

**THE ONE HUNDREDTH DAY**

---

CARSON CITY (Tuesday), May 16, 2017

Senate called to order at 11:45 a.m.

President Hutchison presiding.

Roll called.

All present.

Prayer by the Chaplain, Pastor Ben Fleming.

Lord God Almighty, I come to You today on behalf of Your governing servants. The Bible says in the book of James, *"If any of you lacks wisdom, let him ask of God, who gives generously to all without reproach, and it will be given to him. Let him ask in faith without doubting."*

Today, Oh, God, I ask You to give wisdom to Your servants. Give them wisdom in their decisions. Give them wisdom in the laws that they discuss. Give them wisdom to make decisions that bless and prosper the people of Nevada. Give them wisdom to know when to give and take in all of their discussions. Above all, I ask that You give them Your wisdom, not the wisdom of man.

I ask these requests in the Name of Your Son, Jesus Christ.

AMEN.

Pledge of Allegiance to the Flag.

By previous order of the Senate, the reading of the Journal is dispensed with, and the President and Secretary are authorized to make the necessary corrections and additions.

**REPORTS OF COMMITTEES**

*Mr. President:*

Your Committee on Commerce, Labor and Energy, to which was referred Assembly Bill No. 255, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

KELVIN ATKINSON, *Chair*

*Mr. President:*

Your Committee on Finance, to which were re-referred Senate Bills Nos. 227, 514, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

JOYCE WOODHOUSE, *Chair*

*Mr. President:*

Your Committee on Government Affairs, to which were referred Assembly Bills Nos. 271, 393, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

DAVID R. PARKS, *Chair*

*Mr. President:*

Your Committee on Health and Human Services, to which were referred Assembly Bills Nos. 65, 89, 199, 438, 459, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Health and Human Services, to which was referred Assembly Bill No. 214, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

PAT SPEARMAN, *Chair*

*Mr. President:*

Your Committee on Legislative Operations and Elections, to which were referred Assembly Bill No. 392; Assembly Joint Resolutions Nos. 7, 9, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

Also, your Committee on Legislative Operations and Elections, to which was referred Senate Joint Resolution No. 11, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

NICOLE J. CANNIZZARO, *Chair*

MESSAGES FROM THE ASSEMBLY

ASSEMBLY CHAMBER, Carson City, May 15, 2017

*To the Honorable the Senate:*

I have the honor to inform your honorable body that the Assembly on this day passed Senate Bill No. 175.

Also, I have the honor to inform your honorable body that the Assembly on this day passed, as amended, Assembly Bills Nos. 49, 474.

CAROL AIELLO-SALA

*Assistant Chief Clerk of the Assembly*

MOTIONS, RESOLUTIONS AND NOTICES

Senator Ford moved that for the remainder of the 79th Legislative Session, all necessary rules be suspended, and that all bills and resolutions reported out of Committee be immediately placed on the appropriate reading files.

Remarks by Senator Ford.

Mr. President, this suspension will allow bills and resolutions to be considered for further Senate consideration the same day they are reported out of Committee.

Motion carried.

Senator Ford moved that, for the remainder of the 79th Legislative Session, all necessary rules be suspended, that the reprinting of all bills and resolutions, amended on the General File or the Resolution File, be dispensed with, that the Secretary be authorized to insert all amendments adopted by the Senate, and that the bill or resolution be placed back on the appropriate reading file and considered next.

Remarks by Senator Ford.

Mr. President, this suspension will allow bills and joint resolutions amended on the General File and concurrent and House resolutions amended on the Resolution File to be considered for final action by the Senate immediately after the amendment has been adopted.

Motion carried.

Senator Ford moved that, for the remainder of the 79th Legislative Session, Senate Standing Rule No. 92 be suspended which pertains to Committee meetings' notice of bills and resolutions, topics and public hearings.

Remarks by Senator Ford.

Mr. President, this suspension will allow greater flexibility for Committees to schedule hearings as needed to consider exempt Assembly measures that may still need hearings in Senate Policy Committees and to consider Senate bills and resolutions that have been amended by the Assembly.

Motion carried.

Senator Ford moved that for the remainder of the 79th Legislative Session, all necessary rules be suspended, and that all Senate bills and resolutions that have been passed or adopted by the Senate be immediately transmitted to the Assembly, time permitting.

Remarks by Senator Ford.

Mr. President, immediately transmitting all Senate measures will provide the Assembly an opportunity to process these measures. The President will announce the transmittal of Senate bills and resolutions each time which will provide members with the opportunity to reconsider or rescind the Senate's action. Once Senate measures have been transmitted to the Assembly, the Senate has no jurisdiction as to further options for legislative action at that time.

Motion carried.

Senator Ford moved that, for the remainder of the 79th Legislative Session, all necessary rules be suspended, and that all Assembly bills and resolutions that have been passed or adopted with Senate amendments be immediately transmitted to the Assembly, time permitting.

Remarks by Senator Ford.

Mr. President, immediately transmitting Assembly measures with Senate amendments will provide the Assembly an opportunity to consider these measures under their Unfinished Business File. The President will announce the transmittal of these Assembly bills and resolutions each time which will provide members with the opportunity to reconsider or rescind the Senate's action. Once these Assembly measures have been transmitted to the Assembly, the Senate has no jurisdiction as to further options for legislative action unless these measures should later return to the Senate under Unfinished Business.

Motion carried.

Senator Spearman moved that Assembly Bill No. 346 be taken from the General File and placed on the Secretary's desk.

Motion carried.

Senator Cannizzaro moved that Senate Bill No. 368 be taken from the General File and placed on the Secretary's desk.

Motion carried.

#### INTRODUCTION, FIRST READING AND REFERENCE

By Senators Roberson, Gansert, Kieckhefer, Harris, Hardy, Goicoechea, Gustavson, Hammond and Settlemeyer (emergency request of Senate Minority Leader):

Senate Bill No. 539—AN ACT relating to prescription drugs; requiring the Department of Health and Human Services to compile a list of certain prescription drugs that are used to treat diabetes; requiring the manufacturer of a drug included on the list to provide certain information to the Department; requiring the Department to compile a report based on such information; providing that certain information does not constitute a trade secret; requiring a pharmacy benefit manager to obtain a license from the Commissioner of Insurance; imposing certain requirements on a pharmacy benefit manager; providing a penalty; and providing other matters properly relating thereto.

Senator Roberson moved that the bill be referred to the Committee on Health and Human Services.

Motion carried.

Assembly Bill No. 49.

Senator Atkinson moved that the bill be referred to the Committee on Education.

Motion carried.

Assembly Bill No. 474.

Senator Atkinson moved that the bill be referred to the Committee on Health and Human Services.

Motion carried.

SECOND READING AND AMENDMENT

Senate Bill No. 106.

Bill read second time and ordered to third reading.

Senate Bill No. 519.

Bill read second time.

The following amendment was proposed by the Committee on Finance:

Amendment No. 692.

SUMMARY—Makes supplemental appropriations to the Division of Child and Family Services of the Department of Health and Human Services for a projected shortfall for adoption subsidies. (BDR S-1181)

AN ACT making supplemental appropriations to the Division of Child and Family Services of the Department of Health and Human Services for projected shortfalls for adoption subsidies; and providing other matters properly relating thereto.

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

Section 1. There is hereby appropriated from the State General Fund to the Division of Child and Family Services of the Department of Health and Human Services the sum of ~~(\$3,378)~~ \$15,608 for a projected shortfall in the Washoe County Child Welfare account for adoption subsidies. This appropriation is supplemental to that made by section 20 of chapter 534, Statutes of Nevada 2015, at page 3672.

Sec. 2. There is hereby appropriated from the State General Fund to the Division of Child and Family Services of the Department of Health and Human Services the sum of ~~(\$340,067)~~ \$377,244 for a projected shortfall in the Clark County Child Welfare account for adoption subsidies. This appropriation is supplemental to that made by section 20 of chapter 534, Statutes of Nevada 2015, at page 3672.

Sec. 3. This act becomes effective upon passage and approval.

Senator Woodhouse moved the adoption of the amendment.

Remarks by Senator Woodhouse.

Amendment No 692 to Senate Bill No. 519 will provide new numbers for the projected shortfall for adoptions subsidies. They are in the area of the Washoe County Child Welfare Account and the Clark County Child Welfare Account

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Senate Bill No. 525.

Bill read second time and ordered to third reading.

Senate Bill No. 526.

Bill read second time and ordered to third reading.

Senate Joint Resolution No. 14.

Resolution read second time and ordered to third reading.

Assembly Bill No. 34.

Bill read second time and ordered to third reading.

Assembly Bill No. 57.

Bill read second time.

The following amendment was proposed by the Committee on Government Affairs:

Amendment No. 677.

SUMMARY—Revises provisions relating to coroners. (BDR 20-375)

AN ACT relating to coroners; requiring coroners to make a reasonable effort to notify the next of kin who is authorized to order the burial or cremation of a decedent of the decedent's death; authorizing a coroner to notify certain other persons of the death of the decedent; authorizing a coroner to provide a coroner's report to such persons; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a coroner to notify the next of kin of a decedent of the decedent's death. (NRS 259.045) Existing law also establishes the order of priority of persons authorized to order the burial or cremation of the human remains of a deceased person. (NRS 451.024) Section 3 of this bill requires a coroner to make a reasonable effort to notify the next of kin who is authorized to order the burial or cremation of the human remains of a decedent of the death of the decedent. Section 3 also authorizes a coroner to notify the parents, guardians, adult children or custodians of the decedent of the decedent's death and provide a copy of the report of the coroner to the parents, guardians, adult children or custodians, as applicable. Sections 1 and 2 of this bill make conforming changes. This bill is known as "Veronica's Law" after Veronica Caldwell.

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

Section 1. NRS 244.163 is hereby amended to read as follows:

244.163 1. The boards of county commissioners in their respective counties may create by ordinance the office of the county coroner, prescribe the qualifications and duties of the county coroner and make appointments to the office.

2. Any coroner so appointed is governed by the ordinances pertaining to such office which may be enacted by the board of county commissioners, and the provisions of NRS 259.025 , 259.045 and 259.150 to 259.180, inclusive.

3. The boards of county commissioners shall require that the county coroner *make a reasonable effort to notify a decedent's next of kin who is authorized to order the burial or cremation of the human remains of the decedent pursuant to NRS 451.024 of the fact of the decedent's death* without unreasonable delay.

4. For any offense relating to the violation or willful disregard of such duties or trusts of office as may be specified by the respective boards of county commissioners, all coroners holding office by appointment pursuant to this section are subject to such fines and criminal penalties, including misdemeanor penalties and removal from office by indictment, accusation or otherwise, as the ordinance prescribes. This subsection applies to all deputies, agents, employees and other persons employed by or exercising the powers and functions of the coroner.

Sec. 2. NRS 259.010 is hereby amended to read as follows:

259.010 1. Every county in this State constitutes a coroner's district, except a county where a coroner is appointed pursuant to the provisions of NRS 244.163.

2. The provisions of this chapter, except NRS 259.025 , 259.045 and 259.150 to 259.180, inclusive, do not apply to any county where a coroner is appointed pursuant to the provisions of NRS 244.163.

Sec. 3. NRS 259.045 is hereby amended to read as follows:

259.045 1. The coroner shall *make a reasonable effort to notify a decedent's next of kin who is authorized to order the burial or cremation of the human remains of the decedent pursuant to NRS 451.024 of the fact of the decedent's death* without unreasonable delay.

2. *The coroner may notify the parents, guardians, adult children or custodians of a decedent of the fact of the decedent's death and provide a copy of the report of the coroner to the parents, guardians, adult children or custodians regardless of whether they are the next of kin authorized to order the burial or cremation of the human remains of the decedent pursuant to NRS 451.024.*

3. *As used in this section, "custodian" has the meaning ascribed to it in NRS 432B.060.*

Sec. 4. This act becomes effective on July 1, 2017.

Senator Parks moved the adoption of the amendment.

Remarks by Senator Parks.

Amendment No. 677 to Assembly Bill No. 57 allows this bill to be known as "Veronica's Law." During the Committee hearing, Rose Floyd referred to this bill as "Veronica's Law" in

honor of her daughter, Veronica Caldwell, and Veronica's daughter, Yvonne Rose Reyes, who both died on March 3, 2015, as a result of a domestic violence incident.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Assembly Bill No. 60.

Bill read second time and ordered to third reading.

Assembly Bill No. 70.

Bill read second time and ordered to third reading.

Assembly Bill No. 113.

Bill read second time and ordered to third reading.

Assembly Bill No. 114.

Bill read second time and ordered to third reading.

Assembly Bill No. 128.

Bill read second time and ordered to third reading.

Assembly Bill No. 136.

Bill read second time and ordered to third reading.

Assembly Bill No. 165.

Bill read second time and ordered to third reading.

Assembly Bill No. 173.

Bill read second time and ordered to third reading.

Assembly Bill No. 180.

Bill read second time and ordered to third reading.

Assembly Bill No. 190.

Bill read second time and ordered to third reading.

Assembly Bill No. 195.

Bill read second time and ordered to third reading.

Assembly Bill No. 228.

Bill read second time and ordered to third reading.

Assembly Bill No. 229.

Bill read second time and ordered to third reading.

Assembly Bill No. 231.

Bill read second time and ordered to third reading.

Assembly Bill No. 232.

Bill read second time and ordered to third reading.

Assembly Bill No. 245.

Bill read second time and ordered to third reading.

Assembly Bill No. 310.

Bill read second time and ordered to third reading.

Assembly Bill No. 316.

Bill read second time and ordered to third reading.

Assembly Bill No. 317.

Bill read second time and ordered to third reading.

Assembly Bill No. 319.

Bill read second time and ordered to third reading.

Assembly Bill No. 335.

Bill read second time and ordered to third reading.

Assembly Bill No. 435.

Bill read second time and ordered to third reading.

Assembly Bill No. 445.

Bill read second time and ordered to third reading.

Assembly Bill No. 465.

Bill read second time and ordered to third reading.

Assembly Bill No. 466.

Bill read second time and ordered to third reading.

Assembly Joint Resolution No. 10.

Resolution read second time and ordered to third reading.

Assembly Joint Resolution No. 13.

Resolution read second time and ordered to third reading.

#### GENERAL FILE AND THIRD READING

Senate Bill No. 25.

Bill read third time.

Remarks by Senator Woodhouse.

Senate Bill No. 25 abolishes the Nevada Council for the Prevention of Domestic Violence and transfers the duties of the Council, and any subcommittees of the Council, to the Committee on Domestic Violence, and it revises the composition of the Committee. The bill transfers to the Committee the duty to review, under certain circumstances, the death of a victim of a crime that constitutes domestic violence and removes that duty from the Attorney General.

The bill transfers from the Attorney General to the Division of Child and Family Services, Department of Health and Human Services, the authority to issue a fictitious address to a victim, or the parent or guardian of a victim, of domestic violence, human trafficking, sexual assault or stalking. The requirement to adopt regulations and to certify programs relating to treatment of persons who commit domestic violence is transferred from the Committee to the Department's Division of Public and Behavioral Health.

Senate Bill 60, Chapter 504, Statutes of Nevada 2015, transferred from the Office of the Secretary of State to the Office of the Attorney General authority to issue a fictitious address to a victim or the parent or guardian of a victim of domestic violence, human trafficking, sexual assault or stalking.



Roll call on Senate Bill No. 25:

YEAS—21.

NAYS—None.

Senate Bill No. 25 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 136.

Bill read third time.

Remarks by Senator Woodhouse.

Senate Bill No. 136 establishes within the Department of Health and Human Services the Palliative Care and Quality of Life Consumer and Professional Information and Education Program. The bill also creates within the Department the Advisory Council on Palliative Care and Quality of Life for the purpose of consulting with and advising the Department on matters related to the establishment, maintenance, operation and outcomes of palliative-care programs and initiatives in this State, and to advise and assist in the creation and carrying out of the Program.

The Department is required to maintain an Internet website with links to appropriate external Internet websites offering information concerning the delivery of palliative care in the home and in primary, secondary and tertiary environments; best practices for the delivery of palliative care, and education materials and referral information for palliative and hospice care.

On or before January 1, 2018, the Department shall encourage all hospitals, assisted living facilities and facilities for skilled nursing within this State with 100 beds or more to educate their physicians, nurses and staff members regarding palliative care and provide information to patients or residents regarding palliative care.

Roll call on Senate Bill No. 136:

YEAS—21.

NAYS—None.

Senate Bill No. 136 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 323.

Bill read third time.

Remarks by Senator Cancela.

Senate Bill No. 323 makes various changes to the Supplemental Nutritional Assistance Program, (SNAP). Specifically, the bill requires the Department of Health and Human Services to calculate the 36-month period for determining a person's eligibility for the program such that it begins and ends on fixed dates that are the same for each beneficiary in the State and runs continuously. It seeks a waiver to replace the existing waiver, which expires on July 1, 2017, and establish a voluntary workfare program to assist beneficiaries in meeting work requirements.

In addition, Senate Bill No. 323 as amended authorizes the Department's Division of Welfare and Supportive Services to contract with appropriate persons and entities to determine whether beneficiaries are exempt from work requirements.

Roll call on Senate Bill No. 323:

YEAS—21.

NAYS—None.

Senate Bill No. 323 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 415.

Bill read third time.

Remarks by Senator Cancela.

Senate Bill No. 415 provides for the submission of a question to the voters at the November 6, 2018, General Election to determine whether the Sales and Use Tax Act of 1955 should be amended to provide an exemption for feminine hygiene products between January 1, 2019, and December 31, 2028. The bill specifies that "feminine hygiene product" includes, without limitation, a sanitary napkin, tampon or similar item used for feminine hygiene.

This tax exemption becomes effective on January 1, 2019, and expires by limitation on December 31, 2028, only if the voters approve the amendment to the Sales and Use Tax Act of 1955 at the General Election in 2018.

Roll call on Senate Bill No. 415:

YEAS—21.

NAYS—None.

Senate Bill No. 415 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Senate Bill No. 502.

Bill read third time.

Remarks by Senator Woodhouse.

Senate Bill No. 502 revises provisions relating to the Public Employee's Benefits Program and the Public Employee's Deferred Compensation Program. With regard to the Employee Deferred Compensation Program, Senate Bill No. 502 transfers the program to the Department of Administration. It requires the Director of the Department of Administration to appoint with a concurrence of the Governor and the Deferred Compensation Committee the programs Executive Officer specifies that the program is subject to the State Purchasing Act and revises the membership of the committee.

With regard to the Public Employee's Benefits Program, this bill revises the membership of the Public Employee's Benefit Program Board. It revises the qualifications of Board Members, specifies that the Director of the Department of Administration appoint the Quality Control Officer, specifies that the program is subject to the State Purchasing Act and eliminates the requirement that the programs Executive Officer and Board Members to complete a minimum of 16 hours of continuing education annually.

This bill implements the transfer of the Deferred Compensation Committee to the Department of Administration as recommended in the Executive Budget

Roll call on Senate Bill No. 502:

YEAS—21.

NAYS—None.

Senate Bill No. 502 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 8.

Bill read third time.

**Remarks by Senator Ratti.**

Assembly Bill No. 8 expands the authority of a governing body of a city that provides utility services to have delinquent charges for utility services collected with the county's general taxes.

**Roll call on Assembly Bill No. 8:**

YEAS—21.

NAYS—None.

Assembly Bill No. 8 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

**Assembly Bill No. 20.**

Bill read third time.

**Remarks by Senator Ratti.**

Assembly Bill No. 20 revises the provision of certain employment services, including vocational-rehabilitation services, delivered by the Bureau of Services to Persons Who Are Blind or Visually Impaired and the Bureau of Vocational Rehabilitation in the Rehabilitation Division of the Department of Employment, Training and Rehabilitation (DETR). The measure specifies that the purpose of vocational-rehabilitation services is to prepare certain individuals with disabilities to engage in competitive integrated employment and provides that the term "competitive integrated employment" has the meaning ascribed to it in federal law.

In addition, the bill revises the process for appealing actions and determinations of the Bureau of Services to Persons Who Are Blind or Visually Impaired and the Bureau of Vocational Rehabilitation. It revises the circumstances in which the receipt, use or disclosure of information related to applicants for services is authorized. It establishes a penalty for unauthorized receipt, use or disclosure of such information. It expands the purposes for which money in the Rehabilitation Gift Account in DETR's Gift Fund may be used. Additionally, it removes the designation of the Rehabilitation Division as the State unit for carrying out certain programs for independent living and the authority of the Bureau of Vocational Rehabilitation to: establish or construct rehabilitation facilities and workshops and provide for the establishment, supervision, management and control of small business enterprises to be operated by persons with severe disabilities.

**Roll call on Assembly Bill No. 20:**

YEAS—21.

NAYS—None.

Assembly Bill No. 20 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

**Assembly Bill No. 22.**

Bill read third time.

**Remarks by Senator Hardy.**

Assembly Bill No. 22 authorizes the Director of the Department of Veterans Services to appoint deputy directors as needed, including a Deputy Director for Programs and Services and a Deputy Director for Health and Wellness. The bill also prescribes the qualifications of each deputy director and removes the required office location of the Director and Deputy Director.

The bill also requires the Director to create and maintain a database containing information on veterans residing in Nevada; ensure that each generation of veterans receives recognition on an annual basis; create and maintain a registry of organizations that provide services and resources to veterans, service members and their families, and publish the registry on the Department's

Internet website. Finally, the bill repeals provisions related to the previous role of the Director as guardian of the estates of certain veterans and their dependents.

Roll call on Assembly Bill No. 22:

YEAS—21.

NAYS—None.

Assembly Bill No. 22 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 31.

Bill read third time.

Remarks by Senator Hardy.

Assembly Bill No. 31 changes the name of the Specialist for the Rights of Elderly Persons to the Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability or a Related Condition. The bill expands the powers and duties of the Attorney to include providing services to older persons, persons with a physical disability, persons with an intellectual disability and persons with a related condition and acting as the State legal-assistance developer for the purposes of satisfying certain requirements of federal law. In addition, Assembly Bill No. 31 authorizes the administrator of the Aging and Disability Services Division to direct the Community Advocate for Elder Rights to provide assistance to individuals who are less than 60 years of age and do not reside in facilities for long-term care.

Roll call on Assembly Bill No. 31:

YEAS—21.

NAYS—None.

Assembly Bill No. 31 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 79.

Bill read third time.

Remarks by Senator Manendo.

Assembly Bill No. 79 removes the designation of the Las Vegas Valley Water District and the Southern Nevada Water Authority as the exclusive providers of water service for the Garnet Valley Ground Water Basin in Clark County, Nevada.

Roll call on Assembly Bill No. 79:

YEAS—21.

NAYS—None.

Assembly Bill No. 79 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 95.

Bill read third time.

Remarks by Senator Ratti.

Assembly Bill No. 95 provides that a parent or other person who receives Temporary Assistance for Needy Families (TANF) for the benefit of a dependent child does not incur a debt for child support during the period in which he or she receives such assistance, unless a court

finds that the person remained purposefully unemployed. In addition, any child support debt incurred prior to receiving TANF is held in abeyance while the person receives such assistance.

Roll call on Assembly Bill No. 95:

YEAS—12.

NAYS—Gansert, Goicoechea, Gustavson, Hammond, Hardy, Harris, Kieckhefer, Roberson, Settelmeyer—9.

Assembly Bill No. 95 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 96.

Bill read third time.

Remarks by Senator Manendo.

Assembly Bill No. 96 expands the exemption from full regulation by the Nevada Transportation Authority currently available to an owner or operator of a motor vehicle that is used by certain resort hotels to transport passengers or property to include an affiliate of the owner or operator. The bill also requires any such affiliate of the owner or operator to inspect the motor vehicle regularly, maintain a record of the inspections for at least three years and make the records available for inspection or audit by the Nevada Transportation Authority.

Roll call on Assembly Bill No. 96:

YEAS—21.

NAYS—None.

Assembly Bill No. 96 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 98.

Bill read third time.

Remarks by Senator Parks.

Assembly Bill No. 98 removes the limit on the number of people that may be employed within the Office of Grant Procurement, Coordination and Management of the Department of Administration and instead allows the Administrator to hire the necessary number of classified and unclassified employees within the limits of money appropriated or authorized. The bill also removes the requirement for the Office to prioritize grants for certain departments.

Roll call on Assembly Bill No. 98:

YEAS—21.

NAYS—None.

Assembly Bill No. 98 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 108.

Bill read third time.

Remarks by Senator Hardy.

Assembly Bill No. 108 requires the Division of Health Care Financing and Policy of the Department of Health and Human Services to review the adequacy of Medicaid reimbursement rates every four years. If the Division finds that the rate of reimbursement for a service or item does not accurately reflect the actual cost of providing the service or item, the Division must

calculate the rate of reimbursement that accurately reflects the actual cost of providing the service or item and recommend that rate to the Director of the Department for possible inclusion in the State Plan for Medicaid.

Roll call on Assembly Bill No. 108:

YEAS—21.

NAYS—None.

Assembly Bill No. 108 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 134.

Bill read third time.

Remarks by Senator Goicoechea.

Assembly Bill No. 134 increases from \$200,000 to \$300,000 the limit on the amount of annual total expenditures for a special district to be eligible to file with the Department of Taxation a petition for an exemption from certain filing, publishing and auditing requirements of the Local Government Budget and Finance Act.

Roll call on Assembly Bill No. 134:

YEAS—21.

NAYS—None.

Assembly Bill No. 134 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 151.

Bill read third time.

Remarks by Senator Parks.

Assembly Bill No. 151 requires the Peace Officers' Standards and Training Commission to establish by regulation the minimum standards for a voluntary program of training for law enforcement dispatchers, certify instructors for approved courses of such training and issue certificates to dispatchers who complete such training.

Roll call on Assembly Bill No. 151:

YEAS—21.

NAYS—None.

Assembly Bill No. 151 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 170.

Bill read third time.

Remarks by Senator Gansert.

Assembly Bill No. 170 in its first reprint extends the period by which certain reports must be provided by the Governor's Office of Economic Development relating to certain programs for economic-development approved by the Legislature. For economic development programs with at least \$1 billion in capital investment, the bill extends the period that the Office must provide quarterly reports to the Governor and the Director of the Legislative Counsel Bureau from July 1, 2017, to June 30, 2020. Between July 1, 2020, and June 30, 2025, the reports must be provided every six months.

For economic-development programs with at least \$3.5 billion in capital investment, the bill requires that reports must be submitted to the Governor and the Director of the Legislative Counsel Bureau every six months between July 1, 2017, and June 30, 2024.

Assembly Bill No. 170 additionally provides that the Office is not required to prepare and submit these reports if within 75 days after the end of the period covered by the report, the Office receives an audit of the participants in the project that covers the same period that would be required under the report and contains the information that is required to be submitted in the report.

Roll call on Assembly Bill No. 170:

YEAS—21.

NAYS—None.

Assembly Bill No. 170 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 236.

Bill read third time.

Remarks by Senator Hardy.

Assembly Bill No. 236 authorizes certain employees of an agency that provides child-welfare services to request from a public or private school or school district the education records concerning a child in the agency's custody. The bill prohibits an agency or employee who makes such a request from disclosing the records except as authorized by law. A public or private school or school district must comply with such a request. Failure to comply may result in the board of trustees or governing body being joined as a party in the proceeding concerning the protection of the child.

Roll call on Assembly Bill No. 236:

YEAS—21.

NAYS—None.

Assembly Bill No. 236 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 258.

Bill read third time.

Remarks by Senators Ratti and Hardy.

SENATOR RATTI:

Assembly Bill No. 258 declares the legislative intent for the creation of the Nevada Commission for Women as the advancement of women toward full equality in all areas. The bill also requires appointments to the Commission to reflect the diversity of the State, insofar as practicable. The measure also allows the Chair, Vice Chair and other officers to serve one additional term in that capacity beyond the initial one-year term. Among other provisions, the bill grants the Commission additional powers to advise executive and legislative bodies on the effect of proposed legislation on women; enter into any contract or other agreement appropriate to carry out its mission, subject to the prior approval of the Director of the Department of Administration; and prepare an annual work program outlining the objectives and tasks of the Commission. Finally, this bill authorizes the Commission to pay for the services of consultants as independent contractors for specific projects from the money received by the Commission.

SENATOR HARDY:

In French there is a saying: "*Vive la difference*," otherwise known as "there is a difference." We are creating a new commission with this bill. There are physiological differences between men and women, and we are even considering proposals in this Legislative Session that address those physiologic differences. Insurance rates are different for men and women, young men and women particularly. Medical schools applications may be different, and sometimes, we forget women are actually better than men. If we are looking for equality, it may not be the direction we want to go.

Roll call on Assembly Bill No. 258:

YEAS—18.

NAYS—Goicoechea, Gustavson, Hardy—3.

Assembly Bill No. 258 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 305.

Bill read third time.

Remarks by Senator Spearman.

Assembly Bill No. 305 requires the Division of Child and Family Services of the Department of Health and Human Services to design and distribute to school districts, charter schools and private schools a poster that prominently displays the toll-free telephone number for the child abuse or neglect hotline and prescribes the requirements for the content of the poster. The bill requires the schools to conspicuously display the poster in an area that is frequently and easily accessed by pupils. In addition, the measure authorizes each school district, the governing body of each charter school and each private school to promote the child abuse and neglect hotline through electronic means, including social media.

Roll call on Assembly Bill No. 305:

YEAS—21.

NAYS—None.

Assembly Bill No. 305 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 324.

Bill read third time.

Remarks by Senator Manendo.

Assembly Bill No. 324 amends the provisions governing document-preparation services by clarifying the definition of such a service, requiring registration with the Secretary of State, exempting certain persons from registering and prohibiting certain acts. The bill requires a person who registers as a document-preparation service to pay a nonrefundable application fee of \$50 and a renewal fee of \$25 every year upon the expiration of the registration. The fees must be accounted for separately and used to pay for administering the document-preparation services program. An applicant must register within 120 days, or the application will be denied. Finally, a person who provides document-preparation services is prohibited from advertising or representing himself or herself as a paralegal or legal assistant, which implies that the person is operating under the direction and supervision of an attorney.

Roll call on Assembly Bill No. 324:

YEAS—21.

NAYS—None.



Assembly Bill No. 324 having received a two-thirds majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 337.

Bill read third time.

Remarks by Senator Hardy.

Assembly Bill No. 337 prohibits the employer of a member of the National Guard of another state who is employed in this State from terminating the member's employment because he or she is ordered to active service or to perform duties as a member of the National Guard. The bill also allows a member of the National Guard of another state who is employed in this State who believes that his or her employment was been terminated unlawfully to seek a hearing before the Labor Commissioner. The bill allows a member of the Nevada National Guard and a member of the National Guard of another state to bring a civil action in district court against an employer if, for any reason, the Labor Commissioner does not determine that the employment of a member was terminated unlawfully.

The bill also provides that if the Labor Commissioner determines the employment of a member of the Nevada National Guard or the National Guard of another state was terminated unlawfully, the member is entitled to immediate reemployment in the position in which he or she would have been employed, immediate restoration to seniority and benefits and receipt of all wages and benefits lost as a result of the termination. Finally, the bill requires the award of attorney's fees and costs under certain circumstances.

Roll call on Assembly Bill No. 337:

YEAS—21.

NAYS—None.

Assembly Bill No. 337 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 340.

Bill read third time.

Remarks by Senator Hammond.

Assembly Bill No. 340 requires the Director of the Department of Health and Human Services to appoint a committee to research opportunities to increase the availability of diapers and diapering supplies to certain recipients of public assistance and low-income families. The committee must report the results of its research and any recommendations for legislation to the Legislature. The Director is authorized to take all necessary action to increase the availability of diapers and diapering supplies and must work collaboratively with diaper banks and similar nonprofit organizations to ensure recipients of public assistance and other low-income families are aware of such organizations and the services they provide.

Roll call on Assembly Bill No. 340:

YEAS—20.

NAYS—Gustavson.

Assembly Bill No. 340 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 347.

Bill read third time.

Remarks by Senator Spearman.

Assembly Bill No. 347 prohibits a hospital, independent center for emergency care, psychiatric hospital or surgical center for ambulatory patients from employing a person as a surgical technologist who is not a Certified Surgical Technologist or does not meet certain other qualifications. The measure provides certain exemptions and authorizes a health-care facility to employ a person who does not meet the qualifications if the person is a recent graduate of a surgical-technology program but has not yet obtained certification, or if after a diligent and thorough search, a facility is not able to employ a sufficient number of surgical technologists who meet the requirements. The bill requires facilities to maintain certain records and ensure that surgical technologists who work at the facility receive certain continuing education.

Roll call on Assembly Bill No. 347:

YEAS—21.

NAYS—None.

Assembly Bill No. 347 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

Assembly Bill No. 478.

Bill read third time.

Remarks by Senator Settelmeyer.

Assembly Bill No. 478 revises provisions relating to election administration. To vote in an election, the last day to register is determined by the method of registration as follows: by mail, the fourth Tuesday before an election day; by computer, the Thursday before the early-voting period begins. Clerks are not required to distribute sample ballots to persons who register to vote less than 20 days before an election.

Roll call on Assembly Bill No. 478:

YEAS—21.

NAYS—None.

Assembly Bill No. 478 having received a constitutional majority, Mr. President declared it passed.

Bill ordered transmitted to the Assembly.

REPORTS OF COMMITTEES

*Mr. President:*

Your Committee on Government Affairs, to which was referred Assembly Bill No. 464, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

DAVID R. PARKS, *Chair*

SECOND READING AND AMENDMENT

Senate Joint Resolution No. 11.

Resolution read second time.

The following amendment was proposed by the Committee on Legislative Operations and Elections:

Amendment No. 655.

SUMMARY—Proposes to amend the Nevada Constitution to revise provisions relating to the State Legislature. (BDR C-1082)

SENATE JOINT RESOLUTION—Proposing to amend the Nevada Constitution to provide for limited annual regular legislative sessions and for legislative compensation and expenses to be paid in a manner fixed and determined by law.

Legislative Counsel's Digest:

The Nevada Constitution provides for biennial regular sessions of the Legislature of not more than 120 consecutive calendar days beginning on the first Monday of February in each odd-numbered year. (Nev. Const. Art. 4, § 2) This resolution proposes to amend the Nevada Constitution to provide for limited annual regular sessions. Beginning on the first Monday of February in each odd-numbered year, the Legislature would hold a regular session of not more than 90 legislative days during a maximum period of 120 consecutive calendar days. Beginning on the first Monday in ~~March~~ February in each even-numbered year, the Legislature would hold a regular session of not more than 30 legislative days during a maximum period of 45 consecutive calendar days. This resolution defines a "legislative day" as any calendar day on which either House of the Legislature is in session or any legislative committee holds a meeting during a session.

The Nevada Constitution authorizes Legislators to: (1) receive compensation for the first 60 days of each regular session and the first 20 days of each special session; and (2) appropriate funds for the payment of the actual expenses members of the Legislature may incur for postage, express charges, newspapers and stationery in an amount not to exceed \$60 per member for each general or special session. (Nev. Const. Art. 4, § 33) This resolution proposes to amend the Nevada Constitution to remove those provisions and to provide that Legislators must be paid at regular intervals as set by law and may appropriate funds for the payment of the actual expenses members of the Legislature may incur for each regular or special session.

If this resolution is passed by the 2017 Legislature, it must also be passed by the next Legislature and then approved and ratified by the voters in an election before the proposed amendments to the Nevada Constitution become effective.

RESOLVED BY THE SENATE AND ASSEMBLY OF THE STATE OF NEVADA, JOINTLY, That Section 2 of Article 4 of the Nevada Constitution be amended to read as follows:

Sec. 2. 1. The *regular* sessions of the Legislature shall be ~~biennial, and shall commence on the 1st Monday of February following the election of members of the Assembly, unless~~ *annual as set forth in this section, but* the Governor of the State or the members of the Legislature ~~shall~~ *may, on extraordinary occasions* in the interim ~~+~~ *between regular sessions*, convene the Legislature by proclamation or petition ~~+~~ *in special sessions only as authorized by this Constitution.*

2. ~~[The]~~ *In each odd-numbered year, the Legislature shall commence the regular session on the first Monday of February and shall adjourn sine die ~~[each regular session]~~ not later than midnight Pacific time at the end of the 90th legislative day or the 120th consecutive calendar day of that session, whichever occurs first, inclusive of the day on which that session commences. Any legislative action taken after midnight Pacific time at the end of the 90th legislative day or the 120th consecutive calendar day of that session, whichever occurs first, is void, unless the legislative action is ~~[conducted]~~ taken during a special session.*

3. *In each even-numbered year, the Legislature shall commence the regular session on the first Monday of ~~[March]~~ February and shall adjourn sine die not later than midnight Pacific time at the end of the 30th legislative day or the 45th consecutive calendar day of that session, whichever occurs first, inclusive of the day on which that session commences. Any legislative action taken after midnight Pacific time at the end of the 30th legislative day or the 45th consecutive calendar day of that session, whichever occurs first, is void, unless the legislative action is taken during a special session.*

4. The Governor shall submit to the Legislature:

(a) *The proposed executive budget ~~[to the Legislature]~~ not later than 14 calendar days before the commencement of each regular session ~~[-~~*

~~—4.] held in an odd-numbered year.~~

(b) *Any proposed appropriations or proposed revisions to the executive budget not later than 14 calendar days before the commencement of each regular session held in an even-numbered year.*

5. For the purposes of this section ~~[-,"midnight"]~~:

(a) *"Legislative day" means any calendar day on which either House of the Legislature is in session or any legislative committee holds a meeting during a session.*

(b) *"Midnight Pacific time" must be determined based on the actual measure of time that, on the final calendar or legislative day of the session, whichever occurs first, is being used and observed by the general population as the uniform time for the portion of Nevada which lies within the Pacific time zone, or any legal successor to the Pacific time zone, and which includes the seat of government of this State as designated by Section 1 of Article 15 of this Constitution. The Legislature and its members, officers and employees shall not employ any device, pretense or fiction that adjusts, evades or ignores this measure of time for the purpose of extending the duration of the session.*

And be it further

RESOLVED, That Section 33 of Article 4 of the Nevada Constitution be amended to read as follows:

Sec. 33. The members of the Legislature shall receive for their services a compensation to be fixed by law and paid out of the public treasury ~~{, for not to exceed 60 days during any regular session of the Legislature and not to exceed 20 days during any special session;}~~ *at regular intervals determined by law*, but no increase of such compensation shall take effect during the term for which the members of either ~~the~~ *House* shall have been elected; Provided, that an appropriation may be made for the payment of such actual expenses as members of the Legislature may incur ~~{for postage, express charges, newspapers and stationery not exceeding the sum of Sixty dollars}~~ for any ~~general~~ *regular* or special session to each member; and Furthermore Provided, that the Speaker of the Assembly ~~{}~~ and *the* Lieutenant Governor, as President of the Senate, shall each, during the time of their actual attendance as such presiding officers, receive an additional allowance of two dollars per diem.

And be it further

RESOLVED, That Section 6 of Article 11 of the Nevada Constitution be amended to read as follows:

~~{Section}~~ *Sec. 6. 1.* In addition to other means provided for the support and maintenance of said university and common schools, the legislature shall provide for their support and maintenance by direct legislative appropriation from the general fund, upon the presentation of budgets in the manner required by law.

2. During a regular session of the Legislature ~~{}~~ *in any odd-numbered year*, before any other appropriation is enacted to fund a portion of the state budget for the next ensuing biennium, the Legislature shall enact one or more appropriations to provide the money the Legislature deems to be sufficient, when combined with the local money reasonably available for this purpose, to fund the operation of the public schools in the State for kindergarten through grade 12 for the next ensuing biennium for the population reasonably estimated for that biennium.

3. During a special session of the Legislature that is held between the end of a regular session *in an odd-numbered year* in which the Legislature has not enacted the appropriation or appropriations required by subsection 2 to fund education for the next ensuing biennium and the first day of that next ensuing biennium, before any other appropriation is enacted other than appropriations required to pay the cost of that special session, the Legislature shall enact one or more appropriations to provide the money the Legislature deems to be sufficient, when combined with the local money reasonably available for this purpose, to fund the operation of the public schools in the

State for kindergarten through grade 12 for the next ensuing biennium for the population reasonably estimated for that biennium.

4. During a special session of the Legislature that is held in a biennium for which the Legislature has not enacted the appropriation or appropriations required by subsection 2 to fund education for the biennium in which the special session is being held, before any other appropriation is enacted other than appropriations required to pay the cost of that special session, the Legislature shall enact one or more appropriations to provide the money the Legislature deems to be sufficient, when combined with the local money reasonably available for this purpose, to fund the operation of the public schools in the State for kindergarten through grade 12 for the population reasonably estimated for the biennium in which the special session is held.

5. Any appropriation of money enacted in violation of subsection 2, 3 or 4 is void.

6. As used in this section, "biennium" means a period of two fiscal years beginning on July 1 of an odd-numbered year and ending on June 30 of the next ensuing odd-numbered year.

And be it further

RESOLVED, That Section 12 of Article 17 of the Nevada Constitution be amended to read as follows:

Sec. 12. The first regular session of the Legislature shall commence on the second Monday of December A.D. Eighteen hundred and Sixty Four, and the second regular session of the same shall commence on the first Monday of January A.D. Eighteen hundred and Sixty Six; and the third regular session of the Legislature shall be the first of the biennial sessions, and shall commence on the first Monday of January A.D. Eighteen hundred and Sixty Seven; and the regular sessions of the Legislature shall be held thereafter . ~~biennially.~~

And be it further

RESOLVED, That Section 2 of Article 19 of the Nevada Constitution be amended to read as follows:

Sec. 2. 1. Notwithstanding the provisions of Section 1 of Article 4 of this Constitution, but subject to the limitations of Section 6 of this Article, the people reserve to themselves the power to propose, by initiative petition, statutes and amendments to statutes and amendments to this Constitution, and to enact or reject them at the polls.

2. An initiative petition shall be in the form required by Section 3 of this Article and shall be proposed by a number of registered voters equal to 10 percent or more of the number of voters who voted at the last preceding general election in not less than 75 percent of the counties in the State, but the total number of registered voters signing

the initiative petition shall be equal to 10 percent or more of the voters who voted in the entire State at the last preceding general election.

3. If the initiative petition proposes a statute or an amendment to a statute, the person who intends to circulate it shall file a copy with the Secretary of State before beginning circulation and not earlier than ~~January 1 of the year preceding the year in which a~~ *1 year before the commencement of the regular session of the Legislature* ~~is held~~ *to which the petition will be transmitted.* After its circulation, it shall be filed with the Secretary of State not less than 30 days ~~prior to any~~ *before the commencement of the regular session of the Legislature* ~~to which the petition will be transmitted.~~ The circulation of the petition shall cease on the day the petition is filed with the Secretary of State or such other date as may be prescribed for the verification of the number of signatures affixed to the petition, whichever is earliest. The Secretary of State shall transmit such petition to the Legislature as soon as the Legislature convenes and organizes. The petition shall take precedence over all other measures except appropriation bills, and the statute or amendment to a statute proposed thereby shall be enacted or rejected by the Legislature without change or amendment within 40 days. If the proposed statute or amendment to a statute is enacted by the Legislature and approved by the Governor in the same manner as other statutes are enacted, such statute or amendment to a statute shall become law, but shall be subject to referendum petition as provided in Section 1 of this Article. If the statute or amendment to a statute is rejected by the Legislature, or if no action is taken thereon within 40 days, the Secretary of State shall submit the question of approval or disapproval of such statute or amendment to a statute to a vote of the voters at the next succeeding general election. If a majority of the voters voting on such question at such election votes approval of such statute or amendment to a statute, it shall become law and take effect upon completion of the canvass of votes by the Supreme Court. An initiative measure so approved by the voters shall not be amended, annulled, repealed, set aside or suspended by the Legislature within 3 years from the date it takes effect. If a majority of such voters votes disapproval of such statute or amendment to a statute, no further action shall be taken on such petition. If the Legislature rejects such proposed statute or amendment, the Governor may recommend to the Legislature and the Legislature may propose a different measure on the same subject, in which event, after such different measure has been approved by the Governor, the question of approval or disapproval of each measure shall be submitted by the Secretary of State to a vote of the voters at the next succeeding general election. If the conflicting provisions submitted to the voters are both approved by a majority of the voters voting on such measures, the measure which receives the largest number of affirmative votes shall thereupon

become law. If at the session of the Legislature to which an initiative petition proposing an amendment to a statute is presented which the Legislature rejects or upon which it takes no action, the Legislature amends the statute which the petition proposes to amend in a respect which does not conflict in substance with the proposed amendment, the Secretary of State in submitting the statute to the voters for approval or disapproval of the proposed amendment shall include the amendment made by the Legislature.

4. If the initiative petition proposes an amendment to the Constitution, the person who intends to circulate it shall file a copy with the Secretary of State before beginning circulation and not earlier than September 1 of the year before the year in which the election is to be held. After its circulation it shall be filed with the Secretary of State not less than 90 days before any regular general election at which the question of approval or disapproval of such amendment may be voted upon by the voters of the entire State. The circulation of the petition shall cease on the day the petition is filed with the Secretary of State or such other date as may be prescribed for the verification of the number of signatures affixed to the petition, whichever is earliest. The Secretary of State shall cause to be published in a newspaper of general circulation, on three separate occasions, in each county in the State, together with any explanatory matter which shall be placed upon the ballot, the entire text of the proposed amendment. If a majority of the voters voting on such question at such election votes disapproval of such amendment, no further action shall be taken on the petition. If a majority of such voters votes approval of such amendment, the Secretary of State shall publish and resubmit the question of approval or disapproval to a vote of the voters at the next succeeding general election in the same manner as such question was originally submitted. If a majority of such voters votes disapproval of such amendment, no further action shall be taken on such petition. If a majority of such voters votes approval of such amendment, it shall, unless precluded by subsection 5 or 6, become a part of this Constitution upon completion of the canvass of votes by the Supreme Court.

5. If two or more measures which affect the same section of a statute or of the Constitution are finally approved pursuant to this Section, or an amendment to the Constitution is finally so approved and an amendment proposed by the Legislature is ratified which affect the same section, by the voters at the same election:

(a) If all can be given effect without contradiction in substance, each shall be given effect.

(b) If one or more contradict in substance the other or others, the measure which received the largest favorable vote, and any other approved measure compatible with it, shall be given effect. If the one



or more measures that contradict in substance the other or others receive the same number of favorable votes, none of the measures that contradict another shall be given effect.

6. If, at the same election as the first approval of a constitutional amendment pursuant to this Section, another amendment is finally approved pursuant to this Section, or an amendment proposed by the Legislature is ratified, which affects the same section of the Constitution but is compatible with the amendment given first approval, the Secretary of State shall publish and resubmit at the next general election the amendment given first approval as a further amendment to the section as amended by the amendment given final approval or ratified. If the amendment finally approved or ratified contradicts in substance the amendment given first approval, the Secretary of State shall not submit the amendment given first approval to the voters again.

Senator Cannizzaro moved the adoption of the amendment.

Remarks by Senator Cannizzaro.

Amendment No. 655 to Senate Joint Resolution No. 11 specifies that the even-numbered year Legislative Sessions set forth in the resolution commence on the first Monday in February.

Amendment adopted.

Resolution ordered reprinted, engrossed and to the third reading.

Assembly Bill No. 65.

Bill read second time and ordered to third reading.

Assembly Bill No. 89.

Bill read second time and ordered to third reading.

Assembly Bill No. 199.

Bill read second time and ordered to third reading.

Assembly Bill No. 214.

Bill read second time.

The following amendment was proposed by the Committee on Health and Human Services:

Amendment No. 671.

SUMMARY—Establishes a program to increase participation by certain demographic groups in clinical trials. (BDR 40-707)

AN ACT relating to clinical trials; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a program to encourage participation in clinical trials of drugs and medical devices by certain groups; requiring certain state and local governmental entities to adopt a policy concerning the identification and recruitment of members of those groups to participate in such trials; and providing other matters properly relating thereto.

## Legislative Counsel's Digest:

Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to establish various programs relating to the provision of health care and the improvement of public health in this State. (NRS 439.495, 439.501, 439.517, 439.5295) This bill requires the Division to establish a program to encourage participation in clinical trials of drugs and medical devices by persons who are members of demographic groups that are underrepresented in such trials. This bill also requires each state or local governmental entity that conducts such trials to adopt a policy concerning the identification and recruitment of such persons to participate in those trials.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. *It is the policy of this State to:*

(a) *Improve the completeness and quality of data concerning diverse demographic groups that is collected, reported and analyzed for the purposes of clinical trials of drugs and medical devices;*

(b) *Identify barriers to participation in clinical trials by persons who are members of demographic groups that are underrepresented in such trials and employ strategies recognized by the United States Food and Drug Administration to encourage greater participation in clinical trials by such persons; and*

(c) *Make data concerning demographic groups that is collected, reported and analyzed for the purposes of clinical trials more available and transparent.*

2. *To assist in carrying out this policy:*

(a) *The Division shall review the most recent version of "Collection of Race and Ethnicity Data in Clinical Trials—Guidance for Industry and Food and Drug Administration Staff," published by the United States Food and Drug Administration, and establish, using existing infrastructure and tools, a program to encourage participation in clinical trials of drugs and medical devices by persons who are members of demographic groups that are underrepresented in such clinical trials. The program must include, without limitation:*

(1) *Collaboration with medical facilities, health authorities and other local governmental entities, nonprofit organizations and scientific investigators and institutions that are performing research relating to drugs or medical devices to assist such investigators and institutions in identifying and recruiting persons who are members of underrepresented demographic groups to participate in clinical trials; and*

(2) *The establishment and maintenance of an Internet website that:*

(1) *Provides information concerning methods recognized by the United States Food and Drug Administration for identifying and recruiting*

persons who are members of underrepresented demographic groups to participate in clinical trials; and

(II) Contains links to Internet websites maintained by medical facilities, health authorities and other local governmental entities, nonprofit organizations and scientific investigators and institutions that are performing research relating to drugs or medical devices in this State.

(b) With the assistance of the Office of Grant Procurement, Coordination and Management of the Department of Administration, the Division shall apply for grants from any source, including, without limitation, the Federal Government, to fund the program established pursuant to paragraph (a).

(c) Not later than May 1 of each even-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau for transmittal to the Legislature a report concerning the status and results of the program established pursuant to paragraph (a).

(d) Each state or local governmental entity that conducts clinical trials of drugs or medical devices, including, without limitation, the Board of Regents of the University of Nevada, shall adopt a policy concerning the identification and recruitment of persons who are members of underrepresented demographic groups to participate in those clinical trials. Such a policy must include, without limitation, requirements that investigators who are conducting clinical trials collaborate with community-based organizations and use methods recognized by the United States Food and Drug Administration to identify and recruit such persons to participate in those clinical trials.

3. For the purposes of this section, demographic groups that are underrepresented in clinical trials may include, without limitation, persons who are underrepresented by race, sex, sexual orientation, socioeconomic status and age.

4. The Division may accept gifts, grants and donations from any source for the purpose of carrying out the provisions of this section.

5. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 1.5. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 2. This act becomes effective on July 1, 2017.

Senator Hardy moved the adoption of the amendment.

Remarks by Senator Hardy.

Amendment No. 671 revises Assembly Bill No. 214 to authorize the Division of Public and Behavioral Health of the Department of Health and Human Services to accept gifts, grants and donations from any source for the purposes of carrying out the provisions of the bill.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Assembly Bill No. 255.

Bill read second time.

The following amendment was proposed by the Committee on Commerce, Labor and Energy:

Amendment No. 737.

SUMMARY—Provides that provisions governing certain short-term loans and installment loans do not apply to certain extensions of credit. (BDR 52-921)

AN ACT relating to financial services; providing that provisions governing the licensing and regulation of certain short-term loans and installment loans do not apply to the extension of credit to any person who is not a resident of this State for any business, commercial or agricultural purpose that is located outside of this State; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes standards and procedures for the licensing and regulations of certain short-term loans, commonly referred to as "payday loans," high-interest loans and title loans. (Chapter 604A of NRS)

Existing law sets forth the standards and procedures for the licensing and regulations of loans repayable in installments, which include loans that may or may not be made on substantial security and loans for indefinite terms. (Chapter 675 of NRS) This bill provides that these provisions do not apply to a person who exclusively extends credit to any person who is not a resident of this State for any business, commercial or agricultural purpose that is located outside of this State.

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

Section 1. (Deleted by amendment.)

Sec. 2. (Deleted by amendment.)

Sec. 3. (Deleted by amendment.)

Sec. 3.3. NRS 604A.250 is hereby amended to read as follows:

604A.250 The provisions of this chapter do not apply to:

1. Except as otherwise provided in NRS 604A.200, a person doing business pursuant to the authority of any law of this State or of the United States relating to banks, national banking associations, savings banks, trust companies, savings and loan associations, credit unions, mortgage brokers, mortgage bankers, thrift companies or insurance companies, including, without limitation, any affiliate or subsidiary of such a person regardless of whether the affiliate or subsidiary is a bank.

2. A person who is primarily engaged in the retail sale of goods or services who:

(a) As an incident to or independently of a retail sale or service, from time to time cashes checks for a fee or other consideration of not more than \$2; and

(b) Does not hold himself or herself out as a check-cashing service.

3. A person while performing any act authorized by a license issued pursuant to chapter 671 of NRS.

4. A person who holds a nonrestricted gaming license issued pursuant to chapter 463 of NRS while performing any act in the course of that licensed operation.

5. A person who is exclusively engaged in a check-cashing service relating to out-of-state checks.

6. A corporation organized pursuant to the laws of this State that has been continuously and exclusively engaged in a check-cashing service in this State since July 1, 1973.

7. A pawnbroker, unless the pawnbroker operates a check-cashing service, deferred deposit loan service, high-interest loan service or title loan service.

8. A real estate investment trust, as defined in 26 U.S.C. § 856.

9. An employee benefit plan, as defined in 29 U.S.C. § 1002(3), if the loan is made directly from money in the plan by the plan's trustee.

10. An attorney at law rendering services in the performance of his or her duties as an attorney at law if the loan is secured by real property.

11. A real estate broker rendering services in the performance of his or her duties as a real estate broker if the loan is secured by real property.

12. Any firm or corporation:

(a) Whose principal purpose or activity is lending money on real property which is secured by a mortgage;

(b) Approved by the Federal National Mortgage Association as a seller or servicer; and

(c) Approved by the Department of Housing and Urban Development and the Department of Veterans Affairs.

13. A person who provides money for investment in loans secured by a lien on real property, on his or her own account.

14. A seller of real property who offers credit secured by a mortgage of the property sold.

15. A person who makes a refund anticipation loan, unless the person operates a check-cashing service, deferred deposit loan service, high-interest loan service or title loan service.

16. *A person who exclusively extends credit to any person who is not a resident of this State for any business, commercial or agricultural purpose that is located outside of this State.*

Sec. 3.7. NRS 675.040 is hereby amended to read as follows:

675.040 This chapter does not apply to:

1. Except as otherwise provided in NRS 675.035, a person doing business under the authority of any law of this State or of the United States relating to banks, national banking associations, savings banks, trust companies, savings and loan associations, credit unions, mortgage brokers, mortgage bankers, thrift companies, pawnbrokers or insurance companies.

2. A real estate investment trust, as defined in 26 U.S.C. § 856.

3. An employee benefit plan, as defined in 29 U.S.C. § 1002(3), if the loan is made directly from money in the plan by the plan's trustee.

4. An attorney at law rendering services in the performance of his or her duties as an attorney at law if the loan is secured by real property.

5. A real estate broker rendering services in the performance of his or her duties as a real estate broker if the loan is secured by real property.

6. Except as otherwise provided in this subsection, any firm or corporation:

(a) Whose principal purpose or activity is lending money on real property which is secured by a mortgage;

(b) Approved by the Federal National Mortgage Association as a seller or servicer; and

(c) Approved by the Department of Housing and Urban Development and the Department of Veterans Affairs.

7. A person who provides money for investment in loans secured by a lien on real property, on his or her own account.

8. A seller of real property who offers credit secured by a mortgage of the property sold.

9. A person holding a nonrestricted state gaming license issued pursuant to the provisions of chapter 463 of NRS.

10. A person licensed to do business pursuant to chapter 604A of NRS with regard to those services regulated pursuant to chapter 604A of NRS.

11. *A person who exclusively extends credit to any person who is not a resident of this State for any business, commercial or agricultural purpose that is located outside of this State.*

Sec. 4. This act becomes effective upon passage and approval.

Senator Atkinson moved the adoption of the amendment.

Remarks by Senator Atkinson.

Amendment No. 737 to Assembly Bill No. 255 adds Senator Cannizzaro as a joint sponsor of the bill.

Amendment adopted.

Bill ordered reprinted, re-engrossed and to third reading.

Assembly Bill No. 271.

Bill read second time and ordered to third reading.

Assembly Bill No. 392.

Bill read second time and ordered to third reading.

Assembly Bill No. 393.

Bill read second time and ordered to third reading.

Assembly Bill No. 438.

Bill read second time and ordered to third reading.

Assembly Bill No. 459.

Bill read second time and ordered to third reading.

Assembly Joint Resolution No. 7.

Resolution read second time and ordered to third reading.

Assembly Joint Resolution No. 9.

Resolution read second time and ordered to third reading.

GENERAL FILE AND THIRD READING

Senate Bill No. 227.

Bill read third time.

The following amendment was proposed by the Committee on Finance:

Amendment No. 668.

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

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.

~~[ Sections 91-126 of this bill revise the Nevada Industrial Insurance Act to authorize an advanced practice registered nurse to: (1) examine and provide treatment to an injured employee who has experienced an industrial accident; (2) provide certification of death resulting from an injury; (3) file claims of compensation after providing treatment to an injured employee; (4) be appointed to panels of providers who have demonstrated special competence and interest in industrial health; (5) rate permanent partial and total disabilities if he or she has completed an advanced program of training in rating disabilities; (6) review appeals of determinations concerning accident benefits; (7) conduct independent medical examinations upon an order from a hearing officer and testify to his or her findings; (8) examine an injured employee to determine if he or she is capable of participating in a program of vocational rehabilitation; and (9) determine if an injured employee is in need of a life care plan after a catastrophic injury.]~~

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.

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

*(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.

~~{6}~~ 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~~ *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, ~~for~~ 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, ~~for~~ 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, ~~for~~ licensed psychologists ~~or~~ *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 ~~+~~ 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~~ *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~~ *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 ~~{}~~ 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.

~~{(e)}~~ (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~~ *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 [ ] 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 [ ] , 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 [ ] 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 ~~1~~, 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 ~~+~~ *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~~ *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 ~~{}~~ *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 ~~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 ~~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 ~~†~~ 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 ~~†~~ or advanced practice registered nurse, a person pursuant to the direction or authorization of a physician ~~†~~ 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 ~~[ ]~~, *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 ~~[ ]~~, *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.

Sec. 91. ~~[NRS 616C.005 is hereby amended to read as follows:~~

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

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

~~2. The Administrator shall make available to physicians , [and] chiropractors and advanced practice registered nurses any form for reporting injuries that has been revised within the previous 12 months. (Deleted by amendment.)~~

Sec. 92. ~~[NRS 616C.010 is hereby amended to read as follows:~~

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

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

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

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

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

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

~~(1) Two or more physicians , [or] chiropractors or advanced practice registered nurses who are qualified to conduct the examination, if there are two or more such physicians , [or] chiropractors or advanced practice registered nurses within 30 miles of the employee's place of employment; or~~



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

~~3. From among the names furnished by the employer pursuant to subsection 2, the employee shall select one of those physicians, [or] chiropractors or advanced practice registered nurses to conduct the examination, but the employer shall not require the employee to select a particular physician, [or] chiropractor or advanced practice registered nurse from among the names furnished by the employer. Thereupon, the examining physician, [or] chiropractor or advanced practice registered nurse shall report forthwith to the employer and to the insurer the character and extent of the injury. The employer shall not require the employee to disclose or permit the disclosure of any other information concerning the employee's physical condition except as required by NRS 616C.177.~~

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

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

~~6. An employee leasing company must provide to each employee covered under an employee leasing contract instructions on how to notify the leasing company supervisor and client company of an injury in plain, clear language placed in conspicuous type in a specifically labeled area of instructions given to the employee.] (Deleted by amendment.)~~

~~Sec. 93. [NRS 616C.035 is hereby amended to read as follows:~~

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

- ~~1. Proof of death;~~
- ~~2. Proof of relationship showing the parties to be entitled to compensation under chapters 616A to 616D, inclusive, of NRS;~~
- ~~3. Certificates of the attending physician [,] or attending advanced practice registered nurse, if any; and~~
- ~~4. Such other proof as required by the regulations of the Division.]~~

~~(Deleted by amendment.)~~

~~Sec. 94. [NRS 616C.040 is hereby amended to read as follows:~~

~~616C.040 1. Except as otherwise provided in this section, a treating physician, [or] chiropractor or advanced practice registered nurse shall, within 3 working days after first providing treatment to an injured employee for a particular injury, complete and file a claim for compensation with the employer of the injured employee and the employer's insurer. If the employer~~

~~is a self-insured employer, the treating physician, [or] chiropractor or advanced practice registered nurse shall file the claim for compensation with the employer's third party administrator. If the physician, [or] chiropractor or advanced practice registered nurse files the claim for compensation by electronic transmission, the physician, [or] chiropractor or advanced practice registered nurse shall, upon request, mail to the insurer or third party administrator the form that contains the original signatures of the injured employee and the physician, [or] chiropractor [.] or advanced practice registered nurse. The form must be mailed within 7 days after receiving such a request.~~

~~2. A physician, [or] chiropractor or advanced practice registered nurse who has a duty to file a claim for compensation pursuant to subsection 1 may delegate the duty to a medical facility. If the physician, [or] chiropractor or advanced practice registered nurse delegates the duty to a medical facility:~~

~~(a) The medical facility must comply with the filing requirements set forth in this section; and~~

~~(b) The delegation must be in writing and signed by:~~

~~(1) The physician, [or] chiropractor [;] or advanced practice registered nurse; and~~

~~(2) An authorized representative of the medical facility.~~

~~3. A claim for compensation by subsection 1 must be filed on a form prescribed by the Administrator.~~

~~4. If a claim for compensation is accompanied by a certificate of disability, the certificate must include a description of any limitation or restrictions on the injured employee's ability to work.~~

~~5. Each physician, chiropractor, advanced practice registered nurse and medical facility that treats injured employees, each insurer, third party administrator and employer, and the Division shall maintain at their offices a sufficient supply of the forms prescribed by the Administrator for filing a claim for compensation.~~

~~6. The Administrator may impose an administrative fine of not more than \$1,000 for each violation of subsection 1 on:~~

~~(a) A physician, [or] chiropractor [;] or advanced practice registered nurse; or~~

~~(b) A medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to this section. (Deleted by amendment.)~~

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

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

~~2. The report must:~~

- ~~(a) Be filed on a form prescribed by the Administrator;~~
- ~~(b) Be signed by the employer or the employer's designee;~~
- ~~(c) Contain specific answers to all questions required by the regulations of the Administrator; and~~
- ~~(d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician, [or] chiropractor [,] or advanced practice registered nurse, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more.~~

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

~~4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section. (Deleted by amendment.)~~

Sec. 96. ~~[NRS 616C.050 is hereby amended to read as follows:~~

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

- ~~(a) Upon written request, one copy of any medical information concerning the claimant's injury or illness;~~
- ~~(b) A statement which contains information concerning the claimant's right to:
 
  - ~~(1) Receive the information and forms necessary to file a claim;~~
  - ~~(2) Select a treating physician, [or] chiropractor or advanced practice registered nurse and an alternative treating physician, [or] chiropractor or advanced practice registered nurse in accordance with the provisions of NRS 616C.090;~~
  - ~~(3) Request the appointment of the Nevada Attorney for Injured Workers to represent the claimant before the appeals officer;~~
  - ~~(4) File a complaint with the Administrator;~~
  - ~~(5) When applicable, receive compensation for:
 
    - ~~(I) Permanent total disability;~~
    - ~~(II) Temporary total disability;~~
    - ~~(III) Permanent partial disability;~~
    - ~~(IV) Temporary partial disability;~~
    - ~~(V) All medical costs related to the claimant's injury or disease; or~~
    - ~~(VI) The hours the claimant is absent from the place of employment to receive medical treatment pursuant to NRS 616C.477;~~~~
  - ~~(6) Receive services for rehabilitation if the claimant's injury prevents him or her from returning to gainful employment;~~
  - ~~(7) Review by a hearing officer of any determination or rejection of a claim by the insurer within the time specified by statute; and~~~~

~~(8) Judicial review of any final decision within the time specified by statute.~~

~~2. The insurer's statement must include a copy of the form designed by the Administrator pursuant to subsection 8 of NRS 616C.090 that notifies injured employees of their right to select an alternative treating physician, [or] chiropractor [,] or advanced practice registered nurse. The Administrator shall adopt regulations for the manner of compliance by an insurer with the other provisions of subsection 1. (Deleted by amendment.)~~

Sec. 97. ~~[NRS 616C.055 is hereby amended to read as follows:~~

~~616C.055 1. The insurer may not, in accepting responsibility for any charges, use fee schedules which unfairly discriminate among physicians, [and] chiropractors [,] and advanced practice registered nurses.~~

~~2. If a physician, [or] chiropractor or advanced practice registered nurse is removed from the panel established pursuant to NRS 616C.090 or from participation in a plan for managed care established pursuant to NRS 616B.527, the physician, [or] chiropractor [,] or advanced practice registered nurse, as applicable, must not be paid for any services rendered to the injured employee after the date of the removal. (Deleted by amendment.)~~

Sec. 98. ~~[NRS 616C.075 is hereby amended to read as follows:~~

~~616C.075 If an employee is properly directed to submit to a physical examination and the employee refuses to permit the treating physician, [or] chiropractor or advanced practice registered nurse to make an examination and to render medical attention as may be required immediately, no compensation may be paid for the injury claimed to result from the accident. (Deleted by amendment.)~~

Sec. 99. ~~[NRS 616C.090 is hereby amended to read as follows:~~

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

~~2. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 may choose a treating physician, [or] chiropractor or advanced practice registered nurse from the panel of physicians, [and] chiropractors [,] and advanced practice registered nurses. If the injured employee is not satisfied with the first physician, [or] chiropractor or advanced practice registered nurse he or she so chooses, the injured employee may make an alternative choice of physician, [or] chiropractor or advanced practice registered nurse from the panel if the choice is made within 90 days after his or her injury. The insurer shall notify~~

~~the first physician, [or] chiropractor or advanced practice registered nurse in writing. The notice must be postmarked within 3 working days after the insurer receives knowledge of the change. The first physician, [or] chiropractor or advanced practice registered nurse must be reimbursed only for the services the physician, [or] chiropractor [,] or advanced practice registered nurse, as applicable, rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer, which must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of physician, [or] chiropractor or advanced practice registered nurse must include the name of the new physician, [or] chiropractor or advanced practice registered nurse chosen by the injured employee. If the treating physician, [or] chiropractor or advanced practice registered nurse refers the injured employee to a specialist for treatment, the treating physician, [or] chiropractor or advanced practice registered nurse shall provide to the injured employee a list that includes the name of each physician, [or] chiropractor or advanced practice registered nurse with that specialization who is on the panel. After receiving the list, the injured employee shall, at the time the referral is made, select a physician, [or] chiropractor or advanced practice registered nurse from the list.~~

~~—3. An injured employee whose employer's insurer has entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 must choose a treating physician, [or] chiropractor or advanced practice registered nurse pursuant to the terms of that contract. If the injured employee is not satisfied with the first physician, [or] chiropractor or advanced practice registered nurse he or she so chooses, the injured employee may make an alternative choice of physician, [or] chiropractor or advanced practice registered nurse pursuant to the terms of the contract without the approval of the insurer if the choice is made within 90 days after his or her injury. If the injured employee, after choosing a treating physician, [or] chiropractor [,] or advanced practice registered nurse, moves to a county which is not served by the organization for managed care or providers of health care services named in the contract and the insurer determines that it is impractical for the injured employee to continue treatment with the physician, [or] chiropractor [,] or advanced practice registered nurse, the injured employee must choose a treating physician, [or] chiropractor or advanced practice registered nurse who has agreed to the terms of that contract unless the insurer authorizes the injured employee to choose another physician, [or] chiropractor [,] or advanced practice registered nurse. If the treating physician, [or] chiropractor or advanced practice registered nurse refers the injured employee to a specialist for treatment, the treating physician, [or] chiropractor or advanced practice registered nurse shall provide to the injured employee a list that includes the~~

~~name of each physician, [or] chiropractor or advanced practice registered nurse with that specialization who is available pursuant to the terms of the contract with the organization for managed care or with providers of health care services pursuant to NRS 616B.527, as appropriate. After receiving the list, the injured employee shall, at the time the referral is made, select a physician, [or] chiropractor or advanced practice registered nurse from the list. If the employee fails to select a physician, [or] chiropractor [,] or advanced practice registered nurse, the insurer may select a physician, [or] chiropractor or advanced practice registered nurse with that specialization. If a physician, [or] chiropractor or advanced practice registered nurse with that specialization is not available pursuant to the terms of the contract, the organization for managed care or the provider of health care services may select a physician, [or] chiropractor or advanced practice registered nurse with that specialization.~~

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

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

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

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

~~8. The Administrator shall design a form that notifies injured employees of their right pursuant to subsections 2, 3 and 4 to select an alternative treating physician, [or] chiropractor or advanced practice registered nurse and make the form available to insurers for distribution pursuant to subsection 2 of NRS 616C.050.] (Deleted by amendment.)~~

~~Sec. 100. [NRS 616C.095 is hereby amended to read as follows:~~

~~616C.095 The physician, [or] chiropractor or advanced practice registered nurse shall inform the injured employee of the injured employee's rights under chapters 616A to 616D, inclusive, or chapter 617 of NRS and lend all necessary assistance in making application for compensation and such proof of other matters as required by the rules of the Division, without charge to the employee.] (Deleted by amendment.)~~

~~Sec. 101. [NRS 616C.100 is hereby amended to read as follows:~~

~~616C.100 1. If an injured employee disagrees with the percentage of disability determined by a physician, [or] chiropractor [,] or advanced practice registered nurse, the injured employee may obtain a second determination of the percentage of disability. If the employee wishes to obtain such a determination, the employee must select the next physician, [or] chiropractor or advanced practice registered nurse in rotation from the list of qualified physicians, [or] chiropractors or advanced practice registered nurses maintained by the Administrator pursuant to subsection 2 of NRS 616C.490. If a second determination is obtained, the injured employee shall pay for the determination. If the physician, [or] chiropractor or advanced practice registered nurse selected to make the second determination finds a higher percentage of disability than the first physician, [or] chiropractor [,] or advanced practice registered nurse, the injured employee may request a hearing officer or appeals officer to order the insurer to reimburse the employee pursuant to the provisions of NRS 616C.330 or 616C.360.~~

~~2. The results of a second determination made pursuant to subsection 1 may be offered at any hearing or settlement conference.] (Deleted by amendment.)~~

~~Sec. 102. [NRS 616C.105 is hereby amended to read as follows:~~

~~616C.105 The Administrator shall not designate a chiropractor or advanced practice registered nurse to rate permanent partial disabilities unless the chiropractor or advanced practice registered nurse has completed an advanced program of training in rating disabilities using the American Medical Association's Guides to the Evaluation of Permanent Impairment which is offered or approved by the Administrator.] (Deleted by amendment.)~~

Sec. 103. ~~[NRS 616C.130 is hereby amended to read as follows:~~

~~616C.130 The insurer shall not authorize the payment of any money to a physician, [or] chiropractor or advanced practice registered nurse for services rendered by the physician, [or] chiropractor [,] or advanced practice registered nurse, as applicable, in attending an injured employee until an itemized statement for the services has been received by the insurer accompanied by a certificate of the physician, [or] chiropractor or advanced practice registered nurse stating that a duplicate of the itemized statement has been filed with the employer of the injured employee.] (Deleted by amendment.)~~

Sec. 104. ~~[NRS 616C.140 is hereby amended to read as follows:~~

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

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

~~(b) Ordered by an appeals officer or a hearing officer;~~

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

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

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

~~4. The employee is entitled to have a physician, [or] chiropractor [,] or advanced practice registered nurse, provided and paid for by the employee, present at any such examination.~~

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

~~6. Any physician, [or] chiropractor or advanced practice registered nurse who makes or is present at any such examination may be required to testify as to the result thereof.] (Deleted by amendment.)~~

Sec. 105. ~~[NRS 616C.160 is hereby amended to read as follows:~~

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

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



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

~~the injury or disease for which treatment is being sought must not be considered part of the employee's original claim for compensation unless the physician, [or] chiropractor or advanced practice registered nurse establishes by medical evidence a causal relationship between the injury or disease for which treatment is being sought and the original accident.] (Deleted by amendment.)~~

Sec. 106. ~~[NRS 616C.230 is hereby amended to read as follows:~~

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

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

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

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

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

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

~~(a) The affidavit or declaration of an expert or other person described in NRS 50.310, 50.315 or 50.320 is admissible to prove the existence of an impermissible quantity of alcohol or the existence, quantity or identity of an impermissible controlled or prohibited substance in an employee's system. If the affidavit or declaration is to be so used, it must be submitted in the manner prescribed in NRS 616C.355.~~

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

~~(c) The results of any testing for the use of alcohol or a controlled or prohibited substance, irrespective of the purpose for performing the test, must~~

~~be made available to an insurer or employer upon request, to the extent that doing so does not conflict with federal law.~~

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

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

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

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

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

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

~~—6. As used in this section, "prohibited substance" has the meaning ascribed to it in NRS 484C.080.} (Deleted by amendment.)~~

Sec. 107. ~~{NRS 616C.265 is hereby amended to read as follows:~~

~~—616C.265 1. Except as otherwise provided in NRS 616C.280, every employer operating under chapters 616A to 616D, inclusive, of NRS, alone or together with other employers, may make arrangements to provide accident benefits as defined in those chapters for injured employees.~~

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

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

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

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

~~—(c) What balance, if any, remains.~~

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

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

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

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

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

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

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

~~(d) If the employer has contracted with a physician, [or] chiropractor or advanced practice registered nurse for the hospital care of injured employees, by the physician, [or] chiropractor [.] or advanced practice registered nurse.~~

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

~~7. Every employer who fails to notify the Administrator of such election and arrangements, or who fails to render the financial reports required, is liable for accident benefits as provided by NRS 616C.255. (Deleted by amendment.)~~

Sec. 108. ~~[NRS 616C.270 is hereby amended to read as follows:~~

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

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

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

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

~~3. The content and form of the written reports must be prescribed by the Administrator. (Deleted by amendment.)~~

Sec. 109. ~~[NRS 616C.275 is hereby amended to read as follows:~~

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

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

~~3. The cause of action of an injured employee against an employer insured by a private carrier must be assigned to the private carrier.] (Deleted by amendment.)~~

Sec. 110. ~~[NRS 616C.280 is hereby amended to read as follows:~~

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

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

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

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

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

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

~~6. Discriminates against an employee who claims benefits under chapters 616A to 616D, inclusive, or chapter 617 of NRS.] (Deleted by amendment.)~~

Sec. 111. ~~[NRS 616C.305 is hereby amended to read as follows:~~

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

~~2. The procedure for resolving complaints established by the organization for managed care must be informal and must include, but is not~~

~~limited to, a review of the appeal by a qualified physician, [or] chiropractor or advanced practice registered nurse who did not make or otherwise participate in making the determination.~~

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

Sec. 112. ~~[NRS 616C.330 is hereby amended to read as follows:~~

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

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

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

~~(c) Conduct hearings expeditiously and informally.~~

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

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

~~4. The hearing officer may consider the opinion of an examining physician, [or] chiropractor [.] or advanced practice registered nurse, in addition to the opinion of an authorized treating physician, [or] chiropractor~~

~~[,] or advanced practice registered nurse, in determining the compensation payable to the injured employee.~~

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

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

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

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

~~(a) The hearing; or~~

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

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

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

~~11. Except as otherwise provided in NRS 616C.380, the decision of the hearing officer is not stayed if an appeal from that decision is taken unless an application for a stay is submitted by a party. If such an application is submitted, the decision is automatically stayed until a determination is made on the application. A determination on the application must be made within 30 days after the filing of the application. If, after reviewing the application, a stay is not granted by the hearing officer or an appeals officer, the decision must be complied with within 10 days after the refusal to grant a stay.] (Deleted by amendment.)~~

Sec. 113. ~~[NRS 616C.350 is hereby amended to read as follows:~~

~~616C.350 1. Any physician, [or] chiropractor or advanced practice registered nurse who attends an employee within the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS in a professional capacity, may be required to testify before an appeals officer. A physician, [or] chiropractor or advanced practice registered nurse who testifies is entitled to receive the same fees as witnesses in civil cases and, if the appeals officer so orders at his or her own discretion, a fee equal to that authorized~~

~~for a consultation by the appropriate schedule of fees for physicians, [or] chiropractors [,] or advanced practice registered nurses. These fees must be paid by the insurer.~~

~~2. Information gained by the attending physician, [or] chiropractor or advanced practice registered nurse while in attendance on the injured employee is not a privileged communication if:~~

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

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

Sec. 114. ~~[NRS 616C.360 is hereby amended to read as follows:~~

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

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

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

~~(a) Order an independent medical examination and refer the employee to a physician, [or] chiropractor or advanced practice registered nurse of his or her choice who has demonstrated special competence to treat the particular medical condition of the employee, whether or not the physician, [or] chiropractor or advanced practice registered nurse is on the insurer's panel of providers of health care. If the medical question concerns the rating of a permanent disability, the appeals officer may refer the employee to a rating physician, [or] chiropractor [,] or advanced practice registered nurse. The rating physician, [or] chiropractor or advanced practice registered nurse must be selected in rotation from the list of qualified physicians, [or] chiropractors or advanced practice registered nurses maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and the injured employee otherwise agree to a rating physician, [or] chiropractor [,] or advanced practice registered nurse. The insurer shall pay the costs of any examination requested by the appeals officer.~~

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

~~4. The appeals officer may consider the opinion of an examining physician, [or] chiropractor [,] or advanced practice registered nurse, in addition to the opinion of an authorized treating physician, [or] chiropractor [,] or advanced practice registered nurse, in determining the compensation payable to the injured employee.~~

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

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

~~7. Any party to the appeal or contested case or the appeals officer may order a transcript of the record of the hearing at any time before the seventh day after the hearing. The transcript must be filed within 30 days after the date of the order unless the appeals officer otherwise orders.~~

~~8. Except as otherwise provided in subsection 9, the appeals officer shall render a decision:~~

~~(a) If a transcript is ordered within 7 days after the hearing, within 30 days after the transcript is filed; or~~

~~(b) If a transcript has not been ordered, within 30 days after the date of the hearing.~~

~~9. The appeals officer shall render a decision on a contested claim submitted pursuant to subsection 2 of NRS 616C.345 within 15 days after:~~

~~(a) The date of the hearing; or~~

~~(b) If the appeals officer orders an independent medical examination, the date the appeals officer receives the report of the examination,~~

~~unless both parties to the contested claim agree to a later date.~~

~~10. The appeals officer may affirm, modify or reverse any decision made by a hearing officer and issue any necessary and proper order to give effect to his or her decision. (Deleted by amendment.)~~

Sec. 115. ~~[NRS 616C.363 is hereby amended to read as follows:~~

~~616C.363 1. Not later than 5 business days after the date that an independent review organization receives a request for an external review, the independent review organization shall:~~

~~(a) Review the documents and materials submitted for the external review; and~~

~~(b) Notify the injured employee, his or her employer and the insurer whether the independent review organization needs any additional information to conduct the external review.~~

~~2. The independent review organization shall render a decision on the matter not later than 15 business days after the date that it receives all information that is necessary to conduct the external review.~~



~~3. In conducting the external review, the independent review organization shall consider, without limitation:~~

~~(a) The medical records of the insured;~~

~~(b) Any recommendations of the physician, chiropractor or advanced practice registered nurse of the insured; and~~

~~(c) Any other information approved by the Commissioner for consideration by an independent review organization.~~

~~4. In its decision, the independent review organization shall specify the reasons for its decision. The independent review organization shall submit a copy of its decision to:~~

~~(a) The injured employee;~~

~~(b) The employer;~~

~~(c) The insurer; and~~

~~(d) The appeals officer, if any;~~

~~5. The insurer shall pay the costs of the services provided by the independent review organization.~~

~~6. The Commissioner may adopt regulations to govern the process of external review and to carry out the provisions of this section. Any regulations adopted pursuant to this section must provide that:~~

~~(a) All parties must agree to the submission of a matter to an independent review organization before a request for external review may be submitted;~~

~~(b) A party may not be ordered to submit a matter to an independent review organization; and~~

~~(c) The findings and decisions of an independent review organization are not binding.] (Deleted by amendment.)~~

Sec. 116. ~~[NRS 616C.390 is hereby amended to read as follows:~~

~~616C.390 Except as otherwise provided in NRS 616C.392:~~

~~1. If an application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date on which the claim was closed, the insurer shall reopen the claim if:~~

~~(a) A change of circumstances warrants an increase or rearrangement of compensation during the life of the claimant;~~

~~(b) The primary cause of the change of circumstances is the injury for which the claim was originally made; and~~

~~(c) The application is accompanied by the certificate of a physician, [or a] chiropractor or advanced practice registered nurse showing a change of circumstances which would warrant an increase or rearrangement of compensation.~~

~~2. After a claim has been closed, the insurer, upon receiving an application and for good cause shown, may authorize the reopening of the claim for medical investigation only. The application must be accompanied by a written request for treatment from the physician, [or] chiropractor or advanced practice registered nurse treating the claimant, certifying that the treatment is indicated by a change in circumstances and is related to the industrial injury sustained by the claimant.~~

~~3. If a claimant applies for a claim to be reopened pursuant to subsection 1 or 2 and a final determination denying the reopening is issued, the claimant shall not reapply to reopen the claim until at least 1 year after the date on which the final determination is issued.~~

~~4. Except as otherwise provided in subsection 5, if an application to reopen a claim is made in writing within 1 year after the date on which the claim was closed, the insurer shall reopen the claim only if:~~

~~(a) The application is supported by medical evidence demonstrating an objective change in the medical condition of the claimant; and~~

~~(b) There is clear and convincing evidence that the primary cause of the change of circumstances is the injury for which the claim was originally made.~~

~~5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:~~

~~(a) The claimant did not meet the minimum duration of incapacity as set forth in NRS 616C.400 as a result of the injury; and~~

~~(b) The claimant did not receive benefits for a permanent partial disability.~~

~~➤ If an application to reopen a claim to increase or rearrange compensation is made pursuant to this subsection, the insurer shall reopen the claim if the requirements set forth in paragraphs (a), (b) and (c) of subsection 1 are met.~~

~~6. If an employee's claim is reopened pursuant to this section, the employee is not entitled to vocational rehabilitation services or benefits for a temporary total disability if, before the claim was reopened, the employee:~~

~~(a) Retired; or~~

~~(b) Otherwise voluntarily removed himself or herself from the workforce, ➤ for reasons unrelated to the injury for which the claim was originally made.~~

~~7. One year after the date on which the claim was closed, an insurer may dispose of the file of a claim authorized to be reopened pursuant to subsection 5, unless an application to reopen the claim has been filed pursuant to that subsection.~~

~~8. An increase or rearrangement of compensation is not effective before an application for reopening a claim is made unless good cause is shown. The insurer shall, upon good cause shown, allow the cost of emergency treatment the necessity for which has been certified by a physician, [or a] chiropractor [.] or advanced practice registered nurse.~~

~~9. A claim that closes pursuant to subsection 2 of NRS 616C.225 and is not appealed or is unsuccessfully appealed pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive, may not be reopened pursuant to this section.~~

~~10. The provisions of this section apply to any claim for which an application to reopen the claim or to increase or rearrange compensation is made pursuant to this section, regardless of the date of the injury or accident to the claimant. If a claim is reopened pursuant to this section, the amount of~~

~~any compensation or benefits provided must be determined in accordance with the provisions of NRS 616C.425.] (Deleted by amendment.)~~

~~Sec. 117. [NRS 616C.440 is hereby amended to read as follows:~~

~~616C.440 1. Except as otherwise provided in this section and NRS 616C.175, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents as defined in chapters 616A to 616D, inclusive, of NRS, is entitled to receive the following compensation for permanent total disability:~~

~~(a) In cases of total disability adjudged to be permanent, compensation per month of  $66\frac{2}{3}$  percent of the average monthly wage.~~

~~(b) If there is a previous disability, as the loss of one eye, one hand, one foot or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury, but such a deduction for a previous award for permanent partial disability must be made in a reasonable manner and must not be more than the total amount which was paid for the previous award for permanent partial disability. The total amount of the allowable deduction includes, without limitation, compensation for a permanent partial disability that was deducted from:~~

~~(1) Any compensation the employee received for a temporary total disability; or~~

~~(2) Any other compensation received by the employee;~~

~~(c) If the character of the injury is such as to render the employee so physically helpless as to require the service of a constant attendant, an additional allowance may be made so long as such requirements continue, but the allowance may not be made while the employee is receiving benefits for care in a hospital or facility for intermediate care pursuant to the provisions of NRS 616C.265.~~

~~2. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee or his or her dependents are not entitled to accrue or be paid any benefits for a permanent total disability during the time the injured employee is incarcerated. The injured employee or his or her dependents are entitled to receive those benefits when the injured employee is released from incarceration if the injured employee is certified as permanently totally disabled by a physician, [or] chiropractor [.] or *advanced practice registered nurse*.~~

~~3. An employee is entitled to receive compensation for a permanent total disability only so long as the permanent total disability continues to exist. The insurer has the burden of proving that the permanent total disability no longer exists.~~

~~4. If an employee who has received compensation in a lump sum for a permanent partial disability pursuant to NRS 616C.495 is subsequently determined to be permanently and totally disabled, the insurer of the~~

~~employee's employer shall recover pursuant to this subsection the actual amount of the lump sum paid to the employee for the permanent partial disability. The insurer shall not recover from the employee, whether by deductions or single payment, or a combination of both, more than the actual amount of the lump sum paid to the employee. To recover the actual amount of the lump sum, the insurer shall:~~

~~—(a) Unless the employee submits a request described in paragraph (b), deduct from the compensation for the permanent total disability an amount that is not more than 10 percent of the rate of compensation for a permanent total disability until the actual amount of the lump sum paid to the employee for the permanent partial disability is recovered; or~~

~~—(b) Upon the request of the employee, accept in a single payment from the employee an amount that is equal to the actual amount of the lump sum paid to the employee for the permanent partial disability, less the actual amount of all deductions made to date by the insurer from the employee for repayment of the lump sum.] (Deleted by amendment.)~~

Sec. 118. ~~[NRS 616C.475 is hereby amended to read as follows:~~

~~—616C.475 1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.~~

~~—2. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee or his or her dependents are not entitled to accrue or be paid any benefits for a temporary total disability during the time the injured employee is incarcerated. The injured employee or his or her dependents are entitled to receive such benefits when the injured employee is released from incarceration if the injured employee is certified as temporarily totally disabled by a physician, [or] chiropractor [.] or advanced practice registered nurse.~~

~~—3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.~~

~~—4. Any increase in compensation and benefits effected by the amendment of subsection 1 is not retroactive.~~

~~—5. Payments for a temporary total disability must cease when:~~

~~—(a) A physician, [or] chiropractor or advanced practice registered nurse determines that the employee is physically capable of any gainful employment for which the employee is suited, after giving consideration to the employee's education, training and experience;~~

~~—(b) The employer offers the employee light duty employment or employment that is modified according to the limitations or restrictions~~

~~imposed by a physician, [or] chiropractor or advanced practice registered nurse pursuant to subsection 7; or~~

~~—(c) Except as otherwise provided in NRS 616B.028 and 616B.029, the employee is incarcerated.~~

~~—6. Each insurer may, with each check that it issues to an injured employee for a temporary total disability, include a form approved by the Division for the injured employee to request continued compensation for the temporary total disability.~~

~~—7. A certification of disability issued by a physician, [or] chiropractor or advanced practice registered nurse must:~~

~~—(a) Include the period of disability and a description of any physical limitations or restrictions imposed upon the work of the employee;~~

~~—(b) Specify whether the limitations or restrictions are permanent or temporary; and~~

~~—(c) Be signed by the treating physician, [or] chiropractor or advanced practice registered nurse authorized pursuant to NRS 616B.527 or appropriately chosen pursuant to subsection 3 or 4 of NRS 616C.090.~~

~~—8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee's accident may offer temporary, light duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer. The making, acceptance or rejection of an offer of temporary, light duty employment pursuant to this subsection does not affect the eligibility of the employee to receive vocational rehabilitation services, including compensation, and does not exempt the employer from complying with NRS 616C.545 to 616C.575, inclusive, and 616C.590 or the regulations adopted by the Division governing vocational rehabilitation services. Any offer of temporary, light duty employment made by the employer must specify a position that:~~

~~—(a) Is substantially similar to the employee's position at the time of his or her injury in relation to the location of the employment and the hours the employee is required to work;~~

~~—(b) Provides a gross wage that is:~~

~~—(1) If the position is in the same classification of employment, equal to the gross wage the employee was earning at the time of his or her injury; or~~

~~—(2) If the position is not in the same classification of employment, substantially similar to the gross wage the employee was earning at the time of his or her injury; and~~

~~—(c) Has the same employment benefits as the position of the employee at the time of his or her injury.] (Deleted by amendment.)~~

Sec. 119. ~~[NRS 616C.490 is hereby amended to read as follows:~~

~~616C.490 1. Except as otherwise provided in NRS 616C.175, every employee, in the employ of an employer within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by an accident~~

~~arising out of and in the course of employment is entitled to receive the compensation provided for permanent partial disability. As used in this section, "disability" and "impairment of the whole person" are equivalent terms.~~

~~2. Within 30 days after receiving from a physician , [or] chiropractor or advanced practice registered nurse a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician , [or] chiropractor or advanced practice registered nurse selected pursuant to this subsection to determine the extent of the employee's disability. Unless the insurer and the injured employee otherwise agree to a rating physician , [or] chiropractor [:] or advanced practice registered nurse:~~

~~(a) The insurer shall select the rating physician , [or] chiropractor or advanced practice registered nurse from the list of qualified rating physicians , [and] chiropractors and advanced practice registered nurses designated by the Administrator, to determine the percentage of disability in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment as adopted and supplemented by the Division pursuant to NRS 616C.110.~~

~~(b) Rating physicians , [and] chiropractors and advanced practice registered nurses must be selected in rotation from the list of qualified physicians , [and] chiropractors and advanced practice registered nurses designated by the Administrator, according to their area of specialization and the order in which their names appear on the list unless the next physician , [or] chiropractor or advanced practice registered nurse is currently an employee of the insurer making the selection, in which case the insurer must select the physician , [or] chiropractor or advanced practice registered nurse who is next on the list and who is not currently an employee of the insurer.~~

~~3. If an insurer contacts the treating physician , [or] chiropractor or advanced practice registered nurse to determine whether an injured employee has suffered a permanent disability, the insurer shall deliver to the treating physician , [or] chiropractor or advanced practice registered nurse that portion or a summary of that portion of the American Medical Association's Guides to the Evaluation of Permanent Impairment as adopted by the Division pursuant to NRS 616C.110 that is relevant to the type of injury incurred by the employee.~~

~~4. At the request of the insurer, the injured employee shall, before an evaluation by a rating physician , [or] chiropractor or advanced practice registered nurse is performed, notify the insurer of:~~

~~(a) Any previous evaluations performed to determine the extent of any of the employee's disabilities; and~~

~~(b) Any previous injury, disease or condition sustained by the employee which is relevant to the evaluation performed pursuant to this section.~~

~~The notice must be on a form approved by the Administrator and provided to the injured employee by the insurer at the time of the insurer's request.~~

~~5. Unless the regulations adopted pursuant to NRS 616C.110 provide otherwise, a rating evaluation must include an evaluation of the loss of motion, sensation and strength of an injured employee if the injury is of a type that might have caused such a loss. Except in the case of claims accepted pursuant to NRS 616C.180, no factors other than the degree of physical impairment of the whole person may be considered in calculating the entitlement to compensation for a permanent partial disability.~~

~~6. The rating physician, [or] chiropractor or advanced practice registered nurse shall provide the insurer with his or her evaluation of the injured employee. After receiving the evaluation, the insurer shall, within 14 days, provide the employee with a copy of the evaluation and notify the employee:~~

~~(a) Of the compensation to which the employee is entitled pursuant to this section; or~~

~~(b) That the employee is not entitled to benefits for permanent partial disability.~~

~~7. Each 1 percent of impairment of the whole person must be compensated by a monthly payment:~~

~~(a) Of 0.5 percent of the claimant's average monthly wage for injuries sustained before July 1, 1981;~~

~~(b) Of 0.6 percent of the claimant's average monthly wage for injuries sustained on or after July 1, 1981, and before June 18, 1993;~~

~~(c) Of 0.54 percent of the claimant's average monthly wage for injuries sustained on or after June 18, 1993, and before January 1, 2000; and~~

~~(d) Of 0.6 percent of the claimant's average monthly wage for injuries sustained on or after January 1, 2000.~~

~~Compensation must commence on the date of the injury or the day following the termination of temporary disability compensation, if any, whichever is later, and must continue on a monthly basis for 5 years or until the claimant is 70 years of age, whichever is later.~~

~~8. Compensation benefits may be paid annually to claimants who will be receiving less than \$100 a month.~~

~~9. Where there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury.~~

~~10. The Division may adopt schedules for rating permanent disabilities resulting from injuries sustained before July 1, 1973, and reasonable regulations to carry out the provisions of this section.~~

~~11. The increase in compensation and benefits effected by the amendment of this section is not retroactive for accidents which occurred before July 1, 1973.~~

~~12. This section does not entitle any person to double payments for the death of an employee and a continuation of payments for a permanent partial~~

~~disability, or to a greater sum in the aggregate than if the injury had been fatal.] (Deleted by amendment.)~~

~~Sec. 120. [NRS 616C.500 is hereby amended to read as follows:~~

~~616C.500 1. Except as otherwise provided in subsection 2 and NRS 616C.175, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, is entitled to receive for a temporary partial disability the difference between the wage earned after the injury and the compensation which the injured person would be entitled to receive if temporarily totally disabled when the wage is less than the compensation, but for a period not to exceed 24 months during the period of disability.~~

~~2. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee or his or her dependents are not entitled to accrue or be paid any benefits for a temporary partial disability during the time the employee is incarcerated. The injured employee or his or her dependents are entitled to receive such benefits if the injured employee is released from incarceration during the period of disability specified in subsection 1 and the injured employee is certified as temporarily partially disabled by a physician, [or] chiropractor [.] or advanced practice registered nurse.] (Deleted by amendment.)~~

~~Sec. 121. [NRS 616C.545 is hereby amended to read as follows:~~

~~616C.545 If an employee does not return to work for 28 consecutive calendar days as a result of an injury arising out of and in the course of his or her employment or an occupational disease, the insurer shall contact the treating physician, [or] chiropractor or advanced practice registered nurse to determine whether:~~

~~1. There are physical limitations on the injured employee's ability to work; and~~

~~2. The limitations, if any, are permanent or temporary.] (Deleted by amendment.)~~

~~Sec. 122. [NRS 616C.550 is hereby amended to read as follows:~~

~~616C.550 1. If benefits for a temporary total disability will be paid to an injured employee for more than 90 days, the insurer or the injured employee may request a vocational rehabilitation counselor to prepare a written assessment of the injured employee's ability or potential to return to:~~

~~(a) The position the employee held at the time that he or she was injured;~~

~~or~~

~~(b) Any other gainful employment.~~

~~2. Before completing the written assessment, the counselor shall:~~

~~(a) Contact the injured employee and:~~

~~(1) Identify the injured employee's educational background, work experience and career interests; and~~

~~(2) Determine whether the injured employee has any existing marketable skills.~~



~~—(b) Contact the injured employee's treating physician, [or] chiropractor or advanced practice registered nurse and determine:~~

~~—(1) Whether the employee has any temporary or permanent physical limitations;~~

~~—(2) The estimated duration of the limitations;~~

~~—(3) Whether there is a plan for continued medical treatment; and~~

~~—(4) When the employee may return to the position that the employee held at the time of his or her injury or to any other position. The treating physician, [or] chiropractor or advanced practice registered nurse shall determine whether an employee may return to the position that the employee held at the time of his or her injury.~~

~~—3. Except as otherwise provided in NRS 616C.542 and 616C.547, a vocational rehabilitation counselor shall prepare a written assessment not more than 30 days after receiving a request for a written assessment pursuant to subsection 1. The written assessment must contain a determination as to whether the employee is eligible for vocational rehabilitation services pursuant to NRS 616C.590. If the insurer, with the assistance of the counselor, determines that the employee is eligible for vocational rehabilitation services, a plan for a program of vocational rehabilitation must be completed pursuant to NRS 616C.555.~~

~~—4. The Division may, by regulation, require a written assessment to include additional information.~~

~~—5. If an insurer determines that a written assessment requested pursuant to subsection 1 is impractical because of the expected duration of the injured employee's total temporary disability, the insurer shall:~~

~~—(a) Complete a written report which specifies the insurer's reasons for the decision; and~~

~~—(b) Review the claim at least once every 60 days.~~

~~—6. The insurer shall deliver a copy of the written assessment or the report completed pursuant to subsection 5 to the injured employee, his or her employer, the treating physician, [or] chiropractor or advanced practice registered nurse and the injured employee's attorney or representative, if applicable.~~

~~—7. For the purposes of this section, "existing marketable skills" include, but are not limited to:~~

~~—(a) Completion of:~~

~~—(1) A program at a trade school;~~

~~—(2) A program which resulted in an associate's degree; or~~

~~—(3) A course of study for certification;~~

~~— if the program or course of study provided the skills and training necessary for the injured employee to be gainfully employed on a reasonably continuous basis in an occupation that is reasonably available in this State.~~

~~—(b) Completion of a 2 year or 4 year program at a college or university which resulted in a degree.~~

~~—(c) Completion of any portion of a program for a graduate's degree at a college or university.~~

~~—(d) Skills acquired in previous employment, including those acquired during an apprenticeship or a program for on the job training.~~

~~➤ The skills set forth in paragraphs (a) to (d), inclusive, must have been acquired within the preceding 7 years and be compatible with the physical limitations of the injured employee to be considered existing marketable skills.~~

~~—8. Each written assessment of an injured employee must be signed by a certified vocational rehabilitation counselor. (Deleted by amendment.)~~

Sec. 123. [NRS 616C.555 is hereby amended to read as follows:

~~—616C.555—1. A vocational rehabilitation counselor shall develop a plan for a program of vocational rehabilitation for each injured employee who is eligible for vocational rehabilitation services pursuant to NRS 616C.590. The counselor shall work with the insurer and the injured employee to develop a program that is compatible with the injured employee's age, sex and physical condition.~~

~~—2. If the counselor determines in a written assessment requested pursuant to NRS 616C.550 that the injured employee has existing marketable skills, the plan must consist of job placement assistance only. When practicable, the goal of job placement assistance must be to aid the employee in finding a position which pays a gross wage that is equal to or greater than 80 percent of the gross wage that the employee was earning at the time of his or her injury. An injured employee must not receive job placement assistance for more than 6 months after the date on which the injured employee was notified that he or she is eligible only for job placement assistance because:~~

~~—(a) The injured employee was physically capable of returning to work; or~~

~~—(b) It was determined that the injured employee had existing marketable skills.~~

~~—3. If the counselor determines in a written assessment requested pursuant to NRS 616C.550 that the injured employee does not have existing marketable skills, the plan must consist of a program which trains or educates the injured employee and provides job placement assistance. Except as otherwise provided in NRS 616C.560, such a program must not exceed:~~

~~—(a) If the injured employee has incurred a permanent disability as a result of which permanent restrictions on the ability of the injured employee to work have been imposed but no permanent physical impairment rating has been issued, or a permanent disability with a permanent physical impairment of 1 percent or more but less than 6 percent, 9 months;~~

~~—(b) If the injured employee has incurred a permanent physical impairment of 6 percent or more, but less than 11 percent, 1 year;~~

~~—(c) If the injured employee has incurred a permanent physical impairment of 11 percent or more, 18 months.~~

~~➤ The percentage of the injured employee's permanent physical impairment must be determined pursuant to NRS 616C.490.~~

~~4. A plan for a program of vocational rehabilitation must comply with the requirements set forth in NRS 616C.585.~~

~~5. A plan created pursuant to subsection 2 or 3 must assist the employee in finding a job or train or educate the employee and assist the employee in finding a job that is a part of an employer's regular business operations and from which the employee will gain skills that would generally be transferable to a job with another employer.~~

~~6. A program of vocational rehabilitation must not commence before the treating physician, [or] chiropractor [,] or advanced practice registered nurse, or an examining physician, [or] chiropractor or advanced practice registered nurse determines that the injured employee is capable of safely participating in the program.~~

~~7. If, based upon the opinion of a treating or an examining physician, [or] chiropractor [,] or advanced practice registered nurse, the counselor determines that an injured employee is not eligible for vocational rehabilitation services, the counselor shall provide a copy of the opinion to the injured employee, the injured employee's employer and the insurer.~~

~~8. A plan for a program of vocational rehabilitation must be signed by a certified vocational rehabilitation counselor.~~

~~9. If an initial program of vocational rehabilitation pursuant to this section is unsuccessful, an injured employee may submit a written request for the development of a second program of vocational rehabilitation which relates to the same injury. An insurer shall authorize a second program for an injured employee upon good cause shown.~~

~~10. If a second program of vocational rehabilitation pursuant to subsection 9 is unsuccessful, an injured employee may submit a written request for the development of a third program of vocational rehabilitation which relates to the same injury. The insurer, with the approval of the employer who was the injured employee's employer at the time of his or her injury, may authorize a third program for the injured employee. If such an employer has terminated operations, the employer's approval is not required for authorization of a third program. An insurer's determination to authorize or deny a third program of vocational rehabilitation may not be appealed.~~

~~11. The Division shall adopt regulations to carry out the provisions of this section. The regulations must specify the contents of a plan for a program of vocational rehabilitation. (Deleted by amendment.)~~

Sec. 124. [NRS 616C.560 is hereby amended to read as follows:

~~616C.560 1. A program for vocational rehabilitation developed pursuant to subsection 3 of NRS 616C.555 may be extended:~~

~~(a) Without condition or limitation, by the insurer at the insurer's sole discretion; or~~

~~(b) In accordance with this section if:~~

~~(1) The injured employee makes a written request to extend the program not later than 30 days after the program has been completed; and~~

~~(2) There are exceptional circumstances which make it unlikely that the injured employee will obtain suitable gainful employment as a result of vocational rehabilitation which is limited to the period for which the injured employee is eligible.~~

~~An insurer's determination to grant or deny an extension pursuant to paragraph (a) may not be appealed.~~

~~2. If an injured employee has incurred a permanent physical impairment of less than 11 percent:~~

~~(a) The total length of the program, including any extension, must not exceed 2 years.~~

~~(b) "Exceptional circumstances" shall be deemed to exist for the purposes of paragraph (b) of subsection 1, if:~~

~~(1) The injured employee lacks work experience, training, education or other transferable skills for an occupation which the injured employee is physically capable of performing; or~~

~~(2) Severe physical restrictions as a result of the industrial injury have been imposed by a physician, chiropractor or advanced practice registered nurse which significantly limit the employee's occupational opportunities.~~

~~3. If an injured employee has incurred a permanent physical impairment of 11 percent or more:~~

~~(a) The total length of the program, including any extension, must not exceed 2 1/2 years.~~

~~(b) "Exceptional circumstances" shall be deemed to exist for the purposes of paragraph (b) of subsection 1, if the injured employee has suffered:~~

~~(1) The total and permanent loss of sight of both eyes;~~

~~(2) The loss by separation of a leg at or above the knee;~~

~~(3) The loss by separation of a hand at or above the wrist;~~

~~(4) An injury to the head or spine which results in permanent and complete paralysis of both legs, both arms or a leg and an arm;~~

~~(5) An injury to the head which results in a severe cognitive functional impairment which may be established by a nationally recognized form of objective psychological testing;~~

~~(6) The loss by separation of an arm at or above the elbow and the loss by separation of a leg at or above the knee;~~

~~(7) An injury consisting of second or third degree burns on 50 percent or more of the body, both hands or the face;~~

~~(8) A total bilateral loss of hearing;~~

~~(9) The total loss or significant and permanent impairment of speech; or~~

~~(10) A permanent physical impairment of 50 percent or more determined pursuant to NRS 616C.490, if the severity of the impairment limits the injured employee's gainful employment to vocations that are primarily intellectual and require a longer program of education.~~

~~4. The insurer shall deliver a copy of its decision granting or denying an extension to the injured employee and the employer. Except as otherwise provided in this section, the decision shall be deemed to be a final~~

determination of the insurer for the purposes of NRS 616C.315.] (Deleted by amendment.)

- Sec. 125. ~~[NRS 616C.590 is hereby amended to read as follows:~~
- ~~616C.590 1. Except as otherwise provided in this section, an injured employee is not eligible for vocational rehabilitation services, unless:~~
- ~~(a) The treating physician, [or] chiropractor or advanced practice registered nurse approves the return of the injured employee to work but imposes permanent restrictions that prevent the injured employee from returning to the position that the employee held at the time of his or her injury;~~
  - ~~(b) The injured employee's employer does not offer employment that:
 
    - ~~(1) The employee is eligible for considering the restrictions imposed pursuant to paragraph (a);~~
    - ~~(2) Provides a gross wage that is equal to or greater than 80 percent of the gross wage that the employee was earning at the time of injury; and~~
    - ~~(3) Has the same employment benefits as the position of the employee at the time of his or her injury; and~~~~
  - ~~(c) The injured employee is unable to return to gainful employment with any other employer at a gross wage that is equal to or greater than 80 percent of the gross wage that the employee was earning at the time of his or her injury.~~
- ~~2. If the treating physician, [or] chiropractor or advanced practice registered nurse imposes permanent restrictions on the injured employee for the purposes of paragraph (a) of subsection 1, he or she shall specify in writing:~~
- ~~(a) The medically objective findings upon which his or her determination is based; and~~
  - ~~(b) A detailed description of the restrictions.~~
- ~~3. The treating physician, [or] chiropractor or advanced practice registered nurse shall deliver a copy of the findings and the description of the restrictions to the insurer.~~
- ~~3. If there is a question as to whether the restrictions imposed upon the injured employee are permanent, the employee may receive vocational rehabilitation services until a final determination concerning the duration of the restrictions is made.~~
- ~~4. Vocational rehabilitation services must cease as soon as the injured employee is no longer eligible for the services pursuant to subsection 1.~~
- ~~5. An injured employee is not entitled to vocational rehabilitation services solely because the position that the employee held at the time of his or her injury is no longer available.~~
- ~~6. An injured employee or the dependents of the injured employee are not entitled to accrue or be paid any money for vocational rehabilitation services during the time the injured employee is incarcerated.~~
- ~~7. Any injured employee eligible for compensation other than accident benefits may not be paid those benefits if the injured employee refuses~~

~~counseling, training or other vocational rehabilitation services offered by the insurer. Except as otherwise provided in NRS 616B.028 and 616B.029, an injured employee shall be deemed to have refused counseling, training and other vocational rehabilitation services while the injured employee is incarcerated.~~

~~8. If an insurer cannot locate an injured employee for whom it has ordered vocational rehabilitation services, the insurer may close his or her claim 21 days after the insurer determines that the employee cannot be located. The insurer shall make a reasonable effort to locate the employee.~~

~~9. The reappearance of the injured employee after his or her claim has been closed does not automatically reinstate his or her eligibility for vocational rehabilitation benefits. If the employee wishes to re-establish his or her eligibility for those benefits, the injured employee must file a written application with the insurer to reinstate the claim. The insurer shall reinstate the employee's claim if good cause is shown for the employee's absence.] (Deleted by amendment.)~~

Sec. 126. ~~[NRS 616C.700 is hereby amended to read as follows:~~

~~616C.700 1. Notwithstanding any other provision of this chapter, if an insurer accepts a claim for a catastrophic injury, the insurer shall:~~

~~(a) As soon as reasonably practicable after the date of acceptance of the claim, assign the claim to a qualified adjuster, nurse and vocational rehabilitation counselor;~~

~~(b) Within 120 days after the date on which the treating physician, chiropractor or advanced practice registered nurse determines that the condition of the injured employee has stabilized and that the injured employee requires a life care plan, develop a life care plan in consultation with the adjuster, nurse and vocational rehabilitation counselor assigned to the claim pursuant to paragraph (a); and~~

~~(c) Pay benefits and provide the proper medical services to the injured employee during the entire period of the development and implementation of the life care plan.~~

~~2. A life care plan which is developed pursuant to subsection 1 must ensure the prompt, efficient and proper provision of medical services to the injured employee.~~

~~3. In developing a life care plan for an injured employee, the insurer, in consultation with the adjuster, nurse and vocational rehabilitation counselor assigned to the claim pursuant to paragraph (a) of subsection 1, shall assess the following:~~

~~(a) The number of home or hospital visits determined to be necessary or appropriate by the registered nurse and vocational rehabilitation counselor;~~

~~(b) The life expectancy of the injured employee;~~

~~(c) The medical needs of the injured employee, including, without limitation:~~

~~(1) Surgery;~~

~~(2) Prescription medication;~~

- ~~— (3) Physical therapy; and~~
- ~~— (4) Maintenance therapy;~~
- ~~— (d) The effect, if any, of any preexisting medical condition; and~~
- ~~— (e) The potential of the injured employee for rehabilitation, taking into account:
  - ~~— (1) The injured employee's medical condition, age, educational level, work experience and motivation; and~~
  - ~~— (2) Any other relevant factors.~~~~
- ~~— 4. A life care plan developed pursuant to paragraph (b) of subsection 1 must include, without limitation, a schedule for the adjuster, nurse and vocational rehabilitation counselor assigned to the claim pursuant to paragraph (a) of subsection 1 to meet or communicate with the injured employee, if practicable, and the treating physician or advanced practice registered nurse to determine the need for, without limitation:
  - ~~— (a) Special medical attention or treatment;~~
  - ~~— (b) Psychological counseling or testing; and~~
  - ~~— (c) Any medical device, including, without limitation:
    - ~~— (1) A wheelchair;~~
    - ~~— (2) A prosthesis; and~~
    - ~~— (3) A specially equipped or designed motor vehicle.~~~~~~
- ~~— 5. A life care plan developed pursuant to paragraph (b) of subsection 1 must include a plan of action for treatment or vocational rehabilitation of the injured employee or consideration of the possible permanent total disability of the injured employee.~~
- ~~— 6. In addition to any claim determination affecting the rights of an injured employee under his or her claim, or responses to requests on behalf of the injured employee for specific action or information on the claim or any other contact that may occur, an insurer shall:
  - ~~— (a) Schedule a personal meeting concerning the status of the claim to take place at least once per calendar month between the adjuster assigned to the claim pursuant to paragraph (a) of subsection 1 and the injured employee or a family member or designated representative of the injured employee; or~~
  - ~~— (b) If a personal meeting described in paragraph (a) is not practicable, provide a written report concerning the status of the claim and soliciting requests and information at least once per calendar month to the injured employee or a family member or designated representative of the injured employee. The report must be mailed to the injured employee or a family member or designated representative of the injured employee by first class mail.~~~~
- ~~— 7. Except as otherwise provided in this subsection, a life care plan developed pursuant to paragraph (b) of subsection 1 must be based on the condition of the injured employee at the time the life care plan is established. If there is a substantial or significant change in the condition or prognosis of the injured employee, the insurer shall amend the life care plan to reflect the~~

~~change in the condition or prognosis of the injured employee.] (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.

Senator Woodhouse moved the adoption of the amendment.

Remarks by Senators Woodhouse and Hardy.

SENATOR WOODHOUSE:

Amendment No. 668 to Senate Bill No. 227 removes sections 91 through 126 that authorize an advance-practice registered nurse treat and rate occupational injuries. This amendment removes a fiscal impact from the Division of Industrial Relations.

SENATOR HARDY:

Does this allow the APRN to make a decision on the competency of a person regarding committing them using a Legal 2000, for instance?

SENATOR WOODHOUSE:

We amended that language out of the bill.

Amendment adopted.

Bill read third time.

Remarks by Senator Woodhouse.

Senate Bill No. 227 provides that an advanced-practice registered nurse may sign, certify, stamp, verify or endorse a document when a signature, certification, stamp, verification or endorsement of a physician is required provided the signature, certification, stamp, verification or endorsement is within the authorized scope of practice of the advanced-practice registered nurse. The bill requires the State Board of Nursing to adopt regulations providing for when an advanced-practice registered nurse is qualified to provide a signature, certification, stamp, verification or endorsement. Additionally, the bill provides that a judge shall have complete discretion in selecting medical professionals to examine a person pursuant to an involuntary court-ordered admission.

Roll call on Senate Bill No. 227:

YEAS—21.

NAYS—None.

Senate Bill No. 227 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 514.

Bill read third time.

The following amendment was proposed by the Committee on Finance:

Amendment No. 710.

SUMMARY—Revises provisions governing the Division of Water Resources of the State Department of Conservation and Natural Resources. (BDR 48-903)

AN ACT relating to water; ~~revising provisions governing money appropriated for the maintenance and operation of the South Fork Dam;~~ revising provisions governing the disposition of certain fees collected by the State Engineer; carrying forward certain money appropriated for the maintenance and operation of the South Fork Dam; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

~~— [Section 1 of this bill provides that any money appropriated to the State Engineer or the Division of Water Resources of the State Department of Conservation and Natural Resources for the maintenance and operation of the South Fork Dam must be accounted for separately in the State General Fund, does not revert back to the State General Fund at the end of any fiscal year and carries forward to the next fiscal year.]~~

Under existing law, certain fees collected by the State Engineer for services relating to the adjudication and appropriation of water are deposited into the Water Distribution Revolving Account. (NRS 533.135, 533.435) Sections 2 and 3 of this bill provide that such fees collected by the State Engineer will be deposited into the State General Fund.

Existing law also provides that fees received by the State Engineer for blueprint copies of a drawing or map must be kept by the State Engineer and used to pay certain costs related to printing. (NRS 533.435) Section 3 of this bill provides that fees received by the State Engineer for producing any copies must be kept by the State Engineer to pay such costs.

Section 3.3 of this bill carries forward to Fiscal Years 2017-2018 and 2018-2019 the balance of the money that was appropriated to the Division of Water Resources of the State Department of Conservation and Natural Resources for Fiscal Year 2016-2017 for the maintenance and operation of the South Fork Dam and which is unencumbered or unexpended at the end of Fiscal Year 2016-2017. (Section 26 of chapter 534, Statutes of Nevada 2015, p. 3675) Section 3.7 appropriates money to the Division of Water Resources for use for the maintenance and operation of the South Fork Dam until 2021.

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

Section 1. ~~[Chapter 532 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— Any money appropriated to the State Engineer or the Division of Water Resources of the State Department of Conservation and Natural Resources for the maintenance and operation of the South Fork Dam must be accounted for separately in the State General Fund. Any money remaining in the account at the end of a fiscal year:~~

~~— 1. Does not revert to the State General Fund; and~~  
~~— 2. Must be carried forward to the next fiscal year.] (Deleted by amendment.)~~

Sec. 2. NRS 533.135 is hereby amended to read as follows:

533.135 1. At the time of submission of proofs of appropriation, where the necessary maps are prepared by the State Engineer, the fee collected from any claimants must be the actual cost of the survey and the preparation of maps.

2. The State Engineer shall collect a fee of \$60 for a proof of water used for watering livestock or wildlife purposes. The State Engineer shall collect a fee of \$120 for any other character of claim to water.

3. All fees collected as provided in this section must be accounted for in detail and deposited with the State Treasurer ~~into the Water Distribution Revolving Account created pursuant to NRS 532.210.~~ for credit to the State General Fund.

Sec. 3. NRS 533.435 is hereby amended to read as follows:

533.435 1. The State Engineer shall collect the following fees:

For examining and filing an application for a permit to appropriate water ..... \$360.00

This fee includes the cost of publication, which is \$50.

For reviewing a corrected application or map, or both, in connection with an application for a water right permit..... 100.00

For examining and acting upon plans and specifications for construction of a dam ..... 1,200.00

For examining and filing an application for each permit to change the point of diversion, manner of use or place of use of an existing right ..... 240.00

This fee includes the cost of publication, which is \$50.

For examining and filing an application for a temporary permit to change the point of diversion, manner of use or place of use of an existing right..... 180.00

For issuing and recording each permit to appropriate water for any purpose, except for generating hydroelectric power which results in nonconsumptive use of the water or wildlife purposes ..... 360.00

plus \$3 per acre-foot approved or fraction thereof.

Except for generating hydroelectric power or wildlife purposes, for issuing and recording each permit to change an existing water right whether temporary or permanent for any purpose ..... 300.00

plus \$3 per acre-foot approved or fraction thereof.

For issuing and recording each permit for additional rate of diversion where no additional volume of water is granted..... 1,000.00

For issuing and recording each permit to change the point of diversion or place of use only of an existing right whether temporary or permanent for irrigational purposes, a maximum fee of..... 750.00

For issuing and recording each permit to appropriate or change the point of diversion or place of use of an

existing right whether temporary or permanent for watering livestock or wildlife purposes .....	\$240.00
plus \$50 for each foot of water approved or fraction thereof.	
For issuing and recording each permit to appropriate or change an existing right whether temporary or permanent for water for generating hydroelectric power which results in nonconsumptive use of the water .....	480.00
plus \$50 for each second-foot of water approved or fraction thereof.	
For issuing a waiver in connection with an application to drill a well .....	120.00
For filing and examining a notice of intent to drill a well .....	25.00
For filing and examining an affidavit to relinquish water rights in favor of use of water for domestic wells .....	300.00
For filing a secondary application under a reservoir permit .....	300.00
For approving and recording a secondary permit under a reservoir permit .....	540.00
For reviewing each tentative subdivision map .....	180.00
plus \$1 per lot.	
For reviewing and approving each final subdivision map .....	120.00
For storage approved under a dam permit for privately owned nonagricultural dams which store more than 50 acre-feet .....	480.00
plus \$1.25 per acre-foot storage capacity. This fee includes the cost of inspection and must be paid annually.	
For flood control detention basins .....	480.00
plus \$1.25 per acre-foot storage capacity. This fee includes the cost of inspection and must be paid annually.	
For filing proof of completion of work .....	60.00
For filing proof of beneficial use .....	60.00
For issuing and recording a certificate upon approval of the proof of beneficial use .....	350.00
For filing proof of resumption of a water right .....	360.00
For filing any protest .....	30.00
For filing any application for extension of time within which to file proofs, of completion or beneficial	

use, for each year for which the extension of time is sought.....	\$120.00
For filing any application for extension of time to prevent a forfeiture, for each year for which the extension of time is sought .....	120.00
For reviewing a cancellation of a water right pursuant to a petition for review .....	360.00
For examining and filing a report of conveyance filed pursuant to paragraph (a) of subsection 1 of NRS 533.384.....	120.00
plus \$20 per conveyance document.	
For filing any other instrument .....	10.00
For making a copy of any document recorded or filed in the Office of the State Engineer, for the first page.....	1.00
For each additional page .....	.20
For certifying to copies of documents, records or maps, for each certificate .....	6.00
For each copy of any full size drawing or map .....	6.00
For each color copy of any full size drawing or map (2' x 3').....	12.00
The minimum charge for a blueprint copy, per print .....	3.00
For colored mylar plots .....	10.00

2. When fees are not specified in subsection 1 for work required of the Office of the State Engineer, the State Engineer shall collect the actual cost of the work.

3. Except as otherwise provided in this subsection, all fees collected by the State Engineer under the provisions of this section must be deposited in the State Treasury for credit to the ~~{Water Distribution Revolving Account created pursuant to NRS 532.210.}~~ *State General Fund*. All fees received for ~~{blueprint}~~ copies of any drawing or map must be kept by the State Engineer and used only to pay the costs of printing, replacement and maintenance of printing equipment. Any publication fees received which are not used by the State Engineer for publication expenses must be returned to the persons who paid the fees. If, after exercising due diligence, the State Engineer is unable to make the refunds, the State Engineer shall deposit the fees in the State Treasury for credit to the ~~{Water Distribution Revolving Account created pursuant to NRS 532.210.}~~ *State General Fund*.

Sec. 3.3. The balance of the appropriation made to the Division of Water Resources of the State Department of Conservation and Natural Resources pursuant to section 26 of chapter 534, Statutes of Nevada 2015, at page 3675, for Fiscal Year 2016-2017 for the maintenance and operation of the South Fork Dam that is unencumbered or unexpended at the end of Fiscal Year 2016-2017 does not revert to the State General Fund, must be carried forward to Fiscal Years 2017-2018 and 2018-2019 and is hereby authorized

for use in Fiscal Years 2017-2018 and 2018-2019 for the maintenance and operation of the South Fork Dam.

Sec. 3.7. 1. There is hereby appropriated from the State General Fund to the Division of Water Resources of the State Department of Conservation and Natural Resources the sum of \$447,310 for the maintenance and operation of the South Fork Dam.

2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after June 30, 2021, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 17, 2021, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 17, 2021.

Sec. 4. This act becomes effective on July 1, 2017.

Senator Goicoechea moved the adoption of the amendment.

Remarks by Senator Goicoechea.

Amendment No. 710 to Senate Bill No. 514 allows for the Division of Water Resources to become General Fund, and those fees collected for the appropriation and adjudication of water will go to the General Fund. It allows for them to carry the budget over for two biennium, if needed.

Amendment adopted.

Bill read third time.

Remarks by Senator Goicoechea.

Senate Bill No. 514 changes the collection of fees by the Division of Water Resources within the Department of Conservation and Natural Resources for services related to the adjudication and appropriation of water from the existing practice of depositing the fees into the Water Distribution Revolving Account to the State General Fund, as recommended in The Executive Budget. The bill also extends the use of unencumbered General Funds appropriated for the current biennium for the maintenance and operation of the South Fork Dam to be carried forward for the same use and purpose during the upcoming biennium, or through June 30, 2019.

Lastly, Senate Bill No. 514 appropriates \$447,310 from the State General Fund to the Division of Water Resources for the maintenance and operation of the South Fork Dam, so long as the funds are not committed for expenditure after June 30, 2021.

Roll call on Senate Bill No. 514:

YEAS—21.

NAYS—None.

Senate Bill No. 514 having received a constitutional majority, Mr. President declared it passed, as amended.

Bill ordered transmitted to the Assembly.

#### MOTIONS, RESOLUTIONS AND NOTICES

By the Committee on Legislative Operations and Elections:

Senate Resolution No. 6—Designating certain members of the Senate as regular and alternate members of the Legislative Commission for the 2017-2019 biennium.

Senator Cannizzaro moved the adoption of the resolution.

Remarks by Senators Cannizzaro, Kieckhefer, Settelmeyer and Atkinson.

SENATOR CANNIZZARO:

Senate Resolution No. 6 names Senators Kelvin Atkinson, Moises Denis, Aaron Ford, Patricia Farley, Ben Kieckhefer and Scott Hammond as regular Senate members of the Legislative Commission. The resolution also designates first and second alternate members for regular member of the Legislative Commission. Finally, the resolution also sets forth the procedure for requesting an alternate member to replace a regular member during his or her absence at a meeting of the Commission.

SENATOR KIECKHEFER:

I rise in opposition to Senate Resolution No. 6. This is a sad day for this Body and this institution. This, along with another resolution down the hall, converts the Legislative Commission into a partisan body. Historically, the Legislative Commission has functioned in a nonpartisan manner as the voice of this Body in the interim. It required compromise and parties to work together to achieve our shared goals of continuing to manage our obligations during the interim. Converting it into a partisan body is a significant step in the wrong direction. I am not always convinced about the tales given to us by the veterans of this process and the idyllic nature of the legislative process from years gone by, but I am struck by stories that have been told to me by previous members of this Body who indicated they caucused once during the entire Legislative Session, and that was to determine their leadership. After that, they went about their business, performing their duties as Legislators and not thinking much about party. We have obviously moved pretty far away from that. Maybe it was better, maybe it was not; I cannot say, but the Legislative Commission serves as one of the last vestiges of what many would say was a better day, as it relates to partisanship.

Moving in this direction, moving the Legislative Commission into a partisan body, is one that will move us more towards Washington D.C. and farther away from Carson City, which will make us less apt to serve our constituents.

SENATOR SETTELMAYER:

I rise in opposition to Senate Resolution No. 6. This unprecedented change cannot go without being addressed. When I was in the Assembly, Barbara Buckley explained that the make-up of the Legislative Commission was always bipartisan, with a 50-50 makeup, and that would not change unless one House fell below the two-thirds requirement within a majority to minority makeup. I respect that has not happened, yet the minority party will now only have two members on the Legislative Commission. I was taken off; that is the will of the Body. But, you never had the Minority Leader not on the Legislative Commission, and I find it offensive.

SENATOR ATKINSON:

With all due respect to my colleagues, it appears this is tripartisan. We have included a party that has not been on this Commission previously. I get it, this is a surprise and different from what we have been doing and from what this Body is used to seeing on the Legislative Commission. I have sat on this Commission for quite some time, and the work it does is admirable. The terms used about this Body becoming more like Washington D.C. are a bit inappropriate, especially since that is how this Body was last Session and no one complained. These steps are different; this is a different take. We can express our displeasures on the Floor now; but the Majority Leader has made the decision to go this route, and nothing we say is going to change it. I will miss having my colleague on the Commission. But, this is the route we are going, and it should be respected. Adding a member from a third party that we have not had should serve us well.

SENATOR KIECKHEFER:

The idea that representation from one nonpartisan member is a red herring, at best, when that member caucuses with the Majority Party and votes with the Majority Party in almost every vote. To suggest this is necessary is a ruse. To not request the Minority Party have the discretion to appoint their own members is disrespectful.

Resolution adopted.

UNFINISHED BUSINESS  
SIGNING OF BILLS AND RESOLUTIONS

There being no objections, the President and Secretary signed Senate Bills Nos. 7, 16, 22, 44, 45, 57, 105, 148, 197, 198; Senate Concurrent Resolution No. 9; Assembly Bills Nos. 4, 6, 11, 14, 27, 28, 32, 33, 37, 38, 50, 63, 64, 74, 75, 102, 107, 118, 132, 133, 135, 147, 184, 191, 203, 221, 227, 239, 252, 282, 297, 391, 482.

GUESTS EXTENDED PRIVILEGE OF SENATE FLOOR

On request of Senator Hammond, the privilege of the floor of the Senate Chamber for this day was extended to Daniel Rodimer.

On request of Senator Ratti, the privilege of the floor of the Senate Chamber for this day was extended to Evan Pritsos.

On request of Senator Segerblom, the privilege of the floor of the Senate Chamber for this day was extended to Bernice Borak and Elsa Roe.

Senator Ford moved that the Senate adjourn until Wednesday, May 17, 2017, at 11:00 a.m.

Motion carried.

Senate adjourned at 1:09 p.m.

Approved:

MARK A. HUTCHISON  
*President of the Senate*

Attest: CLAIRE J. CLIFT  
*Secretary of the Senate*