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FIRST REPRINT

A.B. 364

ASSEMBLY BILL NO. 364—ASSEMBLYMEN COHEN, O’NEILL;
ANDERSON, BROWN-MAY, DICKMAN, D’ SILVA AND GORELOW

MARCH 21, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing physician assistants.
(BDR 54-148)

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

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

AN ACT relating to physician assistants; prescribing the settings in which a physician assistant is authorized to practice; revising the membership of the Board of Medical Examiners; authorizing physician assistants to perform medical services without the supervision of a physician; authorizing a physician assistant to perform certain medical services under certain circumstances; eliminating provisions governing the testing or examination of applicants for licensure as a physician assistant; prescribing certain authority and duties of a physician assistant and an advanced practice registered nurse; authorizing certain unlicensed persons to use the title “inactive physician assistant”; removing the requirement that a rural clinic be supervised by a physician; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law: (1) provides for the licensure and regulation of physician
2 assistants by the Board of Medical Examiners and the State Board of Osteopathic
3 Medicine; and (2) requires a physician assistant to work under the supervision of a
4 physician or osteopathic physician. (NRS 630.271, 630.275, 633.432-633.469)
5 **Sections 5, 10-12, 24 and 26-28** of this bill remove the requirement that a
6 physician assistant be supervised by a physician or osteopathic physician. **Sections**
7 **9, 21, 29, 30, 32, 35, 36, 81-84, 90, 98, 168, 169 and 204** of this bill remove
8 references to supervision of a physician assistant by a physician or osteopathic



9 physician. **Sections 4 and 23** of this bill require a physician assistant who has
10 practiced for less than 6,000 hours as a physician assistant or who has changed the
11 field of medicine within which the physician assistant practices to enter into a
12 collaborative agreement with a physician. **Sections 4 and 23** also prescribe the
13 settings in which a physician assistant is authorized to practice. **Sections 10 and 26**
14 of this bill: (1) require a physician assistant to obtain the informed consent of a
15 patient before providing any medical service; (2) prescribe medical services that a
16 physician assistant is authorized to perform; and (3) require a physician assistant to
17 only perform such services within his or her scope of practice and which he or she
18 has the necessary education, training and experience to competently perform.
19 **Sections 12 and 28** of this bill remove a requirement that the Board of Medical
20 Examiners and the State Board of Osteopathic Medicine adopt regulations
21 governing the testing or examination of applicants for licensure as a physician
22 assistant and the services which a physician assistant may perform. **Section 30**
23 makes a technical revision concerning the renewal of a license as an osteopathic
24 physician assistant. **Sections 1-3, 13-16, 18-20, 22, 25, 31-34, 37-80, 85-89, 91-97,**
25 **99-127, 129-167 and 170-201** of this bill make various changes so that physician
26 assistants have similar authority and duties to other providers of health care who
27 provide medical services independently and are otherwise treated in the same
28 manner as other such providers of health care. **Sections 54, 56, 70, 126, 142 and**
29 **178** of this bill also add advanced practice registered nurses to certain provisions to
30 ensure that physician assistants and advanced practice registered nurses have
31 similar authority.

32 Existing law provides that the Board of Medical Examiners consists of: (1) six
33 licensed physicians; (2) one representative of the interests of persons or agencies
34 that regularly provide health care to persons who are indigent, uninsured or unable
35 to afford health care; and (3) two residents of this State who are not affiliated with
36 the healing arts. (NRS 631.050) Existing law also authorizes the Board to select
37 physicians and members of the public to serve as advisory members of the Board.
38 (NRS 630.075) **Sections 7 and 202** of this bill revise the membership of the Board
39 to eliminate one member who is a licensed physician and instead require the
40 appointment of one member who is a physician assistant. **Section 8** of this bill
41 authorizes the Board to select physician assistants to serve as advisory members of
42 the Board.

43 Existing law prohibits a person who is not licensed as a physician assistant
44 from holding himself or herself out as a physician assistant. (NRS 630.400,
45 633.741) **Sections 17 and 32** of this bill authorize an unlicensed person who meets
46 the requirements for licensure as a physician assistant to refer to himself or herself
47 as an "inactive physician assistant."

48 Existing law requires the State Board of Pharmacy to adopt regulations
49 governing the: (1) administration, possession, dispensing, storage, security,
50 recordkeeping and transportation of controlled substances by a physician assistant;
51 and (2) administration, possession, prescription, dispensing, storage, security,
52 recordkeeping and transportation of dangerous drugs, poisons and devices by a
53 physician assistant. (NRS 639.1373) **Section 36** removes a requirement that the
54 Board consider the experience and training of the physician assistant when adopting
55 those regulations.

56 Existing law establishes a rural clinic as a medical facility in a rural area where
57 medical services are provided by a physician assistant or advanced practice
58 registered nurse under the supervision of a physician. (NRS 449.0175) **Section 128**
59 of this bill removes the requirement that a rural clinic be supervised by a physician.



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

1 **Section 1.** NRS 629.047 is hereby amended to read as follows:

2 629.047 1. If a physician , *a physician assistant* or an
3 advanced practice registered nurse determines that, in his or her
4 professional judgment, a patient's epilepsy severely impairs the
5 ability of the patient to safely operate a motor vehicle, the physician
6 , *physician assistant* or advanced practice registered nurse shall:

7 (a) Adequately inform the patient of the dangers of operating a
8 motor vehicle with his or her condition until such time as the
9 physician , *physician assistant* or advanced practice registered nurse
10 or another physician , *physician assistant* or advanced practice
11 registered nurse informs the patient that the patient's condition does
12 not severely impair the ability of the patient to safely operate a
13 motor vehicle.

14 (b) Sign a written statement verifying that the physician ,
15 *physician assistant* or advanced practice registered nurse informed
16 the patient of all material facts and information required by
17 paragraph (a). The physician , *physician assistant* or advanced
18 practice registered nurse shall, to the extent practicable, provide a
19 copy of the statement signed by the physician , *physician assistant*
20 or advanced practice registered nurse to the patient. The statement
21 signed by the physician , *physician assistant* or advanced practice
22 registered nurse pursuant to this paragraph shall be deemed a health
23 care record.

24 (c) Within 15 days after making such a determination, provide
25 to the Department a copy of the statement signed by the physician ,
26 *physician assistant* or advanced practice registered nurse pursuant
27 to paragraph (b). A statement received by the Department pursuant
28 to this paragraph:

29 (1) Is confidential, except that the contents of the statement
30 may be disclosed to the patient; and

31 (2) May be used by the Department solely to determine the
32 eligibility of the patient to operate a vehicle on the streets and
33 highways of this State.

34 2. Except as otherwise provided in subsection 1, a physician , *a*
35 *physician assistant* or an advanced practice registered nurse is not
36 required to notify the Department about a patient who has been
37 diagnosed with epilepsy. No cause of action may be brought against
38 a physician , *a physician assistant* or an advanced practice
39 registered nurse based on the fact that he or she did not notify the
40 Department about a patient who has been diagnosed with epilepsy
41 unless the physician , *physician assistant* or advanced practice



1 registered nurse does not comply with the requirements set forth in
2 subsection 1.

3 3. No cause of action may be brought against a physician , *a*
4 *physician assistant* or an advanced practice registered nurse based
5 on the fact that he or she provided a copy of a statement pursuant to
6 subsection 1 unless the physician , *physician assistant* or advanced
7 practice registered nurse acted with malice, intentional misconduct,
8 gross negligence or intentional or knowing violation of the law.

9 4. As used in this section:

10 (a) "Department" means the Department of Motor Vehicles.

11 (b) "Patient" means a person who consults or is examined or
12 interviewed by a physician , *a physician assistant* or an advanced
13 practice registered nurse for the purposes of diagnosis or treatment.

14 **Sec. 2.** NRS 629.550 is hereby amended to read as follows:

15 629.550 1. If a patient communicates to a mental health
16 professional an explicit threat of imminent serious physical harm or
17 death to a clearly identified or identifiable person and, in the
18 judgment of the mental health professional, the patient has the intent
19 and ability to carry out the threat, the mental health professional
20 shall place the patient on a mental health crisis hold pursuant to
21 NRS 433A.160, petition for a court to order the placement of the
22 patient on a mental health crisis hold pursuant to NRS 433A.155 or
23 make a reasonable effort to communicate the threat in a timely
24 manner to:

25 (a) The person who is the subject of the threat;

26 (b) The law enforcement agency with the closest physical
27 location to the residence of the person; and

28 (c) If the person is a minor, the parent or guardian of the person.

29 2. A mental health professional shall be deemed to have made
30 a reasonable effort to communicate a threat pursuant to subsection 1
31 if:

32 (a) The mental health professional actually communicates the
33 threat in a timely manner; or

34 (b) The mental health professional makes a good faith attempt to
35 communicate the threat in a timely manner and the failure to
36 actually communicate the threat in a timely manner does not result
37 from the negligence or recklessness of the mental health
38 professional.

39 3. A mental health professional who exercises reasonable care
40 in determining that he or she:

41 (a) Has a duty to take an action described in subsection 1 is not
42 subject to civil or criminal liability or disciplinary action by a
43 professional licensing board for disclosing confidential or privileged
44 information.



1 (b) Does not have a duty to take an action described in
2 subsection 1 is not subject to civil or criminal liability or
3 disciplinary action by a professional licensing board for any
4 damages caused by the actions of a patient.

5 4. The provisions of this section do not:

6 (a) Limit or affect the duty of the mental health professional to
7 report child abuse or neglect pursuant to NRS 432B.220 or the
8 commercial sexual exploitation of a child pursuant to NRS
9 432C.110; or

10 (b) Modify any duty of a mental health professional to take
11 precautions to prevent harm by a patient:

12 (1) Who is in the custody of a hospital or other facility where
13 the mental health professional is employed; or

14 (2) Who is being discharged from such a facility.

15 5. As used in this section, “mental health professional”
16 includes:

17 (a) A physician, ~~for~~ psychiatrist *or physician assistant* licensed
18 ~~to practice medicine~~ in this State pursuant to chapter 630 or 633 of
19 NRS;

20 (b) A psychologist who is licensed to practice psychology
21 pursuant to chapter 641 of NRS or authorized to practice
22 psychology in this State pursuant to the Psychology
23 Interjurisdictional Compact enacted in NRS 641.227;

24 (c) A social worker who:

25 (1) Holds a master’s degree in social work;

26 (2) Is licensed as a clinical social worker pursuant to chapter
27 641B of NRS; and

28 (3) Is employed by the Division of Public and Behavioral
29 Health of the Department of Health and Human Services;

30 (d) A registered nurse who:

31 (1) Is licensed to practice professional nursing pursuant to
32 chapter 632 of NRS; and

33 (2) Holds a master’s degree in psychiatric nursing or a
34 related field;

35 (e) A marriage and family therapist licensed pursuant to chapter
36 641A of NRS;

37 (f) A clinical professional counselor licensed pursuant to chapter
38 641A of NRS; and

39 (g) A person who is working in this State within the scope of his
40 or her employment by the Federal Government, including, without
41 limitation, employment with the Department of Veterans Affairs,
42 the military or the Indian Health Service, and is:

43 (1) Licensed or certified as a physician, *physician assistant*,
44 psychologist, marriage and family therapist, clinical professional



1 counselor, alcohol and drug counselor or clinical alcohol and drug
2 counselor in another state;

3 (2) Licensed as a social worker in another state and holds a
4 master's degree in social work; or

5 (3) Licensed to practice professional nursing in another state
6 and holds a master's degree in psychiatric nursing or a related field.

7 **Sec. 3.** NRS 629.600 is hereby amended to read as follows:

8 629.600 1. A psychotherapist shall not provide any
9 conversion therapy to a person who is under 18 years of age
10 regardless of the willingness of the person or his or her parent or
11 legal guardian to authorize such therapy.

12 2. Any violation of subsection 1 is a ground for disciplinary
13 action by a state board that licenses a psychotherapist as defined in
14 subsection 3.

15 3. As used in this section:

16 (a) "Conversion therapy" means any practice or treatment that
17 seeks to change the sexual orientation or gender identity of a person,
18 including, without limitation, a practice or treatment that seeks to
19 change behaviors or gender expressions or to eliminate or reduce
20 sexual or romantic attractions or feelings toward persons of the
21 same gender. The term does not include counseling that:

22 (1) Provides assistance to a person undergoing gender
23 transition; or

24 (2) Provides acceptance, support and understanding of a
25 person or facilitates a person's ability to cope, social support and
26 identity exploration and development, including, without limitation,
27 an intervention to prevent or address unlawful conduct or unsafe
28 sexual practices that is neutral as to the sexual-orientation of
29 the person receiving the intervention and does not seek to change
30 the sexual orientation or gender identity of the person receiving the
31 intervention.

32 (b) "Psychotherapist" means:

33 (1) A psychiatrist licensed to practice medicine in this State
34 pursuant to chapter 630 of NRS;

35 (2) A homeopathic physician, advanced practitioner of
36 homeopathy or homeopathic assistant licensed or certified pursuant
37 to chapter 630A of NRS;

38 (3) A psychiatrist licensed to practice medicine in this State
39 pursuant to chapter 633 of NRS;

40 (4) *A physician assistant licensed pursuant to chapter 630*
41 *or 633 of NRS practicing in the specialty of psychiatry;*

42 (5) A psychologist licensed to practice in this State pursuant
43 to chapter 641 of NRS;



1 ~~[(5)]~~ (6) A social worker licensed in this State as an
2 independent social worker or a clinical social worker pursuant to
3 chapter 641B of NRS;

4 ~~[(6)]~~ (7) A registered nurse holding a master's degree in the
5 field of psychiatric nursing and licensed to practice professional
6 nursing in this State pursuant to chapter 632 of NRS;

7 ~~[(7)]~~ (8) A marriage and family therapist or clinical
8 professional counselor licensed in this State pursuant to chapter
9 641A of NRS; or

10 ~~[(8)]~~ (9) A person who provides counseling services as part
11 of his or her training for any of the professions listed in
12 subparagraphs (1) to ~~[(7)]~~ (8), inclusive.

13 **Sec. 4.** Chapter 630 of NRS is hereby amended by adding
14 thereto a new section to read as follows:

15 *1. A physician assistant may practice at:*

16 *(a) A medical facility, any facility licensed pursuant to chapter*
17 *449 of NRS or any facility that has established a system for*
18 *evaluating the credentials of and granting practice privileges to*
19 *physician assistants;*

20 *(b) A facility or medical practice owned by a physician or*
21 *osteopathic physician or a group of physicians or osteopathic*
22 *physicians;*

23 *(c) A federally-qualified health center, as defined in 42 U.S.C.*
24 *§ 1396d(l)(2)(B);*

25 *(d) A correctional facility or institution;*

26 *(e) A state, county, city or district health department; or*

27 *(f) Any other location authorized by regulation of the Board.*

28 *2. A physician assistant who has practiced as a physician*
29 *assistant for less than 6,000 hours shall enter into a written*
30 *collaborative agreement with a physician that prescribes the*
31 *manner in which the physician and physician assistant will*
32 *collaborate. Upon request of the Board, the physician assistant*
33 *shall provide the collaborative agreement to the Board.*

34 *3. A physician assistant who changes the field of medicine*
35 *within which the physician assistant practices must enter into a*
36 *written collaborative agreement with a physician pursuant to*
37 *subsection 2 until the physician assistant has practiced as a*
38 *physician assistant in that field of medicine for not less than 6,000*
39 *hours.*

40 **Sec. 5.** NRS 630.015 is hereby amended to read as follows:

41 630.015 "Physician assistant" means a person who is a
42 graduate of an academic program approved by the Board or who, by
43 general education, practical training and experience determined to
44 be satisfactory by the Board, is qualified to perform medical



1 services ~~under the supervision of a supervising physician~~ and who
2 has been issued a license by the Board.

3 **Sec. 6.** (Deleted by amendment.)

4 **Sec. 7.** NRS 630.060 is hereby amended to read as follows:

5 630.060 1. ~~Six~~ *Five* members of the Board must be persons
6 who are licensed to practice medicine in this State, are actually
7 engaged in the practice of medicine in this State and have resided
8 and practiced medicine in this State for at least 5 years preceding
9 their respective appointments.

10 2. *One member of the Board must be a person who is licensed*
11 *to practice as a physician assistant in this State, is actually*
12 *engaged in practice as a physician assistant in this State and has*
13 *resided and practiced as a physician assistant in this State for at*
14 *least 5 years preceding his or her appointment.*

15 3. One member of the Board must be a person who has resided
16 in this State for at least 5 years and who represents the interests of
17 persons or agencies that regularly provide health care to patients
18 who are indigent, uninsured or unable to afford health care. This
19 member must not be licensed under the provisions of this chapter.

20 ~~3.~~ 4. The remaining two members of the Board must be
21 persons who have resided in this State for at least 5 years and who:

22 (a) Are not licensed in any state to practice any healing art;

23 (b) Are not the spouse or the parent or child, by blood, marriage
24 or adoption, of a person licensed in any state to practice any healing
25 art;

26 (c) Are not actively engaged in the administration of any facility
27 for the dependent as defined in chapter 449 of NRS, medical facility
28 or medical school; and

29 (d) Do not have a pecuniary interest in any matter pertaining to
30 the healing arts, except as a patient or potential patient.

31 ~~4.~~ 5. The members of the Board must be selected without
32 regard to their individual political beliefs.

33 **Sec. 8.** NRS 630.075 is hereby amended to read as follows:

34 630.075 The Board may, by majority vote, select physicians ,
35 *physician assistants* and members of the public, who must meet the
36 same qualifications as required for members of the Board, to serve
37 as advisory members of the Board. One or more advisory members
38 may be designated by the Board to assist a committee of its
39 members in an investigation as provided in NRS 630.311 but may
40 not vote on any matter before the committee. Advisory members
41 may also serve as members of the panel selected to hear charges as
42 provided in NRS 630.339 and may vote on any recommendation
43 made by the panel to the Board.

44 **Sec. 9.** NRS 630.253 is hereby amended to read as follows:

45 630.253 1. The Board shall, as a prerequisite for the:



1 (a) Renewal of a license as a physician assistant; or
2 (b) Biennial registration of the holder of a license to practice
3 medicine,

4 ↪ require each holder to submit evidence of compliance with the
5 requirements for continuing education as set forth in regulations
6 adopted by the Board.

7 2. These requirements:

8 (a) May provide for the completion of one or more courses of
9 instruction relating to risk management in the performance of
10 medical services.

11 (b) Must provide for the completion of a course of instruction,
12 within 2 years after initial licensure, relating to the medical
13 consequences of an act of terrorism that involves the use of a
14 weapon of mass destruction. The course must provide at least 4
15 hours of instruction that includes instruction in the following
16 subjects:

17 (1) An overview of acts of terrorism and weapons of mass
18 destruction;

19 (2) Personal protective equipment required for acts of
20 terrorism;

21 (3) Common symptoms and methods of treatment associated
22 with exposure to, or injuries caused by, chemical, biological,
23 radioactive and nuclear agents;

24 (4) Syndromic surveillance and reporting procedures for acts
25 of terrorism that involve biological agents; and

26 (5) An overview of the information available on, and the use
27 of, the Health Alert Network.

28 (c) Must provide for the completion by a holder of a license to
29 practice medicine of a course of instruction within 2 years after
30 initial licensure that provides at least 2 hours of instruction on
31 evidence-based suicide prevention and awareness as described in
32 subsection 6.

33 (d) Must provide for the completion of at least 2 hours of
34 training in the screening, brief intervention and referral to treatment
35 approach to substance use disorder within 2 years after initial
36 licensure.

37 (e) Must provide for the biennial completion by each
38 psychiatrist and each physician assistant ~~[practicing under the~~
39 ~~supervision of a psychiatrist of]~~ *who practices in the specialty of*
40 *psychiatry* one or more courses of instruction that provide at least 2
41 hours of instruction relating to cultural competency and diversity,
42 equity and inclusion. Such instruction:

43 (1) May include the training provided pursuant to NRS
44 449.103, where applicable.



1 (2) Must be based upon a range of research from diverse
2 sources.

3 (3) Must address persons of different cultural backgrounds,
4 including, without limitation:

5 (I) Persons from various gender, racial and ethnic
6 backgrounds;

7 (II) Persons from various religious backgrounds;

8 (III) Lesbian, gay, bisexual, transgender and questioning
9 persons;

10 (IV) Children and senior citizens;

11 (V) Veterans;

12 (VI) Persons with a mental illness;

13 (VII) Persons with an intellectual disability,
14 developmental disability or physical disability; and

15 (VIII) Persons who are part of any other population that a
16 psychiatrist or a physician assistant ~~[practicing under the~~
17 ~~supervision of a psychiatrist]~~ *who practices in the specialty of*
18 *psychiatry* may need to better understand, as determined by the
19 Board.

20 (f) Must allow the holder of a license to receive credit toward
21 the total amount of continuing education required by the Board for
22 the completion of a course of instruction relating to genetic
23 counseling and genetic testing.

24 3. The Board may determine whether to include in a program
25 of continuing education courses of instruction relating to the
26 medical consequences of an act of terrorism that involves the use of
27 a weapon of mass destruction in addition to the course of instruction
28 required by paragraph (b) of subsection 2.

29 4. The Board shall encourage each holder of a license who
30 treats or cares for persons who are more than 60 years of age to
31 receive, as a portion of their continuing education, education in
32 geriatrics and gerontology, including such topics as:

33 (a) The skills and knowledge that the licensee needs to address
34 aging issues;

35 (b) Approaches to providing health care to older persons,
36 including both didactic and clinical approaches;

37 (c) The biological, behavioral, social and emotional aspects of
38 the aging process; and

39 (d) The importance of maintenance of function and
40 independence for older persons.

41 5. The Board shall encourage each holder of a license to
42 practice medicine to receive, as a portion of his or her continuing
43 education, training concerning methods for educating patients about
44 how to effectively manage medications, including, without
45 limitation, the ability of the patient to request to have the symptom



1 or purpose for which a drug is prescribed included on the label
2 attached to the container of the drug.

3 6. The Board shall require each holder of a license to practice
4 medicine to receive as a portion of his or her continuing education at
5 least 2 hours of instruction every 4 years on evidence-based suicide
6 prevention and awareness, which may include, without limitation,
7 instruction concerning:

8 (a) The skills and knowledge that the licensee needs to detect
9 behaviors that may lead to suicide, including, without limitation,
10 post-traumatic stress disorder;

11 (b) Approaches to engaging other professionals in suicide
12 intervention; and

13 (c) The detection of suicidal thoughts and ideations and the
14 prevention of suicide.

15 7. The Board shall encourage each holder of a license to
16 practice medicine or as a physician assistant to receive, as a portion
17 of his or her continuing education, training and education in the
18 diagnosis of rare diseases, including, without limitation:

19 (a) Recognizing the symptoms of pediatric cancer; and

20 (b) Interpreting family history to determine whether such
21 symptoms indicate a normal childhood illness or a condition that
22 requires additional examination.

23 8. A holder of a license to practice medicine may not substitute
24 the continuing education credits relating to suicide prevention and
25 awareness required by this section for the purposes of satisfying an
26 equivalent requirement for continuing education in ethics.

27 9. Except as otherwise provided in NRS 630.2535, a holder of
28 a license to practice medicine may substitute not more than 2 hours
29 of continuing education credits in pain management, care for
30 persons with an addictive disorder or the screening, brief
31 intervention and referral to treatment approach to substance use
32 disorder for the purposes of satisfying an equivalent requirement for
33 continuing education in ethics.

34 10. As used in this section:

35 (a) "Act of terrorism" has the meaning ascribed to it in
36 NRS 202.4415.

37 (b) "Biological agent" has the meaning ascribed to it in
38 NRS 202.442.

39 (c) "Chemical agent" has the meaning ascribed to it in
40 NRS 202.4425.

41 (d) "Radioactive agent" has the meaning ascribed to it in
42 NRS 202.4437.

43 (e) "Weapon of mass destruction" has the meaning ascribed to it
44 in NRS 202.4445.



Sec. 10. NRS 630.271 is hereby amended to read as follows:

630.271 1. A physician assistant *shall*:

(a) *Obtain the informed consent of a patient or the representative of a patient before performing any medical service for the patient; and*

(b) *Only perform medical services listed in subsection 2 that are within the scope of practice of the physician assistant and which the physician assistant has the necessary education, training and experience to competently perform.*

2. A physician assistant may perform ~~[such] the following medical services [as the physician assistant is authorized to perform by his or her supervising physician. Such services may include ordering home health care for a patient.~~

~~—2. The Board and supervising physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.]:~~

(a) *Obtaining a history of the health of a patient.*

(b) *Performing a physical examination of a patient.*

(c) *Providing medical treatment, including, without limitation, evaluating, diagnosing, developing a treatment plan and managing a condition of a patient.*

(d) *Ordering, performing and interpreting a diagnostic test or therapeutic procedure, including, without limitation, assigning the test or procedure to another person who is authorized to perform the test or procedure and supervising that person.*

(e) *Educating a patient on how to maintain or improve his or her health and prevent disease.*

(f) *Providing a consultation to a patient or writing a medical order for a patient.*

(g) *Examining and reporting on the health or disability of a person for purposes relating to eligibility for a local, state or federal program.*

(h) *Providing 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 a physician assistant.*

(i) *Planning and initiating a therapeutic regimen that includes, without limitation, ordering or prescribing the following items:*

(1) *Medical equipment;*

(2) *Programs concerning the nutrition of the patient;*



1 (3) Whole human blood, plasma, blood product or blood
2 derivative for the purpose of injection or transfusion; and

3 (4) Diagnostic support services, including, without
4 limitation, home health care, hospice care or physical or
5 occupational therapy.

6 (j) Prescribing, ordering, dispensing and administering any
7 medical device or drug that is not a controlled substance or
8 dangerous drug.

9 (k) Prescribing, ordering, dispensing and administering
10 dangerous drugs or controlled substances in schedules II, III, IV
11 or V in accordance with applicable state and federal law.

12 3. If a patient requires, may benefit from or requests a
13 medical service that is beyond the scope of practice or experience,
14 knowledge or ability of a physician assistant, the physician
15 assistant shall collaborate with, consult with or refer the patient to
16 another provider of health care who is authorized to perform the
17 service.

18 4. As used in this section:

19 (a) "Dangerous drug" has the meaning ascribed to it in
20 NRS 454.201.

21 (b) "Provider of health care" has the meaning ascribed to it in
22 NRS 629.031.

23 (c) "Therapeutic regimen" means a program for the treatment
24 of an illness that is integrated into the daily life of a patient.

25 **Sec. 11.** NRS 630.273 is hereby amended to read as follows:

26 630.273 The Board may issue a license *as a physician*
27 *assistant* to an applicant who is qualified under the regulations of
28 the Board . ~~[to perform medical services under the supervision of a~~
29 ~~supervising physician.]~~ The application for a license as a physician
30 assistant must include all information required to complete the
31 application.

32 **Sec. 12.** NRS 630.275 is hereby amended to read as follows:

33 630.275 The Board shall adopt regulations regarding the
34 licensure of a physician assistant, including, but not limited to:

35 1. The educational and other qualifications of applicants.

36 2. The required academic program for applicants.

37 3. The procedures for applications for and the issuance of
38 licenses.

39 4. The procedures deemed necessary by the Board for
40 applications for and the initial issuance of licenses by endorsement
41 pursuant to NRS 630.2751 or 630.2752.

42 5. ~~[The tests or examinations of applicants required by the~~
43 ~~Board.~~

44 ~~6. The medical services which a physician assistant may~~
45 ~~perform, except that a physician assistant may not perform those~~



~~specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, podiatric physicians and optometrists under chapters 631, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.~~

~~7.]~~ The duration, renewal and termination of licenses, including licenses by endorsement. The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirements for the renewal of licenses.

~~[8.]~~ 6. The grounds and procedures respecting disciplinary actions against physician assistants.

~~[9.—The supervision of medical services of a physician assistant by a supervising physician.~~

~~10.]~~ 7. A physician assistant's use of 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, from within or outside this State or the United States.

Sec. 13. NRS 630.3067 is hereby amended to read as follows:

630.3067 1. The insurer of a physician *or physician assistant* licensed under this chapter shall report to the Board:

(a) Any action for malpractice against the physician *or physician assistant* not later than 45 days after the physician *or physician assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the physician *or physician assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition.

2. The Board shall report any failure to comply with subsection 1 by an insurer licensed in this State to the Division of Insurance of the Department of Business and Industry. If, after a hearing, the Division of Insurance determines that any such insurer failed to comply with the requirements of subsection 1, the Division may impose an administrative fine of not more than \$10,000 against the insurer for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

Sec. 14. NRS 630.3068 is hereby amended to read as follows:

630.3068 1. A physician *or physician assistant* shall report to the Board:



1 (a) Any action for malpractice against the physician *or*
2 *physician assistant* not later than 45 days after the physician *or*
3 *physician assistant* receives service of a summons and complaint
4 for the action;

5 (b) Any claim for malpractice against the physician *or physician*
6 *assistant* that is submitted to arbitration or mediation not later than
7 45 days after the claim is submitted to arbitration or mediation;

8 (c) Any settlement, award, judgment or other disposition of any
9 action or claim described in paragraph (a) or (b) not later than 45
10 days after the settlement, award, judgment or other disposition; and

11 (d) Any sanctions imposed against the physician *or physician*
12 *assistant* that are reportable to the National Practitioner Data Bank
13 not later than 45 days after the sanctions are imposed.

14 2. If the Board finds that a physician *or physician assistant* has
15 violated any provision of this section, the Board may impose a fine
16 of not more than \$5,000 against the physician *or physician assistant*
17 for each violation, in addition to any other fines or penalties
18 permitted by law.

19 3. All reports made by a physician *or physician assistant*
20 pursuant to this section are public records.

21 **Sec. 15.** NRS 630.3069 is hereby amended to read as follows:

22 630.3069 If the Board receives a report pursuant to the
23 provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that
24 a judgment has been rendered or an award has been made against a
25 physician *or physician assistant* regarding an action or claim for
26 malpractice or that such an action or claim against the physician *or*
27 *physician assistant* has been resolved by settlement, the Board shall
28 conduct an investigation to determine whether to impose
29 disciplinary action against the physician *or physician assistant*
30 regarding the action or claim, unless the Board has already
31 commenced or completed such an investigation regarding the action
32 or claim before it receives the report.

33 **Sec. 16.** NRS 630.318 is hereby amended to read as follows:

34 630.318 1. If the Board or any investigative committee of the
35 Board has reason to believe that the conduct of any physician *or*
36 *physician assistant* has raised a reasonable question as to his or her
37 competence to practice medicine *or as a physician assistant, as*
38 *applicable*, with reasonable skill and safety to patients, or if the
39 Board has received a report pursuant to the provisions of NRS
40 630.3067, 630.3068 or 690B.250 indicating that a judgment has
41 been rendered or an award has been made against a physician *or*
42 *physician assistant* regarding an action or claim for malpractice or
43 that such an action or claim against the physician *or physician*
44 *assistant* has been resolved by settlement, the Board or committee
45 may order that the physician *or physician assistant* undergo a



1 mental or physical examination, an examination testing his or her
2 competence to practice medicine *or as a physician assistant, as*
3 *applicable*, or any other examination designated by the Board to
4 assist the Board or committee in determining the fitness of the
5 physician to practice medicine ~~§~~ *or the physician assistant to*
6 *practice as a physician assistant, as applicable*.

7 2. For the purposes of this section:

8 (a) Every physician *or physician assistant* who applies for a
9 license or who is licensed under this chapter shall be deemed to
10 have given consent to submit to a mental or physical examination or
11 an examination testing his or her competence to practice medicine
12 *or as a physician assistant, as applicable*, when ordered to do so in
13 writing by the Board or an investigative committee of the Board.

14 (b) The testimony or reports of a person who conducts an
15 examination of a physician *or physician assistant* on behalf of the
16 Board or an investigative committee of the Board pursuant to this
17 section are not privileged communications.

18 3. Except in extraordinary circumstances, as determined by the
19 Board, the failure of a physician *or physician assistant* licensed
20 under this chapter to submit to an examination when directed as
21 provided in this section constitutes an admission of the charges
22 against the physician ~~§~~ *or physician assistant*.

23 **Sec. 17.** NRS 630.400 is hereby amended to read as follows:

24 630.400 1. It is unlawful for any person to:

25 (a) Present to the Board as his or her own the diploma, license or
26 credentials of another;

27 (b) Give either false or forged evidence of any kind to the
28 Board;

29 (c) Practice medicine, perfusion or respiratory care under a false
30 or assumed name or falsely personate another licensee;

31 (d) Except as otherwise provided by a specific statute, practice
32 medicine, perfusion or respiratory care without being licensed under
33 this chapter;

34 (e) Hold himself or herself out as a perfusionist or use any other
35 term indicating or implying that he or she is a perfusionist without
36 being licensed by the Board;

37 (f) ~~Hold~~ *Except as otherwise provided in subsection 2, hold*
38 *himself or herself out as a physician assistant or use any other term*
39 *indicating or implying that he or she is a physician assistant without*
40 *being licensed by the Board; or*

41 (g) Hold himself or herself out as a practitioner of respiratory
42 care or use any other term indicating or implying that he or she is a
43 practitioner of respiratory care without being licensed by the Board.



1 2. *A person who meets the qualifications for licensure as a*
2 *physician assistant but who is not licensed pursuant to this chapter*
3 *may refer to himself or herself as an inactive physician assistant.*

4 3. Unless a greater penalty is provided pursuant to NRS
5 200.830 or 200.840, a person who violates any provision of
6 subsection 1:

7 (a) If no substantial bodily harm results, is guilty of a category
8 D felony; or

9 (b) If substantial bodily harm results, is guilty of a category C
10 felony,

11 and shall be punished as provided in NRS 193.130.

12 ~~3.4~~ 4. In addition to any other penalty prescribed by law, if the
13 Board determines that a person has committed any act described in
14 subsection 1, the Board may:

15 (a) Issue and serve on the person an order to cease and desist
16 until the person obtains from the Board the proper license or
17 otherwise demonstrates that he or she is no longer in violation of
18 subsection 1. An order to cease and desist must include a telephone
19 number with which the person may contact the Board.

20 (b) Issue a citation to the person. A citation issued pursuant to
21 this paragraph must be in writing, describe with particularity the
22 nature of the violation and inform the person of the provisions of
23 this paragraph. Each activity in which the person is engaged
24 constitutes a separate offense for which a separate citation may be
25 issued. To appeal a citation, the person must submit a written
26 request for a hearing to the Board not later than 30 days after the
27 date of issuance of the citation.

28 (c) Assess against the person an administrative fine of not more
29 than \$5,000.

30 (d) Impose any combination of the penalties set forth in
31 paragraphs (a), (b) and (c).

32 **Sec. 18.** NRS 630.415 is hereby amended to read as follows:

33 630.415 1. A physician *or physician assistant* or any agent
34 or employee thereof shall not retaliate or discriminate unfairly
35 against:

36 (a) An employee of the physician *or physician assistant* or a
37 person acting on behalf of the employee who in good faith:

38 (1) Reports to the Board of Medical Examiners information
39 relating to the conduct of the physician *or physician assistant* which
40 may constitute grounds for initiating disciplinary action against the
41 physician *or physician assistant* or which otherwise raises a
42 reasonable question regarding the competence of the physician to
43 practice medicine with reasonable skill and safety to patients ~~3~~ *or*
44 *the competence of the physician assistant to practice as a*



1 *physician assistant with reasonable skill and safety to patients, as*
2 *applicable;* or

3 (2) Reports a sentinel event to the Division of Public and
4 Behavioral Health of the Department of Health and Human Services
5 pursuant to NRS 439.835;

6 (b) A registered nurse, licensed practical nurse, nursing assistant
7 or medication aide - certified who is employed by or contracts to
8 provide nursing services for the physician *or physician assistant*
9 and who:

10 (1) In good faith, reports to the physician *or physician*
11 *assistant*, the Board of Medical Examiners, the State Board of
12 Nursing, the Legislature or any committee thereof or any other
13 governmental entity:

14 (I) Any information concerning the willful conduct of
15 another registered nurse, licensed practical nurse, nursing assistant
16 or medication aide - certified which violates any provision of
17 chapter 632 of NRS or which is required to be reported to the State
18 Board of Nursing;

19 (II) Any concerns regarding patients who may be exposed
20 to a substantial risk of harm as a result of the failure of the physician
21 *or physician assistant* or any agent or employee thereof to comply
22 with minimum professional or accreditation standards or applicable
23 statutory or regulatory requirements; or

24 (III) Any other concerns regarding the physician *or*
25 *physician assistant*, the agents and employees thereof or any
26 situation that reasonably could result in harm to patients; or

27 (2) Refuses to engage in conduct that would violate the duty
28 of the registered nurse, licensed practical nurse, nursing assistant or
29 medication aide - certified to protect patients from actual or
30 potential harm, including, without limitation, conduct which would
31 violate any provision of chapter 632 of NRS or which would subject
32 the registered nurse, licensed practical nurse, nursing assistant or
33 medication aide - certified to disciplinary action by the State Board
34 of Nursing; or

35 (c) An employee of the physician *or physician assistant*, a
36 person acting on behalf of the employee or a registered nurse,
37 licensed practical nurse, nursing assistant or medication aide -
38 certified who is employed by or contracts to provide nursing
39 services for the physician *or physician assistant* and who
40 cooperates or otherwise participates in an investigation or
41 proceeding conducted by the Board of Medical Examiners or
42 another governmental entity relating to conduct described in
43 paragraph (a) or (b).

44 2. A physician *or physician assistant* or any agent or employee
45 thereof shall not retaliate or discriminate unfairly against an



1 employee of the physician *or physician assistant* or a registered
2 nurse, licensed practical nurse, nursing assistant or medication aide -
3 certificate who is employed by or contracts to provide nursing
4 services for the physician *or physician assistant* because the
5 employee, registered nurse, licensed practical nurse, nursing
6 assistant or medication aide - certified has taken an action described
7 in subsection 1.

8 3. A physician *or physician assistant* or any agent or employee
9 thereof shall not prohibit, restrict or attempt to prohibit or restrict by
10 contract, policy, procedure or any other manner the right of an
11 employee of the physician *or physician assistant* or a registered
12 nurse, licensed practical nurse, nursing assistant or medication aide -
13 certified who is employed by or contracts to provide nursing
14 services for the physician *or physician assistant* to take an action
15 described in subsection 1.

16 4. As used in this section:

17 (a) "Good faith" means honesty in fact in the reporting of the
18 information or in the cooperation of the investigation concerned.

19 (b) "Retaliate or discriminate":

20 (1) Includes, without limitation, any of the following actions
21 if taken solely because the employee, registered nurse, licensed
22 practical nurse, nursing assistant or medication aide - certified took
23 an action described in subsection 1:

24 (I) Frequent or undesirable changes in the location where
25 the person works;

26 (II) Frequent or undesirable transfers or reassignments;

27 (III) The issuance of letters of reprimand, letters of
28 admonition or evaluations of poor performance;

29 (IV) A demotion;

30 (V) A reduction in pay;

31 (VI) The denial of a promotion;

32 (VII) A suspension;

33 (VIII) A dismissal;

34 (IX) A transfer; or

35 (X) Frequent changes in working hours or workdays.

36 (2) Does not include an action described in sub-
37 subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action
38 is taken in the normal course of employment or as a form of
39 discipline.

40 **Sec. 19.** NRS 630.417 is hereby amended to read as follows:

41 630.417 1. An employee of a physician *or physician*
42 *assistant* or a registered nurse, licensed practical nurse, nursing
43 assistant or medication aide - certified who is employed by or
44 contracts to provide nursing services for the physician *or physician*
45 *assistant* and who believes that he or she has been retaliated or



1 discriminated against in violation of NRS 630.415 may file an
2 action in a court of competent jurisdiction.

3 2. If a court determines that a violation of NRS 630.415 has
4 occurred, the court may award such damages as it determines to
5 have resulted from the violation, including, without limitation:

6 (a) Compensatory damages;

7 (b) Reimbursement of any wages, salary, employment benefits
8 or other compensation denied to or lost by the employee, registered
9 nurse, licensed practical nurse, nursing assistant or medication aide -
10 certified as a result of the violation;

11 (c) Attorney's fees and costs, including, without limitation, fees
12 for expert witnesses; and

13 (d) Punitive damages, if the facts warrant.

14 3. The court shall award interest on the amount of damages at a
15 rate determined pursuant to NRS 17.130.

16 4. The court may grant any equitable relief it considers
17 appropriate, including, without limitation, reinstatement of the
18 employee, registered nurse, licensed practical nurse, nursing
19 assistant or medication aide - certified and any temporary,
20 preliminary or permanent injunctive relief.

21 5. If any action to retaliate or discriminate is taken against an
22 employee, registered nurse, licensed practical nurse, nursing
23 assistant or medication aide - certified within 60 days after the
24 employee, registered nurse, licensed practical nurse, nursing
25 assistant or medication aide - certified takes any action described in
26 subsection 1 of NRS 630.415, there is a rebuttable presumption that
27 the action taken against the employee, registered nurse, licensed
28 practical nurse, nursing assistant or medication aide - certified
29 constitutes retaliation or discrimination in violation of
30 NRS 630.415.

31 6. A physician *or physician assistant* or any agent or employee
32 thereof that violates the provisions of NRS 630.415 is subject to a
33 civil penalty of not more than \$10,000 for each violation. The
34 Attorney General or any district attorney of this State may recover
35 the penalty in a civil action brought in the name of the State of
36 Nevada in any court of competent jurisdiction.

37 7. Any action under this section must be brought not later than
38 2 years after the date of the last event constituting the alleged
39 violation for which the action is brought.

40 8. As used in this section, "retaliate or discriminate" has the
41 meaning ascribed to it in NRS 630.415.

42 **Sec. 20.** NRS 630A.090 is hereby amended to read as follows:

43 630A.090 1. This chapter does not apply to:



1 (a) The practice of dentistry, chiropractic, Oriental medicine,
2 podiatry, optometry, perfusion, respiratory care, faith or Christian
3 Science healing, nursing, veterinary medicine or fitting hearing aids.

4 (b) A medical officer of the Armed Forces or a medical officer
5 of any division or department of the United States in the discharge
6 of his or her official duties, including, without limitation, providing
7 medical care in a hospital in accordance with an agreement entered
8 into pursuant to NRS 449.2455.

9 (c) Licensed or certified nurses in the discharge of their duties as
10 nurses.

11 (d) Homeopathic physicians who are called into this State, other
12 than on a regular basis, for consultation or assistance to any
13 physician licensed in this State, and who are legally qualified to
14 practice in the state or country where they reside.

15 (e) *Physician assistants licensed pursuant to chapter 630 or*
16 *633 of NRS.*

17 2. This chapter does not repeal or affect any statute of Nevada
18 regulating or affecting any other healing art.

19 3. This chapter does not prohibit:

20 (a) Gratuitous services of a person in case of emergency.

21 (b) The domestic administration of family remedies.

22 4. This chapter does not authorize a homeopathic physician to
23 practice medicine, including allopathic medicine, except as
24 otherwise provided in NRS 630A.040.

25 **Sec. 21.** NRS 632.473 is hereby amended to read as follows:

26 632.473 1. A nurse licensed pursuant to the provisions of this
27 chapter, while working at an institution of the Department of
28 Corrections, may treat patients, including the administration of a
29 dangerous drug, poison or related device, pursuant to orders given
30 by a physician assistant if those orders are given pursuant to a
31 protocol approved by the Board of Medical Examiners . ~~[and the~~
32 ~~supervising physician. The orders must be cosigned by the~~
33 ~~supervising physician or another physician within 72 hours after~~
34 ~~treatment.]~~

35 2. A copy of the protocol under which orders are given by a
36 physician assistant must be available at the institution for review by
37 the nurse.

38 3. ~~[This section does not authorize a physician assistant to give~~
39 ~~orders for the administration of any controlled substance.~~
40 ~~—4.]~~ For the purposes of this section:

41 (a) "Physician assistant" means a physician assistant licensed by
42 the Board of Medical Examiners pursuant to chapter 630 of NRS
43 who:

44 (1) Is employed at an institution of the Department of
45 Corrections;



1 (2) Has been awarded a bachelor's degree from a college or
2 university recognized by the Board of Medical Examiners; and

3 (3) Has received at least 40 hours of instruction regarding the
4 prescription of medication as a part of either his or her basic
5 educational qualifications or a program of continuing education
6 approved by the Board of Medical Examiners.

7 (b) "Protocol" means the written directions for the assessment
8 and management of specified medical conditions, including the
9 drugs and devices the physician assistant is authorized to order . ~~f~~
10 ~~which the physician assistant and the supervising physician have~~
11 ~~agreed upon as a basis for their practice.~~

12 ~~—(c) "Supervising physician" has the meaning ascribed to it in~~
13 ~~NRS 630.025.]~~

14 **Sec. 22.** NRS 632.474 is hereby amended to read as follows:

15 632.474 A registered nurse who is authorized by a physician ,
16 *physician assistant* or advanced practice registered nurse pursuant
17 to NRS 440.415 may make a pronouncement of death.

18 **Sec. 23.** Chapter 633 of NRS is hereby amended by adding
19 thereto a new section to read as follows:

20 *1. A physician assistant shall practice at:*

21 *(a) A medical facility, any other facility licensed pursuant to*
22 *chapter 449 of NRS or any facility that has established a system*
23 *for evaluating the credentials of and granting practice privileges*
24 *to physician assistants;*

25 *(b) A facility or medical practice owned by a physician or*
26 *osteopathic physician or a group of physicians or osteopathic*
27 *physicians;*

28 *(c) A federally-qualified health center, as defined in 42 U.S.C.*
29 *§ 1396d(l)(2)(B);*

30 *(d) A correctional facility or institution;*

31 *(e) A state, county, city or district health department; or*

32 *(f) Any other location authorized by regulation of the Board.*

33 *2. A physician assistant who has practiced as a physician*
34 *assistant for less than 6,000 hours shall enter into a written*
35 *collaborative agreement with an osteopathic physician that*
36 *prescribes the manner in which the osteopathic physician and*
37 *physician assistant will collaborate. Upon request of the Board,*
38 *the physician assistant shall provide the collaborative agreement*
39 *to the Board.*

40 *3. A physician assistant who changes the field of medicine*
41 *within which the physician assistant practices must enter into a*
42 *written collaborative agreement with a physician pursuant to*
43 *subsection 2 until the physician assistant has practiced as a*
44 *physician assistant in that field of medicine for not less than 6,000*
45 *hours.*



1 **Sec. 24.** NRS 633.107 is hereby amended to read as follows:
2 633.107 “Physician assistant” means a person who is a
3 graduate of an academic program approved by the Board or who, by
4 general education, practical training and experience determined to
5 be satisfactory by the Board, is qualified to perform medical
6 services ~~[under the supervision of a supervising osteopathic~~
7 ~~physician]~~ and who has been issued a license by the Board.

8 **Sec. 25.** NRS 633.161 is hereby amended to read as follows:
9 633.161 1. Osteopathic physicians *and physician assistants*
10 have the same rights as physicians *or physician assistants, as*
11 *applicable*, of other schools of medicine in all respects, including
12 but not limited to the treatment of patients and the holding of offices
13 in public institutions.

14 2. All state and local government regulations relative to the
15 reporting of births and deaths in any matter pertaining to the public
16 health apply to osteopathic physicians *and physician assistants* with
17 the same effect as to physicians *or physician assistants, as*
18 *applicable*, of other schools of medicine. Such reports by
19 osteopathic physicians *and physician assistants* shall be accepted
20 by the officers of the agency to which they are made.

21 **Sec. 26.** NRS 633.432 is hereby amended to read as follows:

22 633.432 1. A physician assistant *shall:*

23 *(a) Obtain the informed consent of a patient or the*
24 *representative of a patient before performing any medical service*
25 *for the patient; and*

26 *(b) Only perform medical services listed in subsection 2 that*
27 *are within the scope of practice of the physician assistant and*
28 *which the physician assistant has the necessary education,*
29 *training and experience to competently perform the service.*

30 2. A physician assistant may perform ~~[such]~~ *the following*
31 medical services ~~[as the physician assistant is authorized to perform~~
32 ~~by his or her supervising osteopathic physician and are within the~~
33 ~~supervising osteopathic physician’s scope of practice. Such services~~
34 ~~may include ordering home health care for a patient.~~

35 ~~—2.— The Board and supervising osteopathic physician shall limit~~
36 ~~the authority of a physician assistant to prescribe controlled~~
37 ~~substances to those schedules of controlled substances that the~~
38 ~~supervising osteopathic physician is authorized to prescribe pursuant~~
39 ~~to state and federal law.] :~~

40 *(a) Obtaining a history of the health of a patient.*

41 *(b) Performing a physical examination of a patient.*

42 *(c) Providing medical treatment, including, without limitation,*
43 *evaluating, diagnosing, developing a treatment plan and*
44 *managing a condition of a patient.*



1 (d) Ordering, performing and interpreting a diagnostic test or
2 therapeutic procedure, including, without limitation, assigning the
3 test or procedure to another person who is authorized to perform
4 the test or procedure and supervising that person.

5 (e) Educating a patient on how to maintain or improve his or
6 her health and prevent disease.

7 (f) Providing a consultation to a patient or writing a medical
8 order for a patient.

9 (g) Examining and reporting on the health or disability of a
10 person for purposes relating to eligibility for a local, state or
11 federal program.

12 (h) Providing his or her signature, certification, stamp,
13 verification or endorsement when a signature, certification, stamp,
14 verification or endorsement by an osteopathic physician is
15 required, if providing such a signature, certification, stamp,
16 verification or endorsement is within the authorized scope of
17 practice of a physician assistant.

18 (i) Planning and initiating a therapeutic regimen that
19 includes, without limitation, ordering or prescribing the following
20 items:

21 (1) Medical equipment;

22 (2) Programs concerning the nutrition of the patient;

23 (3) Whole human blood, plasma, blood product or blood
24 derivative for the purpose of injection or transfusion; and

25 (4) Diagnostic support services, including, without
26 limitation, home health care, hospice care or physical or
27 occupational therapy.

28 (j) Prescribing, ordering, dispensing and administering any
29 medical device or drug that is not a controlled substance or
30 dangerous drug.

31 (k) Prescribing, ordering, dispensing and administering
32 dangerous drugs or controlled substances in schedules II, III, IV
33 or V in accordance with applicable state and federal law.

34 3. If a patient requires, may benefit from or requests a
35 medical service that is beyond the scope of practice or experience,
36 knowledge or ability of a physician assistant, the physician
37 assistant shall collaborate with, consult with or refer the patient to
38 another provider of health care who is authorized to perform the
39 service.

40 4. As used in this section:

41 (a) "Dangerous drug" has the meaning ascribed to it in
42 NRS 454.201.

43 (b) "Provider of health care" has the meaning ascribed to it in
44 NRS 629.031.



1 (c) *“Therapeutic regimen” means a program for the treatment*
2 *of an illness that is integrated into the daily life of a patient.*

3 **Sec. 27.** NRS 633.433 is hereby amended to read as follows:

4 633.433 The Board may issue a license as a physician assistant
5 to an applicant who is qualified under the regulations of the Board .
6 ~~to perform medical services under the supervision of a supervising~~
7 ~~osteopathic physician.]~~ The application for a license as a physician
8 assistant must include all information required to complete the
9 application.

10 **Sec. 28.** NRS 633.434 is hereby amended to read as follows:

11 633.434 The Board shall adopt regulations regarding the
12 licensure of a physician assistant, including, without limitation:

- 13 1. The educational and other qualifications of applicants.
- 14 2. The required academic program for applicants.
- 15 3. The procedures for applications for and the issuance of
16 licenses.
- 17 4. The procedures deemed necessary by the Board for
18 applications for and the issuance of initial licenses by endorsement
19 pursuant to NRS 633.4335 and 633.4336.

20 5. ~~The tests or examinations of applicants by the Board.~~

21 ~~—6. The medical services which a physician assistant may~~
22 ~~perform, except that a physician assistant may not perform~~
23 ~~osteopathic manipulative therapy or those specific functions and~~
24 ~~duties delegated or restricted by law to persons licensed as dentists,~~
25 ~~chiropractic physicians, doctors of Oriental medicine, podiatric~~
26 ~~physicians, optometrists and hearing aid specialists under chapters~~
27 ~~631, 634, 634A, 635, 636 and 637B, respectively, of NRS.~~

28 ~~—7.]~~ The grounds and procedures respecting disciplinary actions
29 against physician assistants.

30 ~~[8. The supervision of medical services of a physician assistant~~
31 ~~by a supervising osteopathic physician.]~~

32 **Sec. 29.** NRS 633.442 is hereby amended to read as follows:

33 633.442 ~~[1.]~~ A physician assistant shall:

34 ~~[(a)]~~ 1. Keep his or her license available for inspection at his
35 or her primary place of business; and

36 ~~[(b)]~~ 2. When engaged in professional duties, identify himself
37 or herself as a physician assistant.

38 ~~[2. A physician assistant shall not bill a patient separately from~~
39 ~~his or her supervising osteopathic physician.]~~

40 **Sec. 30.** NRS 633.471 is hereby amended to read as follows:

41 633.471 1. Except as otherwise provided in subsection 14
42 and NRS 633.491, every holder of a license ~~[, except a physician~~
43 ~~assistant,]~~ issued under this chapter, except a temporary or a special
44 license, may renew the license on or before January 1 of each
45 calendar year after its issuance by:



1 (a) Applying for renewal on forms provided by the Board;
2 (b) Paying the annual license renewal fee specified in this
3 chapter;

4 (c) Submitting a list of all actions filed or claims submitted to
5 arbitration or mediation for malpractice or negligence against the
6 holder during the previous year;

7 (d) Subject to subsection 13, submitting evidence to the Board
8 that in the year preceding the application for renewal the holder has
9 attended courses or programs of continuing education approved by
10 the Board in accordance with regulations adopted by the Board
11 totaling a number of hours established by the Board which must not
12 be less than 35 hours nor more than that set in the requirements for
13 continuing medical education of the American Osteopathic
14 Association; and

15 (e) Submitting all information required to complete the renewal.

16 2. The Secretary of the Board shall notify each licensee of the
17 requirements for renewal not less than 30 days before the date of
18 renewal.

19 3. The Board shall request submission of verified evidence of
20 completion of the required number of hours of continuing medical
21 education annually from no fewer than one-third of the applicants
22 for renewal of a license to practice osteopathic medicine or a license
23 to practice as a physician assistant. Subject to subsection 13, upon a
24 request from the Board, an applicant for renewal of a license to
25 practice osteopathic medicine or a license to practice as a physician
26 assistant shall submit verified evidence satisfactory to the Board that
27 in the year preceding the application for renewal the applicant
28 attended courses or programs of continuing medical education
29 approved by the Board totaling the number of hours established by
30 the Board.

31 4. The Board shall require each holder of a license to practice
32 osteopathic medicine to complete a course of instruction within 2
33 years after initial licensure that provides at least 2 hours of
34 instruction on evidence-based suicide prevention and awareness as
35 described in subsection 9.

36 5. The Board shall encourage each holder of a license to
37 practice osteopathic medicine to receive, as a portion of his or her
38 continuing education, training concerning methods for educating
39 patients about how to effectively manage medications, including,
40 without limitation, the ability of the patient to request to have the
41 symptom or purpose for which a drug is prescribed included on the
42 label attached to the container of the drug.

43 6. The Board shall encourage each holder of a license to
44 practice osteopathic medicine or as a physician assistant to receive,
45 as a portion of his or her continuing education, training and



1 education in the diagnosis of rare diseases, including, without
2 limitation:

- 3 (a) Recognizing the symptoms of pediatric cancer; and
- 4 (b) Interpreting family history to determine whether such
5 symptoms indicate a normal childhood illness or a condition that
6 requires additional examination.

7 7. The Board shall require, as part of the continuing education
8 requirements approved by the Board, the biennial completion by a
9 holder of a license to practice osteopathic medicine of at least 2
10 hours of continuing education credits in ethics, pain management,
11 care of persons with addictive disorders or the screening, brief
12 intervention and referral to treatment approach to substance use
13 disorder.

14 8. The continuing education requirements approved by the
15 Board must allow the holder of a license as an osteopathic physician
16 or physician assistant to receive credit toward the total amount of
17 continuing education required by the Board for the completion of a
18 course of instruction relating to genetic counseling and genetic
19 testing.

20 9. The Board shall require each holder of a license to practice
21 osteopathic medicine to receive as a portion of his or her continuing
22 education at least 2 hours of instruction every 4 years on evidence-
23 based suicide prevention and awareness which may include, without
24 limitation, instruction concerning:

25 (a) The skills and knowledge that the licensee needs to detect
26 behaviors that may lead to suicide, including, without limitation,
27 post-traumatic stress disorder;

28 (b) Approaches to engaging other professionals in suicide
29 intervention; and

30 (c) The detection of suicidal thoughts and ideations and the
31 prevention of suicide.

32 10. A holder of a license to practice osteopathic medicine may
33 not substitute the continuing education credits relating to suicide
34 prevention and awareness required by this section for the purposes
35 of satisfying an equivalent requirement for continuing education in
36 ethics.

37 11. The Board shall require each holder of a license to practice
38 osteopathic medicine to complete at least 2 hours of training in the
39 screening, brief intervention and referral to treatment approach to
40 substance use disorder within 2 years after initial licensure.

41 12. The Board shall require each psychiatrist or a physician
42 assistant practicing ~~under the supervision of a psychiatrist~~ *in the*
43 *specialty of psychiatry* to biennially complete one or more courses
44 of instruction that provide at least 2 hours of instruction relating to



1 cultural competency and diversity, equity and inclusion. Such
2 instruction:

3 (a) May include the training provided pursuant to NRS 449.103,
4 where applicable.

5 (b) Must be based upon a range of research from diverse
6 sources.

7 (c) Must address persons of different cultural backgrounds,
8 including, without limitation:

9 (1) Persons from various gender, racial and ethnic
10 backgrounds;

11 (2) Persons from various religious backgrounds;

12 (3) Lesbian, gay, bisexual, transgender and questioning
13 persons;

14 (4) Children and senior citizens;

15 (5) Veterans;

16 (6) Persons with a mental illness;

17 (7) Persons with an intellectual disability, developmental
18 disability or physical disability; and

19 (8) Persons who are part of any other population that a
20 psychiatrist or physician assistant practicing ~~under the supervision~~
21 ~~of a psychiatrist~~ *in the specialty of psychiatry* may need to better
22 understand, as determined by the Board.

23 13. The Board shall not require a physician assistant to receive
24 or maintain certification by the National Commission on
25 Certification of Physician Assistants, or its successor organization,
26 or by any other nationally recognized organization for the
27 accreditation of physician assistants to satisfy any continuing
28 education requirement pursuant to paragraph (d) of subsection 1 and
29 subsection 3.

30 14. Members of the Armed Forces of the United States and the
31 United States Public Health Service are exempt from payment of the
32 annual license renewal fee during their active duty status.

33 **Sec. 31.** NRS 633.521 is hereby amended to read as follows:

34 633.521 An osteopathic physician *or physician assistant* is not
35 subject to disciplinary action solely for:

36 1. Prescribing or administering to a patient under his or her
37 care:

38 (a) Amygdalin (laetrile), if the patient has consented to the use
39 of the substance.

40 (b) Procaine hydrochloride with preservatives and stabilizers
41 (Gerovital H3).

42 (c) A controlled substance which is listed in schedule II, III, IV
43 or V by the State Board of Pharmacy pursuant to NRS 453.146, if
44 the controlled substance is lawfully prescribed or administered for
45 the treatment of intractable pain in accordance with the provisions



1 of NRS 639.23507 and 639.2391 to 639.23916, inclusive, and any
2 regulations adopted by the State Board of Pharmacy pursuant
3 thereto and the accepted standards for the practice of osteopathic
4 medicine.

5 2. Engaging in any activity in accordance with the provisions
6 of chapter 678C of NRS.

7 **Sec. 32.** NRS 633.741 is hereby amended to read as follows:

8 633.741 1. It is unlawful for any person to:

9 (a) Except as otherwise provided in NRS 629.091, practice:

10 (1) Osteopathic medicine without a valid license to practice
11 osteopathic medicine under this chapter;

12 (2) As a physician assistant without a valid license under this
13 chapter; or

14 (3) Beyond the limitations ordered upon his or her practice
15 by the Board or the court;

16 (b) Present as his or her own the diploma, license or credentials
17 of another;

18 (c) Give either false or forged evidence of any kind to the Board
19 or any of its members in connection with an application for a
20 license;

21 (d) File for record the license issued to another, falsely claiming
22 himself or herself to be the person named in the license, or falsely
23 claiming himself or herself to be the person entitled to the license;

24 (e) Practice osteopathic medicine or practice as a physician
25 assistant under a false or assumed name or falsely personate another
26 licensee of a like or different name; *or*

27 (f) ~~Hold~~ *Except as otherwise provided in subsection 2, hold*
28 *himself or herself out as a physician assistant or use any other term*
29 *indicating or implying that he or she is a physician assistant, unless*
30 *the person has been licensed by the Board as provided in this*
31 *chapter. ; or*

32 ~~(g) Supervise a person as a physician assistant before such~~
33 ~~person is licensed as provided in this chapter.]~~

34 2. *A person who meets the qualifications for licensure as a*
35 *physician assistant prescribed by the Board but who is not licensed*
36 *pursuant to this chapter may refer to himself or herself as an*
37 *inactive physician assistant.*

38 3. A person who violates any provision of subsection 1:

39 (a) If no substantial bodily harm results, is guilty of a category
40 D felony; or

41 (b) If substantial bodily harm results, is guilty of a category C
42 felony,

43 ↪ and shall be punished as provided in NRS 193.130, unless a
44 greater penalty is provided pursuant to NRS 200.830 or 200.840.



1 ~~§ 4.~~ 4. In addition to any other penalty prescribed by law, if the
2 Board determines that a person has committed any act described in
3 subsection 1, the Board may:

4 (a) Issue and serve on the person an order to cease and desist
5 until the person obtains from the Board the proper license or
6 otherwise demonstrates that he or she is no longer in violation of
7 subsection 1. An order to cease and desist must include a telephone
8 number with which the person may contact the Board.

9 (b) Issue a citation to the person. A citation issued pursuant to
10 this paragraph must be in writing, describe with particularity the
11 nature of the violation and inform the person of the provisions of
12 this paragraph. Each activity in which the person is engaged
13 constitutes a separate offense for which a separate citation may be
14 issued. To appeal a citation, the person must submit a written
15 request for a hearing to the Board not later than 30 days after the
16 date of issuance of the citation.

17 (c) Assess against the person an administrative fine of not more
18 than \$5,000.

19 (d) Impose any combination of the penalties set forth in
20 paragraphs (a), (b) and (c).

21 **Sec. 33.** NRS 633.750 is hereby amended to read as follows:

22 633.750 1. An osteopathic physician *or physician assistant*
23 or any agent or employee thereof shall not retaliate or discriminate
24 unfairly against:

25 (a) An employee of the osteopathic physician *or physician*
26 *assistant* or a person acting on behalf of the employee who in good
27 faith:

28 (1) Reports to the State Board of Osteopathic Medicine
29 information relating to the conduct of the osteopathic physician *or*
30 *physician assistant* which may constitute grounds for initiating
31 disciplinary action against the osteopathic physician *or physician*
32 *assistant* or which otherwise raises a reasonable question regarding
33 the competence of the osteopathic physician to practice medicine
34 with reasonable skill and safety to patients ~~§~~ *or the competence of*
35 *the physician assistant to practice as a physician assistant with*
36 *reasonable skill and safety to patients, as applicable;* or

37 (2) Reports a sentinel event to the Division of Public and
38 Behavioral Health of the Department of Health and Human Services
39 pursuant to NRS 439.835;

40 (b) A registered nurse, licensed practical nurse, nursing assistant
41 or medication aide - certified who is employed by or contracts to
42 provide nursing services for the osteopathic physician *or physician*
43 *assistant* and who:

44 (1) In good faith, reports to the osteopathic physician ~~§~~ *or*
45 *physician assistant*, the State Board of Osteopathic Medicine, the



1 State Board of Nursing, the Legislature or any committee thereof or
2 any other governmental entity:

3 (I) Any information concerning the willful conduct of
4 another registered nurse, licensed practical nurse, nursing assistant
5 or medication aide - certified which violates any provision of
6 chapter 632 of NRS or which is required to be reported to the State
7 Board of Nursing;

8 (II) Any concerns regarding patients who may be exposed
9 to a substantial risk of harm as a result of the failure of the
10 osteopathic physician *or physician assistant* or any agent or
11 employee thereof to comply with minimum professional or
12 accreditation standards or applicable statutory or regulatory
13 requirements; or

14 (III) Any other concerns regarding the osteopathic
15 physician *or physician assistant*, the agents and employees
16 thereof or any situation that reasonably could result in harm to
17 patients; or

18 (2) Refuses to engage in conduct that would violate the duty
19 of the registered nurse, licensed practical nurse, nursing assistant or
20 medication aide - certified to protect patients from actual or
21 potential harm, including, without limitation, conduct which would
22 violate any provision of chapter 632 of NRS or which would subject
23 the registered nurse, licensed practical nurse, nursing assistant or
24 medication aide - certified to disciplinary action by the State Board
25 of Nursing; or

26 (c) An employee of the osteopathic physician *or physician*
27 *assistant*, a person acting on behalf of the employee or a registered
28 nurse, licensed practical nurse, nursing assistant or medication aide -
29 certified who is employed by or contracts to provide nursing
30 services for the osteopathic physician *or physician assistant* and
31 who cooperates or otherwise participates in an investigation or
32 proceeding conducted by the State Board of Osteopathic Medicine
33 or another governmental entity relating to conduct described in
34 paragraph (a) or (b).

35 2. An osteopathic physician *or physician assistant* or any agent
36 or employee thereof shall not retaliate or discriminate unfairly
37 against an employee of the osteopathic physician *or physician*
38 *assistant* or a registered nurse, licensed practical nurse, nursing
39 assistant or medication aide - certified who is employed by or
40 contracts to provide nursing services for the osteopathic physician
41 *or physician assistant* because the employee, registered nurse,
42 licensed practical nurse, nursing assistant or medication aide -
43 certified has taken an action described in subsection 1.

44 3. An osteopathic physician *or physician assistant* or any agent
45 or employee thereof shall not prohibit, restrict or attempt to prohibit



1 or restrict by contract, policy, procedure or any other manner the
2 right of an employee of the osteopathic physician *or physician*
3 *assistant* or a registered nurse, licensed practical nurse, nursing
4 assistant or medication aide - certified who is employed by or
5 contracts to provide nursing services for the osteopathic physician
6 *or physician assistant* to take an action described in subsection 1.

7 4. As used in this section:

8 (a) "Good faith" means honesty in fact in the reporting of the
9 information or in the cooperation in the investigation concerned.

10 (b) "Retaliate or discriminate":

11 (1) Includes, without limitation, any of the following actions
12 if taken solely because the employee, registered nurse, licensed
13 practical nurse, nursing assistant or medication aide - certified took
14 an action described in subsection 1:

15 (I) Frequent or undesirable changes in the location where
16 the person works;

17 (II) Frequent or undesirable transfers or reassignments;

18 (III) The issuance of letters of reprimand, letters of
19 admonition or evaluations of poor performance;

20 (IV) A demotion;

21 (V) A reduction in pay;

22 (VI) The denial of a promotion;

23 (VII) A suspension;

24 (VIII) A dismissal;

25 (IX) A transfer; or

26 (X) Frequent changes in working hours or workdays.

27 (2) Does not include an action described in sub-
28 subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action
29 is taken in the normal course of employment or as a form of
30 discipline.

31 **Sec. 34.** NRS 633.755 is hereby amended to read as follows:

32 633.755 1. An employee of an osteopathic physician *or*
33 *physician assistant* or a registered nurse, licensed practical nurse,
34 nursing assistant or medication aide - certified who is employed by
35 or contracts to provide nursing services for the osteopathic physician
36 *or physician assistant* and who believes that he or she has been
37 retaliated or discriminated against in violation of NRS 633.750 may
38 file an action in a court of competent jurisdiction.

39 2. If a court determines that a violation of NRS 633.750 has
40 occurred, the court may award such damages as it determines to
41 have resulted from the violation, including, without limitation:

42 (a) Compensatory damages;

43 (b) Reimbursement of any wages, salary, employment benefits
44 or other compensation denied to or lost by the employee, registered



1 nurse, licensed practical nurse, nursing assistant or medication aide -
2 certified as a result of the violation;

3 (c) Attorney's fees and costs, including, without limitation, fees
4 for expert witnesses; and

5 (d) Punitive damages, if the facts warrant.

6 3. The court shall award interest on the amount of damages at a
7 rate determined pursuant to NRS 17.130.

8 4. The court may grant any equitable relief it considers
9 appropriate, including, without limitation, reinstatement of the
10 employee, registered nurse, licensed practical nurse, nursing
11 assistant or medication aide - certified and any temporary,
12 preliminary or permanent injunctive relief.

13 5. If any action to retaliate or discriminate is taken against an
14 employee, registered nurse, licensed practical nurse, nursing
15 assistant or medication aide - certified within 60 days after the
16 employee, registered nurse, licensed practical nurse, nursing
17 assistant or medication aide - certified takes any action described in
18 subsection 1 of NRS 633.750, there is a rebuttable presumption that
19 the action taken against the employee, registered nurse, licensed
20 practical nurse, nursing assistant or medication aide - certified
21 constitutes retaliation or discrimination in violation of
22 NRS 633.750.

23 6. An osteopathic physician *or physician assistant* or any agent
24 or employee thereof that violates the provisions of NRS 633.750 is
25 subject to a civil penalty of not more than \$10,000 for each
26 violation. The Attorney General or any district attorney of this State
27 may recover the penalty in a civil action brought in the name of the
28 State of Nevada in any court of competent jurisdiction.

29 7. Any action under this section must be brought not later than
30 2 years after the date of the last event constituting the alleged
31 violation for which the action is brought.

32 8. As used in this section, "retaliate or discriminate" has the
33 meaning ascribed to it in NRS 633.750.

34 **Sec. 35.** NRS 639.0125 is hereby amended to read as follows:

35 639.0125 "Practitioner" means:

36 1. A physician, dentist, veterinarian or podiatric physician who
37 holds a license to practice his or her profession in this State;

38 2. A hospital, pharmacy or other institution licensed, registered
39 or otherwise permitted to distribute, dispense, conduct research with
40 respect to or administer drugs in the course of professional practice
41 or research in this State;

42 3. An advanced practice registered nurse who has been
43 authorized to prescribe controlled substances, poisons, dangerous
44 drugs and devices;

45 4. A physician assistant who:



1 (a) Holds a license issued by the Board of Medical Examiners;
2 and

3 (b) Is authorized by the Board to possess, administer, prescribe
4 or dispense controlled substances, poisons, dangerous drugs or
5 devices ; ~~[under the supervision of a physician as required by
6 chapter 630 of NRS;]~~

7 5. A physician assistant who:

8 (a) Holds a license issued by the State Board of Osteopathic
9 Medicine; and

10 (b) Is authorized by the Board to possess, administer, prescribe
11 or dispense controlled substances, poisons, dangerous drugs or
12 devices ; ~~[under the supervision of an osteopathic physician as
13 required by chapter 633 of NRS;]~~ or

14 6. An optometrist who is certified by the Nevada State Board
15 of Optometry to prescribe and administer pharmaceutical agents
16 pursuant to NRS 636.288, when the optometrist prescribes or
17 administers pharmaceutical agents within the scope of his or her
18 certification.

19 **Sec. 36.** NRS 639.1373 is hereby amended to read as follows:

20 639.1373 1. A physician assistant licensed pursuant to
21 chapter 630 or 633 of NRS may, if authorized by the Board, possess,
22 administer, prescribe or dispense controlled substances, or possess,
23 administer, prescribe or dispense poisons, dangerous drugs or
24 devices ~~[in or out of the presence of his or her supervising
25 physician]~~ only to the extent and subject to the limitations specified
26 in the registration certificate issued to the physician assistant by the
27 Board pursuant to this section.

28 2. Each physician assistant licensed pursuant to chapter 630 or
29 633 of NRS who is authorized by his or her physician assistant's
30 license issued by the Board of Medical Examiners or by the State
31 Board of Osteopathic Medicine, respectively, to possess, administer,
32 prescribe or dispense controlled substances, or to possess,
33 administer, prescribe or dispense poisons, dangerous drugs or
34 devices must apply for and obtain a registration certificate from the
35 Board, pay a fee to be set by regulations adopted by the Board and
36 pass an examination administered by the Board on the law relating
37 to pharmacy before the physician assistant can possess, administer,
38 prescribe or dispense controlled substances, or possess, administer,
39 prescribe or dispense poisons, dangerous drugs or devices.

40 3. The Board shall consider each application separately and
41 may, even though the physician assistant's license issued by the
42 Board of Medical Examiners or by the State Board of Osteopathic
43 Medicine authorizes the physician assistant to possess, administer,
44 prescribe or dispense controlled substances, or to possess,



1 administer, prescribe or dispense poisons, dangerous drugs and
2 devices:

3 (a) Refuse to issue a registration certificate;

4 (b) Issue a registration certificate limiting the authority of the
5 physician assistant to possess, administer, prescribe or dispense
6 controlled substances, or to possess, administer, prescribe or
7 dispense poisons, dangerous drugs or devices, the area in which the
8 physician assistant may possess controlled substances, poisons,
9 dangerous drugs and devices, or the kind and amount of controlled
10 substances, poisons, dangerous drugs and devices; or

11 (c) Issue a registration certificate imposing other limitations or
12 restrictions which the Board feels are necessary and required to
13 protect the health, safety and welfare of the public.

14 4. ~~If the registration of the physician assistant licensed~~
15 ~~pursuant to chapter 630 or 633 of NRS is suspended or revoked, the~~
16 ~~physician's controlled substance registration may also be suspended~~
17 ~~or revoked.~~

18 ~~—5.]~~ The Board shall adopt regulations controlling the maximum
19 amount to be administered, possessed and dispensed, and the
20 storage, security, recordkeeping and transportation of controlled
21 substances and the maximum amount to be administered, possessed,
22 prescribed and dispensed and the storage, security, recordkeeping
23 and transportation of poisons, dangerous drugs and devices by
24 physician assistants licensed pursuant to chapter 630 or 633 of NRS.
25 In the adoption of those regulations, the Board shall consider, but is
26 not limited to, the following:

27 (a) The area in which the physician assistant is to operate;

28 (b) The population of that area;

29 (c) ~~The experience and training of the physician assistant;~~

30 ~~—(d)]~~ The distance to the nearest hospital and physician; and

31 ~~[(e)]~~ (d) The effect on the health, safety and welfare of the
32 public.

33 ~~[6. For the purposes of this section, the term "supervising~~
34 ~~physician" includes a supervising osteopathic physician as defined~~
35 ~~in chapter 633 of NRS.]~~

36 **Sec. 37.** NRS 639.2327 is hereby amended to read as follows:

37 639.2327 A facility for intermediate care or facility for skilled
38 nursing which is licensed as such by the Division of Public and
39 Behavioral Health of the Department of Health and Human Services
40 and is registered with the Board pursuant to this chapter may
41 maintain a stock of drugs for emergency treatment of inpatients,
42 subject to the following conditions:

43 1. The Board shall by regulation determine the specific drugs
44 and the quantities thereof which may be maintained.



1 2. The emergency stock of drugs must be maintained at all
2 times in a solid, sealed container and the seal must remain intact
3 except when the drugs are needed for emergency treatment of a
4 patient in the facility. The sealed container must be stored at all
5 times in a locked compartment on the premises of the facility.

6 3. All drugs delivered to a facility must be signed for by the
7 nurse or other person in charge. An inventory of the stock of drugs
8 must be appended to the sealed container. Immediately after the
9 drugs are needed, the physician , *physician assistant* or registered
10 nurse who breaks the seal shall enter on the inventory sheet the
11 following information:

12 (a) The date and time the sealed container is opened;

13 (b) The name of the patient for whom the drugs are to be used;

14 (c) The name of the patient's physician , *physician assistant or*
15 *advanced practice registered nurse* or the physician , *physician*
16 *assistant or advanced practice registered nurse* who directs the
17 administration of the drugs, if different;

18 (d) An itemization of the drugs removed; and

19 (e) The signature of the person who opened the sealed container.

20 4. When the drugs have been removed and the information
21 required by subsection 3 has been entered on the inventory, the
22 physician , *physician assistant* or registered nurse shall immediately
23 replace the container in a locked compartment and shall notify the
24 pharmaceutical consultant, as soon as it is practical to do so, that the
25 container has been opened.

26 5. The sealed container and its contents at all times remain the
27 responsibility of the pharmaceutical consultant. Upon being notified
28 that the sealed container has been opened, or on the next business
29 day if notification is not received during business hours, but in no
30 event more than 48 hours following receipt of the notification, the
31 pharmaceutical consultant shall:

32 (a) Examine the inventory sheet;

33 (b) Replace the drugs removed;

34 (c) Secure a written prescription for the drugs replaced, if one is
35 required by law;

36 (d) Enter the name and quantity of the drugs so replaced on the
37 inventory sheet, together with the date and time of replacement;

38 (e) Reseal the container; and

39 (f) Sign the inventory sheet.

40 6. No person other than a licensed physician , *licensed*
41 *physician assistant* or registered nurse may open the container or
42 remove any drugs from the container.

43 7. The Board, its agents and inspectors may at all times have
44 access to the premises of the facility to determine compliance with
45 this section.



1 **Sec. 38.** NRS 639.2589 is hereby amended to read as follows:
2 639.2589 1. The form used for any prescription which is
3 issued or intended to be filled in this state must contain a line for the
4 signature of the practitioner.

5 2. Substitutions may be made in filling prescriptions contained
6 in the orders of a physician, *of a physician assistant who is a*
7 *practitioner* or of an advanced practice registered nurse who is a
8 practitioner, in a facility for skilled nursing or facility for
9 intermediate care.

10 3. Substitutions may be made in filling prescriptions for drugs
11 ordered on a patient's chart in a hospital if the hospital's medical
12 staff has approved a formulary for specific generic substitutions.

13 4. Substitutions may be made in filling prescriptions for
14 biological products ordered on a patient's chart in a hospital if the
15 hospital's medical staff has approved a formulary for specific
16 interchangeable biological products.

17 **Sec. 39.** NRS 640E.090 is hereby amended to read as follows:
18 640E.090 1. The provisions of this chapter do not apply to:

19 (a) Any person who is licensed or registered in this State as a
20 physician pursuant to chapter 630, 630A or 633 of NRS, *a*
21 *physician assistant pursuant to chapter 630 or 633 of NRS*, dentist,
22 nurse, dispensing optician, optometrist, occupational therapist,
23 practitioner of respiratory care, physical therapist, podiatric
24 physician, psychologist, marriage and family therapist, chiropractic
25 physician, athletic trainer, massage therapist, reflexologist,
26 structural integration practitioner, perfusionist, doctor of Oriental
27 medicine in any form, medical laboratory director or technician or
28 pharmacist who:

29 (1) Practices within the scope of that license or registration;

30 (2) Does not represent that he or she is a licensed dietitian or
31 registered dietitian; and

32 (3) Provides nutrition information incidental to the practice
33 for which he or she is licensed or registered.

34 (b) A student enrolled in an educational program accredited by
35 the Accreditation Council for Education in Nutrition and Dietetics,
36 or its successor organization, if the student engages in the practice
37 of dietetics under the supervision of a licensed dietitian or registered
38 dietitian as part of that educational program.

39 (c) A registered dietitian employed by the Armed Forces of the
40 United States, the United States Department of Veterans Affairs or
41 any division or department of the Federal Government in the
42 discharge of his or her official duties, including, without limitation,
43 the practice of dietetics or providing nutrition services.

44 (d) A person who furnishes nutrition information, provides
45 recommendations or advice concerning nutrition, or markets food,



1 food materials or dietary supplements and provides nutrition
2 information, recommendations or advice related to that marketing, if
3 the person does not represent that he or she is a licensed dietitian or
4 registered dietitian. While performing acts described in this
5 paragraph, a person shall be deemed not to be engaged in the
6 practice of dietetics or the providing of nutrition services.

7 (e) A person who provides services relating to weight loss or
8 weight control through a program reviewed by and in consultation
9 with a licensed dietitian, ~~for~~ physician *or physician assistant* or a
10 dietitian licensed or registered in another state which has equivalent
11 licensure requirements as this State, as long as the person does not
12 change the services or program without the approval of the person
13 with whom he or she is consulting.

14 2. As used in this section, "nutrition information" means
15 information relating to the principles of nutrition and the effect of
16 nutrition on the human body, including, without limitation:

17 (a) Food preparation;

18 (b) Food included in a normal daily diet;

19 (c) Essential nutrients required by the human body and
20 recommended amounts of essential nutrients, based on nationally
21 established standards;

22 (d) The effect of nutrients on the human body and the effect of
23 deficiencies in or excess amounts of nutrients in the human body;
24 and

25 (e) Specific foods or supplements that are sources of essential
26 nutrients.

27 **Sec. 40.** NRS 641A.410 is hereby amended to read as follows:

28 641A.410 1. It is unlawful for any person to engage in the
29 practice of marriage and family therapy or the practice of clinical
30 professional counseling unless the person is licensed under the
31 provisions of this chapter.

32 2. The provisions of this chapter do not:

33 (a) Prevent any licensed physician, *licensed physician assistant*,
34 licensed nurse, licensed psychologist, certified alcohol or drug
35 counselor or other person licensed or certified by the State from
36 carrying out the functions permitted by the respective license or
37 certification if the person does not hold himself or herself out to the
38 public by any title and description of service likely to cause
39 confusion with the titles and descriptions of service set forth in this
40 chapter.

41 (b) Apply to any activity or service of a student who is obtaining
42 a professional education as recognized by the Board if the activity or
43 service constitutes a part of the student's supervised course of study,
44 the activities are supervised by a licensee under this chapter and the
45 student is designated by the title "intern in marriage and family



1 therapy” or any other title which clearly indicates his or her status as
2 a student.

3 (c) Apply to any activity or service of an intern while obtaining
4 the experience required for licensing as a marriage and family
5 therapist or a clinical professional counselor.

6 (d) Apply to a licensed or ordained minister in good standing
7 with his or her denomination whose duty is primarily to serve his or
8 her congregation and whose practice of marriage and family therapy
9 or clinical professional counseling is incidental to other duties if the
10 minister does not hold himself or herself out to the public by any
11 title or description of service that is likely to cause confusion with
12 the titles and descriptions or services set forth in this chapter.

13 **Sec. 41.** NRS 641C.130 is hereby amended to read as follows:

14 641C.130 The provisions of this chapter do not apply to:

15 1. A physician *or physician assistant* who is licensed pursuant
16 to the provisions of chapter 630 or 633 of NRS;

17 2. A nurse who is licensed pursuant to the provisions of chapter
18 632 of NRS and is authorized by the State Board of Nursing to
19 engage in the practice of counseling persons with alcohol and other
20 substance use disorders or the practice of counseling persons with
21 an addictive disorder related to gambling;

22 3. A psychologist who is licensed pursuant to the provisions of
23 chapter 641 of NRS or authorized to practice psychology in this
24 State pursuant to the Psychology Interjurisdictional Compact
25 enacted in NRS 641.227;

26 4. A clinical professional counselor or clinical professional
27 counselor intern who is licensed pursuant to chapter 641A of NRS;

28 5. A marriage and family therapist or marriage and family
29 therapist intern who is licensed pursuant to the provisions of chapter
30 641A of NRS and is authorized by the Board of Examiners for
31 Marriage and Family Therapists and Clinical Professional
32 Counselors to engage in the practice of counseling persons with
33 alcohol and other substance use disorders or the practice of
34 counseling persons with an addictive disorder related to gambling;

35 6. A person who is:

36 (a) Licensed as:

37 (1) A clinical social worker pursuant to the provisions of
38 chapter 641B of NRS; or

39 (2) A master social worker or an independent social worker
40 pursuant to the provisions of chapter 641B of NRS and is engaging
41 in clinical social work as part of an internship program approved by
42 the Board of Examiners for Social Workers; and

43 (b) Authorized by the Board of Examiners for Social Workers to
44 engage in the practice of counseling persons with alcohol and other



1 substance use disorders or the practice of counseling persons with
2 an addictive disorder related to gambling; or

3 7. A person who provides or supervises the provision of peer
4 recovery support services in accordance with NRS 433.622 to
5 433.641, inclusive.

6 **Sec. 42.** NRS 641C.430 is hereby amended to read as follows:

7 641C.430 The Board may issue a certificate as a problem
8 gambling counselor to:

9 1. A person who:

10 (a) Is not less than 21 years of age;

11 (b) Has received a bachelor's degree, master's degree or a
12 doctoral degree from an accredited college or university in a field of
13 social science approved by the Board;

14 (c) Has completed not less than 60 hours of training specific to
15 problem gambling approved by the Board;

16 (d) Has completed at least 2,000 hours of supervised counseling
17 of persons with an addictive disorder related to gambling in a setting
18 approved by the Board;

19 (e) Passes the written and oral examination prescribed by the
20 Board pursuant to NRS 641C.290;

21 (f) Presents himself or herself when scheduled for an interview
22 at a meeting of the Board;

23 (g) Pays the fees required pursuant to NRS 641C.470; and

24 (h) Submits all information required to complete an application
25 for a certificate.

26 2. A person who:

27 (a) Is not less than 21 years of age;

28 (b) Is licensed as:

29 (1) A clinical social worker pursuant to chapter 641B of
30 NRS;

31 (2) A clinical professional counselor pursuant to chapter
32 641A of NRS;

33 (3) A marriage and family therapist pursuant to chapter 641A
34 of NRS;

35 (4) A physician *or physician assistant* pursuant to chapter
36 630 of NRS;

37 (5) A nurse pursuant to chapter 632 of NRS and has received
38 a master's degree or a doctoral degree from an accredited college or
39 university;

40 (6) A psychologist pursuant to chapter 641 of NRS;

41 (7) An alcohol and drug counselor pursuant to this chapter;

42 or

43 (8) A clinical alcohol and drug counselor pursuant to this
44 chapter;



1 (c) Has completed not less than 60 hours of training specific to
2 problem gambling approved by the Board;

3 (d) Has completed at least 1,000 hours of supervised counseling
4 of persons with an addictive disorder related to gambling in a setting
5 approved by the Board;

6 (e) Passes the written and oral examination prescribed by the
7 Board pursuant to NRS 641C.290;

8 (f) Pays the fees required pursuant to NRS 641C.470; and

9 (g) Submits all information required to complete an application
10 for a certificate.

11 **Sec. 43.** NRS 6.030 is hereby amended to read as follows:

12 6.030 1. The court may at any time temporarily excuse any
13 juror on account of:

14 (a) Sickness or physical disability.

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

17 (c) Undue hardship or extreme inconvenience.

18 (d) Public necessity.

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

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

26 4. The court shall permanently excuse any person from service
27 as a juror if the person is incapable, by reason of a permanent
28 physical or mental disability, of rendering satisfactory service as a
29 juror. The court may require the prospective juror to submit a
30 certificate completed by a physician , *a physician assistant* or an
31 advanced practice registered nurse licensed pursuant to NRS
32 632.237 concerning the nature and extent of the disability and the
33 certifying physician , *physician assistant* or advanced practice
34 registered nurse may be required to testify concerning the disability
35 when the court so directs.

36 **Sec. 44.** NRS 7.095 is hereby amended to read as follows:

37 7.095 1. An attorney shall not contract for or collect a fee
38 contingent on the amount of recovery for representing a person
39 seeking damages in connection with an action for injury or death
40 against a provider of health care based upon professional negligence
41 in excess of:

42 (a) Forty percent of the first \$50,000 recovered;

43 (b) Thirty-three and one-third percent of the next \$50,000
44 recovered;

45 (c) Twenty-five percent of the next \$500,000 recovered; and



1 (d) Fifteen percent of the amount of recovery that exceeds
2 \$600,000.

3 2. The limitations set forth in subsection 1 apply to all forms of
4 recovery, including, without limitation, settlement, arbitration and
5 judgment.

6 3. For the purposes of this section, "recovered" means the net
7 sum recovered by the plaintiff after deducting any disbursements or
8 costs incurred in connection with the prosecution or settlement of
9 the claim. Costs of medical care incurred by the plaintiff and general
10 and administrative expenses incurred by the office of the attorney
11 are not deductible disbursements or costs.

12 4. As used in this section:

13 (a) "Professional negligence" means a negligent act or omission
14 to act by a provider of health care in the rendering of professional
15 services, which act or omission is the proximate cause of a personal
16 injury or wrongful death. The term does not include services that are
17 outside the scope of services for which the provider of health care is
18 licensed or services for which any restriction has been imposed by
19 the applicable regulatory board or health care facility.

20 (b) "Provider of health care" means a physician *or physician*
21 *assistant* licensed under chapter 630 or 633 of NRS, dentist,
22 registered nurse, dispensing optician, optometrist, registered
23 physical therapist, podiatric physician, licensed psychologist,
24 chiropractic physician, doctor of Oriental medicine, holder of a
25 license or a limited license issued under the provisions of chapter
26 653 of NRS, medical laboratory director or technician, licensed
27 dietitian or a licensed hospital and its employees.

28 **Sec. 45.** NRS 42.021 is hereby amended to read as follows:

29 42.021 1. In an action for injury or death against a provider
30 of health care based upon professional negligence, if the defendant
31 so elects, the defendant may introduce evidence of any amount
32 payable as a benefit to the plaintiff as a result of the injury or death
33 pursuant to the United States Social Security Act, any state or
34 federal income disability or worker's compensation act, any health,
35 sickness or income-disability insurance, accident insurance that
36 provides health benefits or income-disability coverage, and any
37 contract or agreement of any group, organization, partnership or
38 corporation to provide, pay for or reimburse the cost of medical,
39 hospital, dental or other health care services. If the defendant elects
40 to introduce such evidence, the plaintiff may introduce evidence of
41 any amount that the plaintiff has paid or contributed to secure the
42 plaintiff's right to any insurance benefits concerning which the
43 defendant has introduced evidence.

44 2. A source of collateral benefits introduced pursuant to
45 subsection 1 may not:



- 1 (a) Recover any amount against the plaintiff; or
2 (b) Be subrogated to the rights of the plaintiff against a
3 defendant.

4 3. In an action for injury or death against a provider of health
5 care based upon professional negligence, a district court shall, at the
6 request of either party, enter a judgment ordering that money
7 damages or its equivalent for future damages of the judgment
8 creditor be paid in whole or in part by periodic payments rather than
9 by a lump-sum payment if the award equals or exceeds \$50,000 in
10 future damages.

11 4. In entering a judgment ordering the payment of future
12 damages by periodic payments pursuant to subsection 3, the court
13 shall make a specific finding as to the dollar amount of periodic
14 payments that will compensate the judgment creditor for such future
15 damages. As a condition to authorizing periodic payments of future
16 damages, the court shall require a judgment debtor who is not
17 adequately insured to post security adequate to assure full payment
18 of such damages awarded by the judgment. Upon termination of
19 periodic payments of future damages, the court shall order the return
20 of this security, or so much as remains, to the judgment debtor.

21 5. A judgment ordering the payment of future damages by
22 periodic payments entered pursuant to subsection 3 must specify the
23 recipient or recipients of the payments, the dollar amount of the
24 payments, the interval between payments, and the number of
25 payments or the period of time over which payments will be made.
26 Such payments must only be subject to modification in the event of
27 the death of the judgment creditor. Money damages awarded for loss
28 of future earnings must not be reduced or payments terminated by
29 reason of the death of the judgment creditor, but must be paid to
30 persons to whom the judgment creditor owed a duty of support, as
31 provided by law, immediately before the judgment creditor's death.
32 In such cases, the court that rendered the original judgment may,
33 upon petition of any party in interest, modify the judgment to award
34 and apportion the unpaid future damages in accordance with this
35 subsection.

36 6. If the court finds that the judgment debtor has exhibited a
37 continuing pattern of failing to make the periodic payments as
38 specified pursuant to subsection 5, the court shall find the judgment
39 debtor in contempt of court and, in addition to the required periodic
40 payments, shall order the judgment debtor to pay the judgment
41 creditor all damages caused by the failure to make such periodic
42 payments, including, but not limited to, court costs and attorney's
43 fees.

44 7. Following the occurrence or expiration of all obligations
45 specified in the periodic payment judgment, any obligation of the



1 judgment debtor to make further payments ceases and any security
2 given pursuant to subsection 4 reverts to the judgment debtor.

3 8. As used in this section:

4 (a) "Future damages" includes damages for future medical
5 treatment, care or custody, loss of future earnings, loss of bodily
6 function, or future pain and suffering of the judgment creditor.

7 (b) "Periodic payments" means the payment of money or
8 delivery of other property to the judgment creditor at regular
9 intervals.

10 (c) "Professional negligence" means a negligent act or omission
11 to act by a provider of health care in the rendering of professional
12 services, which act or omission is the proximate cause of a personal
13 injury or wrongful death. The term does not include services that are
14 outside the scope of services for which the provider of health care is
15 licensed or services for which any restriction has been imposed by
16 the applicable regulatory board or health care facility.

17 (d) "Provider of health care" means a physician *or physician*
18 *assistant* licensed under chapter 630 or 633 of NRS, dentist,
19 licensed nurse, dispensing optician, optometrist, registered physical
20 therapist, podiatric physician, licensed psychologist, chiropractic
21 physician, doctor of Oriental medicine, holder of a license or a
22 limited license issued under the provisions of chapter 653 of NRS,
23 medical laboratory director or technician, licensed dietitian or a
24 licensed hospital and its employees.

25 **Sec. 46.** NRS 52.320 is hereby amended to read as follows:

26 52.320 As used in NRS 52.320 to 52.375, inclusive, unless the
27 context otherwise requires:

28 1. "Custodian of medical records" means a chiropractic
29 physician, physician, *physician assistant*, registered physical
30 therapist or licensed nurse who prepares and maintains medical
31 records, or any employee or agent of such a person or a facility for
32 convalescent care, medical laboratory or hospital who has care,
33 custody and control of medical records for such a person or
34 institution.

35 2. "Medical records" includes bills, ledgers, statements and
36 other accounts which show the cost of medical services or care
37 provided to a patient.

38 **Sec. 47.** NRS 62A.270 is hereby amended to read as follows:

39 62A.270 "Qualified professional" means:

40 1. A psychiatrist licensed to practice medicine in this State and
41 certified by the American Board of Psychiatry and Neurology, Inc.;

42 2. A psychologist licensed to practice in this State;

43 3. A social worker holding a master's degree in social work
44 and licensed in this State as a master social worker or clinical social
45 worker;



1 4. A registered nurse holding a master's degree in the field of
2 psychiatric nursing and licensed to practice professional nursing in
3 this State;

4 5. A marriage and family therapist licensed in this State
5 pursuant to chapter 641A of NRS; ~~for~~

6 6. A clinical professional counselor licensed in this State
7 pursuant to chapter 641A of NRS ~~+~~; or

8 *7. A physician assistant licensed to practice in this State*
9 *pursuant to chapter 630 or 633 of NRS and who practices in the*
10 *specialty of psychiatry.*

11 **Sec. 48.** NRS 118A.345 is hereby amended to read as follows:

12 118A.345 1. Notwithstanding any provision in a rental
13 agreement to the contrary, if a tenant, cotenant or household
14 member is the victim of domestic violence, harassment, sexual
15 assault or stalking, the tenant or any cotenant may terminate the
16 rental agreement by giving the landlord written notice of termination
17 effective at the end of the current rental period or 30 days after the
18 notice is provided to the landlord, whichever occurs sooner.

19 2. In the case of a termination of a rental agreement pursuant to
20 this section on the grounds that a tenant, cotenant or household
21 member is a victim of domestic violence, the written notice
22 provided to a landlord pursuant to subsection 1 must describe the
23 reason for the termination of the rental agreement and be
24 accompanied by:

25 (a) A copy of an order for protection against domestic violence
26 issued to the tenant, cotenant or household member who is the
27 victim of domestic violence;

28 (b) A copy of a written report from a law enforcement agency
29 indicating that the tenant, cotenant or household member notified
30 the law enforcement agency of the domestic violence; or

31 (c) A copy of a written affidavit in the form prescribed pursuant
32 to NRS 118A.347 and signed by a qualified third party acting in his
33 or her official capacity stating that the tenant, cotenant or household
34 member is a victim of domestic violence and identifying the adverse
35 party.

36 3. In the case of a termination of a rental agreement pursuant to
37 this section on the grounds that a tenant, cotenant or household
38 member is a victim of harassment, sexual assault or stalking, the
39 written notice provided to a landlord pursuant to subsection 1 must
40 describe the reason for the termination of the rental agreement and
41 be accompanied by:

42 (a) A copy of a written report from a law enforcement agency
43 indicating that the tenant, cotenant or household member notified
44 the law enforcement agency of the harassment, sexual assault or
45 stalking, as applicable; or



1 (b) A copy of a temporary or extended order issued pursuant to
2 NRS 200.378 or 200.591, as applicable.

3 4. A tenant or cotenant may terminate a rental agreement
4 pursuant to this section only if the actions, events or circumstances
5 that resulted in the tenant, cotenant or household member becoming
6 a victim of domestic violence, harassment, sexual assault or stalking
7 occurred within the 90 days immediately preceding the written
8 notice of termination to the landlord.

9 5. A tenant or cotenant who terminates a rental agreement
10 pursuant to this section is only liable, if solely or jointly liable for
11 purposes of the rental agreement, for any rent owed or required to be
12 paid through the date of termination and any other outstanding
13 obligations. If the tenant or cotenant has prepaid rent that would
14 apply for the rental period in which the rental agreement is
15 terminated, the landlord may retain the prepaid rent and no refund is
16 due to the tenant or cotenant unless the amount of the prepaid rent
17 exceeds what is owed for that rental period. Except as otherwise
18 provided in NRS 118A.242, if the tenant or cotenant has paid a
19 security deposit, the deposit must not be withheld for the early
20 termination of the rental agreement if the rental agreement is
21 terminated pursuant to this section.

22 6. A person who is named as the adverse party may be civilly
23 liable for all economic losses incurred by a landlord for the early
24 termination of a rental agreement pursuant to this section, including,
25 without limitation, unpaid rent, fees relating to early termination,
26 costs for the repair of any damages to the dwelling and any
27 reductions in or waivers of rent previously extended to the tenant or
28 cotenant who terminates the rental agreement pursuant to this
29 section.

30 7. A landlord shall not provide to an adverse party any
31 information concerning the whereabouts of a tenant, cotenant or
32 household member if the tenant or cotenant provided notice
33 pursuant to subsection 1.

34 8. If a tenant or cotenant provided notice pursuant to
35 subsection 1, the tenant, the cotenant or a household member may
36 require the landlord to install a new lock onto the dwelling if the
37 tenant, cotenant or household member pays the cost of installing the
38 new lock. A landlord complies with the requirements of this
39 subsection by:

- 40 (a) Rekeying the lock if the lock is in good working condition;
41 or
42 (b) Replacing the entire locking mechanism with a new locking
43 mechanism of equal or superior quality.



1 9. A landlord who installs a new lock pursuant to subsection 8
2 may retain a copy of the new key. Notwithstanding any provision in
3 a rental agreement to the contrary, the landlord shall:

4 (a) Refuse to provide a key which unlocks the new lock to an
5 adverse party.

6 (b) Refuse to provide to an adverse party, whether or not that
7 party is a tenant, cotenant or household member, access to the
8 dwelling to reclaim property unless a law enforcement officer is
9 present.

10 10. This section shall not be construed to limit a landlord's
11 right to terminate a rental agreement for reasons unrelated to
12 domestic violence, harassment, sexual assault or stalking.

13 11. Notwithstanding any other provision of law, the
14 termination of a rental agreement pursuant to this section:

15 (a) Must not be disclosed, described or characterized as an early
16 termination by a current landlord to a prospective landlord; and

17 (b) Is not required to be disclosed as an early termination by a
18 tenant or cotenant to a prospective landlord.

19 12. As used in this section:

20 (a) "Adverse party" means a person who is named in an order
21 for protection against domestic violence, harassment, sexual assault
22 or stalking, a written report from a law enforcement agency or a
23 written statement from a qualified third party and who is alleged to
24 be the cause of the early termination of a rental agreement pursuant
25 to this section.

26 (b) "Cotenant" means a tenant who, pursuant to a rental
27 agreement, is entitled to occupy a dwelling that another tenant is
28 also entitled to occupy pursuant to the same rental agreement.

29 (c) "Domestic violence" means the commission of any act
30 described in NRS 33.018.

31 (d) "Harassment" means a violation of NRS 200.571.

32 (e) "Household member" means any person who is related by
33 blood or marriage and is actually residing with a tenant or cotenant.

34 (f) "Qualified third party" means:

35 (1) A physician *or physician assistant* licensed to practice in
36 this State;

37 (2) A psychiatrist licensed to practice medicine in this State
38 and certified by the American Board of Psychiatry and Neurology,
39 Inc. or the American Osteopathic Board of Neurology and
40 Psychiatry of the American Osteopathic Association;

41 (3) A psychologist licensed to practice in this State;

42 (4) A social worker licensed to practice in this State;

43 (5) A registered nurse holding a master's degree in the field
44 of psychiatric nursing and licensed to practice professional nursing
45 in this State;



1 (6) A marriage and family therapist or clinical professional
2 counselor licensed to practice in this State pursuant to chapter 641A
3 of NRS;

4 (7) Any person who:

5 (I) Is employed by an agency or service which advises
6 persons regarding domestic violence or refers them to persons or
7 agencies where their request and needs can be met and who is
8 licensed to provide health care pursuant to the provisions of title 54
9 of NRS, or is a member of the board of directors or serves as the
10 executive director of an agency or service which advises persons
11 regarding domestic violence or refers them to persons or agencies
12 where their request and needs can be met;

13 (II) Has received training relating to domestic violence;
14 and

15 (III) Is a resident of this State; or

16 (8) Any member of the clergy of a church or religious society
17 or denomination that is recognized as exempt under section
18 501(c)(3) of the Internal Revenue Code of 1986, 26 U.S.C. § 501
19 (c)(3), who has been chosen, elected or appointed in conformity
20 with the constitution, canons, rites, regulations or discipline of the
21 church or religious society or denomination and who is a resident of
22 this State.

23 (g) "Sexual assault" means a violation of NRS 200.366.

24 (h) "Stalking" means a violation of NRS 200.575.

25 **Sec. 49.** NRS 162A.220 is hereby amended to read as follows:

26 162A.220 1. A power of attorney must be signed by the
27 principal or, in the principal's conscious presence, by another
28 individual directed by the principal to sign the principal's name on
29 the power of attorney. A signature on a power of attorney is
30 presumed to be genuine if the principal acknowledges the signature
31 before a notary public or other individual authorized by law to take
32 acknowledgments.

33 2. If the principal resides in a hospital, residential facility for
34 groups, facility for skilled nursing or home for individual residential
35 care, at the time of execution of the power of attorney, a
36 certification of competency of the principal from an advanced
37 practice registered nurse, a physician, *a physician assistant, a*
38 *psychologist or a* psychiatrist must be attached to the power of
39 attorney.

40 3. If the principal resides or is about to reside in a hospital,
41 assisted living facility or facility for skilled nursing at the time of
42 execution of the power of attorney, in addition to the prohibition set
43 forth in NRS 162A.840 and except as otherwise provided in
44 subsection 4, the principal may not name as agent in any power of
45 attorney for any purpose:



1 (a) The hospital, assisted living facility or facility for skilled
2 nursing;

3 (b) An owner or operator of the hospital, assisted living facility
4 or facility for skilled nursing; or

5 (c) An employee of the hospital, assisted living facility or
6 facility for skilled nursing.

7 4. The principal may name as agent any person identified in
8 subsection 3 if that person is:

9 (a) The spouse, legal guardian or next of kin of the principal; or

10 (b) Named only for the purpose of assisting the principal to
11 establish eligibility for Medicaid and the power of attorney complies
12 with the provisions of subsection 5.

13 5. A person may be named as agent pursuant to paragraph (b)
14 of subsection 4 only if:

15 (a) A valid financial power of attorney for the principal does not
16 exist;

17 (b) The agent has made a good faith effort to contact each
18 family member of the principal identified in the records of the
19 hospital, assisted living facility or facility for skilled nursing, as
20 applicable, to request that the family member establish a financial
21 power of attorney for the principal and has documented his or her
22 effort;

23 (c) The power of attorney specifies that the agent is only
24 authorized to access financial documents of the principal which are
25 necessary to prove eligibility of the principal for Medicaid as
26 described in the application for Medicaid and specifies that any
27 request for such documentation must be accompanied by a copy of
28 the application for Medicaid or by other proof that the document is
29 necessary to prove eligibility for Medicaid;

30 (d) The power of attorney specifies that the agent does not have
31 authority to access money or any other asset of the principal for any
32 purpose; and

33 (e) The power of attorney specifies that the power of attorney is
34 only valid until eligibility of the principal for Medicaid is
35 determined or 6 months after the power of attorney is signed,
36 whichever is sooner.

37 6. A person who is named as agent pursuant to paragraph (b) of
38 subsection 4 shall not use the power of attorney for any purpose
39 other than to assist the principal to establish eligibility for Medicaid
40 and shall not use the power of attorney in a manner inconsistent
41 with the provisions of subsection 5. A person who violates the
42 provisions of this subsection is guilty of a category C felony and
43 shall be punished as provided in NRS 193.130.

44 7. As used in this section:



1 (a) "Assisted living facility" has the meaning ascribed to it in
2 NRS 422.3962.

3 (b) "Facility for skilled nursing" has the meaning ascribed to it
4 in NRS 449.0039.

5 (c) "Home for individual residential care" has the meaning
6 ascribed to it in NRS 449.0105.

7 (d) "Hospital" has the meaning ascribed to it in NRS 449.012.

8 (e) "Residential facility for groups" has the meaning ascribed to
9 it in NRS 449.017.

10 **Sec. 50.** NRS 162A.260 is hereby amended to read as follows:

11 162A.260 1. A power of attorney is effective when executed
12 unless the principal provides in the power of attorney that it
13 becomes effective at a future date or upon the occurrence of a future
14 event or contingency.

15 2. If a power of attorney becomes effective upon the
16 occurrence of a future event or contingency, the principal, in the
17 power of attorney, may authorize one or more persons to determine
18 in a writing or other record that the event or contingency has
19 occurred.

20 3. If a power of attorney becomes effective upon the principal's
21 incapacity and the principal has not authorized a person to
22 determine whether the principal is incapacitated, or the person
23 authorized is unable or unwilling to make the determination, the
24 power of attorney becomes effective upon a determination in a
25 writing or other record by an advanced practice registered nurse, a
26 physician, *a physician assistant, a* psychiatrist or *a* licensed
27 psychologist that the principal is incapacitated.

28 4. A person authorized by the principal in the power of
29 attorney to determine that the principal is incapacitated may act as
30 the principal's personal representative pursuant to the Health
31 Insurance Portability and Accountability Act of 1996, Public Law
32 104-191, as amended, and applicable regulations, to obtain a
33 determination of incapacity.

34 **Sec. 51.** NRS 162A.790 is hereby amended to read as follows:

35 162A.790 1. Any adult person may execute a power of
36 attorney enabling the agent named in the power of attorney to make
37 decisions concerning health care for the principal if that principal
38 becomes incapable of giving informed consent concerning such
39 decisions.

40 2. A power of attorney for health care must be signed by the
41 principal. The principal's signature on the power of attorney for
42 health care must be:

43 (a) Acknowledged before a notary public; or

44 (b) Witnessed by two adult witnesses who know the principal
45 personally.



1 3. Neither of the witnesses to a principal's signature may be:

- 2 (a) A provider of health care;
3 (b) An employee of a provider of health care;
4 (c) An operator of a health care facility;
5 (d) An employee of a health care facility; or
6 (e) The agent.

7 4. At least one of the witnesses to a principal's signature must
8 be a person who is:

9 (a) Not related to the principal by blood, marriage or adoption;
10 and

11 (b) To the best of the witnesses' knowledge, not entitled to any
12 part of the estate of the principal upon the death of the principal.

13 5. If the principal resides in a hospital, residential facility for
14 groups, facility for skilled nursing or home for individual residential
15 care, at the time of the execution of the power of attorney, a
16 certification of competency of the principal from an advanced
17 practice registered nurse, a physician, *a physician assistant, a*
18 *psychologist or a* psychiatrist must be attached to the power of
19 attorney.

20 6. A power of attorney executed in a jurisdiction outside of this
21 State is valid in this State if, when the power of attorney was
22 executed, the execution complied with the laws of that jurisdiction
23 or the requirements for a military power of attorney pursuant to 10
24 U.S.C. § 1044b.

25 7. As used in this section:

26 (a) "Facility for skilled nursing" has the meaning ascribed to it
27 in NRS 449.0039.

28 (b) "Home for individual residential care" has the meaning
29 ascribed to it in NRS 449.0105.

30 (c) "Hospital" has the meaning ascribed to it in NRS 449.012.

31 (d) "Residential facility for groups" has the meaning ascribed to
32 it in NRS 449.017.

33 **Sec. 52.** NRS 162A.810 is hereby amended to read as follows:

34 162A.810 1. A power of attorney for health care is effective
35 when executed unless the principal provides in the power of
36 attorney that it becomes effective at a future date or upon incapacity.

37 2. If a power of attorney for health care becomes effective
38 upon the principal's incapacity, the power of attorney becomes
39 effective upon a determination in a writing or other record by an
40 advanced practice registered nurse, a physician, *a physician*
41 *assistant, a* psychiatrist or *a* licensed psychologist that the principal
42 is incapacitated.

43 3. An agent named in the power of attorney for health care may
44 act as the principal's personal representative pursuant to the Health
45 Insurance Portability and Accountability Act of 1996, Public



1 Law 104-191, as amended, and applicable regulations, to obtain a
2 determination of incapacity.

3 **Sec. 53.** NRS 162A.815 is hereby amended to read as follows:

4 162A.815 1. A physician, *a physician assistant*, an advanced
5 practice registered nurse, a health care facility or other provider of
6 health care that in good faith accepts an acknowledged power of
7 attorney for health care without actual knowledge that the signature
8 is not genuine may rely upon the presumption that the signature is
9 genuine.

10 2. A physician, *a physician assistant*, an advanced practice
11 registered nurse, a health care facility or other provider of health
12 care that in good faith accepts an acknowledged power of attorney
13 for health care without actual knowledge that the power of attorney
14 for health care is void, invalid or terminated, or that the purported
15 agent's authority is void, invalid or terminated, may rely upon the
16 power of attorney for health care as if the power of attorney for
17 health care were genuine, valid and still in effect, and the agent's
18 authority was genuine, valid and still in effect.

19 3. A physician, *a physician assistant*, an advanced practice
20 registered nurse, a health care facility or other provider of health
21 care that in good faith accepts an acknowledged power of attorney
22 for health care is not subject to civil or criminal liability or
23 discipline for unprofessional conduct for giving effect to a
24 declaration contained within the power of attorney for health care or
25 for following the direction of an agent named in the power of
26 attorney for health care.

27 **Sec. 54.** NRS 162A.860 is hereby amended to read as follows:

28 162A.860 Except as otherwise provided in NRS 162A.865 and
29 162A.870, the form of a power of attorney for health care may be
30 substantially in the following form, and must be witnessed or
31 executed in the same manner as the following form:

32
33 **DURABLE POWER OF ATTORNEY**
34 **FOR HEALTH CARE DECISIONS**

35
36 **WARNING TO PERSON EXECUTING THIS DOCUMENT**

37
38 **THIS IS AN IMPORTANT LEGAL DOCUMENT. IT**
39 **CREATES A DURABLE POWER OF ATTORNEY FOR**
40 **HEALTH CARE. BEFORE EXECUTING THIS**
41 **DOCUMENT, YOU SHOULD KNOW THESE**
42 **IMPORTANT FACTS:**

43 1. **THIS DOCUMENT GIVES THE PERSON YOU**
44 **DESIGNATE AS YOUR AGENT THE POWER TO MAKE**
45 **HEALTH CARE DECISIONS FOR YOU. THIS POWER IS**



1 SUBJECT TO ANY LIMITATIONS OR STATEMENT OF
2 YOUR DESIRES THAT YOU INCLUDE IN THIS
3 DOCUMENT. THE POWER TO MAKE HEALTH CARE
4 DECISIONS FOR YOU MAY INCLUDE CONSENT,
5 REFUSAL OF CONSENT OR WITHDRAWAL OF
6 CONSENT TO ANY CARE, TREATMENT, SERVICE OR
7 PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT A
8 PHYSICAL OR MENTAL CONDITION. YOU MAY
9 STATE IN THIS DOCUMENT ANY TYPES OF
10 TREATMENT OR PLACEMENTS THAT YOU DO NOT
11 DESIRE.

12 2. THE PERSON YOU DESIGNATE IN THIS
13 DOCUMENT HAS A DUTY TO ACT CONSISTENT
14 WITH YOUR DESIRES AS STATED IN THIS
15 DOCUMENT OR OTHERWISE MADE KNOWN OR, IF
16 YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR
17 BEST INTERESTS.

18 3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS
19 DOCUMENT, THE POWER OF THE PERSON YOU
20 DESIGNATE TO MAKE HEALTH CARE DECISIONS
21 FOR YOU MAY INCLUDE THE POWER TO CONSENT
22 TO YOUR DOCTOR , *PHYSICIAN ASSISTANT* OR
23 ADVANCED PRACTICE REGISTERED NURSE NOT
24 GIVING TREATMENT OR STOPPING TREATMENT
25 WHICH WOULD KEEP YOU ALIVE.

26 4. UNLESS YOU SPECIFY A SHORTER PERIOD IN
27 THIS DOCUMENT, THIS POWER WILL EXIST
28 INDEFINITELY FROM THE DATE YOU EXECUTE THIS
29 DOCUMENT AND, IF YOU ARE UNABLE TO MAKE
30 HEALTH CARE DECISIONS FOR YOURSELF, THIS
31 POWER WILL CONTINUE TO EXIST UNTIL THE TIME
32 WHEN YOU BECOME ABLE TO MAKE HEALTH CARE
33 DECISIONS FOR YOURSELF.

34 5. NOTWITHSTANDING THIS DOCUMENT, YOU
35 HAVE THE RIGHT TO MAKE MEDICAL AND OTHER
36 HEALTH CARE DECISIONS FOR YOURSELF SO LONG
37 AS YOU CAN GIVE INFORMED CONSENT WITH
38 RESPECT TO THE PARTICULAR DECISION. IN
39 ADDITION, NO TREATMENT MAY BE GIVEN TO YOU
40 OVER YOUR OBJECTION, AND HEALTH CARE
41 NECESSARY TO KEEP YOU ALIVE MAY NOT BE
42 STOPPED IF YOU OBJECT.

43 6. YOU HAVE THE RIGHT TO DECIDE WHERE
44 YOU LIVE, EVEN AS YOU AGE. DECISIONS ABOUT
45 WHERE YOU LIVE ARE PERSONAL. SOME PEOPLE



1 LIVE AT HOME WITH SUPPORT, WHILE OTHERS
2 MOVE TO ASSISTED LIVING FACILITIES OR
3 FACILITIES FOR SKILLED NURSING. IN SOME CASES,
4 PEOPLE ARE MOVED TO FACILITIES WITH LOCKED
5 DOORS TO PREVENT PEOPLE WITH COGNITIVE
6 DISORDERS FROM LEAVING OR GETTING LOST OR
7 TO PROVIDE ASSISTANCE TO PEOPLE WHO
8 REQUIRE A HIGHER LEVEL OF CARE. YOU SHOULD
9 DISCUSS WITH THE PERSON DESIGNATED IN THIS
10 DOCUMENT YOUR DESIRES ABOUT WHERE YOU
11 LIVE AS YOU AGE OR IF YOUR HEALTH DECLINES.
12 YOU HAVE THE RIGHT TO DETERMINE WHETHER
13 TO AUTHORIZE THE PERSON DESIGNATED IN THIS
14 DOCUMENT TO MAKE DECISIONS FOR YOU ABOUT
15 WHERE YOU LIVE WHEN YOU ARE NO LONGER
16 CAPABLE OF MAKING THAT DECISION. IF YOU DO
17 NOT PROVIDE SUCH AUTHORIZATION TO THE
18 PERSON DESIGNATED IN THIS DOCUMENT, THAT
19 PERSON MAY NOT BE ABLE TO ASSIST YOU TO
20 MOVE TO A MORE SUPPORTIVE LIVING
21 ARRANGEMENT WITHOUT OBTAINING APPROVAL
22 THROUGH A JUDICIAL PROCESS.

23 7. YOU HAVE THE RIGHT TO REVOKE THE
24 APPOINTMENT OF THE PERSON DESIGNATED IN
25 THIS DOCUMENT TO MAKE HEALTH CARE
26 DECISIONS FOR YOU BY NOTIFYING THAT PERSON
27 OF THE REVOCATION ORALLY OR IN WRITING.

28 8. YOU HAVE THE RIGHT TO REVOKE THE
29 AUTHORITY GRANTED TO THE PERSON
30 DESIGNATED IN THIS DOCUMENT TO MAKE
31 HEALTH CARE DECISIONS FOR YOU BY NOTIFYING
32 THE TREATING PHYSICIAN, **PHYSICIAN ASSISTANT**,
33 ADVANCED PRACTICE REGISTERED NURSE,
34 HOSPITAL OR OTHER PROVIDER OF HEALTH CARE
35 ORALLY OR IN WRITING.

36 9. THE PERSON DESIGNATED IN THIS
37 DOCUMENT TO MAKE HEALTH CARE DECISIONS
38 FOR YOU HAS THE RIGHT TO EXAMINE YOUR
39 MEDICAL RECORDS AND TO CONSENT TO THEIR
40 DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN
41 THIS DOCUMENT.

42 10. THIS DOCUMENT REVOKES ANY PRIOR
43 DURABLE POWER OF ATTORNEY FOR HEALTH
44 CARE.



1 11. IF THERE IS ANYTHING IN THIS DOCUMENT
2 THAT YOU DO NOT UNDERSTAND, YOU SHOULD
3 ASK A LAWYER TO EXPLAIN IT TO YOU.

4 12. YOU MAY REQUEST THAT THE NEVADA
5 SECRETARY OF STATE ELECTRONICALLY STORE
6 WITH THE NEVADA LOCKBOX A COPY OF THIS
7 DOCUMENT TO ALLOW ACCESS BY AN
8 AUTHORIZED PROVIDER OF HEALTH CARE AS
9 DEFINED IN NRS 629.031.

10
11 1. DESIGNATION OF HEALTH CARE AGENT.

12 I,
13 (insert your name) do hereby designate and appoint:

14
15 Name:
16 Address:
17 Telephone Number:

18
19 as my agent to make health care decisions for me as
20 authorized in this document.

21 (Insert the name and address of the person you wish to
22 designate as your agent to make health care decisions for you.
23 Unless the person is also your spouse, legal guardian or the
24 person most closely related to you by blood, none of the
25 following may be designated as your agent: (1) your treating
26 provider of health care; (2) an employee of your treating
27 provider of health care; (3) an operator of a health care
28 facility; or (4) an employee of an operator of a health care
29 facility.)

30 2. CREATION OF DURABLE POWER OF
31 ATTORNEY FOR HEALTH CARE.

32 By this document I intend to create a durable power of
33 attorney by appointing the person designated above to make
34 health care decisions for me. This power of attorney shall not
35 be affected by my subsequent incapacity.

36 3. GENERAL STATEMENT OF AUTHORITY
37 GRANTED.

38 In the event that I am incapable of giving informed
39 consent with respect to health care decisions, I hereby grant
40 to the agent named above full power and authority: to make
41 health care decisions for me before or after my death,
42 including consent, refusal of consent or withdrawal of
43 consent to any care, treatment, service or procedure to
44 maintain, diagnose or treat a physical or mental condition; to
45 request, review and receive any information, verbal or



written, regarding my physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility; and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her agent's authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

.....
.....
.....
.....

5. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

(IF APPLICABLE)

I wish to have this power of attorney end on the following date:



6. STATEMENT OF DESIRES CONCERNING TREATMENT.

(With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.)

(If the statement reflects your desires, initial the box next to the statement.)

A. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.

[.....]

B. If I am in a coma which my doctors , *physician assistants* or advanced practice registered nurses have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.

[.....]

C. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used.

[.....]

D. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the



1 gastrointestinal tract after all other
2 treatment is withheld. [.....

3 E. I do not desire treatment to
4 be provided and/or continued if the
5 burdens of the treatment outweigh
6 the expected benefits. My agent is to
7 consider the relief of suffering, the
8 preservation or restoration of
9 functioning, and the quality as well
10 as the extent of the possible
11 extension of my life. [.....

12 F. If I have an incurable or
13 terminal condition, including late
14 stage dementia, or illness and no
15 reasonable hope of long-term
16 recovery or survival, I desire my
17 attending physician , *attending*
18 *physician assistant or attending*
19 *advanced practice registered nurse*
20 to administer any medication to
21 alleviate suffering without regard
22 that the medication is likely to cause
23 addiction or reduce the extension of
24 my life. [.....

25
26 (If you wish to change your answer, you may do so by
27 drawing an "X" through the answer you do not want, and
28 circling the answer you prefer.)

29 Other or Additional Statements of Desires:

30
31
32
33
34

35
36 7. STATEMENT OF DESIRES CONCERNING
37 LIVING ARRANGEMENTS

38 A. I desire to live in my home
39 as long as it is safe and my medical
40 needs can be met. My agent may
41 arrange for a natural person,
42 employee of an agency or provider of
43 community-based services to come
44 into my home to provide care for me.
45 When it is no longer safe for me to



live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

[.....]

B. I desire to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

[.....]

(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)

Other or Additional Statements of Desires:

.....
.....
.....
.....

8. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same health care decisions as the agent designated in paragraph 1, page 2, in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate



the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent

Name:
Address:
Telephone Number:

B. Second Alternative Agent

Name:
Address:
Telephone Number:

9. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

10. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

11. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, *my physician assistant*, my advanced practice registered nurse, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care must be construed and interpreted in accordance with the laws of the State of Nevada.

12. NOMINATION OF GUARDIAN.

If, after execution of this Durable Power of Attorney for Health Care, proceedings seeking an adjudication of incapacity are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

13. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the



1 Health Insurance Portability and Accountability Act of 1996,
2 Public Law 104-191, as amended, and applicable regulations.

3
4 (YOU MUST DATE AND SIGN THIS
5 POWER OF ATTORNEY)
6

7 I sign my name to this Durable Power of Attorney for
8 Health Care on (date) at (city),
9 (state)

10
11 (Signature)

12
13 (THIS POWER OF ATTORNEY WILL NOT BE VALID
14 FOR MAKING HEALTH CARE DECISIONS UNLESS IT
15 IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED
16 WITNESSES WHO ARE PERSONALLY KNOWN TO
17 YOU AND WHO ARE PRESENT WHEN YOU SIGN OR
18 ACKNOWLEDGE YOUR SIGNATURE OR (2)
19 ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)
20

21 CERTIFICATE OF ACKNOWLEDGMENT
22 OF NOTARY PUBLIC
23

24 (You may use acknowledgment before a notary public instead
25 of the statement of witnesses.)

26
27 State of Nevada }
28 } ss.
29 County of..... }

30
31 On this..... day of....., in the year..., before
32 me,..... (here insert name of notary public)
33 personally appeared..... (here insert name of
34 principal) personally known to me (or proved to me on the
35 basis of satisfactory evidence) to be the person whose name is
36 subscribed to this instrument, and acknowledged that he or
37 she executed it.
38

39 NOTARY SEAL
40 (Signature of Notary Public)
41

42 STATEMENT OF WITNESSES
43

44 (You should carefully read and follow this witnessing
45 procedure. This document will not be valid unless you



1 comply with the witnessing procedure. If you elect to use
2 witnesses instead of having this document notarized, you
3 must use two qualified adult witnesses. None of the following
4 may be used as a witness: (1) a person you designate as the
5 agent; (2) a provider of health care; (3) an employee of a
6 provider of health care; (4) the operator of a health care
7 facility; or (5) an employee of an operator of a health care
8 facility. At least one of the witnesses must make the
9 additional declaration set out following the place where the
10 witnesses sign.)

11 I declare under penalty of perjury that the principal is
12 personally known to me, that the principal signed or
13 acknowledged this durable power of attorney in my presence,
14 that the principal appears to be of sound mind and under no
15 duress, fraud or undue influence, that I am not the person
16 appointed as agent by this document and that I am not a
17 provider of health care, an employee of a provider of health
18 care, the operator of a health care facility or an employee of
19 an operator of a health care facility.
20

21 Signature: Residence Address:
22 Print Name:
23 Date:

24
25 Signature: Residence Address:
26 Print Name:
27 Date:

28
29 (AT LEAST ONE OF THE ABOVE WITNESSES MUST
30 ALSO SIGN THE FOLLOWING DECLARATION.)
31

32 I declare under penalty of perjury that I am not related to
33 the principal by blood, marriage or adoption and that to the
34 best of my knowledge, I am not entitled to any part of the
35 estate of the principal upon the death of the principal under a
36 will now existing or by operation of law.
37

38 Signature:

39
40 Signature:

41
42 -----
43 Names: Address:
44 Print Name:
45 Date:



COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care. This includes requesting the Nevada Secretary of State to electronically store this document with the Nevada Lockbox to allow access by authorized providers of healthcare.

Sec. 55. NRS 162A.865 is hereby amended to read as follows:

162A.865 1. The form of a power of attorney for health care for an adult with an intellectual disability may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

DURABLE POWER OF ATTORNEY
FOR HEALTH CARE DECISIONS

My name is..... (insert your name) and my address is..... (insert your address). I would like to designate..... (insert the name of the person you wish to designate as your agent for health care decisions for you) as my agent for health care decisions for me if I am sick or hurt and need to see a doctor , *a physician assistant* or an advanced practice registered nurse or go to the hospital. I understand what this means.

If I am sick or hurt, my agent should take me to the doctor , *a physician assistant* or an advanced practice registered nurse. If my agent is not with me when I become sick or hurt, please contact my agent and ask him or her to come to the doctor's , *physician assistant's* or advanced practice registered nurse's office. I would like the doctor , *physician assistant* or advanced practice registered nurse to speak with my agent and me about my sickness or injury and whether I need any medicine or other treatment. After we speak with the doctor , *physician assistant* or advanced practice registered nurse, I would like my agent to speak with me about the care or treatment. When we have made decisions about the care or treatment, my agent will tell the doctor , *physician assistant* or advanced practice registered nurse about our decisions and sign any necessary papers.

If I am very sick or hurt, I may need to go to the hospital. I would like my agent to help me decide if I need to go to the hospital. If I go to the hospital, I would like the people who work at the hospital to try very hard to care for me. If I am able to communicate, I would like the doctor , *physician assistant* or advanced practice registered nurse at the hospital



1 to speak with me and my agent about what care or treatment I
2 should receive, even if I am unable to understand what is
3 being said about me. After we speak with the doctor ,
4 *physician assistant* or advanced practice registered nurse, I
5 would like my agent to help me decide what care or treatment
6 I should receive. Once we decide, my agent will sign any
7 necessary paperwork. If I am unable to communicate because
8 of my illness or injury, I would like my agent to make
9 decisions about my care or treatment based on what he or she
10 thinks I would do and what is best for me.

11 I would like my agent to help me decide if I need to see a
12 dentist and help me make decisions about what care or
13 treatment I should receive from the dentist. Once we decide,
14 my agent will sign any necessary paperwork.

15 I would also like my agent to be able to see and have
16 copies of all my medical records. If my agent requests to see
17 or have copies of my medical records, please allow him or her
18 to see or have copies of the records.

19 I understand that my agent cannot make me receive any
20 care or treatment that I do not want. I also understand that I
21 can take away this power from my agent at any time, either
22 by telling my agent that he or she is no longer my agent or by
23 putting it in writing.

24 If my agent is unable to make health care decisions for
25 me, then I designate..... (insert the name of another
26 person you wish to designate as your alternative agent to
27 make health care decisions for you) as my agent to make
28 health care decisions for me as authorized in this document.

29
30 (YOU MUST DATE AND SIGN THIS
31 POWER OF ATTORNEY)
32

33 I sign my name to this Durable Power of Attorney for
34 Health Care on (date) at (city),
35 (state)

36
37 (Signature)

38
39 AGENT SIGNATURE

40
41 As agent for..... (insert name of principal), I agree that a
42 physician, *physician assistant*, advanced practice registered
43 nurse, health care facility or other provider of health care,
44 acting in good faith, may rely on this power of attorney for
45 health care and the signatures herein, and I understand that



1 pursuant to NRS 162A.815, a physician, *physician assistant*,
2 advanced practice registered nurse, health care facility or
3 other provider of health care that in good faith accepts an
4 acknowledged power of attorney for health care is not subject
5 to civil or criminal liability or discipline for unprofessional
6 conduct for giving effect to a declaration contained within the
7 power of attorney for health care or for following the
8 direction of an agent named in the power of attorney for
9 health care.

10 I also agree that:

11 1. I have a duty to act in a manner consistent with the
12 desires of..... (insert name of principal) as stated in this
13 document or otherwise made known by..... (insert name of
14 principal), or if his or her desires are unknown, to act in his or
15 her best interest.

16 2. If..... (insert name of principal) revokes this power
17 of attorney at any time, either verbally or in writing, I have a
18 duty to inform any persons who may rely on this document,
19 including, without limitation, treating physicians, *physician*
20 *assistants*, advanced practice registered nurses, hospital staff
21 or other providers of health care, that I no longer have the
22 authorities described in this document.

23 3. The provisions of NRS 162A.840 prohibit me from
24 being named as an agent to make health care decisions in this
25 document if I am a provider of health care, an employee of
26 the principal's provider of health care or an operator or
27 employee of a health care facility caring for the principal,
28 unless I am the spouse, legal guardian or next of kin of the
29 principal.

30 4. The provisions of NRS 162A.850 prohibit me from
31 consenting to the following types of care or treatments on
32 behalf of the principal, including, without limitation:

33 (a) Commitment or placement of the principal in a facility
34 for treatment of mental illness;

35 (b) Convulsive treatment;

36 (c) Psychosurgery;

37 (d) Sterilization;

38 (e) Abortion;

39 (f) Aversive intervention, as it is defined in
40 NRS 449A.203;

41 (g) Experimental medical, biomedical or behavioral
42 treatment, or participation in any medical, biomedical or
43 behavioral research program; or

44 (h) Any other care or treatment to which the principal
45 prohibits the agent from consenting in this document.



5. End-of-life decisions must be made according to the wishes of..... (insert name of principal), as designated in the attached addendum. If his or her wishes are not known, such decisions must be made in consultation with the principal's treating physicians , *physician assistants* or advanced practice registered nurses.

Signature: Residence Address:
Print Name:
Date:
Relationship to principal:
Length of relationship to principal:

(THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO YOU KNOW AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada }
County of } ss.

On this..... day of....., in the year..., before me,..... (here insert name of notary public) personally appeared..... (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL
(Signature)

STATEMENT OF WITNESSES

(If you choose to use witnesses instead of having this document notarized, you must use two qualified adult



witnesses. The following people cannot be used as a witness: (1) a person you designate as the agent; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; or (5) an employee of an operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document and that I am not a provider of health care, an employee of a provider of health care, the operator of a health care facility or an employee of an operator of a health care facility.

Signature: Residence Address:
Print Name:
Date:

Signature: Residence Address:
Print Name:
Date:

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney



1 should be available so a copy may be given to your providers
2 of health care.
3

4 2. The form for end-of-life decisions of a power of attorney for
5 health care for an adult with an intellectual disability may be
6 substantially in the following form, and must be witnessed or
7 executed in the same manner as the following form:
8

9 END-OF-LIFE DECISIONS ADDENDUM
10 STATEMENT OF DESIRES
11

12 (You can, but are not required to, state what you want to
13 happen if you get very sick and are not likely to get well. You
14 do not have to complete this form, but if you do, your agent
15 must do as you ask if you cannot speak for yourself.)
16

17 (Insert name of agent) might have to decide, if
18 you get very sick, whether to continue with your medicine or
19 to stop your medicine, even if it means you might not
20 live..... (Insert name of agent) will talk to you to
21 find out what you want to do, and will follow your wishes.
22

23 If you are not able to talk to..... (insert name of
24 agent), you can help him or her make these decisions for you
25 by letting your agent know what you want.
26

27 Here are your choices. Please circle yes or no to each of the
28 following statements and sign your name below:
29

30 1. I want to take all the
31 medicine and receive any treatment I
32 can to keep me alive regardless of
33 how the medicine or treatment makes
34 me feel. YES NO

35 2. I do not want to take
36 medicine or receive treatment if my
37 doctors , *physician assistants* or
38 advanced practice registered nurses
39 think that the medicine or treatment
40 will not help me. YES NO

41 3. I do not want to take
42 medicine or receive treatment if I am
43 very sick and suffering and the
44 medicine or treatment will not help
45 me get better. YES NO



1 4. I want to get food and water
2 even if I do not want to take
3 medicine or receive treatment. YES NO
4

5 (YOU MUST DATE AND SIGN THIS END-OF-LIFE
6 DECISIONS ADDENDUM)
7

8 I sign my name to this End-of-Life Decisions Addendum
9 on (date) at (city),
10 (state)
11

12
(Signature)
13

14 (THIS END-OF-LIFE DECISIONS ADDENDUM WILL
15 NOT BE VALID UNLESS IT IS EITHER (1) SIGNED BY
16 AT LEAST TWO QUALIFIED WITNESSES WHO YOU
17 KNOW AND WHO ARE PRESENT WHEN YOU SIGN OR
18 ACKNOWLEDGE YOUR SIGNATURE OR (2)
19 ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)
20

21 CERTIFICATE OF ACKNOWLEDGMENT
22 OF NOTARY PUBLIC
23

24 (You may use acknowledgment before a notary public instead
25 of the statement of witnesses.)
26

27 State of Nevada }
28 } ss.
29 County of..... }
30

31 On this..... day of....., in the year...., before
32 me,..... (here insert name of notary public) personally
33 appeared..... (here insert name of principal) personally
34 known to me (or proved to me on the basis of satisfactory
35 evidence) to be the person whose name is subscribed to this
36 instrument, and acknowledged that he or she executed it.
37

38 NOTARY SEAL
39 (Signature)
40

41 STATEMENT OF WITNESSES
42

43 (If you choose to use witnesses instead of having this
44 document notarized, you must use two qualified adult
45 witnesses. The following people cannot be used as a witness:



(1) a person you designate as the agent; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; or (5) an employee of an operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this End-of-Life Decisions Addendum in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by the power of attorney for health care and that I am not a provider of health care, an employee of a provider of health care, the operator of a health care facility or an employee of an operator of a health care facility.

Signature: Residence Address:
Print Name:
Date:

Signature: Residence Address:
Print Name:
Date:

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The End-of-Life




Decisions Addendum should be available so a copy may be given to your providers of health care.

Sec. 56. NRS 162A.870 is hereby amended to read as follows: 162A.870

1. The form of a power of attorney for health care for an adult with any form of dementia may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

My name is..... (insert your name) and my address is..... (insert your address). I would like to designate..... (insert the name of the person you wish to designate as your agent for health care decisions for you) as my agent for health care decisions for me if I am sick or hurt and need to see a doctor , *a physician assistant or an advanced practice registered nurse* or go to the hospital. I understand what this means.

If I am sick or hurt, my agent should take me to the doctor  , *a physician assistant or an advanced practice registered nurse*. If my agent is not with me when I become sick or hurt, please contact my agent and ask him or her to come to the doctor's , *physician assistant's or advanced practice registered nurse's* office. I would like the doctor , *physician assistant or advanced practice registered nurse* to speak with my agent and, if I have the capacity to understand, me about my sickness or injury and whether I need any medicine or other treatment. After we speak with the doctor, *physician assistant or advanced practice registered nurse*, if I have the capacity to understand, I would like my agent to speak with me about the care or treatment. When we have made decisions about the care or treatment, my agent will tell the doctor , *physician assistant or advanced practice registered nurse* about our decisions and sign any necessary papers.

If I am very sick or hurt, I may need to go to the hospital. I would like my agent to help me decide if I need to go to the hospital. If I go to the hospital, I would like the people who work at the hospital to try very hard to care for me. If I am able to communicate, I would like the doctor , *physician assistant or advanced practice registered nurse* at the hospital to speak with me and my agent about what care or treatment I should receive, even if I am unable to understand what is being said about me. After we speak with the doctor, *physician assistant or advanced practice registered nurse*, I



would like my agent to help me decide what care or treatment I should receive. Once we decide, my agent will sign any necessary paperwork. If I am unable to communicate because of my illness or injury, I would like my agent to make decisions about my care or treatment based on what he or she thinks I would do and what is best for me.

I would like my agent to help me decide if I need to see a dentist and help me make decisions about what care or treatment I should receive from the dentist. Once we decide, my agent will sign any necessary paperwork.

I would also like my agent to be able to see and have copies of all my medical records. If my agent requests to see or have copies of my medical records, please allow him or her to see or have copies of the records.

I understand that my agent cannot make me receive any care or treatment that I do not want. I also understand that I can take away this power from my agent at any time, either by telling my agent that he or she is no longer my agent or by putting it in writing.

If my agent is unable to make health care decisions for me, then I designate..... (insert the name of another person you wish to designate as your alternative agent to make health care decisions for you) as my agent to make health care decisions for me as authorized in this document.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Health Care on (date) at (city), (state)

.....
(Signature)

AGENT SIGNATURE

As agent for..... (insert name of principal), I agree that a physician, *physician assistant, advanced practice registered nurse*, health care facility or other provider of health care, acting in good faith, may rely on this power of attorney for health care and the signatures herein, and I understand that pursuant to NRS 162A.815, a physician, *physician assistant, advanced practice registered nurse*, health care facility or other provider of health care that in good faith accepts an acknowledged power of attorney for health care is not subject



1 to civil or criminal liability or discipline for unprofessional
2 conduct for giving effect to a declaration contained within the
3 power of attorney for health care or for following the
4 direction of an agent named in the power of attorney for
5 health care.

6 I also agree that:

7 1. I have a duty to act in a manner consistent with the
8 desires of..... (insert name of principal) as stated in this
9 document or otherwise made known by..... (insert name of
10 principal), or if his or her desires are unknown, to act in his or
11 her best interest.

12 2. If..... (insert name of principal) revokes this power
13 of attorney at any time, either verbally or in writing, I have a
14 duty to inform any persons who may rely on this document,
15 including, without limitation, treating physicians, *physician*
16 *assistants, advanced practice registered nurses*, hospital staff
17 or other providers of health care, that I no longer have the
18 authorities described in this document.

19 3. The provisions of NRS 162A.840 prohibit me from
20 being named as an agent to make health care decisions in this
21 document if I am a provider of health care, an employee of
22 the principal's provider of health care or an operator or
23 employee of a health care facility caring for the principal,
24 unless I am the spouse, legal guardian or next of kin of the
25 principal.

26 4. The provisions of NRS 162A.850 prohibit me from
27 consenting to the following types of care or treatments on
28 behalf of the principal, including, without limitation:

29 (a) Commitment or placement of the principal in a facility
30 for treatment of mental illness;

31 (b) Convulsive treatment;

32 (c) Psychosurgery;

33 (d) Sterilization;

34 (e) Abortion;

35 (f) Aversive intervention, as it is defined in
36 NRS 449A.203;

37 (g) Experimental medical, biomedical or behavioral
38 treatment, or participation in any medical, biomedical or
39 behavioral research program; or

40 (h) Any other care or treatment to which the principal
41 prohibits the agent from consenting in this document.

42 5. End-of-life decisions must be made according to the
43 wishes of..... (insert name of principal), as designated in
44 the attached addendum. If his or her wishes are not known,
45 such decisions must be made in consultation with the



operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document and that I am not a provider of health care, an employee of a provider of health care, the operator of a health care facility or an employee of an operator of a health care facility.

Signature: Residence Address:
Print Name:
Date:

Signature: Residence Address:
Print Name:
Date:

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.



2. The form for end-of-life decisions of a power of attorney for health care for an adult with any form of dementia may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

END-OF-LIFE DECISIONS ADDENDUM
STATEMENT OF DESIRES

(You can, but are not required to, state what you want to happen if you get very sick and are not likely to get well. You do not have to complete this form, but if you do, your agent must do as you ask if you cannot speak for yourself.)

..... (Insert name of agent) might have to decide, if you get very sick, whether to continue with your medicine or to stop your medicine, even if it means you might not live, (Insert name of agent) will talk to you to find out what you want to do, and will follow your wishes.

If you are not able to talk to..... (insert name of agent), you can help him or her make these decisions for you by letting your agent know what you want.

Here are your choices. Please circle yes or no to each of the following statements and sign your name below:

- 1. I want to take all the medicine and receive any treatment I can to keep me alive regardless of how the medicine or treatment makes me feel. YES NO
- 2. I do not want to take medicine or receive treatment if my doctors , *physician assistants or advanced practice registered nurses* think that the medicine or treatment will not help me. YES NO
- 3. I do not want to take medicine or receive treatment if I am very sick and suffering and the medicine or treatment will not help me get better. YES NO
- 4. I want to get food and water even if I do not want to take medicine or receive treatment. YES NO



(YOU MUST DATE AND SIGN THIS END-OF-LIFE DECISIONS ADDENDUM)

I sign my name to this End-of-Life Decisions Addendum on (date) at (city), (state) (Signature)

(THIS END-OF-LIFE DECISIONS ADDENDUM WILL NOT BE VALID UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO YOU KNOW AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE; OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada } }ss. County of

On this..... day of....., in the year..., before me,..... (here insert name of notary public) personally appeared..... (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL (Signature)

STATEMENT OF WITNESSES

(If you choose to use witnesses instead of having this document notarized, you must use two qualified adult witnesses. The following people cannot be used as a witness: (1) a person you designate as the agent; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; or (5) an employee of an operator of a health care facility. At least one of the witnesses



1 must make the additional declaration set out following the
2 place where the witnesses sign.)

3 I declare under penalty of perjury that the principal is
4 personally known to me, that the principal signed or
5 acknowledged this End-of-Life Decisions Addendum in my
6 presence, that the principal appears to be of sound mind and
7 under no duress, fraud or undue influence, that I am not the
8 person appointed as agent by the power of attorney for health
9 care and that I am not a provider of health care, an employee
10 of a provider of health care, the operator of a health care
11 facility or an employee of an operator of a health care facility.

12
13 Signature: Residence Address:
14 Print Name:
15 Date:

16
17 Signature: Residence Address:
18 Print Name:
19 Date:

20
21 (AT LEAST ONE OF THE ABOVE WITNESSES MUST
22 ALSO SIGN THE FOLLOWING DECLARATION.)
23

24 I declare under penalty of perjury that I am not related to
25 the principal by blood, marriage or adoption and that to the
26 best of my knowledge, I am not entitled to any part of the
27 estate of the principal upon the death of the principal under a
28 will now existing or by operation of law.

29
30 Signature:

31
32 Signature:

33
34 -----
35 Names: Address:
36 Print Name:
37 Date:

38
39 COPIES: You should retain an executed copy of this
40 document and give one to your agent. The End-of-Life
41 Decisions Addendum should be available so a copy may be
42 given to your providers of health care.

43 **Sec. 57.** NRS 166A.260 is hereby amended to read as follows:
44 166A.260 1. The custodial trustee shall administer the
45 custodial trust as for an incapacitated beneficiary if:



1 (a) The custodial trust was created under NRS 166A.210;
2 (b) The transferor has so directed in the instrument creating the
3 custodial trust; or

4 (c) The custodial trustee has determined that the beneficiary is
5 incapacitated.

6 2. A custodial trustee may determine that the beneficiary is
7 incapacitated in reliance upon:

8 (a) Previous direction or authority given by the beneficiary
9 while not incapacitated, including, without limitation, direction or
10 authority pursuant to a durable power of attorney;

11 (b) The certificate of the beneficiary's physician , *physician*
12 *assistant* or advanced practice registered nurse; or

13 (c) Other persuasive evidence.

14 3. If a custodial trustee for an incapacitated beneficiary
15 reasonably concludes that the beneficiary's incapacity has ceased, or
16 that circumstances concerning the beneficiary's ability to manage
17 property and business affairs have changed since the creation of a
18 custodial trust directing administration as for an incapacitated
19 beneficiary, the custodial trustee may administer the trust as for a
20 beneficiary who is not incapacitated.

21 4. On petition of the beneficiary, the custodial trustee or other
22 person interested in the custodial trust property or the welfare of the
23 beneficiary, the court shall determine whether the beneficiary is
24 incapacitated.

25 5. Absent determination of incapacity of the beneficiary under
26 subsection 2 or 4, a custodial trustee who has reason to believe that
27 the beneficiary is incapacitated shall administer the custodial trust in
28 accordance with the provisions of this chapter applicable to an
29 incapacitated beneficiary.

30 6. Incapacity of a beneficiary does not terminate:

31 (a) The custodial trust;

32 (b) Any designation of a successor custodial trustee;

33 (c) Rights or powers of the custodial trustee; or

34 (d) Any immunities of third persons acting on instructions of the
35 custodial trustee.

36 **Sec. 58.** NRS 176.133 is hereby amended to read as follows:

37 176.133 As used in NRS 176.133 to 176.161, inclusive, unless
38 the context otherwise requires:

39 1. "Person professionally qualified to conduct psychosexual
40 evaluations" means a person who has received training in
41 conducting psychosexual evaluations and is:

42 (a) A psychiatrist licensed to practice medicine in this State and
43 certified by the American Board of Psychiatry and Neurology, Inc.;

44 (b) A psychologist licensed to practice in this State;



1 (c) A social worker holding a master's degree in social work and
2 licensed in this State as a clinical social worker;

3 (d) A registered nurse holding a master's degree in the field of
4 psychiatric nursing and licensed to practice professional nursing in
5 this State;

6 (e) A marriage and family therapist licensed in this State
7 pursuant to chapter 641A of NRS; ~~for~~

8 (f) A clinical professional counselor licensed in this State
9 pursuant to chapter 641A of NRS ~~for~~; or

10 (g) *A physician assistant licensed to practice in this State*
11 *pursuant to chapter 630 or 633 of NRS and who practices in the*
12 *specialty of psychiatry.*

13 2. "Psychosexual evaluation" means an evaluation conducted
14 pursuant to NRS 176.139.

15 3. "Sexual offense" means:

16 (a) Sexual assault pursuant to NRS 200.366;

17 (b) Statutory sexual seduction pursuant to NRS 200.368, if
18 punished as a felony;

19 (c) Battery with intent to commit sexual assault pursuant to
20 NRS 200.400;

21 (d) Abuse of a child pursuant to NRS 200.508, if the abuse
22 involved sexual abuse or sexual exploitation and is punished as a
23 felony;

24 (e) An offense involving pornography and a minor pursuant to
25 NRS 200.710 to 200.730, inclusive;

26 (f) Incest pursuant to NRS 201.180;

27 (g) Open or gross lewdness pursuant to NRS 201.210, if
28 punished as a felony;

29 (h) Indecent or obscene exposure pursuant to NRS 201.220, if
30 punished as a felony;

31 (i) Lewdness with a child pursuant to NRS 201.230;

32 (j) Sexual penetration of a dead human body pursuant to
33 NRS 201.450;

34 (k) Sexual conduct between certain employees of a school or
35 volunteers at a school and a pupil pursuant to NRS 201.540;

36 (l) Sexual conduct between certain employees of a college or
37 university and a student pursuant to NRS 201.550;

38 (m) Luring a child or a person with mental illness pursuant to
39 NRS 201.560, if punished as a felony;

40 (n) An attempt to commit an offense listed in paragraphs (a) to
41 (m), inclusive, if punished as a felony; or

42 (o) An offense that is determined to be sexually motivated
43 pursuant to NRS 175.547 or 207.193.



1 **Sec. 59.** NRS 178.415 is hereby amended to read as follows:

2 178.415 1. Except as otherwise provided in this subsection,
3 the court shall appoint two psychiatrists, two psychologists, or one
4 psychiatrist and one psychologist to examine the defendant. If the
5 defendant is accused of a misdemeanor, the court of jurisdiction
6 shall appoint a psychiatric social worker, advanced practice
7 registered nurse who has the psychiatric training and experience
8 prescribed by the State Board of Nursing pursuant to NRS 632.120 ,
9 *physician assistant who practices in the specialty of psychiatry* or
10 other person who is especially qualified by the Division, to examine
11 the defendant.

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

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

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

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

25 4. A prosecuting attorney may not seek an indictment of the
26 defendant for any offense during the period in which the court is
27 considering whether the defendant is competent or incompetent
28 except upon application by the prosecuting attorney to the chief
29 judge of the district court, or his or her designee, and with leave of
30 the court. The prosecuting attorney must demonstrate that adequate
31 cause exists for the court to grant leave to seek an indictment on the
32 grounds that the availability or unavailability of a witness, or any
33 other objective factor, significantly impacts the ability of the State to
34 prosecute the matter in the absence of such leave. The prosecuting
35 attorney must give notice of an application made pursuant to this
36 subsection to the attorney for the defendant not less than 24 hours
37 before the hearing on the application.

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

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

43 **Sec. 60.** NRS 209.3925 is hereby amended to read as follows:

44 209.3925 1. Except as otherwise provided in subsection 6,
45 the Director may approve a medical release and assign an offender



1 to the custody of the Division of Parole and Probation of the
2 Department of Public Safety to serve a term of residential
3 confinement pursuant to NRS 213.380 or other appropriate
4 supervision as determined by the Division of Parole and Probation,
5 for not longer than the remainder of his or her sentence, if:

6 (a) The Director has reason to believe that the offender is:

7 (1) Physically incapacitated or in ill health to such a degree
8 that the offender does not presently, and likely will not in the future,
9 pose a threat to the safety of the public; or

10 (2) In ill health and expected to die within 18 months, and
11 does not presently, and likely will not in the future, pose a threat to
12 the safety of the public; and

13 (b) At least two physicians, *physician assistants* or nurses
14 licensed pursuant to chapter 630, 632 or 633 of NRS, as applicable,
15 one of whom is not employed by the Department, verify, in writing,
16 that the offender is:

17 (1) Physically incapacitated or in ill health; or

18 (2) In ill health and expected to die within 18 months.

19 2. A request for medical release pursuant to this section:

20 (a) May be submitted to the Director by:

21 (1) A prison official or employee;

22 (2) An offender;

23 (3) An attorney or representative of an offender;

24 (4) A family member of an offender; or

25 (5) A medical or mental health professional.

26 (b) Must be in writing and articulate the grounds supporting the
27 appropriateness of the medical release of the offender.

28 3. If the Director intends to assign an offender to the custody of
29 the Division of Parole and Probation pursuant to this section, at least
30 45 days before the date the offender is expected to be released from
31 the custody of the Department, the Director shall notify:

32 (a) The board of county commissioners of the county in which
33 the offender will reside; and

34 (b) The Division of Parole and Probation.

35 4. Except as otherwise provided in NRS 213.10915, if any
36 victim of a crime committed by the offender has, pursuant to
37 subsection 4 of NRS 213.131, requested to be notified of the
38 consideration of a prisoner for parole and has provided a current
39 address, the Division of Parole and Probation shall notify the victim
40 that:

41 (a) The Director intends to assign the offender to the custody of
42 the Division of Parole and Probation pursuant to this section; and

43 (b) The victim may submit documents to the Division of Parole
44 and Probation regarding such an assignment.



1 ↪ If a current address has not been provided by a victim as required
2 by subsection 4 of NRS 213.131, the Division of Parole and
3 Probation must not be held responsible if notification is not received
4 by the victim. All personal information, including, but not limited to,
5 a current or former address, which pertains to a victim and which
6 is received by the Division of Parole and Probation pursuant to this
7 subsection is confidential.

8 5. If an offender assigned to the custody of the Division of
9 Parole and Probation pursuant to this section escapes or violates any
10 of the terms or conditions of his or her residential confinement or
11 other appropriate supervision as determined by the Division of
12 Parole and Probation:

13 (a) The Division of Parole and Probation may, pursuant to the
14 procedure set forth in NRS 213.410, return the offender to the
15 custody of the Department.

16 (b) The offender forfeits all or part of the credits for good
17 behavior earned by the offender before the escape or violation, as
18 determined by the Director. The Director may provide for a
19 forfeiture of credits pursuant to this paragraph only after proof of the
20 offense and notice to the offender and may restore credits forfeited
21 for such reasons as the Director considers proper. The decision of
22 the Director regarding such a forfeiture is final.

23 6. The assignment of an offender to the custody of the Division
24 of Parole and Probation pursuant to this section shall be deemed:

25 (a) A continuation of the offender's imprisonment and not a
26 release on parole; and

27 (b) For the purposes of NRS 209.341, an assignment to a facility
28 of the Department,

29 ↪ except that the offender is not entitled to obtain any benefits or to
30 participate in any programs provided to offenders in the custody of
31 the Department.

32 7. The Director may not assign an offender to the custody of
33 the Division of Parole and Probation pursuant to this section if the
34 offender is sentenced to death or imprisonment for life without the
35 possibility of parole.

36 8. An offender does not have a right to be assigned to the
37 custody of the Division of Parole and Probation pursuant to this
38 section, or to remain in that custody after such an assignment, and it
39 is not intended that the provisions of this section or of NRS 213.371
40 to 213.410, inclusive, create any right or interest in liberty or
41 property or establish a basis for any cause of action against the
42 State, its political subdivisions, agencies, boards, commissions,
43 departments, officers or employees.



1 9. The Division of Parole and Probation may receive and
2 distribute restitution paid by an offender assigned to the custody of
3 the Division of Parole and Probation pursuant to this section.

4 **Sec. 61.** NRS 218G.530 is hereby amended to read as follows:

5 218G.530 "Near fatality" means an act that places a child in
6 serious or critical condition as verified orally or in writing by a
7 physician, *a physician assistant*, a registered nurse or other licensed
8 provider of health care. Such verification may be given in person or
9 by telephone, mail, electronic mail or facsimile.

10 **Sec. 62.** NRS 232.4855 is hereby amended to read as follows:

11 232.4855 1. The State of Nevada Advisory Council on
12 Palliative Care and Quality of Life is hereby created within the
13 Department.

14 2. The Director shall appoint such number of members of the
15 Council as he or she determines is appropriate to carry out the
16 provisions of NRS 232.485 to 232.4858, inclusive, but not less than
17 nine members as follows:

18 (a) Two members with experience in the provision of
19 interdisciplinary palliative care, including, without limitation,
20 hospital, medical, nursing, social work, pharmacy, financial and
21 spiritual services;

22 (b) One member with a background in patient and family
23 caregiver advocacy;

24 (c) One member who is a health care professional with clinical
25 experience in palliative care;

26 (d) One member who is a health care professional with expertise
27 in delivery models for palliative care in a variety of inpatient,
28 outpatient and community settings and with diverse populations;

29 (e) Two members who are employees of the Department or any
30 other state agency, board or commission who have relevant work
31 experience related to palliative care and issues concerning quality of
32 life; and

33 (f) Two members who are board certified hospice and palliative
34 care physicians, *physician assistants* or nurses.

35 3. After the initial terms, the term of each member of the
36 Council is 3 years, and members shall serve at the pleasure of the
37 Director.

38 4. The Council shall select from its members a Chair and a
39 Vice Chair who shall hold office for 1 year and whose duties will be
40 established by the Council.

41 5. The Council shall meet at least twice annually at a time and
42 place specified by a call of the Director.

43 6. Each member of the Council:

44 (a) Serves without compensation; and



1 (b) While engaged in the business of the Council, is entitled to
2 receive the per diem allowance and travel expenses provided for
3 state officers and employees generally to the extent that funds for
4 such expenses are available within the budget of the Department.

5 **Sec. 63.** NRS 388.503 is hereby amended to read as follows:

6 388.503 1. Except as otherwise provided in subsection 2,
7 mechanical restraint may be used on a pupil with a disability only if:

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

40 **Sec. 64.** NRS 392.435 is hereby amended to read as follows:

41 392.435 1. Unless excused because of religious belief or
42 medical condition and except as otherwise provided in subsection 5,
43 a child may not be enrolled in a public school within this State
44 unless the child's parents or guardian submit to the board of trustees
45 of the school district in which the child resides or the governing



1 body of the charter school in which the child has been accepted for
2 enrollment a certificate stating that the child has been immunized
3 and has received proper boosters for that immunization or is
4 complying with the schedules established by regulation pursuant to
5 NRS 439.550 for the following diseases:

- 6 (a) Diphtheria;
- 7 (b) Tetanus;
- 8 (c) Pertussis if the child is under 6 years of age;
- 9 (d) Poliomyelitis;
- 10 (e) Rubella;
- 11 (f) Rubeola; and
- 12 (g) Such other diseases as the local board of health or the State
13 Board of Health may determine.

14 2. The certificate must show that the required vaccines and
15 boosters were given and must bear the signature of a licensed
16 physician or the physician's designee , *a licensed physician*
17 *assistant or the physician assistant's designee* or a registered nurse
18 or the nurse's designee, attesting that the certificate accurately
19 reflects the child's record of immunization.

20 3. If the requirements of subsection 1 can be met with one visit
21 to a physician , *physician assistant* or clinic, procedures for
22 conditional enrollment do not apply.

23 4. A child may enter school conditionally if the parent or
24 guardian submits a certificate from a physician , *physician assistant*
25 or local health officer that the child is receiving the required
26 immunizations. If a certificate from the physician , *physician*
27 *assistant* or local health officer showing that the child has been fully
28 immunized is not submitted to the appropriate school officers within
29 90 school days, or its equivalent in a school district operating under
30 an alternative schedule authorized pursuant to NRS 388.090, after
31 the child was conditionally admitted, the child must be excluded
32 from school and may not be readmitted until the requirements for
33 immunization have been met. A child who is excluded from school
34 pursuant to this section is a neglected child for the purposes of NRS
35 432.097 to 432.130, inclusive, and chapter 432B of NRS.

36 5. A child who transfers to a school in this State from a school
37 outside this State because of the military transfer of the parent or
38 legal guardian of the child must be enrolled in school in this State
39 regardless of whether the child has been immunized. Unless a
40 different time frame is prescribed pursuant to NRS 388F.010, the
41 parent or legal guardian shall submit a certificate from a physician ,
42 *physician assistant* or local health officer showing that the child:

43 (a) If the requirements of subsection 1 can be met with one visit
44 to a physician , *physician assistant* or clinic, has been fully
45 immunized within 30 school days, or its equivalent in a school



1 district operating under an alternative schedule authorized pursuant
2 to NRS 388.090, after the child was enrolled; or

3 (b) If the requirements of subsection 1 cannot be met with one
4 visit to a physician , *physician assistant* or clinic, is receiving the
5 required immunizations within 30 school days, or its equivalent in a
6 school district operating under an alternative schedule authorized
7 pursuant to NRS 388.090, after the child was enrolled. A certificate
8 from the physician , *physician assistant* or local health officer
9 showing that the child has been fully immunized must be submitted
10 to the appropriate school officers within 120 school days, or its
11 equivalent in a school district operating under an alternative
12 schedule authorized pursuant to NRS 388.090, after the child was
13 enrolled.

14 ➤ If the parent or legal guardian fails to submit the documentation
15 required pursuant to this subsection, the child must be excluded
16 from school and may not be readmitted until the requirements for
17 immunization have been met. A child who is excluded from school
18 pursuant to this section is a neglected child for the purposes of NRS
19 432.097 to 432.130, inclusive, and chapter 432B of NRS.

20 6. Before December 31 of each year, each school district and
21 the governing body of each charter school shall report to the
22 Division of Public and Behavioral Health of the Department of
23 Health and Human Services, on a form furnished by the Division,
24 the exact number of pupils who have completed the immunizations
25 required by this section.

26 7. The certificate of immunization must be included in the
27 pupil's academic or cumulative record and transferred as part of that
28 record upon request.

29 **Sec. 65.** NRS 392.439 is hereby amended to read as follows:

30 392.439 If the medical condition of a child will not permit the
31 child to be immunized to the extent required by NRS 392.435 and a
32 written statement of this fact is signed by a licensed physician ,
33 *physician assistant* or advanced practice registered nurse and by the
34 parents or guardian of the child, the board of trustees of the school
35 district or governing body of the charter school in which the child
36 has been accepted for enrollment shall exempt the child from all or
37 part of the provisions of NRS 392.435, as the case may be, for
38 enrollment purposes.

39 **Sec. 66.** NRS 394.192 is hereby amended to read as follows:

40 394.192 1. Unless excused because of religious belief or
41 medical condition, a child may not be enrolled in a private school
42 within this State unless the child's parents or guardian submit to the
43 governing body of the private school a certificate stating that the
44 child has been immunized and has received proper boosters for that



1 immunization or is complying with the schedules established by
2 regulation pursuant to NRS 439.550 for the following diseases:

- 3 (a) Diphtheria;
- 4 (b) Tetanus;
- 5 (c) Pertussis if the child is under 6 years of age;
- 6 (d) Poliomyelitis;
- 7 (e) Rubella;
- 8 (f) Rubeola; and
- 9 (g) Such other diseases as the local board of health or the State
10 Board of Health may determine.

11 2. The certificate must show that the required vaccines and
12 boosters were given and must bear a signature of a licensed
13 physician or the physician's designee, *a physician assistant or the*
14 *physician assistant's designee* or a registered nurse or the nurse's
15 designee, attesting that the certificate accurately reflects the child's
16 record of immunization.

17 3. If the requirements of subsection 1 can be met with one visit
18 to a physician, *physician assistant* or clinic, procedures for
19 conditional enrollment do not apply.

20 4. A child may enter school conditionally if the parent or
21 guardian submits a certificate from a physician, *physician assistant*
22 or local health officer that the child is receiving the required
23 immunizations. If a certificate from the physician, *physician*
24 *assistant* or local health officer showing that the child has been fully
25 immunized is not submitted to the appropriate school officials
26 within 90 school days after the child was conditionally admitted, the
27 child must be excluded from school and may not be readmitted until
28 the requirements for immunization have been met. A child who is
29 excluded from school pursuant to this section is a neglected child for
30 the purposes of NRS 432.097 to 432.130, inclusive, and chapter
31 432B of NRS.

32 5. Before December 31 of each year, each private school shall
33 report to the Division of Public and Behavioral Health of the
34 Department of Health and Human Services, on a form furnished by
35 the Division, the exact number of pupils who have completed the
36 immunizations required by this section.

37 6. The certificate of immunization must be included in the
38 pupil's academic or cumulative record and transferred as part of that
39 record upon request.

40 **Sec. 67.** NRS 394.194 is hereby amended to read as follows:

41 394.194 If the medical condition of a child will not permit the
42 child to be immunized to the extent required by NRS 394.192, a
43 written statement of this fact signed by a licensed physician,
44 *physician assistant* or advanced practice registered nurse and
45 presented to the governing body by the parents or guardian of such



1 child shall exempt such child from all or part of the provisions of
2 NRS 394.192, as the case may be, for enrollment purposes.

3 **Sec. 68.** NRS 394.369 is hereby amended to read as follows:

4 394.369 1. Except as otherwise provided in subsection 2,
5 mechanical restraint may be used on a pupil with a disability only if:

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

8 (b) A medical order authorizing the use of mechanical restraint
9 from the pupil's treating physician, *physician assistant* or advanced
10 practice registered nurse is included in the pupil's services plan
11 developed pursuant to 34 C.F.R. § 300.138 or the pupil's
12 individualized education program, whichever is appropriate, before
13 the application of the mechanical restraint;

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



1 **Sec. 69.** NRS 422.4032 is hereby amended to read as follows:

2 422.4032 1. The Department or a pharmacy benefit manager
3 or health maintenance organization with which the Department
4 contracts pursuant to NRS 422.4053 to manage prescription drug
5 benefits shall allow a recipient of Medicaid who has been diagnosed
6 with stage 3 or 4 cancer or the attending practitioner of the recipient
7 to apply for an exemption from step therapy that would otherwise be
8 required pursuant to NRS 422.403 to instead use a prescription drug
9 prescribed by the attending practitioner to treat the cancer or any
10 symptom thereof of the recipient of Medicaid. The application
11 process must:

12 (a) Allow the recipient or attending practitioner, or a designated
13 advocate for the recipient or attending practitioner, to present to the
14 Department, pharmacy benefit manager or health maintenance
15 organization, as applicable, the clinical rationale for the exemption
16 and any relevant medical information.

17 (b) Clearly prescribe the information and supporting documents
18 that must be submitted with the application, and the criteria that will be
19 used to evaluate the request and the conditions under which an
20 expedited determination pursuant to subsection 4 is warranted.

21 (c) Require the review of each application by at least one
22 physician, *physician assistant*, registered nurse or pharmacist.

23 2. The information and supporting documentation required
24 pursuant to paragraph (b) of subsection 1:

25 (a) May include, without limitation:

26 (1) The medical history or other health records of the
27 recipient demonstrating that the recipient has:

28 (I) Tried other drugs included in the pharmacological
29 class of drugs for which the exemption is requested without success;
30 or

31 (II) Taken the requested drug for a clinically appropriate
32 amount of time to establish stability in relation to the cancer and the
33 guidelines of the prescribing practitioner; and

34 (2) Any other relevant clinical information.

35 (b) Must not include any information or supporting
36 documentation that is not necessary to make a determination about
37 the application.

38 3. Except as otherwise provided in subsection 4, the
39 Department, pharmacy benefit manager or health maintenance
40 organization, as applicable, that receives an application for an
41 exemption pursuant to subsection 1 shall:

42 (a) Make a determination concerning the application if the
43 application is complete, or request additional information or
44 documentation necessary to complete the application not later than
45 72 hours after receiving the application; and



1 (b) If it requests additional information or documentation, make
2 a determination concerning the application not later than 72 hours
3 after receiving the requested information or documentation.

4 4. If, in the opinion of the attending practitioner, step therapy
5 may seriously jeopardize the life or health of the recipient, the
6 Department, pharmacy benefit manager or health maintenance
7 organization that receives an application for an exemption pursuant
8 to subsection 1, as applicable, must make a determination
9 concerning the application as expeditiously as necessary to avoid
10 serious jeopardy to the life or health of the recipient.

11 5. The Department, pharmacy benefit manager or health
12 maintenance organization, as applicable, shall disclose to a recipient
13 or attending practitioner who submits an application for an
14 exemption from step therapy pursuant to subsection 1 the
15 qualifications of each person who will review the application.

16 6. The Department, pharmacy benefit manager or health
17 maintenance organization, as applicable, must grant an exemption
18 from step therapy in response to an application submitted pursuant
19 to subsection 1 if:

20 (a) Any treatment otherwise required under the step therapy or
21 any drug in the same pharmacological class or having the same
22 mechanism of action as the drug for which the exemption is
23 requested has not been effective at treating the cancer or symptom
24 of the recipient when prescribed in accordance with clinical
25 indications, clinical guidelines or other peer-reviewed evidence;

26 (b) Delay of effective treatment would have severe or
27 irreversible consequences for the recipient and the treatment
28 otherwise required under the step therapy is not reasonably expected
29 to be effective based on the physical or mental characteristics of the
30 recipient and the known characteristics of the treatment;

31 (c) Each treatment otherwise required under the step therapy:

32 (1) Is contraindicated for the recipient or has caused or is
33 likely, based on peer-reviewed clinical evidence, to cause an adverse
34 reaction or other physical harm to the recipient; or

35 (2) Has prevented or is likely to prevent the recipient from
36 performing the responsibilities of his or her occupation or engaging
37 in activities of daily living, as defined in 42 C.F.R. § 441.505; or

38 (d) The condition of the recipient is stable while being treated
39 with the prescription drug for which the exemption is requested and
40 the recipient has previously received approval for coverage of that
41 drug.

42 7. If the Department, pharmacy benefit manager or health
43 maintenance organization, as applicable, approves an application for
44 an exemption from step therapy pursuant to this section, the State
45 must pay the nonfederal share of the cost of the prescription drug to



1 which the exemption applies. The Department, pharmacy benefit
2 manager or health maintenance organization may initially limit the
3 coverage to a 1-week supply of the drug for which the exemption is
4 granted. If the attending practitioner determines after 1 week that the
5 drug is effective at treating the cancer or symptom for which it was
6 prescribed, the State must continue to pay the nonfederal share of
7 the cost of the drug for as long as it is necessary to treat the recipient
8 for the cancer or symptom. The Department, pharmacy benefit
9 manager or health maintenance organization, as applicable, may
10 conduct a review not more frequently than once each quarter to
11 determine, in accordance with available medical evidence, whether
12 the drug remains necessary to treat the recipient for the cancer or
13 symptom. The Department, pharmacy benefit manager or health
14 maintenance organization, as applicable, shall provide a report of
15 the review to the recipient.

16 8. The Department and any pharmacy benefit manager or
17 health maintenance organization with which the Department
18 contracts pursuant to NRS 422.4053 to manage prescription drug
19 benefits shall post in an easily accessible location on an Internet
20 website maintained by the Department, pharmacy benefit manager
21 or health maintenance organization, as applicable, a form for
22 requesting an exemption pursuant to this section.

23 9. As used in this section, "attending practitioner" means the
24 practitioner, as defined in NRS 639.0125, who has primary
25 responsibility for the treatment of the cancer or any symptom of
26 such cancer of a recipient.

27 **Sec. 70.** NRS 428.155 is hereby amended to read as follows:

28 428.155 "Hospital care" means:

29 1. Services furnished by a hospital to a patient between the
30 time of admission and the time of discharge, including:

31 (a) Bed and board;

32 (b) Drugs; and

33 (c) Anesthesia, nursing services, equipment, supplies and
34 laboratory and radiological services, whether furnished directly by
35 the hospital or pursuant to a contractual arrangement made by the
36 hospital; and

37 2. Services of a physician , *physician assistant or advanced*
38 *practice registered nurse* rendered to a patient in a hospital between
39 the time of admission and the time of discharge.

40 **Sec. 71.** NRS 432A.230 is hereby amended to read as follows:

41 432A.230 Except as otherwise provided in NRS 432A.235 for
42 accommodation facilities:

43 1. Except as otherwise provided in subsection 3 and unless
44 excused because of religious belief or medical condition, a child
45 may not be admitted to any child care facility within this State,



1 including a facility licensed by a county or city, unless the parents or
2 guardian of the child submit to the operator of the facility a
3 certificate stating that the child has been immunized and has
4 received proper boosters for that immunization or is complying with
5 the schedules established by regulation pursuant to NRS 439.550 for
6 the following diseases:

- 7 (a) Diphtheria;
- 8 (b) Tetanus;
- 9 (c) Pertussis if the child is under 6 years of age;
- 10 (d) Poliomyelitis;
- 11 (e) Rubella;
- 12 (f) Rubeola; and
- 13 (g) Such other diseases as the local board of health or the State
14 Board of Health may determine.

15 2. The certificate must show that the required vaccines and
16 boosters were given and must bear the signature of a licensed
17 physician or his or her designee, *a licensed physician assistant or*
18 *his or her designee* or a registered nurse or his or her designee,
19 attesting that the certificate accurately reflects the child's record of
20 immunization.

21 3. A child whose parent or guardian has not established a
22 permanent residence in the county in which a child care facility is
23 located and whose history of immunization cannot be immediately
24 confirmed by a physician *or physician assistant* in this State or a
25 local health officer, may enter the child care facility conditionally if
26 the parent or guardian:

27 (a) Agrees to submit within 15 days a certificate from a
28 physician, *physician assistant* or local health officer that the child
29 has received or is receiving the required immunizations; and

30 (b) Submits proof that the parent or guardian has not established
31 a permanent residence in the county in which the facility is located.

32 4. If a certificate from the physician, *physician assistant* or
33 local health officer showing that the child has received or is
34 receiving the required immunizations is not submitted to the
35 operator of the child care facility within 15 days after the child was
36 conditionally admitted, the child must be excluded from the facility.

37 5. Before December 31 of each year, each child care facility
38 shall report to the Division of the Department, on a form furnished
39 by the Division, the exact number of children who have:

- 40 (a) Been admitted conditionally to the child care facility; and
- 41 (b) Completed the immunizations required by this section.

42 **Sec. 72.** NRS 432A.250 is hereby amended to read as follows:

43 432A.250 If the medical condition of a child will not permit
44 the child to be immunized to the extent required by NRS 432A.230
45 or 432A.235, a written statement of this fact signed by a licensed



1 physician , *licensed physician assistant* or advanced practice
2 registered nurse and presented to the operator of the facility by the
3 parents or guardian of such child exempts such child from all or part
4 of the provisions of NRS 432A.230 or 432A.235, as the case may
5 be, for purposes of admission.

6 **Sec. 73.** NRS 432B.175 is hereby amended to read as follows:

7 432B.175 1. Data or information concerning reports and
8 investigations thereof made pursuant to this chapter must be made
9 available pursuant to this section to any member of the general
10 public upon request if the child who is the subject of a report of
11 abuse or neglect suffered a fatality or near fatality. Any such data
12 and information which is known must be made available not later
13 than 48 hours after a fatality and not later than 5 business days after
14 a near fatality. Except as otherwise provided in subsection 2, the
15 data or information which must be disclosed includes, without
16 limitation:

17 (a) A summary of the report of abuse or neglect and a factual
18 description of the contents of the report;

19 (b) The date of birth and gender of the child;

20 (c) The date that the child suffered the fatality or near fatality;

21 (d) The cause of the fatality or near fatality, if such information
22 has been determined;

23 (e) Whether the agency which provides child welfare services
24 had any contact with the child or a member of the child's family or
25 household before the fatality or near fatality and, if so:

26 (1) The frequency of any contact or communication with the
27 child or a member of the child's family or household before the
28 fatality or near fatality and the date on which the last contact or
29 communication occurred before the fatality or near fatality;

30 (2) Whether the agency which provides child welfare
31 services provided any child welfare services to the child or to a
32 member of the child's family or household before or at the time of
33 the fatality or near fatality;

34 (3) Whether the agency which provides child welfare
35 services made any referrals for child welfare services for the child or
36 for a member of the child's family or household before or at the
37 time of the fatality or near fatality;

38 (4) Whether the agency which provides child welfare
39 services took any other actions concerning the welfare of the child
40 before or at the time of the fatality or near fatality; and

41 (5) A summary of the status of the child's case at the time of
42 the fatality or near fatality, including, without limitation, whether
43 the child's case was closed by the agency which provides child
44 welfare services before the fatality or near fatality and, if so, the
45 reasons that the case was closed; and



1 (f) Whether the agency which provides child welfare services, in
2 response to the fatality or near fatality:

3 (1) Has provided or intends to provide child welfare services
4 to the child or to a member of the child's family or household;

5 (2) Has made or intends to make a referral for child welfare
6 services for the child or for a member of the child's family or
7 household; and

8 (3) Has taken or intends to take any other action concerning
9 the welfare and safety of the child or any member of the child's
10 family or household.

11 2. An agency which provides child welfare services shall not
12 disclose the following data or information pursuant to subsection 1:

13 (a) Except as otherwise provided in NRS 432B.290, data or
14 information concerning the identity of the person responsible for
15 reporting the abuse or neglect of the child to a public agency;

16 (b) The name of the child who suffered a near fatality or the
17 name of any member of the family or other person who lives in the
18 household of the child who suffered the fatality or near fatality;

19 (c) A privileged communication between an attorney and client;
20 and

21 (d) Information that may undermine a criminal investigation or
22 pending criminal prosecution.

23 3. The Division of Child and Family Services shall adopt
24 regulations to carry out the provisions of this section.

25 4. As used in this section, "near fatality" means an act that
26 places a child in serious or critical condition as verified orally or in
27 writing by a physician, *a physician assistant*, a registered nurse or
28 other licensed provider of health care. Such verification may be
29 given in person or by telephone, mail, electronic mail or facsimile.

30 **Sec. 74.** NRS 433.209 is hereby amended to read as follows:

31 433.209 "Person professionally qualified in the field of
32 psychiatric mental health" means:

33 1. A psychiatrist licensed to practice medicine in the State of
34 Nevada and certified by the American Board of Psychiatry and
35 Neurology;

36 2. A psychologist licensed to practice in this State;

37 3. A social worker who holds a master's degree in social work,
38 is licensed by the State as a clinical social worker and is employed
39 by the Division;

40 4. A registered nurse who:

41 (a) Is licensed to practice professional nursing in this State;

42 (b) Holds a master's degree in the field of psychiatric nursing;
43 and

44 (c) Is employed by the Division;



1 5. A marriage and family therapist licensed pursuant to chapter
2 641A of NRS; ~~for~~

3 6. A clinical professional counselor licensed pursuant to
4 chapter 641A of NRS ~~for~~; *or*

5 *7. A physician assistant licensed pursuant to chapter 630 or*
6 *633 of NRS and who practices in the specialty of psychiatry.*

7 **Sec. 75.** NRS 433.265 is hereby amended to read as follows:

8 433.265 Any person employed by the Division as a
9 psychiatrist, psychologist, *physician assistant*, marriage and family
10 therapist, clinical professional counselor, registered nurse or social
11 worker must be licensed or certified by the appropriate state
12 licensing board for his or her respective profession.

13 **Sec. 76.** NRS 433.269 is hereby amended to read as follows:

14 433.269 The Administrator shall not employ any psychiatrist,
15 psychologist, *physician assistant*, social worker or registered nurse
16 who holds a master's degree in the field of psychiatric nursing who
17 is unable to demonstrate proficiency in the oral and written
18 expression of the English language.

19 **Sec. 77.** NRS 433.279 is hereby amended to read as follows:

20 433.279 1. The Division shall carry out a vocational and
21 educational program for the certification of mental health
22 technicians, including forensic technicians:

23 (a) Employed by the Division, or other employees of the
24 Division who perform similar duties, but are classified differently.

25 (b) Employed by the Division of Child and Family Services of
26 the Department.

27 ➔ The program must be carried out in cooperation with the Nevada
28 System of Higher Education.

29 2. A mental health technician is responsible to the director of
30 the service in which his or her duties are performed. The director of
31 a service may be a licensed physician, *physician assistant*, dentist,
32 podiatric physician, psychiatrist, psychologist, rehabilitation
33 therapist, social worker, registered nurse or other professionally
34 qualified person. This section does not authorize a mental health
35 technician to perform duties which require the specialized
36 knowledge and skill of a professionally qualified person.

37 3. The Division shall adopt regulations to carry out the
38 provisions of this section.

39 4. As used in this section, "mental health technician" means an
40 employee of the Division of Public and Behavioral Services or the
41 Division of Child and Family Services who, for compensation or
42 personal profit, carries out procedures and techniques which involve
43 cause and effect and which are used in the care, treatment and
44 rehabilitation of persons with mental illness and persons who are
45 emotionally disturbed, and who has direct responsibility for:



1 (a) Administering or carrying out specific therapeutic
2 procedures, techniques or treatments, excluding medical
3 interventions, to enable consumers to make optimal use of their
4 therapeutic regime, their social and personal resources, and their
5 residential care; or

6 (b) The application of interpersonal and technical skills in the
7 observation and recognition of symptoms and reactions of
8 consumers, for the accurate recording of such symptoms and
9 reactions, and for carrying out treatments authorized by members of
10 the interdisciplinary team that determines the treatment of the
11 consumers.

12 **Sec. 78.** NRS 433.5496 is hereby amended to read as follows:

13 433.5496 1. Except as otherwise provided in subsections 2
14 and 4, mechanical restraint may be used on a person with a
15 disability who is a consumer only if:

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

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

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

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

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

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

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



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

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

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

12 (a) Treat the medical needs of a consumer;

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

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

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

19 3. If mechanical restraint is used on a person with a disability
20 who is a consumer in an emergency, the use of the procedure must
21 be reported as a denial of rights pursuant to NRS 433.534 or
22 435.610, as applicable, regardless of whether the use of the
23 procedure is authorized by statute. The report must be made not
24 later than 1 working day after the procedure is used.

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

27 **Sec. 79.** NRS 433.5503 is hereby amended to read as follows:

28 433.5503 1. Chemical restraint may only be used on a person
29 with a disability who is a consumer if:

30 (a) The consumer has been deemed to be a person in a mental
31 health crisis, as defined in NRS 433A.0175, and is receiving mental
32 health services from a facility;

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

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

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

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

44 (f) The chemical restraint is administered by a person licensed to
45 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. 80. NRS 433A.018 is hereby amended to read as follows:
433A.018 “Person professionally qualified in the field of psychiatric mental health” means:

1. A psychiatrist licensed to practice medicine in this State;
2. A psychologist licensed to practice in this State;
3. A social worker who holds a master’s degree in social work and is licensed by the State as a clinical social worker;
4. A registered nurse who:
 - (a) Is licensed to practice professional nursing in this State; and
 - (b) Holds a master’s degree in the field of psychiatric nursing;
5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; ~~{or}~~
6. A clinical professional counselor licensed pursuant to chapter 641A of NRS ~~{}~~; *or*

7. A physician assistant licensed pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.

Sec. 81. NRS 433A.162 is hereby amended to read as follows:
433A.162 1. A public or private mental health facility or hospital may admit a person who has been placed on a mental health crisis hold under an emergency admission if:

- (a) After conducting an examination pursuant to NRS 433A.165, a physician, physician assistant or advanced practice registered nurse determines that the person does not have a medical condition, other than a psychiatric condition, which requires immediate treatment;
- (b) A psychologist, a physician, 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 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, who is employed by the public or private mental health facility or hospital completes a certificate pursuant to NRS 433A.170;

(c) A psychiatrist or a psychologist or, if a psychiatrist or a psychologist is not available, a physician, *a physician assistant* or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to



1 NRS 632.120, evaluates the person at the time of admission and
2 determines that the person is a person in a mental health crisis; and

3 (d) A psychiatrist approves the admission.

4 2. The provisions of subsections 2 and 3 of NRS 433A.150
5 continue to apply to a person who is admitted to a public or private
6 mental health facility or hospital under an emergency admission
7 pursuant to this section.

8 **Sec. 82.** NRS 433A.170 is hereby amended to read as follows:

9 433A.170 Except as otherwise provided in this section, the
10 administrative officer of a facility operated by the Division or of any
11 other public or private mental health facility or hospital shall not
12 accept a person for an emergency admission under NRS 433A.162
13 unless a psychologist, a physician, a physician assistant, ~~under the~~
14 ~~supervision of a psychiatrist,~~ a clinical social worker who has the
15 psychiatric training and experience prescribed by the Board of
16 Examiners for Social Workers pursuant to NRS 641B.160 or an
17 advanced practice registered nurse who has the psychiatric training
18 and experience prescribed by the State Board of Nursing pursuant to
19 NRS 632.120 completes a certificate stating that he or she has
20 examined the person alleged to be a person in a mental health crisis
21 and that he or she has concluded that the person is a person in a
22 mental health crisis. The certificate required by this section may be
23 obtained from a psychologist, physician, physician assistant, clinical
24 social worker or advanced practice registered nurse who is
25 employed by the public or private mental health facility or hospital
26 to which the person alleged to be a person in a mental health crisis is
27 to be admitted.

28 **Sec. 83.** NRS 433A.195 is hereby amended to read as follows:

29 433A.195 1. A licensed physician *or physician assistant* on
30 the medical staff of a facility operated by the Division or of any
31 other public or private mental health facility or hospital may release
32 a person from a mental health crisis hold upon completion of a
33 certificate which meets the requirements of NRS 433A.197 signed
34 by a licensed physician on the medical staff of the facility or
35 hospital, a physician assistant ~~under the supervision of a~~
36 ~~psychiatrist,~~ a psychologist, a clinical social worker who has the
37 psychiatric training and experience prescribed by the Board of
38 Examiners for Social Workers pursuant to NRS 641B.160 or an
39 advanced practice registered nurse who has the psychiatric training
40 and experience prescribed by the State Board of Nursing pursuant to
41 NRS 632.120 stating that he or she has personally observed and
42 examined the person and that he or she has concluded that the
43 person is not a person in a mental health crisis.

44 2. A psychologist, a physician, a physician assistant, ~~under~~
45 ~~the supervision of a psychiatrist,~~ a clinical social worker who has



1 the psychiatric training and experience prescribed by the Board of
2 Examiners for Social Workers pursuant to NRS 641B.160 or an
3 advanced practice registered nurse who has the psychiatric training
4 and experience prescribed by the State Board of Nursing pursuant to
5 NRS 632.120 on the medical staff of a facility operated by the
6 Division or of any other public or private mental health facility or
7 hospital who has personally assessed an unemancipated person who
8 is less than 18 years of age after the person was placed on a mental
9 health crisis hold may release the person from the hold if the parent
10 or guardian of the person agrees to treatment or accepts physical
11 custody of the person.

12 **Sec. 84.** NRS 433A.200 is hereby amended to read as follows:
13 433A.200 1. Except as otherwise provided in NRS
14 432B.6075, a proceeding for an involuntary court-ordered admission
15 of any person in the State of Nevada may be commenced by the
16 filing of a petition for the involuntary admission to a mental health
17 facility with the clerk of the district court of the county where the
18 person who is to be treated resides or the county where a mental
19 health facility that is willing to admit the person is located. The
20 petition may be filed by any physician, physician assistant,
21 psychologist, social worker or registered nurse or by any officer
22 authorized to make arrests in the State of Nevada. The petition must
23 be accompanied:

24 (a) By a certificate of a physician, a psychologist, a physician
25 assistant, ~~under the supervision of a psychiatrist,~~ a clinical social
26 worker who has the psychiatric training and experience prescribed
27 by the Board of Examiners for Social Workers pursuant to NRS
28 641B.160 or an advanced practice registered nurse who has the
29 psychiatric training and experience prescribed by the State Board of
30 Nursing pursuant to NRS 632.120 stating that he or she has
31 examined the person alleged to be a person in a mental health crisis
32 and has concluded that the person is a person in a mental health
33 crisis; or

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

35 (1) The petitioner has, based upon the petitioner's personal
36 observation of the person alleged to be a person in a mental health
37 crisis, probable cause to believe that the person is a person in a
38 mental health crisis and the person alleged to be a person in a mental
39 health crisis has refused to submit to examination or treatment by a
40 physician, *physician assistant*, psychiatrist, psychologist or
41 advanced practice registered nurse who has the psychiatric training
42 and experience prescribed by the State Board of Nursing pursuant to
43 NRS 632.120; or

44 (2) The person alleged to be a person in a mental health crisis
45 has been placed on a mental health crisis hold pursuant to



1 NRS 433A.160 and the physician, physician assistant or advanced
2 practice registered nurse who examined the person alleged to be a
3 person with a mental health crisis pursuant to NRS 433A.165
4 determined that the person has a medical condition, other than a
5 psychiatric condition, which requires immediate treatment.

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

13 **Sec. 85.** NRS 433A.210 is hereby amended to read as follows:

14 433A.210 In addition to the requirements of NRS 433A.200, a
15 petition filed pursuant to that section with the clerk of the district
16 court to commence proceedings for involuntary court-ordered
17 admission of a person pursuant to NRS 433A.145 or 433A.150 must
18 include documentation of the results of the medical examination
19 conducted pursuant to NRS 433A.165 and a copy of:

20 1. The form for the placement of the person on a mental health
21 crisis hold pursuant to NRS 433A.160; and

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

27 (a) He or she has examined the person alleged to be a person in
28 a mental health crisis;

29 (b) In his or her opinion, there is a reasonable degree of certainty
30 that the person alleged to be a person in a mental health crisis
31 suffers from a mental illness;

32 (c) Based on his or her personal observation of the person
33 alleged to be a person in a mental health crisis and other facts set
34 forth in the petition, the person presents a substantial risk of serious
35 harm to himself or herself or others, as determined pursuant to NRS
36 433A.0195; and

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

41 **Sec. 86.** NRS 433A.240 is hereby amended to read as follows:

42 433A.240 1. After the filing of a petition to commence
43 proceedings for the involuntary court-ordered admission of a person
44 pursuant to NRS 433A.200 and 433A.210, the court shall promptly
45 cause two or more physicians, psychologists, *physician assistants*



1 or advanced practice registered nurses who have the psychiatric
2 training and experience prescribed by the State Board of Nursing
3 pursuant to NRS 632.120, one of whom must always be a physician,
4 to examine the person alleged to be a person in a mental health
5 crisis, or request an evaluation by an evaluation team from the
6 Division of the person alleged to be a person in a mental health
7 crisis.

8 2. Subject to the provisions in subsection 1, the judge assigned
9 to hear a proceeding brought pursuant to NRS 433A.200 to
10 433A.330, inclusive, shall have complete discretion in selecting the
11 medical professionals to conduct the examination required pursuant
12 to subsection 1.

13 3. To conduct the examination of a person who is not being
14 detained at a mental health facility or hospital under a mental health
15 crisis hold pursuant to NRS 433A.160, the court may order a peace
16 officer to take the person into protective custody and transport the
17 person to a mental health facility or hospital where the person may
18 be detained until a hearing is had upon the petition or motion, as
19 applicable.

20 4. If the person is not being detained under a mental health
21 crisis hold pursuant to NRS 433A.160, the person may be allowed
22 to remain in his or her home or other place of residence pending an
23 ordered examination or examinations and to return to his or her
24 home or other place of residence upon completion of the
25 examination or examinations. The person may be accompanied by
26 one or more of his or her relations or friends to the place of
27 examination.

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

32 6. Each physician, psychologist , *physician assistant* and
33 advanced practice registered nurse who examines a person pursuant
34 to subsection 1 shall, not later than 24 hours before the hearing set
35 pursuant to subsection 1 of NRS 433A.220, submit to the court in
36 writing a summary of his or her findings and evaluation regarding
37 the person alleged to be a person in a mental health crisis.

38 **Sec. 87.** NRS 433A.280 is hereby amended to read as follows:
39 433A.280 In proceedings for involuntary court-ordered
40 admission, the court shall hear and consider all relevant testimony,
41 including, but not limited to, the testimony of examining personnel
42 who participated in the evaluation of the person alleged to be a
43 person in a mental health crisis and the certificates of physicians,
44 *physician assistants*, certified psychologists or advanced practice
45 registered nurses accompanying the petition, if applicable. The court



1 may consider testimony relating to any past actions of the person
2 alleged to be a person in a mental health crisis if such testimony is
3 probative of the question of whether the person is presently a person
4 in a mental health crisis.

5 **Sec. 88.** NRS 433A.310 is hereby amended to read as follows:

6 433A.310 1. Except as otherwise provided in NRS
7 432B.6076 and 432B.6077, if the district court finds, after
8 proceedings for the involuntary court-ordered admission of a
9 person:

10 (a) That there is not clear and convincing evidence that the
11 person with respect to whom the hearing was held is a person in a
12 mental health crisis, the court must enter its finding to that effect
13 and the person must not be involuntarily admitted to a public or
14 private mental health facility. If the person has been detained in a
15 public or private mental health facility or hospital under a mental
16 health crisis hold pursuant to NRS 433A.160, including, without
17 limitation, where the person has been admitted under an emergency
18 admission pursuant to NRS 433A.162, the court must issue a written
19 order requiring the facility or hospital to release the person not later
20 than 24 hours after the court issues the order, unless the person
21 applies for admission as a voluntary consumer pursuant to
22 NRS 433A.140.

23 (b) That there is clear and convincing evidence that the person
24 with respect to whom the hearing was held is a person in a mental
25 health crisis, the court may order the involuntary admission of the
26 person to a public or private mental health facility. The order of the
27 court must be interlocutory and must not become final if, within 30
28 days after the involuntary admission, the person is unconditionally
29 released pursuant to NRS 433A.390.

30 2. Except as otherwise provided in NRS 432B.608, an
31 involuntary admission pursuant to paragraph (b) of subsection 1
32 automatically expires at the end of 6 months if not terminated
33 previously by the medical director of the public or private mental
34 health facility after a determination by the physician primarily
35 responsible for treating the patient, a psychiatrist, *a physician*
36 *assistant* or an advanced practice registered nurse as provided for in
37 subsection 3 of NRS 433A.390. Except as otherwise provided in
38 NRS 432B.608, at the end of the involuntary court-ordered
39 admission, the Division or any mental health facility that is not
40 operated by the Division may petition to renew the involuntary
41 admission of the person for additional periods not to exceed 6
42 months each. For each renewal, the petition must include evidence
43 which meets the same standard set forth in subsection 1 that was
44 required for the initial period of admission of the person to a public
45 or private mental health facility.



1 3. Before issuing an order for involuntary admission or a
2 renewal thereof, the court shall explore other alternative courses of
3 treatment within the least restrictive appropriate environment,
4 including assisted outpatient treatment, as suggested by the
5 evaluation team who evaluated the person, or other persons
6 professionally qualified in the field of psychiatric mental health,
7 which the court believes may be in the best interests of the person.

8 4. If the court issues an order involuntarily admitting a person
9 to a public or private mental health facility pursuant to this section,
10 the court must, notwithstanding the provisions of NRS 433A.715,
11 cause, within 5 business days after the order becomes final pursuant
12 to this section, on a form prescribed by the Department of Public
13 Safety, a record of the order to be transmitted to:

14 (a) The Central Repository for Nevada Records of Criminal
15 History, along with a statement indicating that the record is being
16 transmitted for inclusion in each appropriate database of the
17 National Instant Criminal Background Check System; and

18 (b) Each law enforcement agency of this State with which the
19 court has entered into an agreement for such transmission, along
20 with a statement indicating that the record is being transmitted for
21 inclusion in each of this State's appropriate databases of information
22 relating to crimes.

23 5. After issuing an order pursuant to this section, a court shall
24 not transfer the case to another court.

25 6. A public or private mental health facility to which a person
26 is involuntarily admitted pursuant to this section shall notify the
27 court and the counsel for the person if the person is transferred to
28 another facility.

29 7. As used in this section, "National Instant Criminal
30 Background Check System" has the meaning ascribed to it in
31 NRS 179A.062.

32 **Sec. 89.** NRS 433A.330 is hereby amended to read as follows:

33 433A.330 When an involuntary court admission to a mental
34 health facility is ordered under the provisions of this chapter, the
35 involuntarily admitted person, together with the court orders and
36 certificates of the physicians, *physician assistants*, certified
37 psychologists, advanced practice registered nurses or evaluation
38 team and a full and complete transcript of the notes of the official
39 reporter made at the examination of such person before the court,
40 must be delivered to the sheriff of the county who shall:

- 41 1. Transport the person; or
- 42 2. Arrange for the person to be transported by:

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



1 (b) A provider of nonemergency secure behavioral health
2 transport services licensed under the regulations adopted pursuant to
3 NRS 433.3317; or

4 (c) If medically necessary, an ambulance service that holds a
5 permit issued pursuant to the provisions of chapter 450B of NRS,
6 ↪ to the appropriate public or private mental health facility.

7 **Sec. 90.** NRS 433A.335 is hereby amended to read as follows:

8 433A.335 1. A proceeding for an order requiring any person
9 in the State of Nevada to receive assisted outpatient treatment may
10 be commenced by the filing of a petition for such an order with the
11 clerk of the district court of the county where the person who is to
12 be treated is present. The petition may be filed by:

13 (a) Any person who is at least 18 years of age and resides with
14 the person to be treated;

15 (b) The spouse, parent, adult sibling, adult child or legal
16 guardian of the person to be treated;

17 (c) A physician, physician assistant, psychologist, social worker
18 or registered nurse who is providing care to the person to be treated;

19 (d) The Administrator or his or her designee; or

20 (e) The medical director of a division facility in which the
21 person is receiving treatment or the designee of the medical director
22 of such a division facility.

23 2. A proceeding to require a person who is the defendant in a
24 criminal proceeding in the district court to receive assisted
25 outpatient treatment may be commenced by the district court, on its
26 own motion, or by motion of the defendant or the district attorney if:

27 (a) The defendant has been examined in accordance with
28 NRS 178.415;

29 (b) The defendant is not eligible for commitment to the custody
30 of the Administrator pursuant to NRS 178.461; and

31 (c) The Division makes a clinical determination that assisted
32 outpatient treatment is appropriate.

33 3. A petition filed pursuant to subsection 1 or a motion made
34 pursuant to subsection 2 must allege the following concerning the
35 person to be treated:

36 (a) The person is at least 18 years of age.

37 (b) The person has a mental illness.

38 (c) The person has a history of poor compliance with treatment
39 for his or her mental illness that has resulted in at least one of the
40 following circumstances:

41 (1) At least twice during the immediately preceding 48
42 months, poor compliance with mental health treatment has been a
43 significant factor in causing the person to be hospitalized or receive
44 services in the behavioral health unit of a detention facility or
45 correctional facility. The 48-month period described in this



1 subparagraph must be extended by any amount of time that the
2 person has been hospitalized, incarcerated or detained during that
3 period.

4 (2) Poor compliance with mental health treatment has been a
5 significant factor in causing the person to commit, attempt to
6 commit or threaten to commit serious physical harm to himself or
7 herself or others during the immediately preceding 48 months. The
8 48-month period described in this subparagraph must be extended
9 by any amount of time that the person has been hospitalized,
10 incarcerated or detained during that period.

11 (3) Poor compliance with mental health treatment has
12 resulted in the person being hospitalized, incarcerated or detained
13 for a cumulative period of at least 6 months and the person:

14 (I) Is scheduled to be discharged or released from such
15 hospitalization, incarceration or detention during the 30 days
16 immediately following the date of the petition; or

17 (II) Has been discharged or released from such
18 hospitalization, incarceration or detention during the 60 days
19 immediately preceding the date of the petition.

20 (d) Because of his or her mental illness, the person is unwilling
21 or unlikely to voluntarily participate in outpatient treatment that
22 would enable the person to live safely in the community without the
23 supervision of the court.

24 (e) Assisted outpatient treatment is the least restrictive
25 appropriate means to prevent further disability or deterioration that
26 would result in the person becoming a person in a mental health
27 crisis.

28 4. A petition filed pursuant to subsection 1 or a motion made
29 pursuant to subsection 2 must be accompanied by:

30 (a) A sworn statement or a declaration that complies with the
31 provisions of NRS 53.045 by a physician, a psychologist, a
32 physician assistant , ~~under the supervision of a psychiatrist,~~ a
33 clinical social worker who has the psychiatric training and
34 experience prescribed by the Board of Examiners for Social
35 Workers pursuant to NRS 641B.160 or an advanced practice
36 registered nurse who has the psychiatric training and experience
37 prescribed by the State Board of Nursing pursuant to NRS 632.120,
38 stating that he or she:

39 (1) Evaluated the person who is the subject of the petition or
40 motion not earlier than 10 days before the filing of the petition or
41 making of the motion;

42 (2) Recommends that the person be ordered to receive
43 assisted outpatient treatment; and

44 (3) Is willing and able to testify at a hearing on the petition or
45 motion; and



1 (b) A sworn statement or a declaration that complies with the
2 provisions of NRS 53.045 from a person professionally qualified in
3 the field of psychiatric mental health stating that he or she is willing
4 to provide assisted outpatient treatment for the person in the county
5 where the person resides.

6 5. A copy of the petition filed pursuant to subsection 1 or the
7 motion made pursuant to subsection 2 must be served upon the
8 person who is the subject of the petition or motion or his or her
9 counsel and, if applicable, his or her legal guardian.

10 **Sec. 91.** NRS 433A.360 is hereby amended to read as follows:

11 433A.360 1. A clinical record for each consumer must be
12 diligently maintained by any division facility, private institution,
13 facility offering mental health services or person professionally
14 qualified in the field of psychiatric mental health responsible for
15 providing assisted outpatient treatment. The record must include
16 information pertaining to the consumer's admission, legal status,
17 treatment and individualized plan for habilitation. The clinical
18 record is not a public record and no part of it may be released,
19 except as otherwise provided in subsection 2 or except:

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

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

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

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

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

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

44 (g) The record must be released without charge to any member
45 of the staff of an agency in Nevada which has been established



1 pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et
2 seq. if:

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

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

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

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

13 (h) The record must be released as provided in NRS 433.332 or
14 433B.200 and in chapter 629 of NRS.

15 2. A division facility, private institution, facility offering
16 mental health services or person professionally qualified in the field
17 of psychiatric mental health responsible for providing assisted
18 outpatient treatment and any other person or entity having
19 information concerning a consumer, including, without limitation, a
20 clinical record, any part thereof or any information contained
21 therein, may disclose such information to a provider of health care
22 to assist with treatment provided to the consumer.

23 3. As used in this section, "provider of health care" has the
24 meaning ascribed to it in NRS 629.031.

25 **Sec. 92.** NRS 433A.390 is hereby amended to read as follows:

26 433A.390 1. When a consumer, involuntarily admitted to a
27 mental health facility or required to receive assisted outpatient
28 treatment by court order, is released at the end of the period
29 specified pursuant to NRS 433A.310 or 433A.343, as applicable,
30 written notice must be given to the court that issued the order not
31 later than 3 judicial days after the release of the consumer. The
32 consumer may be released without requiring further orders of the
33 court. If the consumer has a legal guardian, the facility or the person
34 professionally qualified in the field of psychiatric mental health
35 responsible for providing the assisted outpatient treatment shall
36 notify the guardian in the manner prescribed by subsection 6 at least
37 3 days before discharging the consumer from the facility or
38 treatment or, if the consumer will be released in less than 3 days, as
39 soon as practicable.

40 2. The legal guardian of a consumer involuntarily admitted to a
41 mental health facility, if applicable, has discretion to determine
42 where the consumer will be released pursuant to subsection 1, taking
43 into consideration any discharge plan proposed by the facility
44 assessment team. If the legal guardian does not inform the facility as
45 to where the consumer will be released within 3 days after the date



1 of notification, the facility must discharge the consumer according
2 to its proposed discharge plan.

3 3. A consumer who is involuntarily admitted to a mental health
4 facility may be unconditionally released before the period specified
5 in NRS 433A.310 when the physician primarily responsible for
6 treating the patient, a psychiatrist , *a physician assistant* or an
7 advanced practice registered nurse who has the psychiatric training
8 and experience prescribed by the State Board of Nursing pursuant to
9 NRS 632.120 determines that the consumer is no longer a person in
10 a mental health crisis. If the consumer has a legal guardian, the
11 facility shall notify the guardian in the manner prescribed by
12 subsection 6 at least 3 days before discharging the consumer from
13 the facility or, if the consumer will be released in less than 3 days,
14 as soon as practicable. The legal guardian, if applicable, has
15 discretion to determine where the consumer will be released, taking
16 into consideration any discharge plan proposed by the facility
17 assessment team. If the legal guardian does not inform the facility as
18 to where the consumer will be released within 3 days after the date
19 of notification, the facility shall discharge the consumer according
20 to its proposed discharge plan.

21 4. A consumer who is required to receive assisted outpatient
22 treatment may be unconditionally released before the period
23 specified in NRS 433A.343 when the person professionally
24 qualified in the field of psychiatric mental health responsible for
25 providing the assisted outpatient treatment for the consumer
26 determines that:

27 (a) The consumer no longer requires assisted outpatient
28 treatment to prevent further disability or deterioration that would
29 result in the person becoming a person in a mental health crisis;

30 (b) The consumer is willing and likely to voluntarily participate
31 in outpatient treatment that enables the person to live safely in the
32 community without the supervision of the court; or

33 (c) After the order for assisted outpatient treatment has been
34 effective for at least 30 days, the assisted outpatient treatment is not
35 meeting the needs of the consumer.

36 5. If a consumer who will be released from assisted outpatient
37 treatment pursuant to subsection 4 has a legal guardian, the person
38 professionally qualified in the field of psychiatric mental health
39 responsible for providing the assisted outpatient treatment to the
40 consumer shall notify the guardian in the manner prescribed by
41 subsection 6 at least 3 days before discharging the consumer from
42 the treatment or, if the consumer will be released in less than 3 days,
43 as soon as practicable.

44 6. Notification of a guardian pursuant to subsection 1, 3 or 5
45 must be provided:



- 1 (a) In person or by telephone; or
- 2 (b) If the mental health facility or the person professionally
- 3 qualified in the field of psychiatric mental health, as applicable, is
- 4 not able to contact the guardian in person or by telephone, by
- 5 facsimile, electronic mail or certified mail.

6 7. A mental health facility or a person professionally qualified
7 in the field of psychiatric mental health responsible for providing
8 treatment to a consumer shall provide written notice to the court that
9 issued the order not later than 3 judicial days after unconditionally
10 releasing a consumer pursuant to subsection 3 or 4.

11 **Sec. 93.** NRS 433A.430 is hereby amended to read as follows:

12 433A.430 1. Whenever the Administrator determines that
13 division facilities within the State are inadequate for the care of any
14 person in a mental health crisis, the Administrator may designate
15 two physicians ~~and~~ *or physician assistants* licensed under the
16 provisions of chapter 630 or 633 of NRS and familiar with the field
17 of psychiatry, or advanced practice registered nurses who have the
18 psychiatric training and experience prescribed by the State Board of
19 Nursing pursuant to NRS 632.120, to examine that person. If the
20 two physicians , *physician assistants* or advanced practice
21 registered nurses concur with the opinion of the Administrator, the
22 Administrator may:

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

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

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

38 **Sec. 94.** NRS 433A.750 is hereby amended to read as follows:

39 433A.750 1. A person who:

40 (a) Without probable cause for believing a person is a person in
41 a mental health crisis causes or conspires with or assists another to
42 cause the involuntary court-ordered admission of the person under
43 this chapter; or



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

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

6 2. Unless a greater penalty is provided in subsection 1 or 3, a
7 person who knowingly and willfully violates any provision of this
8 chapter regarding the admission of a person to, or discharge of a
9 person from, a public or private mental health facility or the
10 commencement or termination of assisted outpatient treatment is
11 guilty of a gross misdemeanor.

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

24 **Sec. 95.** NRS 433B.090 is hereby amended to read as follows:

25 433B.090 "Person professionally qualified in the field of
26 psychiatric mental health" means:

27 1. A psychiatrist licensed to practice medicine in this State and
28 certified by the American Board of Psychiatry and Neurology;

29 2. A psychologist licensed to practice in this State;

30 3. A social worker who holds a master's degree in social work,
31 is licensed by the State as a clinical social worker and is employed
32 by the Division;

33 4. A registered nurse who:

34 (a) Is licensed to practice professional nursing in this State;

35 (b) Holds a master's degree in the field of psychiatric nursing;

36 and

37 (c) Is employed by the Division of Child and Family Services of
38 the Department or the Division of Public and Behavioral Health of
39 the Department;

40 5. A marriage and family therapist licensed pursuant to chapter
41 641A of NRS; ~~or~~

42 6. A clinical professional counselor licensed pursuant to
43 chapter 641A of NRS ~~or~~; *or*

44 7. *A physician assistant licensed pursuant to chapter 630 or*
45 *633 of NRS and who practices in the specialty of psychiatry.*



1 **Sec. 96.** NRS 433B.160 is hereby amended to read as follows:
2 433B.160 1. A person employed by the Division as a
3 psychiatrist, psychologist, *physician assistant*, marriage and family
4 therapist, clinical professional counselor, registered nurse or social
5 worker must be licensed or certified by the appropriate state
6 licensing board for his or her respective profession.

7 2. Any psychiatrist who is employed by the Division must be
8 certified by the American Board of Psychiatry and Neurology within
9 5 years after his or her first date of employment with the Division.
10 The Administrator shall terminate the employment of any
11 psychiatrist who fails to receive that certification.

12 **Sec. 97.** NRS 433B.170 is hereby amended to read as follows:
13 433B.170 The Administrator shall not employ any psychiatrist,
14 psychologist, *physician assistant*, social worker, registered nurse,
15 clinical professional counselor or marriage and family therapist who
16 is unable to demonstrate proficiency in the oral and written
17 expression of the English language.

18 **Sec. 98.** NRS 433B.331 is hereby amended to read as follows:
19 433B.331 1. When admitting a child with an emotional
20 disturbance who is subject to the jurisdiction of a juvenile court
21 pursuant to chapter 432B of NRS to a public or private inpatient
22 psychiatric treatment facility, the administrative officer of the
23 facility or the staff of the administrative officer shall ask the person
24 or entity having legal custody of the child if the child has a treating
25 provider of health care. If the child has a treating provider of health
26 care, the administrative officer or the staff of the administrative
27 officer must make a reasonable effort to contact the treating
28 provider of health care.

29 2. If the administrative officer of a public or private inpatient
30 psychiatric treatment facility or the staff of the administrative officer
31 is able to contact the treating provider of health care pursuant to
32 subsection 1, the administrative officer or staff must make a
33 reasonable effort to consult with and consider any input from the
34 treating provider of health care concerning the care to be provided to
35 the child, including, without limitation, the admission of the child.

36 3. If a child is admitted to a public or private inpatient
37 psychiatric treatment facility, the administrative officer of the
38 facility or the staff of the administrative officer must:

39 (a) Ask the person or entity having legal custody of the child for
40 consent and make a reasonable attempt to obtain the consent of the
41 child to allow the facility to coordinate the care of the child with the
42 treating provider of health care on an ongoing basis; and

43 (b) Make a reasonable attempt to coordinate with all treating
44 providers of health care of the child concerning a plan to discharge
45 the child from the facility.



1 4. Failure of a person or entity having legal custody of a child
2 or a child to provide consent pursuant to paragraph (a) of subsection
3 3 must not prevent a facility from coordinating the care of the child
4 with the treating provider of health care of the child on an ongoing
5 basis when necessary to protect or improve the health or welfare of
6 the child.

7 5. As used in this section, "treating provider of health care"
8 means, with respect to any child, a physician, a physician assistant,
9 ~~[who practices under the supervision of a psychiatrist,]~~ an advanced
10 practice registered nurse who has the psychiatric training and
11 experience prescribed by the State Board of Nursing pursuant to
12 NRS 632.120 or a psychologist who regularly provides mental or
13 behavioral health treatment to the child.

14 **Sec. 99.** NRS 435.415 is hereby amended to read as follows:

15 435.415 Any person employed by the Division as a
16 psychiatrist, psychologist, *physician assistant*, marriage and family
17 therapist, clinical professional counselor, registered nurse or social
18 worker must be licensed or certified by the appropriate state
19 licensing board for his or her respective profession.

20 **Sec. 100.** NRS 435.420 is hereby amended to read as follows:

21 435.420 The Administrator shall not employ any psychiatrist,
22 psychologist, *physician assistant*, social worker or registered nurse
23 who holds a master's degree in the field of psychiatric nursing who
24 is unable to demonstrate proficiency in the oral and written
25 expression of the English language.

26 **Sec. 101.** NRS 435.425 is hereby amended to read as follows:

27 435.425 1. The Division shall carry out a vocational and
28 educational program for the certification of intellectual and
29 developmental disability technicians, including forensic technicians
30 employed by the Division, or other employees of the Division who
31 perform similar duties, but are classified differently. The program
32 must be carried out in cooperation with the Nevada System of
33 Higher Education.

34 2. An intellectual and developmental disability technician is
35 responsible to the director of the service in which his or her duties
36 are performed. The director of a service may be a licensed
37 physician, *physician assistant*, dentist, podiatric physician,
38 psychiatrist, psychologist, rehabilitation therapist, social worker,
39 registered nurse or other professionally qualified person. This
40 section does not authorize an intellectual and developmental
41 disability technician to perform duties which require the specialized
42 knowledge and skill of a professionally qualified person.

43 3. The Administrator shall adopt regulations to carry out the
44 provisions of this section.



1 4. As used in this section, “intellectual and developmental
2 disability technician” means an employee of the Division who, for
3 compensation or personal profit, carries out procedures and
4 techniques which involve cause and effect and which are used in the
5 care, treatment and rehabilitation of persons with intellectual
6 disabilities or persons with developmental disabilities and who has
7 direct responsibility for:

8 (a) Administering or carrying out specific therapeutic
9 procedures, techniques or treatments, excluding medical
10 interventions, to enable consumers to make optimal use of their
11 therapeutic regime, their social and personal resources, and their
12 residential care; or

13 (b) The application of interpersonal and technical skills in the
14 observation and recognition of symptoms and reactions of
15 consumers, for the accurate recording of such symptoms and
16 reactions, and for carrying out treatments authorized by members of
17 the interdisciplinary team that determines the treatment of the
18 consumers.

19 **Sec. 102.** NRS 439.519 is hereby amended to read as follows:

20 439.519 1. The members of the Advisory Council serve
21 terms of 2 years. A member may be reappointed to serve not more
22 than two additional, consecutive terms.

23 2. A majority of the voting members of the Advisory Council
24 shall select a Chair and a Vice Chair of the Advisory Council.

25 3. A majority of the voting members of the Advisory Council
26 may:

27 (a) Appoint committees or subcommittees to study issues
28 relating to wellness and the prevention of chronic disease.

29 (b) Remove a nonlegislative member of the Advisory Council
30 for failing to carry out the business of, or serve the best interests of,
31 the Advisory Council.

32 (c) Establish an advisory group of interested persons and
33 governmental entities to study the delivery of health care through
34 patient-centered medical homes. Interested persons and
35 governmental entities that serve on the advisory group may include,
36 without limitation:

37 (1) Public health agencies;

38 (2) Public and private insurers;

39 (3) Providers of primary care, including, without limitation,
40 physicians, *physician assistants* and advanced practice registered
41 nurses who provide primary care; and

42 (4) Recipients of health care services.

43 4. The Division shall, within the limits of available money,
44 provide the necessary professional staff and a secretary for the
45 Advisory Council.



1 5. A majority of the voting members of the Advisory Council
2 constitutes a quorum to transact all business, and a majority of those
3 voting members present, physically or via telecommunications, must
4 concur in any decision.

5 6. The Advisory Council shall, within the limits of available
6 money, meet at the call of the Administrator, the Chair or a majority
7 of the voting members of the Advisory Council quarterly or as is
8 necessary.

9 7. The members of the Advisory Council serve without
10 compensation, except that each member is entitled, while engaged in
11 the business of the Advisory Council and within the limits of
12 available money, to the per diem allowance and travel expenses
13 provided for state officers and employees generally.

14 8. As used in this section, "patient-centered medical home" has
15 the meaning ascribed to it in NRS 439A.190.

16 **Sec. 103.** NRS 439.908 is hereby amended to read as follows:

17 439.908 1. The Patient Protection Commission is hereby
18 created within the Office of the Director. The Commission consists
19 of:

20 (a) The following 12 voting members appointed by the
21 Governor:

22 (1) Two members who are persons with expertise and
23 experience in advocating on behalf of patients.

24 (2) One member who is a provider of health care who
25 operates a for-profit business to provide health care.

26 (3) One member who is a registered nurse who practices
27 primarily at a nonprofit hospital.

28 (4) One member who is a physician , *physician assistant* or
29 registered nurse who practices primarily at a federally-qualified
30 health center, as defined in 42 U.S.C. § 1396d(1)(2)(B).

31 (5) One member who is a pharmacist at a pharmacy not
32 affiliated with any chain of pharmacies or a person who has
33 expertise and experience in advocating on behalf of patients.

34 (6) One member who represents a nonprofit public hospital
35 that is located in the county of this State that spends the largest
36 amount of money on hospital care for indigent persons pursuant to
37 chapter 428 of NRS.

38 (7) One member who represents the private nonprofit health
39 insurer with the highest percentage of insureds in this State who are
40 adversely impacted by social determinants of health.

41 (8) One member who has expertise and experience in
42 advocating for persons who are not covered by a policy of health
43 insurance.



1 (9) One member who has expertise and experience in
2 advocating for persons with special health care needs and has
3 education and experience in health care.

4 (10) One member who is an employee or a consultant of the
5 Department with expertise in health information technology and
6 patient access to medical records.

7 (11) One member who is a representative of the general
8 public.

9 (b) The Director of the Department, the Commissioner of
10 Insurance, the Executive Director of the Silver State Health
11 Insurance Exchange and the Executive Officer of the Public
12 Employees' Benefits Program or his or her designee as ex officio,
13 nonvoting members.

14 2. The Governor shall:

15 (a) Appoint two of the voting members of the Commission
16 described in paragraph (a) of subsection 1 from a list of persons
17 nominated by the Majority Leader of the Senate;

18 (b) Appoint two of the voting members of the Commission
19 described in paragraph (a) of subsection 1 from a list of persons
20 nominated by the Speaker of the Assembly; and

21 (c) Ensure that the members appointed by the Governor to the
22 Commission reflect the geographic diversity of this State.

23 3. Members of the Commission serve:

24 (a) At the pleasure of the Governor; and

25 (b) Without compensation or per diem but are entitled to receive
26 reimbursement for travel expenses in the same amount provided for
27 state officers and employees generally.

28 4. After the initial terms, the term of each voting member is 2
29 years, except that the Governor may remove a voting member at any
30 time and for any reason. A member may be reappointed.

31 5. If a vacancy occurs during the term of a voting member, the
32 Governor shall appoint a person similarly qualified to replace that
33 member for the remainder of the unexpired term.

34 6. The Governor shall annually designate a voting member to
35 serve as the Chair of the Commission.

36 7. A majority of the voting members of the Commission
37 constitutes a quorum for the transaction of business, and a majority
38 of the members of a quorum present at any meeting is sufficient for
39 any official action taken by the Commission.

40 8. The members of the Commission shall comply with the
41 requirements of NRS 281A.420 applicable to public officers
42 generally.



1 **Sec. 104.** NRS 439A.0195 is hereby amended to read as
2 follows:

3 439A.0195 “Practitioner” means a physician licensed under
4 chapter 630, 630A or 633 of NRS, *physician assistant licensed*
5 *under chapter 630 or 633 of NRS*, dentist, licensed nurse,
6 dispensing optician, optometrist, registered physical therapist,
7 podiatric physician, licensed psychologist, chiropractic physician,
8 doctor of Oriental medicine in any form, medical laboratory director
9 or technician, pharmacist or other person whose principal
10 occupation is the provision of services for health.

11 **Sec. 105.** NRS 439A.190 is hereby amended to read as
12 follows:

13 439A.190 1. A primary care practice shall not represent itself
14 as a patient-centered medical home unless the primary care practice
15 is certified, accredited or otherwise officially recognized as a
16 patient-centered medical home by a nationally recognized
17 organization for the accrediting of patient-centered medical homes.

18 2. The Department shall post on an Internet website maintained
19 by the Department links to nationally recognized organizations for
20 the accrediting of patient-centered medical homes and any other
21 information specified by the Department to allow patients to find a
22 patient-centered medical home that meets the requirements of this
23 section and any regulations adopted pursuant thereto.

24 3. Any coordination between an insurer and a patient-centered
25 medical home or acceptance of an incentive from an insurer by a
26 patient-centered medical home that is authorized by federal law
27 shall not be deemed to be an unfair method of competition or an
28 unfair or deceptive trade practice or other act or practice prohibited
29 by the provisions of chapter 598 or 686A of NRS.

30 4. As used in this section:

31 (a) “Patient-centered medical home” means a primary care
32 practice that:

33 (1) Offers patient-centered, continuous, culturally competent,
34 evidence-based, comprehensive health care that is led by a provider
35 of primary care and a team of health care providers, coordinates the
36 health care needs of the patient and uses enhanced communication
37 strategies and health information technology; and

38 (2) Emphasizes enhanced access to practitioners and
39 preventive care to improve the outcomes for and experiences of
40 patients and lower the costs of health services.

41 (b) “Primary care practice” means a federally qualified health
42 center, as defined in 42 U.S.C. § 1396d(1)(2)(B), or a business
43 where health services are provided by one or more advanced
44 practice registered nurses or one or more physicians *or physician*
45 *assistants* who are licensed pursuant to chapter 630 or 633 of NRS



1 and who practice in the area of family practice, internal medicine or
2 pediatrics.

3 **Sec. 106.** NRS 439B.410 is hereby amended to read as
4 follows:

5 439B.410 1. Except as otherwise provided in subsection 4,
6 each hospital in this State has an obligation to provide emergency
7 services and care, including care provided by physicians , *physician*
8 *assistants* and nurses, and to admit a patient where appropriate,
9 regardless of the financial status of the patient.

10 2. Except as otherwise provided in subsection 4, it is unlawful
11 for a hospital or a physician working in a hospital emergency room
12 to:

13 (a) Refuse to accept or treat a patient in need of emergency
14 services and care; or

15 (b) Except when medically necessary in the judgment of the
16 attending physician:

17 (1) Transfer a patient to another hospital or health facility
18 unless, as documented in the patient's records:

19 (I) A determination has been made that the patient is
20 medically fit for transfer;

21 (II) Consent to the transfer has been given by the
22 receiving physician, hospital or health facility;

23 (III) The patient has been provided with an explanation of
24 the need for the transfer; and

25 (IV) Consent to the transfer has been given by the patient
26 or the patient's legal representative; or

27 (2) Provide a patient with orders for testing at another
28 hospital or health facility when the hospital from which the orders
29 are issued is capable of providing that testing.

30 3. A physician, hospital or other health facility which treats a
31 patient as a result of a violation of subsection 2 by a hospital or a
32 physician working in the hospital is entitled to recover from that
33 hospital an amount equal to three times the charges for the treatment
34 provided that was billed by the physician, hospital or other health
35 facility which provided the treatment, plus reasonable attorney's
36 fees and costs.

37 4. This section does not prohibit the transfer of a patient from
38 one hospital to another:

39 (a) When the patient is covered by an insurance policy or other
40 contractual arrangement which provides for payment at the
41 receiving hospital;

42 (b) After the county responsible for payment for the care of an
43 indigent patient has exhausted the money which may be
44 appropriated for that purpose pursuant to NRS 428.050, 428.285 and
45 450.425; or



1 (c) When the hospital cannot provide the services needed by the
2 patient.

3 ↪ No transfer may be made pursuant to this subsection until the
4 patient's condition has been stabilized to a degree that allows the
5 transfer without an additional risk to the patient.

6 5. As used in this section:

7 (a) "Emergency services and care" means medical screening,
8 examination and evaluation by a physician or, to the extent
9 permitted by a specific statute, by a person under the supervision of
10 a physician, to determine if an emergency medical condition or
11 active labor exists and, if it does, the care, treatment and surgery by
12 a physician necessary to relieve or eliminate the emergency medical
13 condition or active labor, within the capability of the hospital. As
14 used in this paragraph:

15 (1) "Active labor" means, in relation to childbirth, labor that
16 occurs when:

17 (I) There is inadequate time before delivery to transfer the
18 patient safely to another hospital; or

19 (II) A transfer may pose a threat to the health and safety
20 of the patient or the unborn child.

21 (2) "Emergency medical condition" means the presence of
22 acute symptoms of sufficient severity, including severe pain, such
23 that the absence of immediate medical attention could reasonably be
24 expected to result in:

25 (I) Placing the health of the patient in serious jeopardy;

26 (II) Serious impairment of bodily functions; or

27 (III) Serious dysfunction of any bodily organ or part.

28 (b) "Medically fit" means that the condition of the patient has
29 been sufficiently stabilized so that the patient may be safely
30 transported to another hospital, or is such that, in the determination
31 of the attending physician, the transfer of the patient constitutes an
32 acceptable risk. Such a determination must be based upon the
33 condition of the patient, the expected benefits, if any, to the patient
34 resulting from the transfer and whether the risks to the patient's
35 health are outweighed by the expected benefits, and must be
36 documented in the patient's records before the transfer.

37 6. If an allegation of a violation of the provisions of subsection
38 2 is made against a hospital licensed pursuant to the provisions of
39 chapter 449 of NRS, the Division of Public and Behavioral Health
40 of the Department shall conduct an investigation of the alleged
41 violation. Such a violation, in addition to any criminal penalties that
42 may be imposed, constitutes grounds for the denial, suspension or
43 revocation of such a license, or for the imposition of any sanction
44 prescribed by NRS 449.163.



1 7. If an allegation of a violation of the provisions of subsection
2 is made against:

3 (a) A physician licensed to practice medicine pursuant to the
4 provisions of chapter 630 of NRS, the Board of Medical Examiners
5 shall conduct an investigation of the alleged violation. Such a
6 violation, in addition to any criminal penalties that may be imposed,
7 constitutes grounds for initiating disciplinary action or denying
8 licensure pursuant to the provisions of subsection 3 of
9 NRS 630.3065.

10 (b) An osteopathic physician licensed to practice osteopathic
11 medicine pursuant to the provisions of chapter 633 of NRS, the
12 State Board of Osteopathic Medicine shall conduct an investigation
13 of the alleged violation. Such a violation, in addition to any criminal
14 penalties that may be imposed, constitutes grounds for initiating
15 disciplinary action pursuant to the provisions of subsection 1 of
16 NRS 633.131.

17 **Sec. 107.** Chapter 440 of NRS is hereby amended by adding
18 thereto a new section to read as follows:

19 *As used in this chapter, "physician assistant" means a person*
20 *who holds a license as a physician assistant pursuant to chapter*
21 *630 or 633 of NRS.*

22 **Sec. 108.** NRS 440.100 is hereby amended to read as follows:

23 440.100 All physicians, *physician assistants*, registered nurses,
24 midwives, informants or funeral directors, and all other persons
25 having knowledge of the facts, shall furnish such information as
26 they may possess regarding any birth or death upon demand of the
27 State Registrar, in person, by mail, or through the local health
28 officer.

29 **Sec. 109.** NRS 440.340 is hereby amended to read as follows:

30 440.340 1. Stillborn children or those dead at birth shall be
31 registered as a stillbirth and a certificate of stillbirth shall be filed
32 with the local health officer in the usual form and manner.

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

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

41 **Sec. 110.** NRS 440.380 is hereby amended to read as follows:

42 440.380 1. The medical certificate of death must be signed
43 by the physician , *physician assistant* or advanced practice
44 registered nurse, if any, last in attendance on the deceased, or
45 pursuant to regulations adopted by the Board, it may be signed by



1 the attending physician's associate physician, the chief medical
2 officer of the hospital or institution in which the death occurred, or
3 the pathologist who performed an autopsy upon the deceased. The
4 person who signs the medical certificate of death shall specify:

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

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

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

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

15 **Sec. 111.** NRS 440.390 is hereby amended to read as follows:

16 440.390 The certificate of stillbirth must be presented by the
17 funeral director or person acting as undertaker to the physician,
18 *physician assistant* or advanced practice registered nurse in
19 attendance at the stillbirth, for the certificate of the fact of stillbirth
20 and the medical data pertaining to stillbirth as the physician,
21 *physician assistant* or advanced practice registered nurse can
22 furnish them in his or her professional capacity.

23 **Sec. 112.** NRS 440.400 is hereby amended to read as follows:

24 440.400 Indefinite and unsatisfactory terms, indicating only
25 symptoms of disease or conditions resulting from disease, will not
26 be held sufficient for issuing a burial or removal permit. Any
27 certificate containing only such terms as defined by the State Board
28 of Health shall be returned to the physician, *physician assistant* or
29 advanced practice registered nurse for correction and more definite
30 statement.

31 **Sec. 113.** NRS 440.415 is hereby amended to read as follows:

32 440.415 1. A physician who anticipates the death of a patient
33 because of an illness, infirmity or disease may authorize a specific
34 registered nurse ~~for physician assistant~~ or the registered nurses ~~for~~
35 ~~physician assistants~~ employed by a medical facility or program for
36 hospice care to make a pronouncement of death if they attend the
37 death of the patient. ~~[An]~~ *A physician assistant or an* advanced
38 practice registered nurse who anticipates the death of a patient
39 because of an illness, infirmity or disease may authorize a specific
40 registered nurse or the registered nurses employed by a medical
41 facility or program for hospice care to make a pronouncement of
42 death if they attend the death of the patient.

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

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



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

4 (c) Be signed and dated by the physician, *physician assistant* or
5 advanced practice registered nurse.

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

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

18 5. If a patient in a medical facility is pronounced dead by a
19 registered nurse ~~for physician assistant~~ employed by the facility,
20 the registered nurse ~~for physician assistant~~ may release the body
21 of the patient to a licensed funeral director pending the completion
22 of the medical certificate of death by the attending physician,
23 *attending physician assistant* or attending advanced practice
24 registered nurse if the physician, *physician assistant*, advanced
25 practice registered nurse or the medical director or chief of the
26 medical staff of the facility has authorized the release in writing.

27 6. The Board may adopt regulations concerning the
28 authorization of a registered nurse ~~for physician assistant~~ to make
29 pronouncements of death.

30 7. As used in this section:

31 (a) "Advanced practice registered nurse" means a registered
32 nurse who holds a valid license as an advanced practice registered
33 nurse issued by the State Board of Nursing pursuant to
34 NRS 632.237.

35 (b) "Medical facility" means:

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

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

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

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

41 (5) A facility for intermediate care as defined in
42 NRS 449.0038.

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



1 —~~(d)~~ “Program for hospice care” means a program for hospice
2 care licensed pursuant to chapter 449 of NRS.

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

8 **Sec. 114.** NRS 440.420 is hereby amended to read as follows:

9 440.420 1. In case of any death occurring without medical
10 attendance, the funeral director shall notify the local health officer,
11 coroner or coroner’s deputy of such death and refer the case to the
12 local health officer, coroner or coroner’s deputy for immediate
13 investigation and certification.

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

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

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

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

31 **Sec. 115.** NRS 440.470 is hereby amended to read as follows:

32 440.470 The funeral director or person acting as undertaker
33 shall present the certificate to the attending physician , *attending*
34 *physician assistant* or attending advanced practice registered nurse,
35 if any, or to the health officer or coroner, for the medical certificate
36 of the cause of death and other particulars necessary to complete the
37 record unless the attending physician , *attending physician assistant*
38 or attending advanced practice registered nurse initiated the record
39 of death and provided the required information at the time of death.

40 **Sec. 116.** NRS 440.720 is hereby amended to read as follows:

41 440.720 Any physician , *physician assistant* or advanced
42 practice registered nurse who was in medical attendance upon any
43 deceased person at the time of death who neglects or refuses to
44 make out and deliver to the funeral director, sexton or other person
45 in charge of the interment, removal or other disposition of the body,



1 upon request, the medical certificate of the cause of death shall be
2 punished by a fine of not more than \$250.

3 **Sec. 117.** NRS 440.730 is hereby amended to read as follows:

4 440.730 If any physician, *physician assistant* or advanced
5 practice registered nurse knowingly makes a false certification of
6 the cause of death in any case, the physician, *physician assistant* or
7 advanced practice registered nurse shall be punished by a fine of not
8 more than \$250.

9 **Sec. 118.** NRS 440.735 is hereby amended to read as follows:

10 440.735 1. Except as otherwise provided in subsection 2, it is
11 unlawful for any person to affix his or her signature to an
12 uncompleted death certificate.

13 2. A physician, *physician assistant*, advanced practice
14 registered nurse, health officer or coroner may affix his or her
15 signature to an uncompleted death certificate after completing the
16 portions of the death certificate applicable to the physician,
17 *physician assistant*, advanced practice registered nurse, health
18 officer or coroner.

19 **Sec. 119.** NRS 440.770 is hereby amended to read as follows:

20 440.770 Any person who furnishes false information to a
21 physician, *physician assistant*, advanced practice registered nurse,
22 funeral director, midwife or informant for the purpose of making
23 incorrect certification of births or deaths shall be punished by a fine
24 of not more than \$250.

25 **Sec. 120.** NRS 442.008 is hereby amended to read as follows:

26 442.008 1. The State Board of Health shall adopt regulations
27 governing examinations and tests required for the discovery in
28 infants of preventable or inheritable disorders, including tests for the
29 presence of sickle cell disease and its variants and sickle cell trait.

30 2. Except as otherwise provided in this subsection, the
31 examinations and tests required pursuant to subsection 1 must
32 include tests and examinations for each disorder recommended to be
33 screened by the Health Resources and Services Administration of
34 the United States Department of Health and Human Services by not
35 later than 4 years after the recommendation is published. The State
36 Board may exclude any such disorder upon request of the Chief
37 Medical Officer or the person in charge of the State Public Health
38 Laboratory based on:

39 (a) Insufficient funding to conduct testing for the disorder; or

40 (b) Insufficient resources to address the results of the
41 examination and test.

42 3. Any examination or test required by the regulations adopted
43 pursuant to subsection 1 which must be performed by a laboratory
44 must be sent to the State Public Health Laboratory. If the State
45 Public Health Laboratory increases the amount charged for



1 performing such an examination or test pursuant to NRS 439.240,
2 the Division shall hold a public hearing during which the State
3 Public Health Laboratory shall provide to the Division a written and
4 verbal fiscal analysis of the reasons for the increased charges.

5 4. Except as otherwise provided in subsection 7, the
6 regulations adopted pursuant to subsection 1 concerning tests for the
7 presence of sickle cell disease and its variants and sickle cell trait
8 must require the screening for sickle cell disease and its variants and
9 sickle cell trait of:

10 (a) Each newborn child who is susceptible to sickle cell disease
11 and its variants and sickle cell trait as determined by regulations of
12 the State Board of Health; and

13 (b) Each biological parent of a child who wishes to undergo
14 such screening.

15 5. Any physician, *physician assistant*, midwife, nurse,
16 freestanding birthing center or hospital of any nature attending or
17 assisting in any way any infant, or the person who gave birth to any
18 infant, at childbirth shall:

19 (a) Make or cause to be made an examination of the infant,
20 including standard tests that do not require laboratory services, to
21 the extent required by regulations of the State Board of Health as is
22 necessary for the discovery of conditions indicating such
23 preventable or inheritable disorders.

24 (b) Collect and send to the State Public Health Laboratory or
25 cause to be collected and sent to the State Public Health Laboratory
26 any specimens needed for the examinations and tests that must be
27 performed by a laboratory and are required by the regulations
28 adopted pursuant to subsection 1.

29 6. If the examination and tests reveal the existence of such
30 conditions in an infant, the physician, *physician assistant*, midwife,
31 nurse, freestanding birthing center or hospital attending or assisting
32 at the birth of the infant shall immediately:

33 (a) Report the condition to the Chief Medical Officer or the
34 representative of the Chief Medical Officer, the local health officer
35 of the county or city within which the infant or the person who gave
36 birth to the infant resides, and the local health officer of the county
37 or city in which the child is born; and

38 (b) Discuss the condition with the parent, parents or other
39 persons responsible for the care of the infant and inform them of the
40 treatment necessary for the amelioration of the condition.

41 7. An infant is exempt from examination and testing if either
42 parent files a written objection with the person or institution
43 responsible for making the examination or tests.

44 8. As used in this section, "sickle cell disease and its variants"
45 has the meaning ascribed to it in NRS 439.4927.



1 **Sec. 121.** NRS 442.040 is hereby amended to read as follows:

2 442.040 1. Any physician, *physician assistant*, midwife,
3 nurse, freestanding birthing center or hospital of any nature, parent,
4 relative or person attending or assisting in any way any infant, or the
5 person who gave birth to any infant, at childbirth, or any time within
6 2 weeks after childbirth, knowing the condition defined in NRS
7 442.030 to exist, shall immediately report such fact in writing to the
8 local health officer of the county, city or other political subdivision
9 within which the infant or the person who gave birth to any infant
10 may reside.

11 2. Midwives shall immediately report conditions to some
12 qualified practitioner of medicine *or physician assistant* and
13 thereupon withdraw from the case except as they may act under the
14 physician's *or physician assistant's* instructions.

15 3. On receipt of such report, the health officer, or the physician
16 *or physician assistant* notified by a midwife, shall immediately give
17 to the parents or persons having charge of such infant a warning of
18 the dangers to the eye or eyes of the infant, and shall, for indigent
19 cases, provide the necessary treatment at the expense of the county,
20 city or other political subdivision.

21 **Sec. 122.** NRS 442.050 is hereby amended to read as follows:

22 442.050 It shall be unlawful for any physician , *physician*
23 *assistant* or midwife practicing midwifery to neglect or otherwise
24 fail to instill or have instilled in the eyes of the newborn baby,
25 immediately upon its birth, some germicide of proven efficiency in
26 preventing the development of ophthalmia neonatorum.

27 **Sec. 123.** NRS 442.060 is hereby amended to read as follows:

28 442.060 Every physician , *physician assistant* or midwife
29 shall, in making a report of a birth, state whether or not the
30 germicide described in NRS 442.050 was instilled into the eyes of
31 the infant.

32 **Sec. 124.** NRS 442.080 is hereby amended to read as follows:

33 442.080 The Division shall:

34 1. Enforce the provisions of NRS 442.030 to 442.110,
35 inclusive.

36 2. Publish such advice and information concerning the dangers
37 of inflammation of the eyes of the newborn as is necessary for
38 prompt and effective treatment.

39 3. Furnish copies of NRS 442.030 to 442.110, inclusive, to all
40 physicians , *physician assistants* and midwives who may be
41 engaged in the practice of obstetrics, or assisting at childbirth.

42 4. Keep the proper record of any and all cases of inflammation
43 of the eyes of the newborn which shall be filed in the office of the
44 Division in pursuance of the law, and which may come to its



1 attention in any way, and constitute such records as part of the
2 biennial report to the Director.

3 5. Report any and all violations of NRS 442.030 to 442.110,
4 inclusive, that may come to its attention to the district attorney of
5 the county wherein the misdemeanor may have been committed, and
6 shall assist the district attorney in any way possible, such as
7 securing necessary evidence.

8 6. Furnish birth certificates, which shall include the question,
9 "Did you comply with NRS 442.050? If so, state what solution
10 used."

11 7. Within the limit of funds available, provide medical
12 services, appliances, drugs and information for birth control.

13 **Sec. 125.** NRS 442.110 is hereby amended to read as follows:

14 442.110 Any physician, *physician assistant*, midwife, nurse,
15 manager or person in charge of a freestanding birthing center or
16 hospital, parent, relative or person attending upon or assisting at the
17 birth of an infant who violates any of the provisions of NRS
18 442.030 to 442.100, inclusive, shall be punished by a fine of not
19 more than \$250.

20 **Sec. 126.** NRS 442.680 is hereby amended to read as follows:

21 442.680 1. Except as otherwise provided in subsection 3, any
22 physician, *physician assistant*, midwife or nurse attending or
23 assisting in any way any infant at childbirth at a freestanding
24 birthing center or a hospital which regularly offers obstetric services
25 in the normal course of business and not only on an emergency basis
26 shall make or cause to be made an examination of the infant, to
27 determine whether the infant may suffer from critical congenital
28 heart disease, including, without limitation, conducting pulse
29 oximetry screening. If the physician, *physician assistant*, midwife
30 or nurse who conducts the examination is not the attending
31 physician, *physician assistant or advanced practice registered*
32 *nurse* of the infant, the physician, *physician assistant*, midwife or
33 nurse shall submit the results of the examination to the attending
34 physician, *physician assistant or advanced practice registered*
35 *nurse* of the infant.

36 2. If the examination reveals that an infant may suffer from
37 critical congenital heart disease, the attending physician, *physician*
38 *assistant or advanced practice registered nurse* of the infant shall
39 conduct an examination to confirm whether the infant does suffer
40 from critical congenital heart disease. If the attending physician,
41 *physician assistant or advanced practice registered nurse*
42 determines that the infant suffers from critical congenital heart
43 disease, the attending physician, *physician assistant or advanced*
44 *practice registered nurse* must:



1 (a) Report the condition to the Chief Medical Officer or a
2 representative of the Chief Medical Officer; and

3 (b) Discuss the condition with the parent, parents or other
4 persons responsible for the care of the infant and inform them of the
5 treatment necessary for the amelioration of the condition.

6 3. An examination of an infant is not required pursuant to this
7 section if either parent files a written objection with the person
8 responsible for conducting the examination or with the freestanding
9 birthing center or hospital at which the infant is born.

10 4. The State Board of Health may adopt such regulations as
11 necessary to carry out the provisions of this section.

12 **Sec. 127.** NRS 449.0115 is hereby amended to read as
13 follows:

14 449.0115 1. "Hospice care" means a centrally administered
15 program of palliative services and supportive services provided by
16 an interdisciplinary team directed by a physician. The program
17 includes the provision of physical, psychological, custodial and
18 spiritual care for persons who are terminally ill and their families.
19 The care may be provided in the home, at a residential facility or at
20 a medical facility at any time of the day or night. The term includes
21 the supportive care and services provided to the family after the
22 patient dies.

23 2. As used in this section:

24 (a) "Family" includes the immediate family, the person who
25 primarily cared for the patient and other persons with significant
26 personal ties to the patient, whether or not related by blood.

27 (b) "Interdisciplinary team" means a group of persons who work
28 collectively to meet the special needs of terminally ill patients and
29 their families and includes such persons as a physician, *physician*
30 *assistant*, registered nurse, social worker, member of the clergy and
31 trained volunteer.

32 **Sec. 128.** NRS 449.0175 is hereby amended to read as
33 follows:

34 449.0175 "Rural clinic" means a facility located in an area that
35 is not designated as an urban area by the Bureau of the Census,
36 where medical services are provided by a physician assistant
37 licensed pursuant to chapter 630 or 633 of NRS or an advanced
38 practice registered nurse licensed pursuant to NRS 632.237. ~~[who is
39 under the supervision of a licensed physician.]~~

40 **Sec. 129.** NRS 449.0302 is hereby amended to read as
41 follows:

42 449.0302 1. The Board shall adopt:

43 (a) Licensing standards for each class of medical facility or
44 facility for the dependent covered by NRS 449.029 to 449.2428,
45 inclusive, and for programs of hospice care.



1 (b) Regulations governing the licensing of such facilities and
2 programs.

3 (c) Regulations governing the procedure and standards for
4 granting an extension of the time for which a natural person may
5 provide certain care in his or her home without being considered a
6 residential facility for groups pursuant to NRS 449.017. The
7 regulations must require that such grants are effective only if made
8 in writing.

9 (d) Regulations establishing a procedure for the indemnification
10 by the Division, from the amount of any surety bond or other
11 obligation filed or deposited by a facility for refractive surgery
12 pursuant to NRS 449.068 or 449.069, of a patient of the facility who
13 has sustained any damages as a result of the bankruptcy of or any
14 breach of contract by the facility.

15 (e) Regulations that prescribe the specific types of
16 discrimination prohibited by NRS 449.101.

17 (f) Regulations requiring a hospital or independent center for
18 emergency medical care to provide training to each employee who
19 provides care to victims of sexual assault or attempted sexual assault
20 concerning appropriate care for such persons, including, without
21 limitation, training concerning the requirements of NRS 449.1885.

22 (g) Any other regulations as it deems necessary or convenient to
23 carry out the provisions of NRS 449.029 to 449.2428, inclusive.

24 2. The Board shall adopt separate regulations governing the
25 licensing and operation of:

26 (a) Facilities for the care of adults during the day; and

27 (b) Residential facilities for groups,
28 ↪ which provide care to persons with Alzheimer's disease or other
29 severe dementia, as described in paragraph (a) of subsection 2 of
30 NRS 449.1845.

31 3. The Board shall adopt separate regulations for:

32 (a) The licensure of rural hospitals which take into consideration
33 the unique problems of operating such a facility in a rural area.

34 (b) The licensure of facilities for refractive surgery which take
35 into consideration the unique factors of operating such a facility.

36 (c) The licensure of mobile units which take into consideration
37 the unique factors of operating a facility that is not in a fixed
38 location.

39 4. The Board shall require that the practices and policies of
40 each medical facility or facility for the dependent provide
41 adequately for the protection of the health, safety and physical,
42 moral and mental well-being of each person accommodated in the
43 facility.

44 5. In addition to the training requirements prescribed pursuant
45 to NRS 449.093, the Board shall establish minimum qualifications



1 for administrators and employees of residential facilities for groups.
2 In establishing the qualifications, the Board shall consider the
3 related standards set by nationally recognized organizations which
4 accredit such facilities.

5 6. The Board shall adopt separate regulations regarding the
6 assistance which may be given pursuant to NRS 453.375 and
7 454.213 to an ultimate user of controlled substances or dangerous
8 drugs by employees of residential facilities for groups. The
9 regulations must require at least the following conditions before
10 such assistance may be given:

11 (a) The ultimate user's physical and mental condition is stable
12 and is following a predictable course.

13 (b) The amount of the medication prescribed is at a maintenance
14 level and does not require a daily assessment.

15 (c) A written plan of care by a physician , *physician assistant* or
16 registered nurse has been established that:

17 (1) Addresses possession and assistance in the administration
18 of the medication; and

19 (2) Includes a plan, which has been prepared under the
20 supervision of a registered nurse or licensed pharmacist, for
21 emergency intervention if an adverse condition results.

22 (d) Except as otherwise authorized by the regulations adopted
23 pursuant to NRS 449.0304, the prescribed medication is not
24 administered by injection or intravenously.

25 (e) The employee has successfully completed training and
26 examination approved by the Division regarding the authorized
27 manner of assistance.

28 7. The Board shall adopt separate regulations governing the
29 licensing and operation of residential facilities for groups which
30 provide assisted living services. The Board shall not allow the
31 licensing of a facility as a residential facility for groups which
32 provides assisted living services and a residential facility for groups
33 shall not claim that it provides "assisted living services" unless:

34 (a) Before authorizing a person to move into the facility, the
35 facility makes a full written disclosure to the person regarding what
36 services of personalized care will be available to the person and the
37 amount that will be charged for those services throughout the
38 resident's stay at the facility.

39 (b) The residents of the facility reside in their own living units
40 which:

41 (1) Except as otherwise provided in subsection 8, contain
42 toilet facilities;

43 (2) Contain a sleeping area or bedroom; and

44 (3) Are shared with another occupant only upon consent of
45 both occupants.



1 (c) The facility provides personalized care to the residents of the
2 facility and the general approach to operating the facility
3 incorporates these core principles:

4 (1) The facility is designed to create a residential
5 environment that actively supports and promotes each resident's
6 quality of life and right to privacy;

7 (2) The facility is committed to offering high-quality
8 supportive services that are developed by the facility in
9 collaboration with the resident to meet the resident's individual
10 needs;

11 (3) The facility provides a variety of creative and innovative
12 services that emphasize the particular needs of each individual
13 resident and the resident's personal choice of lifestyle;

14 (4) The operation of the facility and its interaction with its
15 residents supports, to the maximum extent possible, each resident's
16 need for autonomy and the right to make decisions regarding his or
17 her own life;

18 (5) The operation of the facility is designed to foster a social
19 climate that allows the resident to develop and maintain personal
20 relationships with fellow residents and with persons in the general
21 community;

22 (6) The facility is designed to minimize and is operated in a
23 manner which minimizes the need for its residents to move out of
24 the facility as their respective physical and mental conditions change
25 over time; and

26 (7) The facility is operated in such a manner as to foster a
27 culture that provides a high-quality environment for the residents,
28 their families, the staff, any volunteers and the community at large.

29 8. The Division may grant an exception from the requirement
30 of subparagraph (1) of paragraph (b) of subsection 7 to a facility
31 which is licensed as a residential facility for groups on or before
32 July 1, 2005, and which is authorized to have 10 or fewer beds and
33 was originally constructed as a single-family dwelling if the
34 Division finds that:

35 (a) Strict application of that requirement would result in
36 economic hardship to the facility requesting the exception; and

37 (b) The exception, if granted, would not:

38 (1) Cause substantial detriment to the health or welfare of
39 any resident of the facility;

40 (2) Result in more than two residents sharing a toilet facility;
41 or

42 (3) Otherwise impair substantially the purpose of that
43 requirement.

44 9. The Board shall, if it determines necessary, adopt
45 regulations and requirements to ensure that each residential facility



1 for groups and its staff are prepared to respond to an emergency,
2 including, without limitation:

3 (a) The adoption of plans to respond to a natural disaster and
4 other types of emergency situations, including, without limitation,
5 an emergency involving fire;

6 (b) The adoption of plans to provide for the evacuation of a
7 residential facility for groups in an emergency, including, without
8 limitation, plans to ensure that nonambulatory patients may be
9 evacuated;

10 (c) Educating the residents of residential facilities for groups
11 concerning the plans adopted pursuant to paragraphs (a) and (b); and

12 (d) Posting the plans or a summary of the plans adopted
13 pursuant to paragraphs (a) and (b) in a conspicuous place in each
14 residential facility for groups.

15 10. The regulations governing the licensing and operation of
16 facilities for transitional living for released offenders must provide
17 for the licensure of at least three different types of facilities,
18 including, without limitation:

19 (a) Facilities that only provide a housing and living
20 environment;

21 (b) Facilities that provide or arrange for the provision of
22 supportive services for residents of the facility to assist the residents
23 with reintegration into the community, in addition to providing a
24 housing and living environment; and

25 (c) Facilities that provide or arrange for the provision of
26 programs for alcohol and other substance use disorders, in addition
27 to providing a housing and living environment and providing or
28 arranging for the provision of other supportive services.

29 ➤ The regulations must provide that if a facility was originally
30 constructed as a single-family dwelling, the facility must not be
31 authorized for more than eight beds.

32 11. The Board shall adopt regulations applicable to providers
33 of community-based living arrangement services which:

34 (a) Except as otherwise provided in paragraph (b), require a
35 natural person responsible for the operation of a provider of
36 community-based living arrangement services and each employee of
37 a provider of community-based living arrangement services who
38 supervises or provides support to recipients of community-based
39 living arrangement services to complete training concerning the
40 provision of community-based living arrangement services to
41 persons with mental illness and continuing education concerning the
42 particular population served by the provider;

43 (b) Exempt a person licensed or certified pursuant to title 54 of
44 NRS from the requirements prescribed pursuant to paragraph (a) if
45 the Board determines that the person is required to receive training



1 and continuing education substantially equivalent to that prescribed
2 pursuant to that paragraph;

3 (c) Require a natural person responsible for the operation of a
4 provider of community-based living arrangement services to receive
5 training concerning the provisions of title 53 of NRS applicable to
6 the provision of community-based living arrangement services; and

7 (d) Require an applicant for a license to provide community-
8 based living arrangement services to post a surety bond in an
9 amount equal to the operating expenses of the applicant for 2
10 months, place that amount in escrow or take another action
11 prescribed by the Division to ensure that, if the applicant becomes
12 insolvent, recipients of community-based living arrangement
13 services from the applicant may continue to receive community-
14 based living arrangement services for 2 months at the expense of the
15 applicant.

16 12. The Board shall adopt separate regulations governing the
17 licensing and operation of freestanding birthing centers. Such
18 regulations must:

19 (a) Align with the standards established by the American
20 Association of Birth Centers, or its successor organization, the
21 accrediting body of the Commission for the Accreditation of Birth
22 Centers, or its successor organization, or another nationally
23 recognized organization for accrediting freestanding birthing
24 centers; and

25 (b) Allow the provision of supervised training to providers of
26 health care, as appropriate, at a freestanding birthing center.

27 13. As used in this section, "living unit" means an individual
28 private accommodation designated for a resident within the facility.

29 **Sec. 130.** NRS 449.0305 is hereby amended to read as
30 follows:

31 449.0305 1. Except as otherwise provided in subsection 5, a
32 person must obtain a license from the Board to operate a business
33 that provides referrals to residential facilities for groups or any other
34 group housing arrangement that provides assistance, food, shelter or
35 limited supervision to a person with a mental illness, intellectual
36 disability, developmental disability or physical disability or who is
37 aged or infirm.

38 2. The Board shall adopt:

39 (a) Standards for the licensing of businesses described in
40 subsection 1;

41 (b) Standards relating to the fees charged by such businesses;

42 (c) Regulations governing the licensing of such businesses; and

43 (d) Regulations establishing requirements for training the
44 employees of such businesses.



1 3. A licensed nurse, social worker, physician , *physician*
2 *assistant* or hospital, or a provider of geriatric care who is licensed
3 as a nurse or social worker, may provide referrals to residential
4 facilities for groups or any other group housing arrangement
5 described in subsection 1 through a business that is licensed
6 pursuant to this section. The Board may, by regulation, authorize a
7 public guardian or any other person it determines appropriate to
8 provide referrals to residential facilities for groups or any other
9 group housing arrangement described in subsection 1 through a
10 business that is licensed pursuant to this section.

11 4. A business that is licensed pursuant to this section or an
12 employee of such a business shall not:

13 (a) Refer a person to a residential facility for groups that is not
14 licensed.

15 (b) Refer a person to a residential facility for groups or any other
16 group housing arrangement described in subsection 1 if the business
17 or its employee knows or reasonably should know that the facility or
18 other group housing arrangement, or the services provided by the
19 facility or other group housing arrangement, are not appropriate for
20 the condition of the person being referred.

21 (c) Refer a person to a residential facility for groups or any other
22 group housing arrangement described in subsection 1 that is owned
23 by the same person who owns the business.

24 ➤ A person who violates the provisions of this subsection is liable
25 for a civil penalty to be recovered by the Attorney General in the
26 name of the Board for the first offense of not more than \$10,000 and
27 for a second or subsequent offense of not less than \$10,000 nor
28 more than \$20,000. Unless otherwise required by federal law, the
29 Board shall deposit all civil penalties collected pursuant to this
30 section into a separate account in the State General Fund to be used
31 to administer and carry out the provisions of NRS 449.001 to
32 449.430, inclusive, 449.435 to 449.531, inclusive, and chapter 449A
33 of NRS and to protect the health, safety, well-being and property of
34 the patients and residents of facilities in accordance with applicable
35 state and federal standards.

36 5. This section does not apply to a medical facility that is
37 licensed pursuant to NRS 449.029 to 449.2428, inclusive, on
38 October 1, 1999.

39 6. As used in this section:

40 (a) "Developmental disability" has the meaning ascribed to it in
41 NRS 435.007.

42 (b) "Intellectual disability" has the meaning ascribed to it in
43 NRS 435.007.

44 (c) "Mental illness" has the meaning ascribed to it in
45 NRS 433.164.



1 **Sec. 131.** NRS 449.198 is hereby amended to read as follows:

2 449.198 1. A freestanding birthing center must:

3 (a) Provide sufficient space for members of the family of the
4 pregnant person and other persons chosen by the pregnant person to
5 assist with the birth;

6 (b) Have obstetrical services available to meet the needs of an
7 acute patient; and

8 (c) Be located within 30 miles of a hospital that offers obstetric,
9 neonatal and emergency services relating to pregnancy.

10 2. Surgery, including, without limitation, the use of forceps,
11 vacuum extractions, cesarean sections and tubal ligations, must not
12 be performed at a freestanding birthing center.

13 3. A freestanding birthing center must have a director who is
14 responsible for the operation of the freestanding birthing center. The
15 director of a freestanding birthing center must be:

16 (a) A physician;

17 (b) *A physician assistant;*

18 (c) A person who:

19 (1) Is certified as a Certified Professional Midwife by the
20 North American Registry of Midwives, or its successor
21 organization; and

22 (2) Has successfully completed a program of education and
23 training in midwifery that:

24 (I) Is accredited by the Midwifery Education
25 Accreditation Council, or its successor organization; and

26 (II) Provides instruction and training in the Essential
27 Competencies for Midwifery Practice prescribed by the
28 International Confederation of Midwives, or its successor
29 organization; or

30 ~~(e)~~ (d) A certified nurse-midwife.

31 4. As used in this section, "certified nurse-midwife" means a
32 person who is:

33 (a) Certified as a Certified Nurse-Midwife by the American
34 Midwifery Certification Board, or its successor organization; and

35 (b) Licensed as an advanced practice registered nurse pursuant
36 to NRS 632.237.

37 **Sec. 132.** NRS 449.2455 is hereby amended to read as
38 follows:

39 449.2455 1. A hospital may enter into an agreement with the
40 Armed Forces of the United States to authorize a medical officer to
41 provide medical care in the hospital if:

42 (a) The medical officer holds a valid license in good standing to
43 provide such medical care in the District of Columbia or any state or
44 territory of the United States;



1 (b) The medical care is provided as part of a training or
2 educational program designed to further the employment of the
3 medical officer; and

4 (c) The agreement complies with the provisions of 10 U.S.C. §
5 1094 and any regulations or guidelines adopted pursuant thereto.

6 2. As used in this section, "medical officer" includes any
7 physician, *physician assistant*, nurse, dentist or other health care
8 professional who is employed by the Armed Forces of the United
9 States or a reserve component thereof.

10 **Sec. 133.** NRS 449.476 is hereby amended to read as follows:

11 449.476 1. Each hospital licensed to operate in this state shall
12 form a committee to ensure the quality of care provided by the
13 hospital. The committee must be composed of, but is not limited to,
14 physicians, *physician assistants* and nurses.

15 2. Each committee formed pursuant to subsection 1 must meet
16 the requirements for programs or plans for ensuring the quality of
17 care specified by the Joint Commission on Accreditation of
18 Healthcare Organizations or by the Federal Government pursuant to
19 Title XIX of the Social Security Act (42 U.S.C. §§ 1396 et seq.).

20 **Sec. 134.** Chapter 449A of NRS is hereby amended by adding
21 thereto a new section to read as follows:

22 *"Attending physician assistant" means a physician assistant*
23 *licensed pursuant to chapter 630 or 633 of NRS who has primary*
24 *responsibility for the treatment and care of the patient.*

25 **Sec. 135.** NRS 449A.242 is hereby amended to read as
26 follows:

27 449A.242 1. Except as otherwise provided in subsection 2,
28 mechanical restraint may be used on a person with a disability who
29 is a patient at a facility only if:

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

32 (b) A medical order authorizing the use of mechanical restraint
33 is obtained from the patient's treating physician, *physician*
34 *assistant* or advanced practice registered nurse before the
35 application of the mechanical restraint or not later than 15 minutes
36 after the application of the mechanical restraint;

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

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



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

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

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

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

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

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

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

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

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

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

29 3. If mechanical restraint is used on a person with a disability
30 who is a patient at a facility in an emergency, the use of the
31 procedure must be reported as a denial of rights pursuant to NRS
32 449A.263, regardless of whether the use of the procedure is
33 authorized by statute. The report must be made not later than 1
34 working day after the procedure is used.

35 **Sec. 136.** NRS 449A.245 is hereby amended to read as
36 follows:

37 449A.245 1. Chemical restraint may only be used on a
38 person with a disability who is a patient at a facility if:

39 (a) The patient has been diagnosed as a person in a mental
40 health crisis, as defined in NRS 433A.0175, and is receiving mental
41 health services from a facility;

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

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



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

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

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

10 2. If chemical restraint is used on a person with a disability
11 who is a patient, the use of the procedure must be reported as a
12 denial of rights pursuant to NRS 449A.263, regardless of whether
13 the use of the procedure is authorized by statute. The report must be
14 made not later than 1 working day after the procedure is used.

15 **Sec. 137.** NRS 449A.403 is hereby amended to read as
16 follows:

17 449A.403 As used in NRS 449A.400 to 449A.481, inclusive,
18 *and section 134 of this act*, unless the context otherwise requires,
19 the words and terms defined in NRS 449A.406 to 449A.430,
20 inclusive, *and section 134 of this act* have the meanings ascribed to
21 them in those sections.

22 **Sec. 138.** NRS 449A.427 is hereby amended to read as
23 follows:

24 449A.427 "Qualified patient" means a patient 18 or more years
25 of age who has executed a declaration and who has been determined
26 by the attending physician , *attending physician assistant* or
27 attending advanced practice registered nurse to be in a terminal
28 condition.

29 **Sec. 139.** NRS 449A.430 is hereby amended to read as
30 follows:

31 449A.430 "Terminal condition" means an incurable and
32 irreversible condition that, without the administration of life-
33 sustaining treatment, will, in the opinion of the attending physician ,
34 *attending physician assistant* or attending advanced practice
35 registered nurse, result in death within a relatively short time.

36 **Sec. 140.** NRS 449A.436 is hereby amended to read as
37 follows:

38 449A.436 A declaration directing a physician , *physician*
39 *assistant* or advanced practice registered nurse to withhold or
40 withdraw life-sustaining treatment may, but need not, be in the
41 following form:



DECLARATION

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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 , *attending physician assistant* 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 , *attending physician assistant* or attending advanced practice registered nurse, pursuant to NRS 449A.400 to 449A.481, inclusive, *and section 134 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



1 **Sec. 141.** NRS 449A.439 is hereby amended to read as
2 follows:

3 449A.439 1. A declaration that designates another person to
4 make decisions governing the withholding or withdrawal of life-
5 sustaining treatment may, but need not, be in the following form:

6
7 **DECLARATION**
8

9 If I should have an incurable and irreversible condition that,
10 without the administration of life-sustaining treatment, will,
11 in the opinion of my attending physician , *attending*
12 *physician assistant* or attending advanced practice registered
13 nurse, cause my death within a relatively short time, and I am
14 no longer able to make decisions regarding my medical
15 treatment, I appoint or, if he or she is not
16 reasonably available or is unwilling to serve,
17, to make decisions on my behalf regarding
18 withholding or withdrawal of treatment that only prolongs the
19 process of dying and is not necessary for my comfort or to
20 alleviate pain, pursuant to NRS 449A.400 to 449A.481,
21 inclusive **[]** , *and section 134 of this act.* (If the person or
22 persons I have so appointed are not reasonably available or
23 are unwilling to serve, I direct my attending physician ,
24 *attending physician assistant* or attending advanced practice
25 registered nurse, pursuant to those sections, to withhold or
26 withdraw treatment that only prolongs the process of dying
27 and is not necessary for my comfort or to alleviate pain.)
28 Strike language in parentheses if you do not desire it.
29

30 If you wish to include this statement in this declaration, you
31 must INITIAL the statement in the box provided:
32

33 Withholding or withdrawal of
34 artificial nutrition and hydration may
35 result in death by starvation or
36 dehydration. Initial this box if you
37 want to receive or continue receiving
38 artificial nutrition and hydration by
39 way of the gastrointestinal tract after
40 all other treatment is withheld
41 pursuant to this declaration.
42

[.....]



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 449A.400 to 449A.481, inclusive, *and section 134 of this act*, a declaration designating another person to act for the declarant pursuant to subsection 1.

Sec. 142. NRS 449A.442 is hereby amended to read as follows:

449A.442 A declaration becomes operative when it is communicated to the attending physician , *attending physician assistant* or attending advanced practice registered nurse and the declarant is determined by the attending physician , *attending physician assistant* 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 , *attending physician assistant or attending advanced practice registered nurse* and other providers of health care shall act in accordance with its provisions and with the instructions of a person designated pursuant to NRS 449A.433 or comply with the requirements of NRS 449A.457 to transfer care of the declarant.

Sec. 143. NRS 449A.448 is hereby amended to read as follows:

449A.448 Upon determining that a declarant is in a terminal condition, the attending physician , *attending physician assistant* or attending advanced practice registered nurse who knows of a



1 declaration shall record the determination, and the terms of the
2 declaration if not already a part of the record, in the declarant's
3 medical record.

4 **Sec. 144.** NRS 449A.451 is hereby amended to read as
5 follows:

6 449A.451 1. A qualified patient may make decisions
7 regarding life-sustaining treatment so long as the patient is able to
8 do so.

9 2. NRS 449A.400 to 449A.481, inclusive, *and section 134 of*
10 *this act* do not affect the responsibility of the attending physician ,
11 *attending physician assistant* or other provider of health care to
12 provide treatment for a patient's comfort or alleviation of pain.

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

21 4. Life-sustaining treatment must not be withheld or withdrawn
22 pursuant to a declaration from a qualified patient known to the
23 attending physician , *attending physician assistant* or attending
24 advanced practice registered nurse to be pregnant so long as it is
25 probable that the fetus will develop to the point of live birth with
26 continued application of life-sustaining treatment.

27 **Sec. 145.** NRS 449A.454 is hereby amended to read as
28 follows:

29 449A.454 1. If written consent to the withholding or
30 withdrawal of the treatment, attested by two witnesses, is given to
31 the attending physician , *attending physician assistant* or attending
32 advanced practice registered nurse, the attending physician ,
33 *attending physician assistant* or attending advanced practice
34 registered nurse may withhold or withdraw life-sustaining treatment
35 from a patient who:

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

40 (b) Has no effective declaration.

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

44 (a) The spouse of the patient;



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

4 (c) The parents of the patient;

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

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

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

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

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

20 6. Life-sustaining treatment must not be withheld or withdrawn
21 pursuant to this section from a patient known to the attending
22 physician, *attending physician assistant* or attending advanced
23 practice registered nurse to be pregnant so long as it is probable that
24 the fetus will develop to the point of live birth with continued
25 application of life-sustaining treatment.

26 **Sec. 146.** NRS 449A.460 is hereby amended to read as
27 follows:

28 449A.460 1. A physician or other provider of health care is
29 not subject to civil or criminal liability, or discipline for
30 unprofessional conduct, for giving effect to a declaration or the
31 direction of a person designated pursuant to NRS 449A.433 in the
32 absence of knowledge of the revocation of a declaration, or for
33 giving effect to a written consent under NRS 449A.454.

34 2. A physician or other provider of health care, whose action
35 pursuant to NRS 449A.400 to 449A.481, inclusive, *and section 134*
36 *of this act* is in accord with reasonable medical standards, is not
37 subject to civil or criminal liability, or discipline for unprofessional
38 conduct, with respect to that action.

39 3. A physician or other provider of health care, whose decision
40 about the validity of consent under NRS 449A.454 is made in good
41 faith, is not subject to civil or criminal liability, or discipline for
42 unprofessional conduct, with respect to that decision.

43 4. A person designated pursuant to NRS 449A.433 or a person
44 authorized to consent pursuant to NRS 449A.454, whose decision is
45 made or consent is given in good faith pursuant to NRS 449A.400 to



1 449A.481, inclusive, *and section 134 of this act* is not subject to
2 civil or criminal liability, or discipline for unprofessional conduct,
3 with respect to that decision.

4 **Sec. 147.** NRS 449A.463 is hereby amended to read as
5 follows:

6 449A.463 1. If a patient in a terminal condition has a
7 declaration in effect and becomes comatose or is otherwise rendered
8 incapable of communicating with his or her attending physician ,
9 *attending physician assistant* or attending advanced practice
10 registered nurse, the physician , *physician assistant* or advanced
11 practice registered nurse must give weight to the declaration as
12 evidence of the patient's directions regarding the application of life-
13 sustaining treatments, but the attending physician , *attending*
14 *physician assistant* or attending advanced practice registered nurse
15 may also consider other factors in determining whether the
16 circumstances warrant following the directions.

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

23 **Sec. 148.** NRS 449A.469 is hereby amended to read as
24 follows:

25 449A.469 1. Death resulting from the withholding or
26 withdrawal of life-sustaining treatment in accordance with NRS
27 449A.400 to 449A.481, inclusive, *and section 134 of this act* does
28 not constitute, for any purpose, a suicide or homicide.

29 2. The making of a declaration pursuant to NRS 449A.433
30 does not affect the sale, procurement or issuance of a policy of life
31 insurance or annuity, nor does it affect, impair or modify the terms
32 of an existing policy of life insurance or annuity. A policy of life
33 insurance or annuity is not legally impaired or invalidated by the
34 withholding or withdrawal of life-sustaining treatment from an
35 insured, notwithstanding any term to the contrary.

36 3. A person may not prohibit or require the execution of a
37 declaration as a condition for being insured for, or receiving, health
38 care.

39 **Sec. 149.** NRS 449A.472 is hereby amended to read as
40 follows:

41 449A.472 1. A physician or other provider of health care
42 who willfully fails to transfer the care of a patient in accordance
43 with NRS 449A.457 is guilty of a gross misdemeanor.

44 2. A physician , *physician assistant* or advanced practice
45 registered nurse who willfully fails to record a determination of



1 terminal condition or the terms of a declaration in accordance with
2 NRS 449A.448 is guilty of a misdemeanor.

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

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

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

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

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

22 **Sec. 150.** NRS 449A.481 is hereby amended to read as
23 follows:

24 449A.481 1. A declaration executed in another state in
25 compliance with the law of that state or of this State is valid for
26 purposes of NRS 449A.400 to 449A.481, inclusive **[H]**, *and section*
27 *134 of this act.*

28 2. An instrument executed anywhere before July 1, 1977,
29 which clearly expresses the intent of the declarant to direct the
30 withholding or withdrawal of life-sustaining treatment from the
31 declarant when the declarant is in a terminal condition and becomes
32 comatose or is otherwise rendered incapable of communicating with
33 his or her attending physician, *attending physician assistant* or
34 attending advanced practice registered nurse, if executed in a
35 manner which attests voluntary execution, or executed anywhere
36 before October 1, 1991, which substantially complies with NRS
37 449A.433, and has not been subsequently revoked, is effective
38 under NRS 449A.400 to 449A.481, inclusive **[H]**, *and section 134 of*
39 *this act.*

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

43 **Sec. 151.** NRS 450.450 is hereby amended to read as follows:
44 450.450 When a county hospital is established, the physicians,
45 *physician assistants*, nurses, attendants, the persons sick therein,



1 and all persons approaching or coming within the limits of the same,
2 and all furniture and other articles used or brought there shall be
3 subject to such rules and regulations as the board of hospital trustees
4 may prescribe.

5 **Sec. 152.** Chapter 450B of NRS is hereby amended by adding
6 thereto a new section to read as follows:

7 *“Attending physician assistant” has the meaning ascribed to it*
8 *in section 134 of this act.*

9 **Sec. 153.** NRS 450B.151 is hereby amended to read as
10 follows:

11 450B.151 1. The Committee on Emergency Medical
12 Services, consisting of nine members appointed by the State Board
13 of Health, is hereby created.

14 2. Upon request of the State Board of Health, employee
15 associations that represent persons that provide emergency medical
16 services, including, without limitation, physicians, *physician*
17 *assistants* and nurses that provide emergency medical services,
18 emergency medical technicians, ambulance attendants, firefighters,
19 fire chiefs and employees of rural hospitals, shall submit to the State
20 Board of Health written nominations for appointments to the
21 Committee.

22 3. After considering the nominations submitted pursuant to
23 subsection 2, the State Board of Health shall appoint to the
24 Committee:

25 (a) One member who is a physician *or physician assistant*
26 licensed pursuant to chapter 630 or 633 of NRS and who has
27 experience providing emergency medical services;

28 (b) One member who is a registered nurse and who has
29 experience providing emergency medical services;

30 (c) One member who is a volunteer for an organization that
31 provides emergency medical services pursuant to this chapter;

32 (d) One member who is employed by a fire-fighting agency at
33 which some of the firefighters and persons who provide emergency
34 medical services for the agency are employed and some serve as
35 volunteers;

36 (e) One member who is employed by an urban fire-fighting
37 agency;

38 (f) One member who is employed by or serves as a volunteer
39 with a medical facility that is located in a rural area and that
40 provides emergency medical services;

41 (g) One member who is employed by an organization that
42 provides emergency medical services in an air ambulance and
43 whose duties are closely related to such emergency medical
44 services;



1 (h) One member who is employed by a privately owned entity
2 that provides emergency medical services; and

3 (i) One member who is employed by an operator of a service
4 which is:

5 (1) Provided for the benefit of the employees of an industry
6 who become sick or are injured at the industrial site; and

7 (2) Staffed by employees who are licensed attendants and
8 perform emergency medical services primarily for the industry.

9 4. In addition to the members set forth in subsection 3, the
10 following persons are ex officio members of the Committee:

11 (a) An employee of the Division, appointed by the
12 Administrator of the Division, whose duties relate to administration
13 and enforcement of the provisions of this chapter;

14 (b) The county health officer appointed pursuant to NRS
15 439.290 in each county whose population is 100,000 or more, or the
16 county health officer's designee;

17 (c) A physician who is a member of a committee which consists
18 of directors of trauma centers in this State and who is nominated by
19 that committee; and

20 (d) A representative of a committee or group which focuses on
21 the provision of emergency medical services to children in this State
22 and who is nominated by that committee or group.

23 5. The term of each member appointed by the State Board of
24 Health is 2 years. A member may not serve more than two
25 consecutive terms but may serve more than two terms if there is a
26 break in service of not less than 2 years.

27 6. The State Board of Health shall not appoint to the
28 Committee two persons who are employed by or volunteer with the
29 same organization, except the State Board of Health may appoint a
30 person who is employed by or volunteers with the same
31 organization of which a member who serves ex officio is an
32 employee.

33 7. Each member of the Committee shall appoint an alternate to
34 serve in the member's place if the member is temporarily unable to
35 perform the duties required of him or her pursuant to NRS 450B.151
36 to 450B.154, inclusive.

37 8. A position on the Committee that becomes vacant before the
38 end of the term of the member must be filled in the same manner as
39 the original appointment.

40 **Sec. 154.** NRS 450B.400 is hereby amended to read as
41 follows:

42 450B.400 As used in NRS 450B.400 to 450B.590, inclusive,
43 *and section 152 of this act*, unless the context otherwise requires,
44 the words and terms defined in NRS 450B.402 to 450B.475,



1 inclusive, *and section 152 of this act* have the meanings ascribed to
2 them in those sections.

3 **Sec. 155.** NRS 450B.410 is hereby amended to read as
4 follows:

5 450B.410 “Do-not-resuscitate identification” means:

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

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

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

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

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

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

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

19 **Sec. 156.** NRS 450B.420 is hereby amended to read as
20 follows:

21 450B.420 “Do-not-resuscitate order” means a written directive
22 issued by a physician , *physician assistant* or advanced practice
23 registered nurse licensed in this state that emergency life-
24 resuscitating treatment must not be administered to a qualified
25 patient. The term also includes a valid do-not-resuscitate order
26 issued under the laws of another state.

27 **Sec. 157.** NRS 450B.470 is hereby amended to read as
28 follows:

29 450B.470 “Qualified patient” means:

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

34 (a) Has executed a declaration in accordance with the
35 requirements of NRS 449A.433;

36 (b) Has executed a Provider Order for Life-Sustaining
37 Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive,
38 if the form provides that the patient is not to receive life-
39 resuscitating treatment; or

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

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

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



1 (b) Has executed a Provider Order for Life-Sustaining
2 Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive,
3 if the form provides that the patient is not to receive life-
4 resuscitating treatment or has been issued a do-not-resuscitate order
5 pursuant to NRS 450B.510.

6 **Sec. 158.** NRS 450B.480 is hereby amended to read as
7 follows:

8 450B.480 The provisions of NRS 450B.400 to 450B.590,
9 inclusive, *and section 152 of this act* apply only to emergency
10 medical services administered to a qualified patient:

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

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

15 **Sec. 159.** NRS 450B.500 is hereby amended to read as
16 follows:

17 450B.500 Each do-not-resuscitate identification issued by the
18 health authority must include, without limitation:

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

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

22 3. The name of the attending physician, *attending physician*
23 *assistant* or attending advanced practice registered nurse of the
24 patient.

25 **Sec. 160.** NRS 450B.510 is hereby amended to read as
26 follows:

27 450B.510 1. A physician, *physician assistant* or advanced
28 practice registered nurse licensed in this state may issue a written
29 do-not-resuscitate order only to a patient who has been determined
30 to be in a terminal condition.

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

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

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

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

43 4. A physician, *physician assistant* or advanced practice
44 registered nurse who issues a do-not-resuscitate order may apply, on



1 behalf of the patient, to the health authority for a do-not-resuscitate
2 identification for that patient.

3 **Sec. 161.** NRS 450B.520 is hereby amended to read as
4 follows:

5 450B.520 Except as otherwise provided in NRS 450B.525:

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

17 2. An application must include, without limitation:

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

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

26 (1) Executed:

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

29 (II) A durable power of attorney for health care pursuant
30 to NRS 162A.700 to 162A.870, inclusive; or

31 (III) A Provider Order for Life-Sustaining Treatment
32 form pursuant to NRS 449A.500 to 449A.581, inclusive, if the form
33 provides that the patient is not to receive life-resuscitating treatment;
34 or

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

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

40 (d) The name, signature and telephone number of the patient's
41 attending physician, *attending physician assistant* or attending
42 advanced practice registered nurse; and

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



1 **Sec. 162.** NRS 450B.525 is hereby amended to read as
2 follows:

3 450B.525 1. A parent or legal guardian of a minor may apply
4 to the health authority for a do-not-resuscitate identification on
5 behalf of the minor if the minor has been:

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

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

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

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

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

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

17 (a) Certification by the minor's attending physician , *attending*
18 *physician assistant* or attending advanced practice registered nurse
19 that the minor:

20 (1) Suffers from a terminal condition; and

21 (2) Has executed a Provider Order for Life-Sustaining
22 Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive,
23 if the form provides that the minor is not to receive life-resuscitating
24 treatment or has been issued a do-not-resuscitate order pursuant to
25 NRS 450B.510;

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

29 (c) The name of the minor;

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

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

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

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

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



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

6 **Sec. 163.** NRS 450B.540 is hereby amended to read as
7 follows:

8 450B.540 1. A person is not guilty of unprofessional conduct
9 or subject to civil or criminal liability if the person:

10 (a) Is a physician , *physician assistant* or advanced practice
11 registered nurse who:

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

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

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

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

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

31 (c) Administers emergency medical services and:

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

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

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

43 2. A health care facility, ambulance service or fire-fighting
44 agency that employs a person described in subsection 1 is not guilty
45 of unprofessional conduct or subject to civil or criminal liability for



1 the acts or omissions of the employee carried out in accordance with
2 the provisions of subsection 1.

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

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

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

19 **Sec. 164.** NRS 450B.550 is hereby amended to read as
20 follows:

21 450B.550 1. Except as otherwise provided in subsection 2, a
22 person who administers emergency medical services shall comply
23 with do-not-resuscitate protocol when the person observes a do-not-
24 resuscitate identification or carries out a do-not-resuscitate order.

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

32 **Sec. 165.** NRS 450B.570 is hereby amended to read as
33 follows:

34 450B.570 1. Death that results when life-resuscitating
35 treatment has been withheld pursuant to the do-not-resuscitate
36 protocol and in accordance with the provisions of NRS 450B.400 to
37 450B.590, inclusive, *and section 152 of this act* does not constitute
38 a suicide or homicide.

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



1 identification or has been issued a do-not-resuscitate order,
2 notwithstanding any term in the policy or annuity to the contrary.

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

6 **Sec. 166.** NRS 450B.850 is hereby amended to read as
7 follows:

8 450B.850 The health authority may operate training programs
9 and may contract with others to operate training programs for
10 ambulance attendants, ambulance service operators, firefighters, law
11 enforcement officers, physicians, *physician assistants*, nurses and
12 others in emergency first aid, emergency care and any other
13 techniques associated with emergency care, transportation and
14 treatment of the sick and injured and the proper operation of an
15 ambulance service.

16 **Sec. 167.** NRS 453.038 is hereby amended to read as follows:

17 453.038 "Chart order" means an order entered on the chart of a
18 patient:

19 1. In a hospital, facility for intermediate care or facility for
20 skilled nursing which is licensed as such by the Division of Public
21 and Behavioral Health of the Department; or

22 2. Under emergency treatment in a hospital by a physician,
23 *physician assistant*, advanced practice registered nurse, dentist or
24 podiatric physician, or on the written or oral order of a physician,
25 physician assistant licensed pursuant to chapter 630 or 633 of NRS,
26 advanced practice registered nurse, dentist or podiatric physician
27 authorizing the administration of a drug to the patient.

28 **Sec. 168.** NRS 453.126 is hereby amended to read as follows:

29 453.126 "Practitioner" means:

30 1. A physician, dentist, veterinarian or podiatric physician who
31 holds a license to practice his or her profession in this State and is
32 registered pursuant to this chapter.

33 2. An advanced practice registered nurse who holds a
34 certificate from the State Board of Pharmacy authorizing him or her
35 to dispense or to prescribe and dispense controlled substances.

36 3. A scientific investigator or a pharmacy, hospital or other
37 institution licensed, registered or otherwise authorized in this State
38 to distribute, dispense, conduct research with respect to, to
39 administer, or use in teaching or chemical analysis, a controlled
40 substance in the course of professional practice or research.

41 4. A euthanasia technician who is licensed by the Nevada State
42 Board of Veterinary Medical Examiners and registered pursuant to
43 this chapter, while he or she possesses or administers sodium
44 pentobarbital pursuant to his or her license and registration.

45 5. A physician assistant who:



1 (a) Holds a license from the Board of Medical Examiners; and
2 (b) Is authorized by the Board to possess, administer, prescribe
3 or dispense controlled substances . ~~[under the supervision of a~~
4 ~~physician as required by chapter 630 of NRS.]~~

5 6. A physician assistant who:

6 (a) Holds a license from the State Board of Osteopathic
7 Medicine; and

8 (b) Is authorized by the Board to possess, administer, prescribe
9 or dispense controlled substances . ~~[under the supervision of an~~
10 ~~osteopathic physician as required by chapter 633 of NRS.]~~

11 7. An optometrist who is certified by the Nevada State Board
12 of Optometry to prescribe and administer pharmaceutical agents
13 pursuant to NRS 636.288, when the optometrist prescribes or
14 administers pharmaceutical agents within the scope of his or her
15 certification.

16 **Sec. 169.** NRS 454.213 is hereby amended to read as follows:

17 454.213 1. Except as otherwise provided in NRS 454.217, a
18 drug or medicine referred to in NRS 454.181 to 454.371, inclusive,
19 may be possessed and administered by:

20 (a) A practitioner.

21 (b) A physician assistant licensed pursuant to chapter 630 or 633
22 of NRS . ~~[, at the direction of his or her supervising physician or a]~~

23 (c) A licensed dental hygienist acting in the office of and under
24 the supervision of a dentist.

25 ~~[(d)] (d)~~ Except as otherwise provided in paragraph ~~[(d)] (e)~~, a
26 registered nurse licensed to practice professional nursing or licensed
27 practical nurse, at the direction of a prescribing physician, physician
28 assistant licensed pursuant to chapter 630 or 633 of NRS, dentist,
29 podiatric physician or advanced practice registered nurse, or
30 pursuant to a chart order, for administration to a patient at another
31 location.

32 ~~[(d)] (e)~~ In accordance with applicable regulations of the Board,
33 a registered nurse licensed to practice professional nursing or
34 licensed practical nurse who is:

35 (1) Employed by a health care agency or health care facility
36 that is authorized to provide emergency care, or to respond to the
37 immediate needs of a patient, in the residence of the patient; and

38 (2) Acting under the direction of the medical director of that
39 agency or facility who works in this State.

40 ~~[(e)] (f)~~ A medication aide - certified at a designated facility
41 under the supervision of an advanced practice registered nurse or
42 registered nurse and in accordance with standard protocols
43 developed by the State Board of Nursing. As used in this paragraph,
44 "designated facility" has the meaning ascribed to it in
45 NRS 632.0145.



1 ~~(g)~~ (g) Except as otherwise provided in paragraph ~~(g)~~ (h), an
2 advanced emergency medical technician or a paramedic, as
3 authorized by regulation of the State Board of Pharmacy and in
4 accordance with any applicable regulations of:

5 (1) The State Board of Health in a county whose population
6 is less than 100,000;

7 (2) A county board of health in a county whose population is
8 100,000 or more; or

9 (3) A district board of health created pursuant to NRS
10 439.362 or 439.370 in any county.

11 ~~(g)~~ (h) An advanced emergency medical technician or a
12 paramedic who holds an endorsement issued pursuant to NRS
13 450B.1975, under the direct supervision of a local health officer or a
14 designee of the local health officer pursuant to that section.

15 ~~(h)~~ (i) A respiratory therapist employed in a health care
16 facility. The therapist may possess and administer respiratory
17 products only at the direction of a physician.

18 ~~(i)~~ (j) A dialysis technician, under the direction or supervision
19 of a physician , *physician assistant* or registered nurse only if the
20 drug or medicine is used for the process of renal dialysis.

21 ~~(j)~~ (k) A medical student or student nurse in the course of his
22 or her studies at an accredited college of medicine or approved
23 school of professional or practical nursing, at the direction of a
24 physician and:

25 (1) In the presence of a physician , *a physician assistant* or a
26 registered nurse; or

27 (2) Under the supervision of a physician , *a physician*
28 *assistant* or a registered nurse if the student is authorized by the
29 college or school to administer the drug or medicine outside the
30 presence of a physician , *physician assistant* or nurse.

31 ↪ A medical student or student nurse may administer a dangerous
32 drug in the presence or under the supervision of a registered nurse
33 alone only if the circumstances are such that the registered nurse
34 would be authorized to administer it personally.

35 ~~(k)~~ (l) Any person designated by the head of a correctional
36 institution.

37 ~~(l)~~ (m) An ultimate user or any person designated by the
38 ultimate user pursuant to a written agreement.

39 ~~(m)~~ (n) A holder of a license to engage in radiation therapy
40 and radiologic imaging issued pursuant to chapter 653 of NRS, at
41 the direction of a physician and in accordance with any conditions
42 established by regulation of the Board.

43 ~~(n)~~ (o) A chiropractic physician, but only if the drug or
44 medicine is a topical drug used for cooling and stretching external
45 tissue during therapeutic treatments.



1 ~~(p)~~ (p) A physical therapist, but only if the drug or medicine is
2 a topical drug which is:

3 (1) Used for cooling and stretching external tissue during
4 therapeutic treatments; and

5 (2) Prescribed by a licensed physician for:

6 (I) Iontophoresis; or

7 (II) The transmission of drugs through the skin using
8 ultrasound.

9 ~~(q)~~ (q) In accordance with applicable regulations of the State
10 Board of Health, an employee of a residential facility for groups, as
11 defined in NRS 449.017, pursuant to a written agreement entered
12 into by the ultimate user.

13 ~~(r)~~ (r) A veterinary technician or a veterinary assistant at the
14 direction of his or her supervising veterinarian.

15 ~~(s)~~ (s) In accordance with applicable regulations of the Board,
16 a registered pharmacist who:

17 (1) Is trained in and certified to carry out standards and
18 practices for immunization programs;

19 (2) Is authorized to administer immunizations pursuant to
20 written protocols from a physician; and

21 (3) Administers immunizations in compliance with the
22 "Standards for Immunization Practices" recommended and
23 approved by the Advisory Committee on Immunization Practices of
24 the Centers for Disease Control and Prevention.

25 ~~(t)~~ (t) A registered pharmacist pursuant to written guidelines
26 and protocols developed pursuant to NRS 639.2629 or a
27 collaborative practice agreement, as defined in NRS 639.0052.

28 ~~(u)~~ (u) A person who is enrolled in a training program to
29 become a physician assistant licensed pursuant to chapter 630 or
30 633 of NRS, dental hygienist, advanced emergency medical
31 technician, paramedic, respiratory therapist, dialysis technician,
32 physical therapist or veterinary technician or to obtain a license to
33 engage in radiation therapy and radiologic imaging pursuant to
34 chapter 653 of NRS if the person possesses and administers the drug
35 or medicine in the same manner and under the same conditions that
36 apply, respectively, to a physician assistant licensed pursuant to
37 chapter 630 or 633 of NRS, dental hygienist, advanced emergency
38 medical technician, paramedic, respiratory therapist, dialysis
39 technician, physical therapist, veterinary technician or person
40 licensed to engage in radiation therapy and radiologic imaging who
41 may possess and administer the drug or medicine, and under the
42 direct supervision of a person licensed or registered to perform the
43 respective medical art or a supervisor of such a person.

44 ~~(v)~~ (v) A medical assistant, in accordance with applicable
45 regulations of the:



1 (1) Board of Medical Examiners, at the direction of the
2 prescribing physician and under the supervision of a physician or
3 physician assistant.

4 (2) State Board of Osteopathic Medicine, at the direction of
5 the prescribing physician and under the supervision of a physician
6 or physician assistant.

7 2. As used in this section, "accredited college of medicine" has
8 the meaning ascribed to it in NRS 453.375.

9 **Sec. 170.** NRS 454.480 is hereby amended to read as follows:

10 454.480 1. Hypodermic devices which are not restricted by
11 federal law to sale by or on the order of a physician may be sold by
12 a pharmacist, or by a person in a pharmacy under the direction of a
13 pharmacist, on the prescription of a physician, *physician assistant*,
14 dentist or veterinarian, or of an advanced practice registered nurse
15 who is a practitioner. Those prescriptions must be filed as required
16 by NRS 639.236, and may be refilled as authorized by the
17 prescriber. Records of refilling must be maintained as required by
18 NRS 639.2393 to 639.2397, inclusive.

19 2. Hypodermic devices which are not restricted by federal law
20 to sale by or on the order of a physician may be sold or furnished
21 without a prescription.

22 **Sec. 171.** NRS 483.330 is hereby amended to read as follows:

23 483.330 1. The Department may require every applicant for a
24 driver's license, including a commercial driver's license issued
25 pursuant to NRS 483.900 to 483.940, inclusive, to submit to an
26 examination. The examination may include:

27 (a) A test of the applicant's ability to understand official devices
28 used to control traffic;

29 (b) A test of the applicant's knowledge of practices for safe
30 driving and the traffic laws of this State;

31 (c) Except as otherwise provided in subsection 2, a test of the
32 applicant's eyesight; and

33 (d) Except as otherwise provided in subsection 3, an actual
34 demonstration of the applicant's ability to exercise ordinary and
35 reasonable control in the operation of a motor vehicle of the type or
36 class of vehicle for which he or she is to be licensed.

37 ↪ The examination may also include such further physical and
38 mental examination as the Department finds necessary to determine
39 the applicant's fitness to drive a motor vehicle safely upon the
40 highways. If the Department requires an applicant to submit to a test
41 specified in paragraph (b), the Department shall ensure that the test
42 includes at least one question testing the applicant's knowledge of
43 the provisions of NRS 484B.165.

44 2. The Department may provide by regulation for the
45 acceptance of a report from an ophthalmologist, optician,



1 optometrist, physician , *physician assistant* or advanced practice
2 registered nurse in lieu of an eye test by a driver's license examiner.

3 3. If the Department establishes a type or classification of
4 driver's license to operate a motor vehicle of a type which is not
5 normally available to examine an applicant's ability to exercise
6 ordinary and reasonable control of such a vehicle, the Department
7 may, by regulation, provide for the acceptance of an affidavit from
8 a:

9 (a) Past, present or prospective employer of the applicant; or

10 (b) Local joint apprenticeship committee which had jurisdiction
11 over the training or testing, or both, of the applicant,

12 ↪ in lieu of an actual demonstration.

13 4. The Department may waive an examination pursuant to
14 subsection 1 for a person applying for a Nevada driver's license who
15 possesses a valid driver's license of the same type or class issued by
16 another jurisdiction unless that person:

17 (a) Has not attained 21 years of age, except that the Department
18 may, based on the driving record of the applicant, waive the
19 examination to demonstrate the applicant's ability to exercise
20 ordinary and reasonable control in the operation of a motor vehicle
21 of the same type or class of vehicle for which he or she is to be
22 licensed;

23 (b) Has had his or her license or privilege to drive a motor
24 vehicle suspended, revoked or cancelled or has been otherwise
25 disqualified from driving during the immediately preceding 4 years;

26 (c) Has been convicted of a violation of NRS 484C.130 or,
27 during the immediately preceding 7 years, of a violation of NRS
28 484C.110, 484C.120 or 484C.430 or a law of any other jurisdiction
29 that prohibits the same or similar conduct;

30 (d) Has restrictions to his or her driver's license which the
31 Department must reevaluate to ensure the safe driving of a motor
32 vehicle by that person;

33 (e) Has had three or more convictions of, or findings by a court
34 of having committed, moving traffic violations on his or her driving
35 record during the immediately preceding 4 years; or

36 (f) Has been convicted of any of the offenses related to the use
37 or operation of a motor vehicle which must be reported pursuant to
38 the provisions of Part 1327 of Title 23 of the Code of Federal
39 Regulations relating to the National Driver Register Problem Driver
40 Pointer System during the immediately preceding 4 years.

41 5. The Department shall waive the fee prescribed by NRS
42 483.410 not more than one time for administration of the
43 examination required pursuant to this section for a homeless child or
44 youth under the age of 25 years who submits a signed affidavit on a



1 form prescribed by the Department stating that the child or youth is
2 homeless and under the age of 25 years.

3 6. As used in this section, "homeless child or youth" has the
4 meaning ascribed to it in 42 U.S.C. § 11434a.

5 **Sec. 172.** NRS 483.348 is hereby amended to read as follows:

6 483.348 1. Except as otherwise provided in subsection 2, the
7 Department shall issue a driver's license with a specially colored
8 background to any person who qualifies for a driver's license
9 pursuant to the provisions of this chapter and delivers to the
10 Department a signed statement from a physician , *a physician*
11 *assistant* or an advanced practice registered nurse that the person is
12 an insulin dependent diabetic or an epileptic. The Department shall
13 designate one color to be used only for a driver's license held by a
14 diabetic and another color to be used only for a driver's license held
15 by an epileptic.

16 2. In lieu of issuing a driver's license pursuant to subsection 1,
17 the Department may issue to a person specified in that subsection a
18 driver's license with a specially colored border around the
19 photograph on the license.

20 3. The Department of Public Safety shall provide for the
21 education of peace officers on the:

22 (a) Effects and treatment of a person suffering from a diabetic
23 condition or an epileptic seizure and the similarity in appearance of
24 a person suffering from a diabetic condition or an epileptic seizure
25 to a person under the influence of alcohol or a controlled substance;
26 and

27 (b) Procedures for identifying and handling situations involving
28 a person suffering from a diabetic condition or an epileptic seizure.

29 **Sec. 173.** NRS 483.349 is hereby amended to read as follows:

30 483.349 1. Upon the application of a person with a disability
31 which limits or impairs the ability to walk, the Department shall
32 place on any driver's license issued to the person pursuant to the
33 provisions of this chapter a designation that the person is a person
34 with a disability. The application must include a statement from a
35 licensed physician , *a licensed physician assistant* or an advanced
36 practice registered nurse certifying that the applicant is a person
37 with a disability which limits or impairs the ability to walk.

38 2. For the purposes of this section, "person with a disability
39 which limits or impairs the ability to walk" has the meaning
40 ascribed to it in NRS 482.3835.

41 **Sec. 174.** NRS 483.363 is hereby amended to read as follows:

42 483.363 1. A person who is 18 years of age or older may file
43 with the Department a report requesting that the Department
44 examine a licensee who:



1 (a) Is related to the person filing the report within the third
2 degree of consanguinity or who is the spouse of the person filing the
3 report; and

4 (b) The person filing the report reasonably and in good faith
5 believes cannot safely operate a motor vehicle.

6 2. The report described in subsection 1 must:

7 (a) Include the name, relationship, address, telephone number
8 and signature of the person filing the report.

9 (b) State the person's basis for believing that the licensee cannot
10 safely operate a motor vehicle, which basis must be:

11 (1) Personal observation or physical evidence of a physical
12 or medical condition that has the potential to impair the ability of
13 the licensee to operate a motor vehicle, corroborated by an affidavit
14 from a physician , *a physician assistant* or an advanced practice
15 registered nurse in which the physician , *physician assistant* or
16 advanced practice registered nurse concurs that the licensee should
17 be examined to determine the licensee's ability to safely operate a
18 motor vehicle;

19 (2) Personal knowledge that the driving record of the
20 licensee indicates the unsafe operation of a motor vehicle,
21 corroborated by an affidavit from a physician , *a physician assistant*
22 or an advanced practice registered nurse in which the physician ,
23 *physician assistant* or advanced practice registered nurse concurs
24 that the licensee should be examined to determine the licensee's
25 ability to safely operate a motor vehicle; or

26 (3) An investigation by a law enforcement officer.

27 (c) Be kept confidential, except as otherwise provided in NRS
28 239.0115 and except that the report must be released upon request
29 of the licensee or an order of a court of competent jurisdiction.

30 ➤ No person may file more than one report concerning the same
31 licensee within a 12-month period.

32 3. The Administrator shall prescribe:

33 (a) A standard form to be used for the filing of a report pursuant
34 to this section; and

35 (b) The procedure to be used for the filing of a report pursuant to
36 this section.

37 **Sec. 175.** NRS 483.384 is hereby amended to read as follows:

38 483.384 1. The Department may require an applicant for a
39 renewal license to appear before an examiner for a driver's license
40 and successfully pass an eye test.

41 2. The Department may accept, in lieu of an eye test, a report
42 from an ophthalmologist, optometrist, physician, *physician*
43 *assistant*, advanced practice registered nurse or agency of another
44 state which has duties comparable to those of the Department if the



1 reported test was performed within 90 days before the application
2 for renewal and:

3 (a) The applicant is qualified to renew his or her driver's license
4 by mail in accordance with the procedure established pursuant to
5 NRS 483.383; or

6 (b) The Department determines, upon good cause shown, that
7 the applicant is unable to appear in person.

8 3. The Department shall adopt regulations which prescribe:

9 (a) The criteria to determine which applicant for a renewal
10 license must appear and successfully pass an eye test.

11 (b) The circumstances under which the Department will accept a
12 report from an ophthalmologist, optometrist, physician, *physician*
13 *assistant*, advanced practice registered nurse or agency of another
14 state which is authorized to conduct eye tests, in lieu of an eye test
15 for the renewal of an applicant's driver's license.

16 4. If the Administrator or his or her authorized agent has reason
17 to believe that the licensee is no longer qualified to receive a license
18 because of the licensee's physical condition, the Department may
19 require that the applicant submit to an examination pursuant to the
20 provisions of NRS 483.330. The age of a licensee, by itself, does not
21 constitute grounds for requiring an examination of driving
22 qualifications.

23 **Sec. 176.** NRS 483.575 is hereby amended to read as follows:

24 483.575 1. A person with epilepsy shall not operate a motor
25 vehicle if that person has been informed by a physician, *a physician*
26 *assistant* or an advanced practice registered nurse pursuant to NRS
27 629.047 that his or her condition would severely impair his or her
28 ability to safely operate a motor vehicle. A violation of this
29 subsection is a misdemeanor.

30 2. If a physician, *a physician assistant* or an advanced practice
31 registered nurse is aware that a person has violated subsection 1
32 after the physician, *physician assistant* or advanced practice
33 registered nurse has informed the person pursuant to NRS 629.047
34 that the person's condition would severely impair his or her ability
35 to safely operate a motor vehicle, the physician, *physician assistant*
36 or advanced practice registered nurse may, without the consent of
37 the person, submit a written report to the Department that includes
38 the name, address and age of the person. A report received by the
39 Department pursuant to this subsection:

40 (a) Is confidential, except that the contents of the report may be
41 disclosed to the person about whom the report is made; and

42 (b) May be used by the Department solely to determine the
43 eligibility of the person to operate a vehicle on the streets and
44 highways of this State.



1 3. The submission by a physician , *a physician assistant* or an
2 advanced practice registered nurse of a report pursuant to subsection
3 2 is solely within his or her discretion. No cause of action may be
4 brought against a physician , *a physician assistant* or an advanced
5 practice registered nurse based on the fact that he or she did not
6 submit such a report.

7 4. No cause of action may be brought against a physician , *a*
8 *physician assistant* or an advanced practice registered nurse based
9 on the fact that he or she submitted a report pursuant to subsection 2
10 unless the physician , *physician assistant* or advanced practice
11 registered nurse acted with malice, intentional misconduct, gross
12 negligence or intentional or knowing violation of the law.

13 **Sec. 177.** NRS 483.865 is hereby amended to read as follows:

14 483.865 1. Upon the application of a person with a disability
15 which limits or impairs the ability to walk, the Department shall
16 place on any identification card issued to the person pursuant to
17 NRS 483.810 to 483.890, inclusive, a designation that the person is
18 a person with a disability. The application must include a statement
19 from a licensed physician , *a physician assistant* or an advanced
20 practice registered nurse certifying that the applicant is a person
21 with a disability which limits or impairs the ability to walk.

22 2. For the purposes of this section, "person with a disability
23 which limits or impairs the ability to walk" has the meaning
24 ascribed to it in NRS 482.3835.

25 **Sec. 178.** NRS 484B.157 is hereby amended to read as
26 follows:

27 484B.157 1. Except as otherwise provided in subsection 7,
28 any person who is transporting:

29 (a) A child who is less than 6 years of age and less than 57
30 inches tall in a motor vehicle operated in this State which is
31 equipped to carry passengers shall secure the child in a child
32 restraint system which:

33 (1) Has been approved by the United States Department of
34 Transportation in accordance with the Federal Motor Vehicle Safety
35 Standards set forth in 49 C.F.R. Part 571;

36 (2) Is appropriate for the size and weight of the child; and

37 (3) Is installed within and attached safely and securely to the
38 motor vehicle:

39 (I) In accordance with the instructions for installation and
40 attachment provided by the manufacturer of the child restraint
41 system; or

42 (II) In another manner that is approved by the National
43 Highway Traffic Safety Administration.

44 (b) A child who is less than 2 years of age in a motor vehicle
45 operated in this State which is equipped to carry passengers shall



1 secure the child in a rear-facing child restraint system in the back
2 seat of the motor vehicle in accordance with subparagraphs (1), (2)
3 and (3) of paragraph (a) unless the child is secured in a rear-facing
4 child restraint system on the passenger side of the front seat in
5 accordance with subparagraphs (1), (2) and (3) of paragraph (a), the
6 air bag on the passenger's side of the front seat, if any, is
7 deactivated and:

8 (1) Special health care needs of the child require the child to
9 ride in the front seat of the motor vehicle and a written statement
10 signed by a physician , *physician assistant or advanced practice*
11 *registered nurse* certifying the requirement is carried in the motor
12 vehicle;

13 (2) All back seats in the motor vehicle are in use by other
14 children who are less than 2 years of age; or

15 (3) The motor vehicle is not equipped with back seats.

16 2. A person who violates the provisions of subsection 1 is
17 guilty of a misdemeanor and the court shall:

18 (a) For a first offense, order the person to pay a fine of not less
19 than \$100 or more than \$500 or order the person to perform not less
20 than 10 hours or more than 50 hours of community service;

21 (b) For a second offense, order the person to pay a fine of not
22 less than \$500 or more than \$1,000 or order the person to perform
23 not less than 50 hours or more than 100 hours of community
24 service; and

25 (c) For a third or subsequent offense, suspend the driver's
26 license of the person for not less than 30 days or more than 180
27 days.

28 3. At the time of sentencing, the court shall provide the person
29 who committed the offense with a list of persons and agencies
30 approved by the Department of Public Safety to conduct programs
31 of training and perform inspections of child restraint systems. The
32 list must include, without limitation, an indication of the fee, if any,
33 established by the person or agency pursuant to subsection 4. If,
34 within 60 days after sentencing, the person provides the court with
35 proof of satisfactory completion of a program of training provided
36 for in this subsection, the court shall:

37 (a) If the person was sentenced pursuant to paragraph (a) of
38 subsection 2, waive the fine or community service previously
39 imposed; or

40 (b) If the person was sentenced pursuant to paragraph (b) of
41 subsection 2, reduce by one-half the fine or community service
42 previously imposed.

43 ↪ A person is only eligible for a reduction of a fine or community
44 service pursuant to paragraph (b) if the person has not had a fine or
45 community service waived pursuant to paragraph (a).



1 4. A person or agency approved by the Department of Public
2 Safety to conduct programs of training and perform inspections of
3 child restraint systems may, in cooperation with the Department of
4 Motor Vehicles, establish a fee to be paid by persons who are
5 ordered to complete a program of training. The amount of the fee, if
6 any:

7 (a) Must be reasonable; and

8 (b) May, if a person desires to acquire a child restraint system
9 from such a person or agency, include the cost of a child restraint
10 system provided by the person or agency to the defendant.

11 ↪ A program of training may not be operated for profit.

12 5. For the purposes of NRS 483.473, a violation of this section
13 is not a moving traffic violation.

14 6. A violation of this section may not be considered:

15 (a) Negligence in any civil action; or

16 (b) Negligence or reckless driving for the purposes of
17 NRS 484B.653.

18 7. This section does not apply:

19 (a) To a person who is transporting a child in a means of public
20 transportation, including a taxi, school bus or emergency vehicle.

21 (b) When a physician, *a physician assistant* or an advanced
22 practice registered nurse determines that the use of such a child
23 restraint system for the particular child would be impractical or
24 dangerous because of such factors as the child's weight, physical
25 unfitnes or medical condition. In this case, the person transporting
26 the child shall carry in the vehicle the signed statement of the
27 physician, *physician assistant* or advanced practice registered nurse
28 to that effect.

29 8. The Department of Public Safety may accept gifts, grants
30 and donations from any source for the purpose of the purchase or
31 donation of child restraint systems for persons who are in financial
32 need.

33 9. As used in this section, "child restraint system" means any
34 device that is designed for use in a motor vehicle to restrain, seat or
35 position children. The term includes, without limitation:

36 (a) Booster seats and belt-positioning seats that are designed to
37 elevate or otherwise position a child so as to allow the child to be
38 secured with a safety belt;

39 (b) Integrated child seats; and

40 (c) Safety belts that are designed specifically to be adjusted to
41 accommodate children.

42 **Sec. 179.** NRS 484C.160 is hereby amended to read as
43 follows:

44 484C.160 1. Except as otherwise provided in subsections 4
45 and 5, any person who drives or is in actual physical control of a



1 vehicle on a highway or on premises to which the public has access
2 shall be deemed to have given his or her consent to an evidentiary
3 test of his or her blood, urine, breath or other bodily substance to
4 determine the concentration of alcohol in his or her blood or breath
5 or to determine whether a controlled substance, chemical, poison,
6 organic solvent or another prohibited substance is present, if such a
7 test is administered at the request of a police officer having
8 reasonable grounds to believe that the person to be tested was:

9 (a) Driving or in actual physical control of a vehicle while under
10 the influence of intoxicating liquor or a controlled substance or with
11 a prohibited substance in his or her blood or urine; or

12 (b) Engaging in any other conduct prohibited by NRS 484C.110,
13 484C.120, 484C.130 or 484C.430.

14 2. A police officer who requests that a person submit to a test
15 pursuant to subsection 1 shall inform the person that his or her
16 license, permit or privilege to drive will be revoked if he or she fails
17 to submit to the test.

18 3. If the person to be tested pursuant to subsection 1 is dead or
19 unconscious, the officer shall direct that samples of blood from the
20 person to be tested.

21 4. Any person who is afflicted with hemophilia or with a heart
22 condition requiring the use of an anticoagulant as determined by a
23 physician, *a physician assistant* or an advanced practice registered
24 nurse is exempt from any blood test which may be required pursuant
25 to this section but must, when appropriate pursuant to the provisions
26 of this section, be required to submit to a breath or urine test.

27 5. If the concentration of alcohol in the blood or breath of the
28 person to be tested is in issue:

29 (a) Except as otherwise provided in this section, the person may
30 refuse to submit to a blood test if means are reasonably available to
31 perform a breath test.

32 (b) The person may request a blood test, but if means are
33 reasonably available to perform a breath test when the blood test is
34 requested, and the person is subsequently convicted, the person must
35 pay for the cost of the blood test, including the fees and expenses of
36 witnesses whose testimony in court or an administrative hearing is
37 necessary because of the use of the blood test. The expenses of such
38 a witness may be assessed at an hourly rate of not less than:

39 (1) Fifty dollars for travel to and from the place of the
40 proceeding; and

41 (2) One hundred dollars for giving or waiting to give
42 testimony.

43 (c) Except as otherwise provided in NRS 484C.200, not more
44 than three samples of the person's blood or breath may be taken



1 during the 5-hour period immediately following the time of the
2 initial arrest.

3 6. Except as otherwise provided in subsection 7, if the presence
4 of a controlled substance, chemical, poison, organic solvent or
5 another prohibited substance in the blood or urine of the person is in
6 issue, the officer may request that the person submit to a blood or
7 urine test, or both.

8 7. If the presence of marijuana in the blood of the person is in
9 issue, the officer may request that the person submit to a blood test.

10 8. Except as otherwise provided in subsections 4 and 6, a
11 police officer shall not request that a person submit to a urine test.

12 9. If a person to be tested fails to submit to a required test as
13 requested by a police officer pursuant to this section and the officer
14 has reasonable grounds to believe that the person to be tested was:

15 (a) Driving or in actual physical control of a vehicle while under
16 the influence of intoxicating liquor or a controlled substance or with
17 a prohibited substance in his or her blood or urine; or

18 (b) Engaging in any other conduct prohibited by NRS 484C.110,
19 484C.120, 484C.130 or 484C.430,

20 ↪ the officer may apply for a warrant or court order directing that
21 reasonable force be used to the extent necessary to obtain samples of
22 blood from the person to be tested.

23 10. If a person who is less than 18 years of age is requested to
24 submit to an evidentiary test pursuant to this section, the officer
25 shall, before testing the person, make a reasonable attempt to notify
26 the parent, guardian or custodian of the person, if known.

27 **Sec. 180.** NRS 484C.210 is hereby amended to read as
28 follows:

29 484C.210 1. If a person fails to submit to an evidentiary test
30 as requested by a police officer pursuant to NRS 484C.160, the
31 license, permit or privilege to drive of the person must be revoked as
32 provided in NRS 484C.220, and the person is not eligible for a
33 license, permit or privilege to drive for a period of:

34 (a) One year; or

35 (b) Three years, if the license, permit or privilege to drive of the
36 person has been revoked during the immediately preceding 7 years
37 for failure to submit to an evidentiary test.

38 2. If the result of a test given under NRS 484C.150 or
39 484C.160 shows that a person had a concentration of alcohol of 0.08
40 or more in his or her blood or breath or a detectable amount of a
41 controlled substance or prohibited substance in his or her blood or
42 urine for which he or she did not have a valid prescription, as
43 defined in NRS 453.128, or hold a valid registry identification card,
44 as defined in NRS 678C.080, at the time of the test, the license,
45 permit or privilege of the person to drive must be revoked as



1 provided in NRS 484C.220 and the person is not eligible for a
2 license, permit or privilege for a period of 185 days.

3 3. At any time while a person is not eligible for a license,
4 permit or privilege to drive following a revocation under subsection
5 1 or 2, the person shall install, at his or her own expense, an ignition
6 interlock device in any motor vehicle which the person operates as a
7 condition to obtaining an ignition interlock privilege pursuant to
8 NRS 483.490.

9 4. The Department may provide for an exception to the
10 requirements of subsection 3 and issue a restricted license pursuant
11 to subsection 1 of NRS 483.490 if the Department determines that
12 the person is not a repeat intoxicated driver, as that term is defined
13 in 23 C.F.R. § 1275.3(k), and:

14 (a) The person is unable to provide a deep lung breath sample
15 for analysis by an ignition interlock device, as certified in writing by
16 a physician , *a physician assistant* or an advanced practice
17 registered nurse of the person; or

18 (b) The person resides more than 100 miles from a manufacturer
19 of an ignition interlock device or its agent.

20 5. If a revocation of a person's license, permit or privilege to
21 drive under NRS 62E.640 or 483.460 follows a revocation under
22 subsection 2 which was based on the person having a concentration
23 of alcohol of 0.08 or more in his or her blood or breath, the
24 Department shall cancel the revocation under that subsection and
25 give the person credit for any period during which the person was
26 not eligible for a license, permit or privilege.

27 6. If an order to install an ignition interlock device pursuant to
28 NRS 62E.640 or 484C.460 follows the installation of an ignition
29 interlock device pursuant to subsection 3, the court shall give the
30 person day-for-day credit for any period during which the person
31 can provide proof satisfactory to the court that he or she had an
32 ignition interlock device installed as a condition to obtaining an
33 ignition interlock privilege.

34 7. Periods of ineligibility for a license, permit or privilege to
35 drive which are imposed pursuant to this section must run
36 consecutively.

37 **Sec. 181.** NRS 484C.300 is hereby amended to read as
38 follows:

39 484C.300 1. Before sentencing an offender for a violation of
40 NRS 484C.110 or 484C.120 that is punishable as a felony pursuant
41 to NRS 484C.400 or 484C.410, other than an offender who has been
42 evaluated pursuant to NRS 484C.340, or a violation of NRS
43 484C.130 or 484C.430, the court shall require that the offender be
44 evaluated to determine whether the offender has an alcohol or other



1 substance use disorder and whether the offender can be treated
2 successfully for the condition.

3 2. The evaluation must be conducted by:

4 (a) An alcohol and drug counselor who is licensed or certified,
5 or a clinical alcohol and drug counselor who is licensed, pursuant to
6 chapter 641C of NRS, to make such an evaluation;

7 (b) A physician *or physician assistant* who is certified to make
8 such an evaluation by the Board of Medical Examiners;

9 (c) An advanced practice registered nurse who is certified to
10 make such an evaluation by the State Board of Nursing; or

11 (d) A psychologist who is certified to make such an evaluation
12 by the Board of Psychological Examiners.

13 3. The alcohol and drug counselor, clinical alcohol and drug
14 counselor, physician, *physician assistant*, advanced practice
15 registered nurse or psychologist who conducts the evaluation shall
16 immediately forward the results of the evaluation to the Director of
17 the Department of Corrections or, if the offender is assigned to any
18 specialty court or diversionary program, to the court having
19 jurisdiction over the offender.

20 **Sec. 182.** NRS 484C.320 is hereby amended to read as
21 follows:

22 484C.320 1. An offender who is found guilty of a violation
23 of NRS 484C.110 or 484C.120 that is punishable pursuant to
24 paragraph (a) of subsection 1 of NRS 484C.400, other than an
25 offender who is found to have a concentration of alcohol of 0.18 or
26 more in his or her blood or breath, may, at that time or any time
27 before the offender is sentenced, apply to the court to undergo a
28 program of treatment for an alcohol or other substance use disorder
29 for at least 6 months. The court shall authorize that treatment if:

30 (a) The offender is diagnosed as a person with an alcohol or
31 other substance use disorder by:

32 (1) An alcohol and drug counselor who is licensed or
33 certified, or a clinical alcohol and drug counselor who is licensed,
34 pursuant to chapter 641C of NRS, to make that diagnosis;

35 (2) A physician *or physician assistant* who is certified to
36 make that diagnosis by the Board of Medical Examiners; or

37 (3) An advanced practice registered nurse who is certified to
38 make that diagnosis by the State Board of Nursing;

39 (b) The offender agrees to pay the cost of the treatment to the
40 extent of his or her financial resources; and

41 (c) The offender has served or will serve a term of imprisonment
42 in jail of not less than 1 day, or has performed or will perform 24
43 hours of community service.

44 2. A prosecuting attorney may, within 10 days after receiving
45 notice of an application for treatment pursuant to this section,



1 request a hearing on the question of whether the offender is eligible
2 to undergo a program of treatment for an alcohol or other substance
3 use disorder. The court shall order a hearing on the application upon
4 the request of the prosecuting attorney or may order a hearing on its
5 own motion. The hearing must be limited to the question of whether
6 the offender is eligible to undergo such a program of treatment.

7 3. At the hearing on the application for treatment, the
8 prosecuting attorney may present the court with any relevant
9 evidence on the matter. If a hearing is not held, the court shall
10 decide the matter upon affidavits and other information before the
11 court.

12 4. If the court grants an application for treatment, the court
13 shall:

14 (a) Immediately sentence the offender and enter judgment
15 accordingly.

16 (b) Suspend the sentence of the offender for not more than 3
17 years upon the condition that the offender be accepted for treatment
18 by a treatment provider that is approved by the court, that the
19 offender complete the treatment satisfactorily and that the offender
20 comply with any other condition ordered by the court. If the court
21 has a specialty court program for the supervision and monitoring of
22 the person, the treatment provider must comply with the
23 requirements of the specialty court, including, without limitation,
24 any requirement to submit progress reports to the specialty court.

25 (c) Advise the offender that:

26 (1) He or she may be placed under the supervision of a
27 treatment provider for a period not to exceed 3 years.

28 (2) The court may order the offender to be admitted to a
29 residential treatment facility or to be provided with outpatient
30 treatment in the community.

31 (3) If the offender fails to complete the program of treatment
32 satisfactorily, the offender shall serve the sentence imposed by the
33 court. Any sentence of imprisonment must be reduced by a time
34 equal to that which the offender served before beginning treatment.

35 (4) If the offender completes the treatment satisfactorily, the
36 offender's sentence will be reduced to a term of imprisonment
37 which is not less than 1 day and a fine of not more than
38 the minimum fine provided for the offense in NRS 484C.400, but
39 the conviction must remain on the record of criminal history of the
40 offender for the period prescribed by law.

41 5. The court shall administer the program of treatment pursuant
42 to the procedures provided in NRS 176A.230 to 176A.245,
43 inclusive, except that the court:



1 (a) Shall not defer the sentence, set aside the conviction or
2 impose conditions upon the election of treatment except as
3 otherwise provided in this section.

4 (b) May immediately revoke the suspension of sentence for a
5 violation of any condition of the suspension.

6 6. The court shall notify the Department, on a form approved
7 by the Department, upon granting the application of the offender for
8 treatment and his or her failure to be accepted for or complete
9 treatment.

10 **Sec. 183.** NRS 484C.330 is hereby amended to read as
11 follows:

12 484C.330 1. An offender who is found guilty of a violation
13 of NRS 484C.110 or 484C.120 that is punishable pursuant to
14 paragraph (b) of subsection 1 of NRS 484C.400 may, at that time or
15 any time before the offender is sentenced, apply to the court to
16 undergo a program of treatment for an alcohol or other substance
17 use disorder for at least 1 year. The court shall authorize that
18 treatment if:

19 (a) The offender is diagnosed as a person with an alcohol or
20 other substance use disorder by:

21 (1) An alcohol and drug counselor who is licensed or
22 certified, or a clinical alcohol and drug counselor who is licensed,
23 pursuant to chapter 641C of NRS, to make that diagnosis;

24 (2) A physician *or physician assistant* who is certified to
25 make that diagnosis by the Board of Medical Examiners; or

26 (3) An advanced practice registered nurse who is certified to
27 make that diagnosis by the State Board of Nursing;

28 (b) The offender agrees to pay the costs of the treatment to the
29 extent of his or her financial resources; and

30 (c) The offender has served or will serve a term of imprisonment
31 in jail of not less than 5 days and, if required pursuant to NRS
32 484C.400, has performed or will perform not less than one-half of
33 the hours of community service.

34 2. A prosecuting attorney may, within 10 days after receiving
35 notice of an application for treatment pursuant to this section,
36 request a hearing on the matter. The court shall order a hearing on
37 the application upon the request of the prosecuting attorney or may
38 order a hearing on its own motion.

39 3. At the hearing on the application for treatment, the
40 prosecuting attorney may present the court with any relevant
41 evidence on the matter. If a hearing is not held, the court shall
42 decide the matter upon affidavits and other information before the
43 court.

44 4. If the court grants an application for treatment, the court
45 shall:



1 (a) Immediately sentence the offender and enter judgment
2 accordingly.

3 (b) Suspend the sentence of the offender for not more than 3
4 years upon the condition that the offender be accepted for treatment
5 by a treatment provider that is approved by the court, that the
6 offender complete the treatment satisfactorily and that the offender
7 comply with any other condition ordered by the court. If the court
8 has a specialty court program for the supervision and monitoring of
9 the person, the treatment provider must comply with the
10 requirements of the specialty court, including, without limitation,
11 any requirement to submit progress reports to the specialty court.

12 (c) Advise the offender that:

13 (1) He or she may be placed under the supervision of the
14 treatment provider for a period not to exceed 3 years.

15 (2) The court may order the offender to be admitted to a
16 residential treatment facility or to be provided with outpatient
17 treatment in the community.

18 (3) If the offender fails to complete the program of treatment
19 satisfactorily, the offender shall serve the sentence imposed by the
20 court. Any sentence of imprisonment must be reduced by a time
21 equal to that which the offender served before beginning treatment.

22 (4) If the offender completes the treatment satisfactorily, the
23 offender's sentence will be reduced to a term of imprisonment
24 which is not less than 5 days and a fine of not more than
25 the minimum provided for the offense in NRS 484C.400, but the
26 conviction must remain on the record of criminal history of the
27 offender for the period prescribed by law.

28 5. The court shall administer the program of treatment pursuant
29 to the procedures provided in NRS 176A.230 to 176A.245,
30 inclusive, except that the court:

31 (a) Shall not defer the sentence, set aside the conviction or
32 impose conditions upon the election of treatment except as
33 otherwise provided in this section.

34 (b) May immediately revoke the suspension of sentence for a
35 violation of a condition of the suspension.

36 6. The court shall notify the Department, on a form approved
37 by the Department, upon granting the application of the offender for
38 treatment and his or her failure to be accepted for or complete
39 treatment.

40 **Sec. 184.** NRS 484C.340 is hereby amended to read as
41 follows:

42 484C.340 1. An offender who enters a plea of guilty or nolo
43 contendere to a violation of NRS 484C.110 or 484C.120 that is
44 punishable pursuant to paragraph (c) of subsection 1 of NRS
45 484C.400 may, at the time the offender enters a plea, apply to the



1 court to undergo a program of treatment for an alcohol or other
2 substance use disorder for at least 3 years. The court may authorize
3 that treatment if:

4 (a) The offender is diagnosed as a person with an alcohol or
5 other substance use disorder by:

6 (1) An alcohol and drug counselor who is licensed or
7 certified, or a clinical alcohol and drug counselor who is licensed,
8 pursuant to chapter 641C of NRS, to make that diagnosis;

9 (2) A physician *or physician assistant* who is certified to
10 make that diagnosis by the Board of Medical Examiners;

11 (3) An advanced practice registered nurse who is certified to
12 make that diagnosis by the State Board of Nursing; and

13 (b) The offender agrees to pay the costs of the treatment to the
14 extent of his or her financial resources.

15 ➔ An alcohol and drug counselor, a clinical alcohol and drug
16 counselor, a physician, *a physician assistant* or an advanced
17 practice registered nurse who diagnoses an offender as a person with
18 an alcohol or other substance use disorder shall make a report and
19 recommendation to the court concerning the length and type of
20 treatment required for the offender.

21 2. A prosecuting attorney may, within 10 days after receiving
22 notice of an application for treatment pursuant to this section,
23 request a hearing on the matter. The court shall order a hearing on
24 the application upon the request of the prosecuting attorney or may
25 order a hearing on its own motion.

26 3. At the hearing on the application for treatment, the
27 prosecuting attorney may present the court with any relevant
28 evidence on the matter. If a hearing is not held, the court shall
29 decide the matter and other information before the court.

30 4. If the court determines that an application for treatment
31 should be granted, the court shall:

32 (a) Immediately, without entering a judgment of conviction and
33 with the consent of the offender, suspend further proceedings and
34 place the offender on probation for not more than 5 years.

35 (b) Order the offender to complete a program of treatment for an
36 alcohol or other substance use disorder with a treatment provider
37 approved by the court. If the court has a specialty court program for
38 the supervision and monitoring of the person, the treatment provider
39 must comply with the requirements of the specialty court, including,
40 without limitation, any requirement to submit progress reports to the
41 specialty court.

42 (c) Advise the offender that:

43 (1) He or she may be placed under the supervision of a
44 treatment provider for not more than 5 years.



1 (2) The court may order the offender to be admitted to a
2 residential treatment facility.

3 (3) The court will enter a judgment of conviction for a
4 violation of paragraph (c) of subsection 1 of NRS 484C.400 if a
5 treatment provider fails to accept the offender for a program of
6 treatment for an alcohol or other substance use disorder or if the
7 offender fails to complete the program of treatment satisfactorily.
8 Any sentence of imprisonment may be reduced by a time equal to
9 that which the offender served before beginning treatment.

10 (4) If the offender completes the treatment satisfactorily, the
11 court will enter a judgment of conviction for a violation of
12 paragraph (b) of subsection 1 of NRS 484C.400.

13 (5) The provisions of NRS 483.460 requiring the revocation
14 of the license, permit or privilege of the offender to drive do not
15 apply.

16 5. The court shall administer the program of treatment pursuant
17 to the procedures provided in NRS 176A.230 to 176A.245,
18 inclusive, except that the court:

19 (a) Shall not defer the sentence or set aside the conviction upon
20 the election of treatment, except as otherwise provided in this
21 section; and

22 (b) May enter a judgment of conviction and proceed as provided
23 in paragraph (c) of subsection 1 of NRS 484C.400 for a violation of
24 a condition ordered by the court.

25 6. To participate in a program of treatment, the offender must:

26 (a) Serve not less than 6 months of residential confinement;

27 (b) Be placed under a system of active electronic monitoring,
28 through the Division, that is capable of identifying the offender's
29 location and producing, upon request, reports or records of the
30 offender's presence near or within, or departure from, a specified
31 geographic location and pay any costs associated with the offender's
32 participation under the system of active electronic monitoring;

33 (c) Install, at his or her own expense, an ignition interlock
34 device for not less than 12 months;

35 (d) Not drive any vehicle unless it is equipped with an ignition
36 interlock device;

37 (e) Agree to be subject to periodic testing for the use of alcohol
38 or controlled substances while participating in a program of
39 treatment; and

40 (f) Agree to any other conditions that the court deems necessary.

41 7. An offender may not apply to the court to undergo a
42 program of treatment for an alcohol or other substance use disorder
43 pursuant to this section if the offender has previously applied to
44 receive treatment pursuant to this section or if the offender has
45 previously been convicted of:



- 1 (a) A violation of NRS 484C.430;
- 2 (b) A violation of NRS 484C.130;
- 3 (c) A homicide resulting from driving or being in actual physical
- 4 control of a vehicle while under the influence of intoxicating liquor
- 5 or a controlled substance or resulting from any other conduct
- 6 prohibited by NRS 484C.110, 484C.130 or 484C.430;

7 (d) A violation of paragraph (c) of subsection 1 of

8 NRS 484C.400;

9 (e) A violation of NRS 484C.410; or

10 (f) A violation of law of any other jurisdiction that prohibits the

11 same or similar conduct as set forth in paragraph (a), (b), (c) or (d).

12 8. An offender placed under a system of active electronic

13 monitoring pursuant to paragraph (b) of subsection 6 shall:

14 (a) Follow the instructions provided by the Division to maintain

15 the electronic monitoring device in working order.

16 (b) Report any incidental damage or defacement of the

17 electronic monitoring device to the Division within 2 hours after the

18 occurrence of the damage or defacement.

19 (c) Abide by any other conditions set forth by the court or the

20 Division with regard to the offender's participation under the system

21 of active electronic monitoring.

22 9. Except as otherwise provided in this subsection, a person

23 who intentionally removes or disables or attempts to remove or

24 disable an electronic monitoring device placed on an offender

25 pursuant to this section is guilty of a gross misdemeanor. The

26 provisions of this subsection do not prohibit a person authorized by

27 the Division from performing maintenance or repairs to an

28 electronic monitoring device.

29 10. As used in this section, "Division" means the Division of

30 Parole and Probation of the Department of Public Safety.

31 **Sec. 185.** NRS 484C.350 is hereby amended to read as

32 follows:

33 484C.350 1. If an offender is found guilty of a violation of

34 NRS 484C.110 that is punishable pursuant to paragraph (a) of

35 subsection 1 of NRS 484C.400 and if the concentration of alcohol in

36 the offender's blood or breath at the time of the offense was 0.18 or

37 more, if an offender is found guilty of a violation of NRS 484C.110

38 or 484C.120 that is punishable pursuant to paragraph (b) of

39 subsection 1 of NRS 484C.400 or if an offender is found guilty of a

40 violation of subsection 4 of NRS 453.336, the court shall, before

41 sentencing the offender, require an evaluation of the offender

42 pursuant to subsection 3, 4, 5 or 6 to determine whether the offender

43 has an alcohol or other substance use disorder.

44 2. If an offender is convicted of a violation of NRS 484C.110

45 or 484C.120 that is punishable pursuant to paragraph (a) of



1 subsection 1 of NRS 484C.400 and if the offender is under 21 years
2 of age at the time of the violation or if the offender is convicted of a
3 violation of subsection 1 or 2 of NRS 202.020, subsection 1 of NRS
4 202.040 or subsection 4 of NRS 678D.310, the court shall, before
5 sentencing the offender, require an evaluation of the offender
6 pursuant to subsection 3, 4, 5 or 6 to determine whether the offender
7 has an alcohol or other substance use disorder.

8 3. Except as otherwise provided in subsection 4, 5 or 6, the
9 evaluation of an offender pursuant to this section must be conducted
10 at an evaluation center by:

11 (a) An alcohol and drug counselor who is licensed or certified,
12 or a clinical alcohol and drug counselor who is licensed, pursuant to
13 chapter 641C of NRS, to make that evaluation;

14 (b) A physician *or physician assistant* who is certified to make
15 that evaluation by the Board of Medical Examiners; or

16 (c) An advanced practice registered nurse who is certified to
17 make that diagnosis by the State Board of Nursing,

18 ↪ who shall report to the court the results of the evaluation and
19 make a recommendation to the court concerning the length and type
20 of treatment required for the offender.

21 4. The evaluation of an offender who resides more than 30
22 miles from an evaluation center may be conducted outside an
23 evaluation center by a person who has the qualifications set forth in
24 subsection 3. The person who conducts the evaluation shall report to
25 the court the results of the evaluation and make a recommendation
26 to the court concerning the length and type of treatment required for
27 the offender.

28 5. The evaluation of an offender who resides in another state
29 may, upon approval of the court, be conducted in the state where the
30 offender resides by a physician, *physician assistant*, advanced
31 practice registered nurse or other person who is authorized by the
32 appropriate governmental agency in that state to conduct such an
33 evaluation. The offender shall ensure that the results of the
34 evaluation and the recommendation concerning the length and type
35 of treatment for the offender are reported to the court.

36 6. The evaluation of an offender who resides in this State may,
37 upon approval of the court, be conducted in another state by a
38 physician, *physician assistant*, advanced practice registered nurse or
39 other person who is authorized by the appropriate governmental
40 agency in that state to conduct such an evaluation if the location of
41 the physician, *physician assistant*, advanced practice registered
42 nurse or other person in the other state is closer to the residence of
43 the offender than the nearest location in this State at which an
44 evaluation may be conducted. The offender shall ensure that the
45 results of the evaluation and the recommendation concerning the



1 length and type of treatment for the offender are reported to the
2 court.

3 7. An offender who is evaluated pursuant to this section shall
4 pay the cost of the evaluation. An evaluation center or a person who
5 conducts an evaluation in this State outside an evaluation center
6 shall not charge an offender more than \$100 for the evaluation.

7 **Sec. 186.** NRS 484C.460 is hereby amended to read as
8 follows:

9 484C.460 1. Except as otherwise provided in subsections 2
10 and 5, a court shall order a person to install, at his or her own
11 expense, an ignition interlock device in any motor vehicle which the
12 person operates as a condition to obtaining an ignition interlock
13 privilege pursuant to NRS 483.490 to reinstate the driving privilege
14 of the person:

15 (a) For a period of 185 days if the person is convicted of a first
16 violation within 7 years of NRS 484C.110.

17 (b) For a period of 1 year if the person is convicted of a second
18 violation within 7 years of NRS 484C.110.

19 (c) For a period of 3 years if the person is convicted of:

20 (1) A violation of NRS 484C.110 or 484C.120 that is
21 punishable as a felony pursuant to NRS 484C.400 or 484C.410; or

22 (2) A violation of NRS 484C.130 or 484C.430.

23 2. A court may provide for an exception to the provisions of
24 subsection 1 for a person who is convicted of a violation of NRS
25 484C.110 that is punishable pursuant to paragraph (a) of subsection
26 1 of NRS 484C.400, if the court determines that:

27 (a) The person is unable to provide a deep lung breath sample
28 for analysis by an ignition interlock device, as certified in writing by
29 a physician , *a physician assistant* or an advanced practice
30 registered nurse of the person; or

31 (b) The person resides more than 100 miles from a manufacturer
32 of an ignition interlock device or its agent.

33 3. If the court orders a person to install an ignition interlock
34 device pursuant to subsection 1:

35 (a) The court shall immediately prepare and transmit a copy of
36 its order to the Director. The order must include a statement that an
37 ignition interlock device is required and the specific period for
38 which it is required. The Director shall cause this information to be
39 incorporated into the records of the Department and noted on the
40 person's ignition interlock privilege.

41 (b) The person who is required to install the ignition interlock
42 device shall provide proof of compliance to the Department before
43 the person may receive an ignition interlock privilege. Each model
44 of an ignition interlock device installed pursuant to this section must
45 have been certified by the Department of Public Safety.



1 4. A person who obtains an ignition interlock privilege
2 pursuant to this section or NRS 483.490 shall have the ignition
3 interlock device inspected, calibrated, monitored and maintained by
4 the manufacturer of the ignition interlock device or its agent at least
5 one time each 90 days during the period in which the person is
6 required to use the ignition interlock device to determine whether
7 the ignition interlock device is operating properly. Any inspection,
8 calibration, monitoring or maintenance required pursuant to this
9 subsection must be conducted in accordance with regulations
10 adopted pursuant to NRS 484C.480. The manufacturer or its agent
11 shall submit a report to the Director of the Department of Public
12 Safety indicating whether any of the incidents listed in subsection 1
13 of NRS 484C.470 have occurred and whether the ignition interlock
14 device has been tampered with. Before the court imposes a penalty
15 pursuant to subsection 3 of NRS 484C.470, the court shall afford
16 any interested party an opportunity for a hearing after reasonable
17 notice.

18 5. If a person is required to operate a motor vehicle in the
19 course and scope of his or her employment and the motor vehicle is
20 owned by the person's employer, the person may operate that
21 vehicle without the installation of an ignition interlock device, if:

22 (a) The employee notifies his or her employer that the employee
23 has been issued an ignition interlock privilege; and

24 (b) The employee has proof of that notification in his or her
25 possession or the notice, or a facsimile copy thereof, is with the
26 motor vehicle.

27 ➤ This exemption does not apply to a motor vehicle owned by a
28 business which is all or partly owned or controlled by the person
29 otherwise subject to this section.

30 6. The running of the period during which a person is required
31 to have an ignition interlock device installed pursuant to this section
32 commences when the Department issues an ignition interlock
33 privilege to the person and is tolled whenever and for as long as the
34 person is, with regard to a violation of NRS 484C.110, 484C.120,
35 484C.130 or 484C.430, imprisoned, serving a term of residential
36 confinement, placed under the supervision of a treatment provider,
37 on parole or on probation.

38 **Sec. 187.** NRS 484D.495 is hereby amended to read as
39 follows:

40 484D.495 1. It is unlawful to drive a passenger car
41 manufactured after:

42 (a) January 1, 1968, on a highway unless it is equipped with at
43 least two lap-type safety belt assemblies for use in the front seating
44 positions.



1 (b) January 1, 1970, on a highway unless it is equipped with a
2 lap-type safety belt assembly for each permanent seating position
3 for passengers. This requirement does not apply to the rear seats of
4 vehicles operated by a police department or sheriff's office.

5 (c) January 1, 1970, unless it is equipped with at least two
6 shoulder-harness-type safety belt assemblies for use in the front
7 seating positions.

8 2. Any person driving, and any passenger who:

9 (a) Is 6 years of age or older; or

10 (b) Is 57 inches tall or more, regardless of age,

11 → who rides in the front or back seat of any vehicle described in
12 subsection 1, having an unladen weight of less than 10,000 pounds,
13 on any highway, road or street in this State shall wear a safety belt if
14 one is available for the seating position of the person or passenger.

15 3. A civil infraction citation must be issued pursuant to NRS
16 484A.7035 to any driver or to any adult passenger who fails to wear
17 a safety belt as required by subsection 2. If the passenger is a child
18 who:

19 (a) Is 6 years of age or older but less than 18 years of age,
20 regardless of height; or

21 (b) Is less than 6 years of age but is 57 inches tall or more,

22 → a civil infraction citation must be issued pursuant to NRS
23 484A.7035 to the driver for failing to require that child to wear the
24 safety belt, but if both the driver and that child are not wearing
25 safety belts, only one civil infraction citation may be issued to the
26 driver for both violations. A civil infraction citation may be issued
27 pursuant to NRS 484A.7035 only if the violation is discovered when
28 the vehicle is halted or its driver arrested for another alleged
29 violation or offense. Any person who violates the provisions of
30 subsection 2 shall be punished by a civil penalty of not more than
31 \$25 or by a sentence to perform a certain number of hours of
32 community service.

33 4. A violation of subsection 2:

34 (a) Is not a moving traffic violation under NRS 483.473.

35 (b) May not be considered as negligence or as causation in any
36 civil action or as negligent or reckless driving under NRS 484B.653.

37 (c) May not be considered as misuse or abuse of a product or as
38 causation in any action brought to recover damages for injury to a
39 person or property resulting from the manufacture, distribution, sale
40 or use of a product.

41 5. The Department shall exempt those types of motor vehicles
42 or seating positions from the requirements of subsection 1 when
43 compliance would be impractical.

44 6. The provisions of subsections 2 and 3 do not apply:



1 (a) To a driver or passenger who possesses a written statement
2 by a physician , *a physician assistant* or an advanced practice
3 registered nurse certifying that the driver or passenger is unable to
4 wear a safety belt for medical or physical reasons;

5 (b) If the vehicle is not required by federal law to be equipped
6 with safety belts;

7 (c) To an employee of the United States Postal Service while
8 delivering mail in the rural areas of this State;

9 (d) If the vehicle is stopping frequently, the speed of that vehicle
10 does not exceed 15 miles per hour between stops and the driver or
11 passenger is frequently leaving the vehicle or delivering property
12 from the vehicle; or

13 (e) Except as otherwise provided in NRS 484D.500, to a
14 passenger riding in a means of public transportation, including a
15 school bus or emergency vehicle.

16 7. It is unlawful for any person to distribute, have for sale,
17 offer for sale or sell any safety belt or shoulder harness assembly for
18 use in a motor vehicle unless it meets current minimum standards
19 and specifications of the United States Department of
20 Transportation.

21 **Sec. 188.** NRS 484D.500 is hereby amended to read as
22 follows:

23 484D.500 1. Any passenger 18 years of age or older who
24 rides in the front or back seat of any taxicab on any highway, road
25 or street in this State shall wear a safety belt if one is available for
26 the seating position of the passenger, except that this subsection
27 does not apply:

28 (a) To a passenger who possesses a written statement by a
29 physician , *a physician assistant* or an advanced practice registered
30 nurse certifying that the passenger is unable to wear a safety belt for
31 medical or physical reasons; or

32 (b) If the taxicab was not required by federal law at the time of
33 initial sale to be equipped with safety belts.

34 2. A citation must be issued to any passenger who violates the
35 provisions of subsection 1. A citation may be issued pursuant to this
36 subsection only if the violation is discovered when the vehicle is
37 halted or its driver arrested for another alleged violation or offense.
38 Any person who violates the provisions of subsection 1 shall be
39 punished by a fine of not more than \$25 or by a sentence to perform
40 a certain number of hours of community service.

41 3. A violation of subsection 1:

42 (a) Is not a moving traffic violation under NRS 483.473.

43 (b) May be considered as negligence or as causation in any civil
44 action or as negligent or reckless driving under NRS 484B.653.



1 (c) May be considered as misuse or abuse of a product or as
2 causation in any action brought to recover damages for injury to a
3 person or property resulting from the manufacture, distribution, sale
4 or use of a product.

5 4. An owner or operator of a taxicab shall post a sign within
6 each of his or her taxicabs advising passengers that they must wear
7 safety belts while being transported by the taxicab. Such a sign must
8 be placed within the taxicab so as to be visible to and easily readable
9 by passengers, except that this subsection does not apply if the
10 taxicab was not required by federal law at the time of initial sale to
11 be equipped with safety belts.

12 **Sec. 189.** NRS 616B.527 is hereby amended to read as
13 follows:

14 616B.527 1. A self-insured employer, an association of self-
15 insured public or private employers or a private carrier may:

16 (a) Except as otherwise provided in NRS 616B.5273, enter into
17 a contract or contracts with one or more organizations for managed
18 care to provide comprehensive medical and health care services to
19 employees for injuries and diseases that are compensable pursuant
20 to chapters 616A to 617, inclusive, of NRS.

21 (b) Enter into a contract or contracts with providers of health
22 care, including, without limitation, physicians *and physician*
23 *assistants* who provide primary care, specialists, pharmacies,
24 physical therapists, radiologists, nurses, diagnostic facilities,
25 laboratories, hospitals and facilities that provide treatment to
26 outpatients, to provide medical and health care services to
27 employees for injuries and diseases that are compensable pursuant
28 to chapters 616A to 617, inclusive, of NRS.

29 (c) Require employees to obtain medical and health care
30 services for their industrial injuries from those organizations and
31 persons with whom the self-insured employer, association or private
32 carrier has contracted pursuant to paragraphs (a) and (b), or as the
33 self-insured employer, association or private carrier otherwise
34 prescribes.

35 (d) Except as otherwise provided in subsection 4 of NRS
36 616C.090, require employees to obtain the approval of the self-
37 insured employer, association or private carrier before obtaining
38 medical and health care services for their industrial injuries from a
39 provider of health care who has not been previously approved by the
40 self-insured employer, association or private carrier.

41 2. An organization for managed care with whom a self-insured
42 employer, association of self-insured public or private employers or
43 a private carrier has contracted pursuant to this section shall comply
44 with the provisions of NRS 616B.528, 616B.5285 and 616B.529.



1 **Sec. 190.** NRS 616C.115 is hereby amended to read as
2 follows:

3 616C.115 1. Except as otherwise provided in subsection 2, a
4 physician, *physician assistant* or advanced practice registered nurse
5 shall prescribe for an injured employee a generic drug in lieu of a
6 drug with a brand name if the generic drug is biologically equivalent
7 and has the same active ingredient or ingredients of the same
8 strength, quantity and form of dosage as the drug with a brand
9 name.

10 2. A physician, *physician assistant* or advanced practice
11 registered nurse is not required to comply with the provisions of
12 subsection 1 if:

13 (a) The physician, *physician assistant* or advanced practice
14 registered nurse determines that the generic drug would not be
15 beneficial to the health of the injured employee; or

16 (b) The generic drug is higher in cost than the drug with a brand
17 name.

18 **Sec. 191.** NRS 686A.2825 is hereby amended to read as
19 follows:

20 686A.2825 “Practitioner” means:

21 1. A physician, *physician assistant*, dentist, nurse, dispensing
22 optician, optometrist, physical therapist, podiatric physician,
23 psychologist, chiropractic physician, doctor of Oriental medicine in
24 any form, director or technician of a medical laboratory, pharmacist,
25 person who holds a license to engage in radiation therapy and
26 radiologic imaging or a limited license to engage in radiologic
27 imaging pursuant to chapter 653 of NRS or other provider of health
28 services who is authorized to engage in his or her occupation by the
29 laws of this state or another state; and

30 2. An attorney admitted to practice law in this state or any
31 other state.

32 **Sec. 192.** NRS 689A.04041 is hereby amended to read as
33 follows:

34 689A.04041 1. An insurer that offers or issues a policy of
35 health insurance which provides coverage of a prescription drug for
36 the treatment of cancer or any symptom of cancer that is part of a
37 step therapy protocol shall allow an insured who has been diagnosed
38 with stage 3 or 4 cancer or the attending practitioner of the insured
39 to apply for an exemption from the step therapy protocol. The
40 application process for such an exemption must:

41 (a) Allow the insured or attending practitioner, or a designated
42 advocate for the insured or attending practitioner, to present to the
43 insurer the clinical rationale for the exemption and any relevant
44 medical information.



1 (b) Clearly prescribe the information and supporting
2 documentation that must be submitted with the application, the
3 criteria that will be used to evaluate the request and the conditions
4 under which an expedited determination pursuant to subsection 4 is
5 warranted.

6 (c) Require the review of each application by at least one
7 physician, *physician assistant*, registered nurse or pharmacist.

8 2. The information and supporting documentation required
9 pursuant to paragraph (b) of subsection 1:

10 (a) May include, without limitation:

11 (1) The medical history or other health records of the insured
12 demonstrating that the insured has:

13 (I) Tried other drugs included in the pharmacological
14 class of drugs for which the exemption is requested without success;
15 or

16 (II) Taken the requested drug for a clinically appropriate
17 amount of time to establish stability in relation to the cancer and the
18 guidelines of the prescribing practitioner; and

19 (2) Any other relevant clinical information.

20 (b) Must not include any information or supporting
21 documentation that is not necessary to make a determination about
22 the application.

23 3. Except as otherwise provided in subsection 4, an insurer that
24 receives an application for an exemption pursuant to subsection 1
25 shall:

26 (a) Make a determination concerning the application if the
27 application is complete or request additional information or
28 documentation necessary to complete the application not later than
29 72 hours after receiving the application; and

30 (b) If it requests additional information or documentation, make
31 a determination concerning the application not later than 72 hours
32 after receiving the requested information or documentation.

33 4. If, in the opinion of the attending practitioner, a step therapy
34 protocol may seriously jeopardize the life or health of the insured,
35 an insurer that receives an application for an exemption pursuant to
36 subsection 1 must make a determination concerning the application
37 as expeditiously as necessary to avoid serious jeopardy to the life or
38 health of the insured.

39 5. An insurer shall disclose to the insured or attending
40 practitioner who submits an application for an exemption from a
41 step therapy protocol pursuant to subsection 1 the qualifications of
42 each person who will review the application.

43 6. An insurer must grant an exemption from a step therapy
44 protocol in response to an application submitted pursuant to
45 subsection 1 if:



1 (a) Any treatment otherwise required under the step therapy or
2 any drug in the same pharmacological class or having the same
3 mechanism of action as the drug for which the exemption is
4 requested has not been effective at treating the cancer or symptom
5 of the insured when prescribed in accordance with clinical
6 indications, clinical guidelines or other peer-reviewed evidence;

7 (b) Delay of effective treatment would have severe or
8 irreversible consequences for the insured and the treatment
9 otherwise required under the step therapy is not reasonably expected
10 to be effective based on the physical or mental characteristics of the
11 insured and the known characteristics of the treatment;

12 (c) Each treatment otherwise required under the step therapy:

13 (1) Is contraindicated for the insured or has caused or is
14 likely, based on peer-reviewed clinical evidence, to cause an adverse
15 reaction or other physical harm to the insured; or

16 (2) Has prevented or is likely to prevent the insured from
17 performing the responsibilities of his or her occupation or engaging
18 in activities of daily living, as defined in 42 C.F.R. § 441.505;

19 (d) The condition of the insured is stable while being treated
20 with the prescription drug for which the exemption is requested and
21 the insured has previously received approval for coverage of that
22 drug; or

23 (e) Any other condition for which such an exemption is required
24 by regulation of the Commissioner is met.

25 7. If an insurer approves an application for an exemption from
26 a step therapy protocol pursuant to this section, the insurer must
27 cover the prescription drug to which the exemption applies in
28 accordance with the terms of the applicable policy of health
29 insurance. The insurer may initially limit the coverage to a 1-week
30 supply of the drug for which the exemption is granted. If the
31 attending practitioner determines after 1 week that the drug is
32 effective at treating the cancer or symptom for which it was
33 prescribed, the insurer must continue to cover the drug for as long as
34 it is necessary to treat the insured for the cancer or symptom. The
35 insurer may conduct a review not more frequently than once each
36 quarter to determine, in accordance with available medical evidence,
37 whether the drug remains necessary to treat the insured for the
38 cancer or symptom. The insurer shall provide a report of the review
39 to the insured.

40 8. An insurer shall post in an easily accessible location on an
41 Internet website maintained by the insurer a form for requesting an
42 exemption pursuant to this section.

43 9. A policy of health insurance subject to the provisions of this
44 chapter that is delivered, issued for delivery or renewed on or after
45 January 1, 2022, has the legal effect of including the coverage



1 required by this section, and any provision of the policy that
2 conflicts with this section is void.

3 10. As used in this section, "attending practitioner" means the
4 practitioner, as defined in NRS 639.0125, who has primary
5 responsibility for the treatment of the cancer or any symptom of
6 such cancer of an insured.

7 **Sec. 193.** NRS 689B.0305 is hereby amended to read as
8 follows:

9 689B.0305 1. An insurer that offers or issues a policy of
10 group health insurance which provides coverage of a prescription
11 drug for the treatment of cancer or any symptom of cancer that is
12 part of a step therapy protocol shall allow an insured who has been
13 diagnosed with stage 3 or 4 cancer or the attending practitioner of
14 the insured to apply for an exemption from the step therapy
15 protocol. The application process for such an exemption must:

16 (a) Allow the insured or attending practitioner, or a designated
17 advocate for the insured or attending practitioner, to present to the
18 insurer the clinical rationale for the exemption and any relevant
19 medical information.

20 (b) Clearly prescribe the information and supporting
21 documentation that must be submitted with the application, the
22 criteria that will be used to evaluate the request and the conditions
23 under which an expedited determination pursuant to subsection 4 is
24 warranted.

25 (c) Require the review of each application by at least one
26 physician, *physician assistant*, registered nurse or pharmacist.

27 2. The information and supporting documentation required
28 pursuant to paragraph (b) of subsection 1:

29 (a) May include, without limitation:

30 (1) The medical history or other health records of the insured
31 demonstrating that the insured has:

32 (I) Tried other drugs included in the pharmacological
33 class of drugs for which the exemption is requested without success;
34 or

35 (II) Taken the requested drug for a clinically appropriate
36 amount of time to establish stability in relation to the cancer and the
37 guidelines of the prescribing practitioner; and

38 (2) Any other relevant clinical information.

39 (b) Must not include any information or supporting
40 documentation that is not necessary to make a determination about
41 the application.

42 3. Except as otherwise provided in subsection 4, an insurer that
43 receives an application for an exemption pursuant to subsection 1
44 shall:



1 (a) Make a determination concerning the application if the
2 application is complete or request additional information or
3 documentation necessary to complete the application not later than
4 72 hours after receiving the application; and

5 (b) If it requests additional information or documentation, make
6 a determination concerning the application not later than 72 hours
7 after receiving the requested information or documentation.

8 4. If, in the opinion of the attending practitioner, a step therapy
9 protocol may seriously jeopardize the life or health of the insured,
10 an insurer that receives an application for an exemption pursuant to
11 subsection 1 must make a determination concerning the application
12 as expeditiously as necessary to avoid serious jeopardy to the life or
13 health of the insured.

14 5. An insurer shall disclose to the insured or attending
15 practitioner who submits an application for an exemption from a
16 step therapy protocol pursuant to subsection 1 the qualifications of
17 each person who will review the application.

18 6. An insurer must grant an exemption from a step therapy
19 protocol in response to an application submitted pursuant to
20 subsection 1 if:

21 (a) Any treatment otherwise required under the step therapy or
22 any drug in the same pharmacological class or having the same
23 mechanism of action as the drug for which the exemption is
24 requested has not been effective at treating the cancer or symptom
25 of the insured when prescribed in accordance with clinical
26 indications, clinical guidelines or other peer-reviewed evidence;

27 (b) Delay of effective treatment would have severe or
28 irreversible consequences for the insured and the treatment
29 otherwise required under the step therapy is not reasonably expected
30 to be effective based on the physical or mental characteristics of the
31 insured and the known characteristics of the treatment;

32 (c) Each treatment otherwise required under the step therapy:

33 (1) Is contraindicated for the insured or has caused or is
34 likely, based on peer-reviewed clinical evidence, to cause an adverse
35 reaction or other physical harm to the insured; or

36 (2) Has prevented or is likely to prevent the insured from
37 performing the responsibilities of his or her occupation or engaging
38 in activities of daily living, as defined in 42 C.F.R. § 441.505;

39 (d) The condition of the insured is stable while being treated
40 with the prescription drug for which the exemption is requested and
41 the insured has previously received approval for coverage of that
42 drug; or

43 (e) Any other condition for which such an exemption is required
44 by regulation of the Commissioner is met.



1 7. If an insurer approves an application for an exemption from
2 a step therapy protocol pursuant to this section, the insurer must
3 cover the prescription drug to which the exemption applies in
4 accordance with the terms of the applicable policy of group health
5 insurance. The insurer may initially limit the coverage to a 1-week
6 supply of the drug for which the exemption is granted. If the
7 attending practitioner determines after 1 week that the drug is
8 effective at treating the cancer or symptom for which it was
9 prescribed, the insurer must continue to cover the drug for as long as
10 it is necessary to treat the insured for the cancer or symptom. The
11 insurer may conduct a review not more frequently than once each
12 quarter to determine, in accordance with available medical evidence,
13 whether the drug remains necessary to treat the insured for the
14 cancer or symptom. The insurer shall provide a report of the review
15 to the insured.

16 8. An insurer shall post in an easily accessible location on an
17 Internet website maintained by the insurer a form for requesting an
18 exemption pursuant to this section.

19 9. A policy of group health insurance subject to the provisions
20 of this chapter that is delivered, issued for delivery or renewed on or
21 after January 1, 2022, has the legal effect of including the coverage
22 required by this section, and any provision of the policy that
23 conflicts with this section is void.

24 10. As used in this section, "attending practitioner" means the
25 practitioner, as defined in NRS 639.0125, who has primary
26 responsibility for the treatment of the cancer or any symptom of
27 such cancer of an insured.

28 **Sec. 194.** NRS 689C.1684 is hereby amended to read as
29 follows:

30 689C.1684 1. A carrier that offers or issues a health benefit
31 plan which provides coverage of a prescription drug for the
32 treatment of cancer or any symptom of cancer that is part of a step
33 therapy protocol shall allow an insured who has been diagnosed
34 with stage 3 or 4 cancer or the attending practitioner of the insured
35 to apply for an exemption from the step therapy protocol. The
36 application process for such an exemption must:

37 (a) Allow the insured or attending practitioner, or a designated
38 advocate for the insured or attending practitioner, to present to the
39 carrier the clinical rationale for the exemption and any relevant
40 medical information.

41 (b) Clearly prescribe the information and supporting
42 documentation that must be submitted with the application, the
43 criteria that will be used to evaluate the request and the conditions
44 under which an expedited determination pursuant to subsection 4 is
45 warranted.



1 (c) Require the review of each application by at least one
2 physician, *physician assistant*, registered nurse or pharmacist.

3 2. The information and supporting documentation required
4 pursuant to paragraph (b) of subsection 1:

5 (a) May include, without limitation:

6 (1) The medical history or other health records of the insured
7 demonstrating that the insured has:

8 (I) Tried other drugs included in the pharmacological
9 class of drugs for which the exemption is requested without success;
10 or

11 (II) Taken the requested drug for a clinically appropriate
12 amount of time to establish stability in relation to the cancer and the
13 guidelines of the prescribing practitioner; and

14 (2) Any other relevant clinical information.

15 (b) Must not include any information or supporting
16 documentation that is not necessary to make a determination about
17 the application.

18 3. Except as otherwise provided in subsection 4, a carrier that
19 receives an application for an exemption pursuant to subsection 1
20 shall:

21 (a) Make a determination concerning the application if the
22 application is complete or request additional information or
23 documentation necessary to complete the application not later than
24 72 hours after receiving the application; and

25 (b) If it requests additional information or documentation, make
26 a determination concerning the application not later than 72 hours
27 after receiving the requested information or documentation.

28 4. If, in the opinion of the attending practitioner, a step therapy
29 protocol may seriously jeopardize the life or health of the insured, a
30 carrier that receives an application for an exemption pursuant to
31 subsection 1 must make a determination concerning the application
32 as expeditiously as necessary to avoid serious jeopardy to the life or
33 health of the insured.

34 5. A carrier shall disclose to the insured or attending
35 practitioner who submits an application for an exemption from a
36 step therapy protocol pursuant to subsection 1 the qualifications of
37 each person who will review the application.

38 6. A carrier must grant an exemption from a step therapy
39 protocol in response to an application submitted pursuant to
40 subsection 1 if:

41 (a) Any treatment otherwise required under the step therapy or
42 any drug in the same pharmacological class or having the same
43 mechanism of action as the drug for which the exemption is
44 requested has not been effective at treating the cancer or symptom



1 of the insured when prescribed in accordance with clinical
2 indications, clinical guidelines or other peer-reviewed evidence;

3 (b) Delay of effective treatment would have severe or
4 irreversible consequences for the insured and the treatment
5 otherwise required under the step therapy is not reasonably expected
6 to be effective based on the physical or mental characteristics of the
7 insured and the known characteristics of the treatment;

8 (c) Each treatment otherwise required under the step therapy:

9 (1) Is contraindicated for the insured or has caused or is
10 likely, based on peer-reviewed clinical evidence, to cause an adverse
11 reaction or other physical harm to the insured; or

12 (2) Has prevented or is likely to prevent the insured from
13 performing the responsibilities of his or her occupation or engaging
14 in activities of daily living, as defined in 42 C.F.R. § 441.505;

15 (d) The condition of the insured is stable while being treated
16 with the prescription drug for which the exemption is requested and
17 the insured has previously received approval for coverage of that
18 drug; or

19 (e) Any other condition for which such an exemption is required
20 by regulation of the Commissioner is met.

21 7. If a carrier approves an application for an exemption from a
22 step therapy protocol pursuant to this section, the carrier must cover
23 the prescription drug to which the exemption applies in accordance
24 with the terms of the applicable health benefit plan. The carrier may
25 initially limit the coverage to a 1-week supply of the drug for which
26 the exemption is granted. If the attending practitioner determines
27 after 1 week that the drug is effective at treating the cancer or
28 symptom for which it was prescribed, the carrier must continue to
29 cover the drug for as long as it is necessary to treat the insured for
30 the cancer or symptom. The carrier may conduct a review not more
31 frequently than once each quarter to determine, in accordance with
32 available medical evidence, whether the drug remains necessary to
33 treat the insured for the cancer or symptom. The carrier shall
34 provide a report of the review to the insured.

35 8. A carrier shall post in an easily accessible location on an
36 Internet website maintained by the carrier a form for requesting an
37 exemption pursuant to this section.

38 9. A health benefit plan subject to the provisions of this chapter
39 that is delivered, issued for delivery or renewed on or after
40 January 1, 2022, has the legal effect of including the coverage
41 required by this section, and any provision of the policy that
42 conflicts with this section is void.

43 10. As used in this section, "attending practitioner" means the
44 practitioner, as defined in NRS 639.0125, who has primary



1 responsibility for the treatment of the cancer or any symptom of
2 such cancer of an insured.

3 **Sec. 195.** NRS 695A.259 is hereby amended to read as
4 follows:

5 695A.259 1. A society that offers or issues a benefit contract
6 which provides coverage of a prescription drug for the treatment of
7 cancer or any symptom of cancer that is part of a step therapy
8 protocol shall allow an insured who has been diagnosed with stage 3
9 or 4 cancer or the attending practitioner of the insured to apply for
10 an exemption from the step therapy protocol. The application
11 process for such an exemption must:

12 (a) Allow the insured or attending practitioner, or a designated
13 advocate for the insured or attending practitioner, to present to the
14 society the clinical rationale for the exemption and any relevant
15 medical information.

16 (b) Clearly prescribe the information and supporting
17 documentation that must be submitted with the application, the
18 criteria that will be used to evaluate the request and the conditions
19 under which an expedited determination pursuant to subsection 4 is
20 warranted.

21 (c) Require the review of each application by at least one
22 physician, *physician assistant*, registered nurse or pharmacist.

23 2. The information and supporting documentation required
24 pursuant to paragraph (b) of subsection 1:

25 (a) May include, without limitation:

26 (1) The medical history or other health records of the insured
27 demonstrating that the insured has:

28 (I) Tried other drugs included in the pharmacological
29 class of drugs for which the exemption is requested without success;
30 or

31 (II) Taken the requested drug for a clinically appropriate
32 amount of time to establish stability in relation to the cancer and the
33 guidelines of the prescribing practitioner; and

34 (2) Any other relevant clinical information.

35 (b) Must not include any information or supporting
36 documentation that is not necessary to make a determination about
37 the application.

38 3. Except as otherwise provided in subsection 4, a society that
39 receives an application for an exemption pursuant to subsection 1
40 shall:

41 (a) Make a determination concerning the application if the
42 application is complete or request additional information or
43 documentation necessary to complete the application not later than
44 72 hours after receiving the application; and



1 (b) If it requests additional information or documentation, make
2 a determination concerning the application not later than 72 hours
3 after receiving the requested information or documentation.

4 4. If, in the opinion of the attending practitioner, a step therapy
5 protocol may seriously jeopardize the life or health of the insured, a
6 society that receives an application for an exemption pursuant to
7 subsection 1 must make a determination concerning the application
8 as expeditiously as necessary to avoid serious jeopardy to the life or
9 health of the insured.

10 5. A society shall disclose to the insured or attending
11 practitioner who submits an application for an exemption from a
12 step therapy protocol pursuant to subsection 1 the qualifications of
13 each person who will review the application.

14 6. A society must grant an exemption from a step therapy
15 protocol in response to an application submitted pursuant to
16 subsection 1 if:

17 (a) Any treatment otherwise required under the step therapy or
18 any drug in the same pharmacological class or having the same
19 mechanism of action as the drug for which the exemption is
20 requested has not been effective at treating the cancer or symptom
21 of the insured when prescribed in accordance with clinical
22 indications, clinical guidelines or other peer-reviewed evidence;

23 (b) Delay of effective treatment would have severe or
24 irreversible consequences for the insured and the treatment
25 otherwise required under the step therapy is not reasonably expected
26 to be effective based on the physical or mental characteristics of the
27 insured and the known characteristics of the treatment;

28 (c) Each treatment otherwise required under the step therapy:

29 (1) Is contraindicated for the insured or has caused or is
30 likely, based on peer-reviewed clinical evidence, to cause an adverse
31 reaction or other physical harm to the insured; or

32 (2) Has prevented or is likely to prevent the insured from
33 performing the responsibilities of his or her occupation or engaging
34 in activities of daily living, as defined in 42 C.F.R. § 441.505;

35 (d) The condition of the insured is stable while being treated
36 with the prescription drug for which the exemption is requested and
37 the insured has previously received approval for coverage of that
38 drug; or

39 (e) Any other condition for which such an exemption is required
40 by regulation of the Commissioner is met.

41 7. If a society approves an application for an exemption from a
42 step therapy protocol pursuant to this section, the society must cover
43 the prescription drug to which the exemption applies in accordance
44 with the terms of the applicable benefit contract. The society may
45 initially limit the coverage to a 1-week supply of the drug for which



1 the exemption is granted. If the attending practitioner determines
2 after 1 week that the drug is effective at treating the cancer or
3 symptom for which it was prescribed, the society must continue to
4 cover the drug for as long as it is necessary to treat the insured for
5 the cancer or symptom. The society may conduct a review not more
6 frequently than once each quarter to determine, in accordance with
7 available medical evidence, whether the drug remains necessary to
8 treat the insured for the cancer or symptom. The society shall
9 provide a report of the review to the insured.

10 8. A society shall post in an easily accessible location on an
11 Internet website maintained by the society a form for requesting an
12 exemption pursuant to this section.

13 9. A benefit contract subject to the provisions of this chapter
14 that is delivered, issued for delivery or renewed on or after
15 January 1, 2022, has the legal effect of including the coverage
16 required by this section, and any provision of the benefit contract
17 that conflicts with this section is void.

18 10. As used in this section, "attending practitioner" means the
19 practitioner, as defined in NRS 639.0125, who has primary
20 responsibility for the treatment of the cancer or any symptom of
21 such cancer of an insured.

22 **Sec. 196.** NRS 695B.19085 is hereby amended to read as
23 follows:

24 695B.19085 1. A hospital or medical services corporation
25 that offers or issues a policy of health insurance which provides
26 coverage of a prescription drug for the treatment of cancer or any
27 symptom of cancer that is part of a step therapy protocol shall allow
28 an insured who has been diagnosed with stage 3 or 4 cancer or the
29 attending practitioner of the insured to apply for an exemption from
30 the step therapy protocol. The application process for such an
31 exemption must:

32 (a) Allow the insured or attending practitioner, or a designated
33 advocate for the insured or attending practitioner, to present to the
34 hospital or medical services corporation the clinical rationale for the
35 exemption and any relevant medical information.

36 (b) Clearly prescribe the information and supporting
37 documentation that must be submitted with the application, the
38 criteria that will be used to evaluate the request and the conditions
39 under which an expedited determination pursuant to subsection 4 is
40 warranted.

41 (c) Require the review of each application by at least one
42 physician, *physician assistant*, registered nurse or pharmacist.

43 2. The information and supporting documentation required
44 pursuant to paragraph (b) of subsection 1:

45 (a) May include, without limitation:



1 (1) The medical history or other health records of the insured
2 demonstrating that the insured has:

3 (I) Tried other drugs included in the pharmacological
4 class of drugs for which the exemption is requested without success;
5 or

6 (II) Taken the requested drug for a clinically appropriate
7 amount of time to establish stability in relation to the cancer and the
8 guidelines of the prescribing practitioner; and

9 (2) Any other relevant clinical information.

10 (b) Must not include any information or supporting
11 documentation that is not necessary to make a determination about
12 the application.

13 3. Except as otherwise provided in subsection 4, a hospital or
14 medical services corporation that receives an application for an
15 exemption pursuant to subsection 1 shall:

16 (a) Make a determination concerning the application if the
17 application is complete or request additional information or
18 documentation necessary to complete the application not later than
19 72 hours after receiving the application; and

20 (b) If it requests additional information or documentation, make
21 a determination concerning the application not later than 72 hours
22 after receiving the requested information or documentation.

23 4. If, in the opinion of the attending practitioner, a step therapy
24 protocol may seriously jeopardize the life or health of the insured, a
25 hospital or medical services corporation that receives an application
26 for an exemption pursuant to subsection 1 must make a
27 determination concerning the application as expeditiously as
28 necessary to avoid serious jeopardy to the life or health of the
29 insured.

30 5. A hospital or medical services corporation shall disclose to
31 the insured or attending practitioner who submits an application for
32 an exemption from a step therapy protocol pursuant to subsection 1
33 the qualifications of each person who will review the application.

34 6. A hospital or medical services corporation must grant an
35 exemption from a step therapy protocol in response to an application
36 submitted pursuant to subsection 1 if:

37 (a) Any treatment otherwise required under the step therapy or
38 any drug in the same pharmacological class or having the same
39 mechanism of action as the drug for which the exemption is
40 requested has not been effective at treating the cancer or symptom
41 of the insured when prescribed in accordance with clinical
42 indications, clinical guidelines or other peer-reviewed evidence;

43 (b) Delay of effective treatment would have severe or
44 irreversible consequences for the insured and the treatment
45 otherwise required under the step therapy is not reasonably expected



1 to be effective based on the physical or mental characteristics of the
2 insured and the known characteristics of the treatment;

3 (c) Each treatment otherwise required under the step therapy:

4 (1) Is contraindicated for the insured or has caused or is
5 likely, based on peer-reviewed clinical evidence, to cause an adverse
6 reaction or other physical harm to the insured; or

7 (2) Has prevented or is likely to prevent the insured from
8 performing the responsibilities of his or her occupation or engaging
9 in activities of daily living, as defined in 42 C.F.R. § 441.505;

10 (d) The condition of the insured is stable while being treated
11 with the prescription drug for which the exemption is requested and
12 the insured has previously received approval for coverage of that
13 drug; or

14 (e) Any other condition for which such an exemption is required
15 by regulation of the Commissioner is met.

16 7. If a hospital or medical services corporation approves an
17 application for an exemption from a step therapy protocol pursuant
18 to this section, the hospital or medical services corporation must
19 cover the prescription drug to which the exemption applies in
20 accordance with the terms of the applicable policy of health
21 insurance. The hospital or medical services corporation may initially
22 limit the coverage to a 1-week supply of the drug for which the
23 exemption is granted. If the attending practitioner determines after 1
24 week that the drug is effective at treating the cancer or symptom for
25 which it was prescribed, the hospital or medical services corporation
26 must continue to cover the drug for as long as it is necessary to treat
27 the insured for the cancer or symptom. The hospital or medical
28 services corporation may conduct a review not more frequently than
29 once each quarter to determine, in accordance with available
30 medical evidence, whether the drug remains necessary to treat the
31 insured for the cancer or symptom. The hospital or medical services
32 corporation shall provide a report of the review to the insured.

33 8. A hospital or medical services corporation shall post in an
34 easily accessible location on an Internet website maintained by the
35 hospital or medical services corporation a form for requesting an
36 exemption pursuant to this section.

37 9. A policy of health insurance subject to the provisions of this
38 chapter that is delivered, issued for delivery or renewed on or after
39 January 1, 2022, has the legal effect of including the coverage
40 required by this section, and any provision of the policy that
41 conflicts with this section is void.

42 10. As used in this section, "attending practitioner" means the
43 practitioner, as defined in NRS 639.0125, who has primary
44 responsibility for the treatment of the cancer or any symptom of
45 such cancer of an insured.



1 **Sec. 197.** NRS 695C.17333 is hereby amended to read as
2 follows:

3 695C.17333 1. A health maintenance organization that offers
4 or issues a health care plan which provides coverage of a
5 prescription drug for the treatment of cancer or any symptom of
6 cancer that is part of a step therapy protocol shall allow an enrollee
7 who has been diagnosed with stage 3 or 4 cancer or the attending
8 practitioner of the enrollee to apply for an exemption from the step
9 therapy protocol. The application process for such an exemption
10 must:

11 (a) Allow the enrollee or attending practitioner, or a designated
12 advocate for the enrollee or attending practitioner, to present to the
13 health maintenance organization the clinical rationale for the
14 exemption and any relevant medical information.

15 (b) Clearly prescribe the information and supporting
16 documentation that must be submitted with the application, the
17 criteria that will be used to evaluate the request and the conditions
18 under which an expedited determination pursuant to subsection 4 is
19 warranted.

20 (c) Require the review of each application by at least one
21 physician, *physician assistant*, registered nurse or pharmacist.

22 2. The information and supporting documentation required
23 pursuant to paragraph (b) of subsection 1:

24 (a) May include, without limitation:

25 (1) The medical history or other health records of the
26 enrollee demonstrating that the enrollee has:

27 (I) Tried other drugs included in the pharmacological
28 class of drugs for which the exemption is requested without success;
29 or

30 (II) Taken the requested drug for a clinically appropriate
31 amount of time to establish stability in relation to the cancer and the
32 guidelines of the prescribing practitioner; and

33 (2) Any other relevant clinical information.

34 (b) Must not include any information or supporting
35 documentation that is not necessary to make a determination about
36 the application.

37 3. Except as otherwise provided in subsection 4, a health
38 maintenance organization that receives an application for an
39 exemption pursuant to subsection 1 shall:

40 (a) Make a determination concerning the application if the
41 application is complete or request additional information or
42 documentation necessary to complete the application not later than
43 72 hours after receiving the application; and



1 (b) If it requests additional information or documentation, make
2 a determination concerning the application not later than 72 hours
3 after receiving the requested information or documentation.

4 4. If, in the opinion of the attending practitioner, a step therapy
5 protocol may seriously jeopardize the life or health of the enrollee, a
6 health maintenance organization that receives an application for an
7 exemption pursuant to subsection 1 must make a determination
8 concerning the application as expeditiously as necessary to avoid
9 serious jeopardy to the life or health of the enrollee.

10 5. A health maintenance organization shall disclose to the
11 enrollee or attending practitioner who submits an application for an
12 exemption from a step therapy protocol pursuant to subsection 1 the
13 qualifications of each person who will review the application.

14 6. A health maintenance organization must grant an exemption
15 from a step therapy protocol in response to an application submitted
16 pursuant to subsection 1 if:

17 (a) Any treatment otherwise required under the step therapy or
18 any drug in the same pharmacological class or having the same
19 mechanism of action as the drug for which the exemption is
20 requested has not been effective at treating the cancer or symptom
21 of the enrollee when prescribed in accordance with clinical
22 indications, clinical guidelines or other peer-reviewed evidence;

23 (b) Delay of effective treatment would have severe or
24 irreversible consequences for the enrollee and the treatment
25 otherwise required under the step therapy is not reasonably expected
26 to be effective based on the physical or mental characteristics of the
27 enrollee and the known characteristics of the treatment;

28 (c) Each treatment otherwise required under the step therapy:

29 (1) Is contraindicated for the enrollee or has caused or is
30 likely, based on peer-reviewed clinical evidence, to cause an adverse
31 reaction or other physical harm to the enrollee; or

32 (2) Has prevented or is likely to prevent the enrollee from
33 performing the responsibilities of his or her occupation or engaging
34 in activities of daily living, as defined in 42 C.F.R. § 441.505;

35 (d) The condition of the enrollee is stable while being treated
36 with the prescription drug for which the exemption is requested and
37 the enrollee has previously received approval for coverage of that
38 drug; or

39 (e) Any other condition for which such an exemption is required
40 by regulation of the Commissioner is met.

41 7. If a health maintenance organization approves an application
42 for an exemption from a step therapy protocol pursuant to this
43 section, the health maintenance organization must cover the
44 prescription drug to which the exemption applies in accordance with
45 the terms of the applicable health care plan. The health maintenance



1 organization may initially limit the coverage to a 1-week supply of
2 the drug for which the exemption is granted. If the attending
3 practitioner determines after 1 week that the drug is effective at
4 treating the cancer or symptom for which it was prescribed, the
5 health maintenance organization must continue to cover the drug for
6 as long as it is necessary to treat the enrollee for the cancer or
7 symptom. The health maintenance organization may conduct a
8 review not more frequently than once each quarter to determine, in
9 accordance with available medical evidence, whether the drug
10 remains necessary to treat the enrollee for the cancer or symptom.
11 The health maintenance organization shall provide a report of the
12 review to the enrollee.

13 8. A health maintenance organization shall post in an easily
14 accessible location on an Internet website maintained by the health
15 maintenance organization a form for requesting an exemption
16 pursuant to this section.

17 9. A health care plan subject to the provisions of this chapter
18 that is delivered, issued for delivery or renewed on or after
19 January 1, 2022, has the legal effect of including the coverage
20 required by this section, and any provision of the health care plan
21 that conflicts with this section is void.

22 10. As used in this section, "attending practitioner" means the
23 practitioner, as defined in NRS 639.0125, who has primary
24 responsibility for the treatment of the cancer or any symptom of
25 such cancer of an enrollee.

26 **Sec. 198.** NRS 695G.1675 is hereby amended to read as
27 follows:

28 695G.1675 1. A managed care organization that offers or
29 issues a health care plan which provides coverage of a prescription
30 drug for the treatment of cancer or any symptom of cancer that is
31 part of a step therapy protocol shall allow an insured who has been
32 diagnosed with stage 3 or 4 cancer or the attending practitioner of
33 the insured to apply for an exemption from the step therapy
34 protocol. The application process for such an exemption must:

35 (a) Allow the insured or attending practitioner, or a designated
36 advocate for the insured or attending practitioner, to present to the
37 managed care organization the clinical rationale for the exemption
38 and any relevant medical information.

39 (b) Clearly prescribe the information and supporting
40 documentation that must be submitted with the application, the
41 criteria that will be used to evaluate the request and the conditions
42 under which an expedited determination pursuant to subsection 4 is
43 warranted.

44 (c) Require the review of each application by at least one
45 physician, *physician assistant*, registered nurse or pharmacist.



1 2. The information and supporting documentation required
2 pursuant to paragraph (b) of subsection 1:

3 (a) May include, without limitation:

4 (1) The medical history or other health records of the insured
5 demonstrating that the insured has:

6 (I) Tried other drugs included in the pharmacological
7 class of drugs for which the exemption is requested without success;
8 or

9 (II) Taken the requested drug for a clinically appropriate
10 amount of time to establish stability in relation to the cancer and the
11 guidelines of the prescribing practitioner; and

12 (2) Any other relevant clinical information.

13 (b) Must not include any information or supporting
14 documentation that is not necessary to make a determination about
15 the application.

16 3. Except as otherwise provided in subsection 4, a managed
17 care organization that receives an application for an exemption
18 pursuant to subsection 1 shall:

19 (a) Make a determination concerning the application if the
20 application is complete or request additional information or
21 documentation necessary to complete the application not later than
22 72 hours after receiving the application; and

23 (b) If it requests additional information or documentation, make
24 a determination concerning the application not later than 72 hours
25 after receiving the requested information or documentation.

26 4. If, in the opinion of the attending practitioner, a step therapy
27 protocol may seriously jeopardize the life or health of the insured, a
28 managed care organization that receives an application for an
29 exemption pursuant to subsection 1 must make a determination
30 concerning the application as expeditiously as necessary to avoid
31 serious jeopardy to the life or health of the insured.

32 5. A managed care organization shall disclose to the insured or
33 attending practitioner who submits an application for an exemption
34 from a step therapy protocol pursuant to subsection 1 the
35 qualifications of each person who will review the application.

36 6. A managed care organization must grant an exemption from
37 a step therapy protocol in response to an application submitted
38 pursuant to subsection 1 if:

39 (a) Any treatment otherwise required under the step therapy or
40 any drug in the same pharmacological class or having the same
41 mechanism of action as the drug for which the exemption is
42 requested has not been effective at treating the cancer or symptom
43 of the insured when prescribed in accordance with clinical
44 indications, clinical guidelines or other peer-reviewed evidence;



1 (b) Delay of effective treatment would have severe or
2 irreversible consequences for the insured and the treatment
3 otherwise required under the step therapy is not reasonably expected
4 to be effective based on the physical or mental characteristics of the
5 insured and the known characteristics of the treatment;

6 (c) Each treatment otherwise required under the step therapy:

7 (1) Is contraindicated for the insured or has caused or is
8 likely, based on peer-reviewed clinical evidence, to cause an adverse
9 reaction or other physical harm to the insured; or

10 (2) Has prevented or is likely to prevent the insured from
11 performing the responsibilities of his or her occupation or engaging
12 in activities of daily living, as defined in 42 C.F.R. § 441.505;

13 (d) The condition of the insured is stable while being treated
14 with the prescription drug for which the exemption is requested and
15 the insured has previously received approval for coverage of that
16 drug; or

17 (e) Any other condition for which such an exemption is required
18 by regulation of the Commissioner is met.

19 7. If a managed care organization approves an application for
20 an exemption from a step therapy protocol pursuant to this section,
21 the managed care organization must cover the prescription drug to
22 which the exemption applies in accordance with the terms of the
23 applicable health care plan. The managed care organization may
24 initially limit the coverage to a 1-week supply of the drug for which
25 the exemption is granted. If the attending practitioner determines
26 after 1 week that the drug is effective at treating the cancer or
27 symptom for which it was prescribed, the managed care
28 organization must continue to cover the drug for as long as it is
29 necessary to treat the insured for the cancer or symptom. The
30 managed care organization may conduct a review not more
31 frequently than once each quarter to determine, in accordance with
32 available medical evidence, whether the drug remains necessary to
33 treat the insured for the cancer or symptom. The managed care
34 organization shall provide a report of the review to the insured.

35 8. A managed care organization shall post in an easily
36 accessible location on an Internet website maintained by the
37 managed care organization a form for requesting an exemption
38 pursuant to this section.

39 9. A health care plan subject to the provisions of this chapter
40 that is delivered, issued for delivery or renewed on or after
41 January 1, 2022, has the legal effect of including the coverage
42 required by this section, and any provision of the health care plan
43 that conflicts with this section is void.

44 10. As used in this section, "attending practitioner" means the
45 practitioner, as defined in NRS 639.0125, who has primary



1 responsibility for the treatment of the cancer or any symptom of
2 such cancer of an insured.

3 **Sec. 199.** NRS 704.140 is hereby amended to read as follows:

4 704.140 1. It is unlawful for any person engaged in business
5 as a public utility to give or furnish to any state, district, county or
6 municipal officer of this State, or to any person other than those
7 named herein, any pass, frank, free or reduced transportation, or for
8 any state, district, county or municipal officer to accept any pass,
9 frank, free or reduced transportation.

10 2. This section does not prevent the carriage, storage or hauling
11 of property free or at reduced rates for the United States, the State of
12 Nevada or any political subdivision thereof for charitable purposes.

13 3. This chapter does not prohibit a public utility from giving
14 free or reduced rates for transportation of:

15 (a) Its own officers, commission agents, employees, attorneys,
16 physicians , ~~and~~ surgeons *and physician assistants* and members
17 of their families, and pensioned ex-employees and ex-employees
18 with disabilities, their minor children or dependents, or witnesses
19 attending any legal investigation in which such carrier is interested.

20 (b) Inmates of hospitals or charitable institutions and persons
21 over 65 years of age.

22 (c) Persons with physical or mental disabilities who present a
23 written statement from a physician , *a physician assistant* or an
24 advanced practice registered nurse to that effect.

25 (d) Persons injured in accidents or motor vehicle crashes and
26 physicians , *physician assistants* and nurses attending such persons.

27 (e) Persons providing relief in cases of common disaster, or for
28 contractors and their employees, in carrying out their contract with
29 such carrier.

30 (f) Peace officers when on official duty.

31 (g) Attendants of livestock or other property requiring the care
32 of an attendant, including return passage to the place of shipment, if
33 there is no discrimination among such shippers of a similar class.

34 (h) Employees of other carriers subject to regulation in any
35 respect by the Commission, or for the officers, agents, employees,
36 attorneys, physicians , ~~and~~ surgeons *and physician assistants* of
37 such other carriers, and the members of their families.

38 4. This chapter does not prohibit public utilities from giving
39 reduced rates for transportation to:

40 (a) Indigent, destitute or homeless persons, when under the care
41 or responsibility of charitable societies, institutions or hospitals, and
42 the necessary agents employed in such transportation.

43 (b) Students of institutions of learning.

44 5. "Employees," as used in this section, includes furloughed,
45 pensioned and superannuated employees, and persons who have



1 become disabled or infirm in the service of any such carrier, and
2 persons traveling for the purpose of entering the service of any such
3 carrier.

4 6. Any person violating the provisions of this section shall be
5 punished by a fine of not more than \$500.

6 **Sec. 200.** NRS 706.351 is hereby amended to read as follows:

7 706.351 1. It is unlawful for:

8 (a) A fully regulated carrier to furnish any pass, frank, free or
9 reduced rates for transportation to any state, city, district, county or
10 municipal officer of this State or to any person other than those
11 specifically enumerated in this section.

12 (b) Any person other than those specifically enumerated in this
13 section to receive any pass, frank, free or reduced rates for
14 transportation.

15 2. This section does not prevent the carriage, storage or hauling
16 free or at reduced rates of passengers or property for charitable
17 organizations or purposes for the United States, the State of Nevada
18 or any political subdivision thereof.

19 3. This chapter does not prohibit a fully regulated common
20 carrier from giving free or reduced rates for transportation of
21 persons to:

22 (a) Its own officers, commission agents or employees, or
23 members of any profession licensed under title 54 of NRS retained
24 by it, and members of their families.

25 (b) Inmates of hospitals or charitable institutions and persons
26 over 60 years of age.

27 (c) Persons with physical or mental disabilities who present a
28 written statement from a physician , *a physician assistant* or an
29 advanced practice registered nurse to that effect.

30 (d) Persons injured in accidents or motor vehicle crashes and
31 physicians , *physician assistants* and nurses attending such persons.

32 (e) Persons providing relief in cases of common disaster.

33 (f) Attendants of livestock or other property requiring the care of
34 an attendant, who must be given return passage to the place of
35 shipment, if there is no discrimination among shippers of a similar
36 class.

37 (g) Officers, agents, employees or members of any profession
38 licensed under title 54 of NRS, together with members of their
39 families, who are employed by or affiliated with other common
40 carriers, if there is an interchange of free or reduced rates for
41 transportation.

42 (h) Indigent, destitute or homeless persons when under the care
43 or responsibility of charitable societies, institutions or hospitals,
44 together with the necessary agents employed in such transportation.



1 (i) Students of institutions of learning, including, without
2 limitation, homeless students, whether the free or reduced rate is
3 given directly to a student or to the board of trustees of a school
4 district on behalf of a student.

5 (j) Groups of persons participating in a tour for a purpose other
6 than transportation.

7 4. This section does not prohibit common motor carriers from
8 giving free or reduced rates for the transportation of property of:

9 (a) Their officers, commission agents or employees, or members
10 of any profession licensed under title 54 of NRS retained by them,
11 or pensioned former employees or former employees with
12 disabilities, together with that of their dependents.

13 (b) Witnesses attending any legal investigations in which such
14 carriers are interested.

15 (c) Persons providing relief in cases of common disaster.

16 (d) Charitable organizations providing food and items for
17 personal hygiene to needy persons or to other charitable
18 organizations within this State.

19 5. This section does not prohibit the Authority from
20 establishing reduced rates, fares or charges for specified routes or
21 schedules of any common motor carrier providing transit service if
22 the reduced rates, fares or charges are determined by the Authority
23 to be in the public interest.

24 6. Only fully regulated common carriers may provide free or
25 reduced rates for the transportation of passengers or household
26 goods, pursuant to the provisions of this section.

27 7. As used in this section, "employees" includes:

28 (a) Furloughed, pensioned and superannuated employees.

29 (b) Persons who have become disabled or infirm in the service
30 of such carriers.

31 (c) Persons who are traveling to enter the service of such a
32 carrier.

33 **Sec. 201.** NRS 706.495 is hereby amended to read as follows:

34 706.495 1. Before applying to a taxicab motor carrier for
35 employment or a contract or lease as a driver of a taxicab, a person
36 must obtain a medical examiner's certificate with two copies thereof
37 from a medical examiner who is licensed to practice in the State of
38 Nevada. The prospective driver must provide a copy of the
39 certificate to the taxicab motor carrier.

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



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

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

8 5. As used in this section, "medical examiner" means a
9 physician, as defined in NRS 0.040, *a physician assistant licensed*
10 *pursuant to chapter 630 or 633 of NRS*, an advanced practice
11 registered nurse licensed pursuant to NRS 632.237 or a chiropractic
12 physician licensed pursuant to chapter 634 of NRS.

13 **Sec. 202.** The amendatory provisions of section 7 of this act
14 do not affect the current term of appointment of any person who,
15 before the effective date of that section, is a member of the Board of
16 Medical Examiners, and each member continues to serve until the
17 expiration of his or her term or until the member vacates his or her
18 office, whichever occurs first. On and after the effective date of
19 section 7 of this act, the Governor shall make appointments to the
20 Board of Medical Examiners in accordance with NRS 630.060, as
21 amended by section 7 of this act.

22 **Sec. 203.** The provisions of NRS 630.3067, 630.3068,
23 630.3069 and 630.318, as amended by sections 13 to 16, inclusive,
24 of this act, apply to any activity described in those sections which
25 occurs on or after January 1, 2024, or is ongoing on that date,
26 regardless of when the relevant conduct of a physician assistant
27 occurred.

28 **Sec. 204.** NRS 630.025, 633.123, 633.452, 633.466, 633.467,
29 633.468 and 633.469 are hereby repealed.

30 **Sec. 205.** 1. This section and sections 6, 7, 8 and 202 of this
31 act become effective upon passage and approval.

32 2. Sections 1 to 5, 9 to 201, inclusive, 203 and 204 of this act
33 become effective:

34 (a) Upon passage and approval for the purpose of adopting any
35 regulations and performing any other preparatory administrative
36 tasks that are necessary to carry out the provisions of this act; and

37 (b) On January 1, 2024, for all other purposes.

LEADLINES OF REPEALED SECTIONS

630.025 "Supervising physician" defined.

633.123 "Supervising osteopathic physician" defined.



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633.452 Rendering of emergency care in emergency or disaster without supervision of osteopathic physician.

633.466 Supervision of physician assistant who does not hold certain simultaneous license by physician licensed by Board of Medical Examiners; joint regulations.

633.467 Osteopathic physicians prohibited from acting as supervising osteopathic physician.

633.468 Supervising osteopathic physicians: Right to refuse to act as supervising osteopathic physician; certain agreements void.

633.469 Supervising osteopathic physicians: Requirements of supervision.

