurses* accompanying the petition. The court may consider testimony relating to any past actions of the person alleged to be a person with mental illness if such testimony is probative of the question of whether the person is presently mentally ill and presents a clear and present danger of harm to himself or herself or others.

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

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

(a) Transport the person; or

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

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

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



↳ to the appropriate public or private mental health facility.

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

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

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

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

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

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

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the consumer.

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

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

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



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

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

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

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

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

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

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

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

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

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



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

Sec. 22. NRS 433A.750 is hereby amended to read as follows:
433A.750 1. A person who:

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

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

↳ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

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


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

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

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

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

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

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



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

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

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

(a) The social security number of the deceased.

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

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

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

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

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

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

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

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

440.415 1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or physician assistant or the registered nurses or



physician assistants employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient. *An advanced practice registered nurse who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or the registered nurses employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.*

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

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

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

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

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

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

5. If a patient in a medical facility is pronounced dead by a registered nurse or physician assistant employed by the facility, the registered nurse or physician assistant may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician *or attending advanced practice registered nurse* if the physician , *advanced practice registered nurse* or the medical director or chief of the medical staff of the facility has authorized the release in writing.

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

7. As used in this section:

(a) *“Advanced practice registered nurse” means a registered nurse who holds a valid license as an advanced practice registered*



nurse issued by the State Board of Nursing pursuant to NRS 632.237.

(b) "Medical facility" means:

- (1) A facility for skilled nursing as defined in NRS 449.0039;
- (2) A facility for hospice care as defined in NRS 449.0033;
- (3) A hospital as defined in NRS 449.012;
- (4) An agency to provide nursing in the home as defined in NRS 449.0015; or
- (5) A facility for intermediate care as defined in NRS 449.0038.

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

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

~~(d)~~ (e) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

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

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

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

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

4. In counties which have adopted an ordinance authorizing a coroner's examination in cases of sudden infant death syndrome, the funeral director shall notify the local health officer whenever the cause or suspected cause of death is sudden infant death syndrome. The local health officer shall then refer the case to the coroner for investigation and certification.

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



Sec. 30. NRS 440.470 is hereby amended to read as follows:
440.470 The funeral director or person acting as undertaker shall present the certificate to the attending physician ~~†~~ *or attending advanced practice registered nurse*, if any, or to the health officer or coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record.

Sec. 31. NRS 440.720 is hereby amended to read as follows:
440.720 Any physician *or advanced practice registered nurse* who was in medical attendance upon any deceased person at the time of death who neglects or refuses to make out and deliver to the funeral director, sexton or other person in charge of the interment, removal or other disposition of the body, upon request, the medical certificate of the cause of death shall be punished by a fine of not more than \$250.

Sec. 32. NRS 440.730 is hereby amended to read as follows:
440.730 If any physician *or advanced practice registered nurse* knowingly makes a false certification of the cause of death in any case, the physician *or advanced practice registered nurse* shall be punished by a fine of not more than \$250.

Sec. 33. NRS 440.770 is hereby amended to read as follows:
440.770 Any person who furnishes false information to a physician, *advanced practice registered nurse*, funeral director, midwife or informant for the purpose of making incorrect certification of births or deaths shall be punished by a fine of not more than \$250.

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

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

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

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

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

Sec. 39. NRS 449.535 is hereby amended to read as follows:
449.535 1. NRS 449.535 to 449.690, inclusive, *and sections 35 and 36 of this act* may be cited as the Uniform Act on Rights of the Terminally Ill.



2. NRS 449.535 to 449.690, inclusive, *and sections 35 and 36 of this act* must be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of those sections among states enacting the Uniform Act on Rights of the Terminally Ill.

Sec. 40. NRS 449.540 is hereby amended to read as follows:

449.540 As used in NRS 449.535 to 449.690, inclusive, *and sections 35 and 36 of this act*, unless the context otherwise requires, the words and terms defined in NRS 449.550 to 449.590, inclusive, *and sections 35 and 36 of this act* have the meanings ascribed to them in those sections.

Sec. 41. NRS 449.585 is hereby amended to read as follows:

449.585 “Qualified patient” means a patient 18 or more years of age who has executed a declaration and who has been determined by the attending physician *or attending advanced practice registered nurse* to be in a terminal condition.

Sec. 42. NRS 449.590 is hereby amended to read as follows:

449.590 “Terminal condition” means an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician *or attending advanced practice registered nurse*, result in death within a relatively short time.

Sec. 43. NRS 449.610 is hereby amended to read as follows:

449.610 A declaration directing a physician *or advanced practice registered nurse* to withhold or withdraw 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 direct my attending physician *or attending advanced practice registered nurse*, pursuant to NRS 449.535 to 449.690, inclusive, *and sections 35 and 36 of this act*, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

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 **H** *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 NRS 449.535 to 449.690, inclusive **H** , *and sections 35*



and 36 of this act. (If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician **H** *or attending advanced practice registered nurse*, pursuant to those sections, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.)

Strike language in parentheses if you do not desire it.

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.....

Name and address of each designee.

Name

Address.....



2. The designation of an agent pursuant to chapter 162A of NRS, or the judicial appointment of a guardian, who is authorized to make decisions regarding the withholding or withdrawal of life-sustaining treatment, constitutes for the purpose of NRS 449.535 to 449.690, inclusive, *and sections 35 and 36 of this act*, a declaration designating another person to act for the declarant pursuant to subsection 1.

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

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

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

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

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

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

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

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

4. Life-sustaining treatment must not be withheld or withdrawn pursuant to a declaration from a qualified patient known to the attending physician *or attending advanced practice registered*



nurse to be pregnant so long as it is probable that the fetus will develop to the point of live birth with continued application of life-sustaining treatment.

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

449.626 1. If written consent to the withholding or withdrawal of the treatment, attested by two witnesses, is given to the attending physician ~~or~~ *or attending advanced practice registered nurse*, the attending physician *or attending advanced practice registered nurse* may withhold or withdraw life-sustaining treatment from a patient who:

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

(b) Has no effective declaration.

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

(a) The spouse of the patient;

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

(c) The parents of the patient;

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

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

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

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

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

6. Life-sustaining treatment must not be withheld or withdrawn pursuant to this section from a patient known to the attending physician *or attending advanced practice registered nurse* to be pregnant so long as it is probable that the fetus will develop to the



point of live birth with continued application of life-sustaining treatment.

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

449.640 1. If a patient in a terminal condition has a declaration in effect and becomes comatose or is otherwise rendered incapable of communicating with his or her attending physician ~~or~~ *or attending advanced practice registered nurse*, the physician *or advanced practice registered nurse* must give weight to the declaration as evidence of the patient's directions regarding the application of life-sustaining treatments, but the attending physician *or attending advanced practice registered nurse* may also consider other factors in determining whether the circumstances warrant following the directions.

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

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

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

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

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

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

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

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



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

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

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

2. An instrument executed anywhere before July 1, 1977, which clearly expresses the intent of the declarant to direct the withholding or withdrawal of life-sustaining treatment from the declarant when the declarant is in a terminal condition and becomes comatose or is otherwise rendered incapable of communicating with his or her attending physician ~~†~~ *or attending advanced practice registered nurse*, if executed in a manner which attests voluntary execution, or executed anywhere before October 1, 1991, which substantially complies with NRS 449.600, and has not been subsequently revoked, is effective under NRS 449.535 to 449.690, inclusive ~~†~~, *and sections 35 and 36 of this act.*

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

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

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

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

449.693 ~~†“Physician”~~ *“Provider* Order for Life-Sustaining Treatment form” or “POLST form” means the form prescribed pursuant to NRS 449.694 that:

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

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

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

1. Is uniquely identifiable and has a uniform color;
2. Provides a means by which to indicate whether the patient has made an anatomical gift pursuant to NRS 451.500 to 451.598, inclusive;



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

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

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

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

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

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

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

(c) At the request of a patient.

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

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

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

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

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

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

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

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

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

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



Sec. 56. NRS 449.6944 is hereby amended to read as follows:
449.6944 1. A ~~Physician~~ *Provider* Order for Life-Sustaining Treatment form may be revoked at any time and in any manner by:

- (a) The patient who executed it, if competent, without regard to his or her age or physical condition;
- (b) If the patient is incompetent, the representative of the patient; or
- (c) If the patient is less than 18 years of age, a parent or legal guardian of the patient.

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

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

Sec. 57. NRS 449.6946 is hereby amended to read as follows:
449.6946 1. If a valid ~~Physician~~ *Provider* Order for Life-Sustaining Treatment form sets forth a declaration, direction or order which conflicts with a declaration, direction or order set forth in one or more of the other types of advance directives:

- (a) The declaration, direction or order set forth in the document executed most recently is valid; and
- (b) Any other declarations, directions or orders that do not conflict with a declaration, direction or order set forth in another document referenced in this subsection remain valid.

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

Sec. 58. NRS 449.6948 is hereby amended to read as follows:
449.6948 1. A provider of health care is not guilty of unprofessional conduct or subject to civil or criminal liability if:

- (a) The provider of health care withholds emergency care or life-sustaining treatment:
 - (1) In compliance with a ~~Physician~~ *Provider* Order for Life-Sustaining Treatment form and the provisions of NRS 449.691 to 449.697, inclusive ~~†~~, *and sections 37 and 38 of this act*; or



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

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

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

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

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

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

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

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

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

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

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



consult the representative of the patient and the patient's attending physician ~~H~~ *or attending advanced practice registered nurse.*

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

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

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

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

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

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

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

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

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

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

2. The execution of a POLST form does not affect the sale, procurement or issuance of a policy of life insurance or an annuity, nor does it affect, impair or modify the terms of an existing policy of life insurance or an annuity. A policy of life insurance or an annuity is not legally impaired or invalidated if emergency care or



life-sustaining treatment has been withheld from an insured who has executed a POLST form, notwithstanding any term in the policy or annuity to the contrary.

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

Sec. 62. NRS 449.6956 is hereby amended to read as follows:
449.6956 1. It is unlawful for:

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

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

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

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

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

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

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

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

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

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

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

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

(b) A medical order authorizing the use of mechanical restraint is obtained from the patient’s treating physician **or advanced practice registered nurse** before the application of the mechanical



restraint or not later than 15 minutes after the application of the mechanical restraint;

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

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

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

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

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

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

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

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

(a) Treat the medical needs of a patient;

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

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

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

3. If mechanical restraint is used on a person with a disability who is a patient at a facility in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 449.786, regardless of whether the use of the procedure is



authorized by statute. The report must be made not later than 1 working day after the procedure is used.

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

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

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

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

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

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

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

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

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

Sec. 66. NRS 449.905 is hereby amended to read as follows:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Documented the grounds for the order in the patient’s medical record.

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



Sec. 73. NRS 450B.420 is hereby amended to read as follows:
450B.420 “Do-not-resuscitate order” means a written directive issued by a physician *or advanced practice registered nurse* licensed in this state that emergency life-resuscitating treatment must not be administered to a qualified patient. The term also includes a valid do-not-resuscitate order issued under the laws of another state.

Sec. 74. NRS 450B.470 is hereby amended to read as follows:
450B.470 “Qualified patient” means:

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

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

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

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

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

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

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

Sec. 75. NRS 450B.480 is hereby amended to read as follows:

450B.480 The provisions of NRS 450B.400 to 450B.590, inclusive, *and sections 69 and 70 of this act* apply only to emergency medical services administered to a qualified patient:

1. Before he or she is admitted to a medical facility; or

2. While the qualified patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility.

Sec. 76. NRS 450B.500 is hereby amended to read as follows:

450B.500 Each do-not-resuscitate identification issued by the health authority must include, without limitation:

1. An identification number that is unique to the qualified patient to whom the identification is issued;

2. The name and date of birth of the patient; and



3. The name of the attending physician *or attending advanced practice registered nurse* of the patient.

Sec. 77. NRS 450B.510 is hereby amended to read as follows:

450B.510 1. A physician *or advanced practice registered nurse* licensed in this state may issue a written do-not-resuscitate order only to a patient who has been determined to be in a terminal condition.

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

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

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

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

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

Sec. 78. NRS 450B.520 is hereby amended to read as follows:

450B.520 Except as otherwise provided in NRS 450B.525:

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

2. An application must include, without limitation:

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

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



(1) Executed:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Suffers from a terminal condition; and

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



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

(c) The name of the minor;

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

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

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

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

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

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

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

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

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

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

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

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

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



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

(c) Administers emergency medical services and:

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

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

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

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

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

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

(b) An observation that a qualified patient, or the parent or legal guardian of a qualified patient, has revoked or otherwise indicated that he or she wishes to revoke the authorization to withhold life-resuscitating treatment pursuant to NRS 450B.525 or 450B.530,
↳ is not guilty of unprofessional conduct or subject to civil or criminal liability.

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

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



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

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

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

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

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

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

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

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

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

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

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



Sec. 84. NRS 450B.590 is hereby amended to read as follows:
450B.590 The provisions of NRS 450B.400 to 450B.590, inclusive, *and sections 69 and 70 of this act* do not:

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

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

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

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

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

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

451.595 1. As used in this section:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

(b) May return to the competitive sport if the parent or legal guardian of the youth provides a signed statement of a provider of health care indicating that the youth is medically cleared for participation in the competitive sport and the date on which the youth may return to the competitive sport.



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

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

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

4. As used in this section:

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

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

Sec. 87. NRS 482.3833 is hereby amended to read as follows:
482.3833 "Person with a disability of moderate duration" means a person:

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

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

Sec. 88. NRS 482.3837 is hereby amended to read as follows:
482.3837 "Person with a permanent disability" means a person:

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

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

Sec. 89. NRS 482.3839 is hereby amended to read as follows:
482.3839 "Person with a temporary disability" means a person:

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

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

Sec. 90. NRS 482.384 is hereby amended to read as follows:
482.384 1. Upon the application of a person with a permanent disability, the Department may issue special license plates for a vehicle, including a motorcycle or moped, registered by



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

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

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

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

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

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

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

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

(a) A special parking placard for a vehicle other than a motorcycle or moped. Upon request, the Department may issue one



additional placard to an applicant to whom special license plates have not been issued pursuant to this section.

(b) A special parking sticker for a motorcycle or moped.

↳ The application must include a statement from a licensed physician *or advanced practice registered nurse* certifying that the applicant is a person with a permanent disability or disability of moderate duration.

7. A special parking placard issued pursuant to subsection 6 must:

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

(b) Have an identification number and date of expiration of:

(1) If the special parking placard is issued to a person with a permanent disability, 10 years after the initial date of issuance; or

(2) If the special parking placard is issued to a person with a disability of moderate duration, 2 years after the initial date of issuance;

(c) Have placed or inscribed on it the seal or other identification of the Department; and

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

8. A special parking sticker issued pursuant to subsection 6 must:

(a) Have inscribed on it the international symbol of access which complies with any applicable federal standards, is centered on the sticker and is white on a blue background;

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

(1) If the special parking sticker is issued to a person with a permanent disability, 10 years after the initial date of issuance; or

(2) If the special parking sticker is issued to a person with a disability of moderate duration, 2 years after the initial date of issuance; and

(c) Have placed or inscribed on it the seal or other identification of the Department.

9. Before the date of expiration of a special parking placard or special parking sticker issued to a person with a permanent disability or disability of moderate duration, the person shall renew the special parking placard or special parking sticker. If the applicant for renewal is a person with a disability of moderate duration, the applicant must include with the application for renewal a statement from a licensed physician *or advanced practice*



registered nurse certifying that the applicant is a person with a disability which limits or impairs the ability to walk, and that such disability, although not irreversible, is estimated to last longer than 6 months. A person with a permanent disability is not required to submit evidence of a continuing disability with the application for renewal.

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

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

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

- (a) Have inscribed on it the international symbol of access which is at least 3 inches in height, is centered on the placard and is white on a red background;
- (b) Have an identification number and a date of expiration; and
- (c) Have a form of attachment which enables a person using the placard to display the placard from the rearview mirror of the vehicle.

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

- (a) Have inscribed on it the international symbol of access which is at least 3 inches in height, is centered on the sticker and is white on a red background; and
- (b) Have an identification number and a date of expiration.

13. A temporary parking placard or temporary parking sticker is valid only for the period for which a physician *or advanced practice registered nurse* has certified the disability, but in no case longer than 6 months. If the temporary disability continues after the period for which the physician *or advanced practice registered nurse* has certified the disability, the person with the temporary disability must renew the temporary parking placard or temporary parking sticker before the temporary parking placard or temporary parking sticker expires. The person with the temporary disability shall include with the application for renewal a statement from a licensed physician *or advanced practice registered nurse*



certifying that the applicant continues to be a person with a temporary disability and the estimated period of the disability.

14. A special or temporary parking placard must be displayed in the vehicle when the vehicle is parked by hanging or attaching the placard to the rearview mirror of the vehicle. If the vehicle has no rearview mirror, the placard must be placed on the dashboard of the vehicle in such a manner that the placard can easily be seen from outside the vehicle when the vehicle is parked.

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

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

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

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

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

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

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



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

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

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

Secs. 91-126. (Deleted by amendment.)

Sec. 127. NRS 706.495 is hereby amended to read as follows:

706.495 1. Before applying to a taxicab motor carrier for employment or a contract or lease as a driver of a taxicab, a person must obtain a medical examiner's certificate with two copies thereof from a medical examiner who is licensed to practice in the State of Nevada. The prospective driver must provide a copy of the certificate to the taxicab motor carrier.

2. A medical examiner shall issue the certificate and copies described in subsection 1 if the medical examiner finds that a prospective driver meets the health requirements established by the Federal Motor Carrier Safety Regulations, 49 C.F.R. §§ 391.41 et seq.

3. The certificate described in subsection 1 must state that the medical examiner has examined the prospective driver and has found that the prospective driver meets the health requirements described in subsection 2. The certificate must be signed and dated by the medical examiner.

4. The medical examiner's certificate required by this section expires 2 years after the date of issuance and may be renewed.

5. As used in this section, "medical examiner" means a physician, as defined in NRS 0.040, *an advanced practice registered nurse licensed pursuant to NRS 632.237* or a chiropractic physician licensed pursuant to chapter 634 of NRS.

Sec. 128. NRS 706.8842 is hereby amended to read as follows:

706.8842 1. Before applying to a certificate holder for employment as a driver, a person must obtain a medical examiner's certificate with two copies thereof from a medical examiner who is licensed to practice in the State of Nevada.

2. A medical examiner shall issue the certificate and copies described in subsection 1 if the medical examiner finds that a prospective driver meets the health requirements established by the



Federal Motor Carrier Safety Regulations, 49 C.F.R. §§ 391.41 et seq.

3. The certificate described in subsection 1 must state that the medical examiner has examined the prospective driver and has found that the prospective driver meets the health requirements described in subsection 2. The certificate must be signed and dated by the medical examiner.

4. The medical examiner's certificate required by this section expires 2 years after the date of issuance and may be renewed.

5. As used in this section, "medical examiner" means a physician, as defined in NRS 0.040, *an advanced practice registered nurse licensed pursuant to NRS 632.237* or a chiropractic physician licensed pursuant to chapter 634 of NRS.

Sec. 129. This act becomes effective:

1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On January 1, 2018, for all other purposes.

