

ASSEMBLY BILL NO. 346—ASSEMBLYMEMBERS
DALIA AND GALLANT

MARCH 3, 2025

JOINT SPONSOR: SENATOR FLORES

Referred to Select Committee on End-of-Life Care

SUMMARY—Establishes provisions governing the prescribing, dispensing and administering of medication designed to end the life of a patient. (BDR 40-600)

FISCAL NOTE: Effect on Local Government: No.
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 health care; revising provisions concerning medical certificates of death of persons who self-administer a medication that is designed to end the life of the person; authorizing a physician or advanced practice registered nurse to prescribe a medication that is designed to end the life of a patient under certain circumstances; prohibiting persons other than a patient from administering a medication that is designed to end the life of the patient; imposing requirements relating to the medical records of a patient who requests a medication that is designed to end the life of the patient; providing immunity to certain providers of health care and health care facilities for certain actions relating to prescribing or dispensing a medication that is designed to end the life of a patient; authorizing the owner or operator of a health care facility to prohibit the provision of certain services relating to a medication that is designed to end the life of a patient; prohibiting a person from including certain provisions in a will, contract, agreement or policy of life insurance; prohibiting certain actions on a policy of life insurance because the insured requested or revoked a request for a medication that is designed to end the life of the insured; and providing other matters properly relating thereto.



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Legislative Counsel's Digest:

1 Existing law authorizes a patient who has been diagnosed with a terminal
2 condition to refuse life-resuscitating or life-sustaining treatment in certain
3 circumstances. (NRS 449A.400-449A.581, 450B.400-450B.590) **Sections 5-33** of
4 this bill authorize a patient, under certain circumstances, to self-administer a
5 medication that is designed to end the life of the patient. **Section 14** defines
6 "practitioner" to mean a physician, osteopathic physician or advanced practice
7 registered nurse. **Sections 6-13, 15 and 16** define other relevant terms. **Section 17**
8 authorizes a patient to request that his or her attending practitioner prescribe a
9 medication that is designed to end his or her life if the patient: (1) is at least 18
10 years of age; (2) has been diagnosed with a terminal condition by at least two
11 practitioners; (3) has made an informed and voluntary decision to end his or her
12 own life; (4) is mentally capable of making such a decision; and (5) is not
13 requesting the medication because of coercion, deception or undue influence.
14 **Section 18** prescribes certain requirements concerning the manner in which a
15 patient may request a medication that is designed to end the life of the patient,
16 including that the patient make two verbal requests and one written request for the
17 medication, and that the written request for the medication be signed by a witness.
18 **Section 19** prescribes the form for the written request for the medication. **Section**
19 **20** imposes certain requirements before a practitioner is authorized to prescribe a
20 medication that is designed to end the life of a patient, including that the
21 practitioner: (1) inform the patient of his or her right to revoke a request for the
22 medication at any time; (2) determine and verify that the patient meets
23 the requirements for making such a request; (3) discuss certain relevant factors with
24 the patient, including the diagnosis and prognosis of the patient and alternative
25 options for care; (4) refer the patient to a consulting practitioner who can confirm
26 the diagnosis, prognosis and mental capability of the patient and that the patient has
27 not been coerced or unduly influenced; and (5) instruct the patient against self-
28 administering the medication in public. **Section 21** requires a practitioner who
29 determines that a patient who has requested a prescription for a medication that is
30 designed to end his or her life may not be mentally capable to refer the patient to a
31 qualified mental health professional and to receive confirmation about the patient's
32 mental capability.

33 **Section 22:** (1) prescribes procedures for the issuance of a prescription for a
34 medication that is designed to end the life of the patient; and (2) provides that only
35 an attending practitioner or a pharmacist may dispense such a medication. **Section**
36 **22.5** of this bill prescribes the manner in which the attending practitioner may bill
37 the patient or the insurer of the patient for diagnosing the condition of the patient
38 and prescribing the medication. **Section 23** prohibits an attending practitioner from
39 prescribing a medication that is designed to end the life of a patient based solely on
40 the age or disability of the patient. **Section 24** requires certain providers of health
41 care to include certain information concerning requests and prescriptions for and
42 the dispensing of a medication that is designed to end the life of a patient in the
43 medical record of the patient. If a patient who has requested a medication that is
44 designed to end the life of a patient transfers care to another practitioner or health
45 care facility, **sections 24 and 31** require the practitioner or health care facility that
46 previously provided care to the patient to forward the patient's medical records to
47 the new practitioner or health care facility. **Section 27** prescribes certain
48 information that must be reported by an attending practitioner to the Division of
49 Public and Behavioral Health of the Department of Health and Human Services
50 relating to a patient who has been prescribed or self-administered such a
51 medication. **Section 28** requires the Division to compile an annual report
52 concerning the implementation of the provisions of this bill authorizing a patient to
53 request a prescription for a medication that is designed to end the life of the patient.



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54
55 **Sections 27, 40 and 43** of this bill provide that such information is otherwise
56 confidential when reported to the Division.

57 **Section 25** authorizes a patient, at any time, to revoke a request for a
58 medication that is designed to end his or her life. **Sections 26 and 35** of this bill
59 provide that only the patient to whom a medication that is designed to end his or
60 her life is prescribed may administer the medication. **Section 26** establishes
61 requirements for the disposal of any unused portion of the medication.

62 **Section 33** makes certain persons exempt from professional discipline and
63 immune from civil and criminal penalties and provides that such persons do not
64 violate any applicable standard of care for taking actions authorized by this bill to
65 assist a patient in acquiring a medication that is designed to end the life of the
66 patient. **Section 33.3** of this bill requires a person who administers emergency
67 medical services to treat a prescription for a medication that is designed to end the
68 life of a patient as a written do-not-resuscitate order for the purpose of withholding
69 life-sustaining treatment. **Section 33.6** of this bill requires a person who administers
70 emergency medical services who responds to a person who has self-administered a
71 medication that is designed to end his or her life to indicate “medical aid in dying”
72 in any report concerning the incident. **Section 33.1** of this bill makes a conforming
73 change to include a patient who has self-administered a medication designed to end
74 his or her life in the definition of “qualified patient” for the purpose of provisions
75 governing the withholding of life-sustaining treatment. **Section 29** provides that a
76 death resulting from the self-administration of a medication that is designed to end
77 the life of a patient is not mercy killing, euthanasia, assisted suicide, suicide or
78 homicide when done in accordance with the provisions of this bill, and **section 2** of
79 this bill requires a death certificate to list the terminal condition of the patient as the
80 cause of death of the patient. However, **section 1.5** of this bill requires a death
81 certificate to include a box that may be marked to indicate that a patient died from
82 the self-administration of a medication that is designed to end the life of a patient,
83 and **section 2** requires the death certificate of such a patient to indicate that the
84 patient died in that manner through a mark in that box. **Sections 1 and 3** of this bill
85 provide that a coroner, coroner’s deputy or local health officer is not required to
86 certify the cause of such a death. **Section 42** of this bill: (1) authorizes a coroner to
87 make an appropriate investigation after discovering that a person has self-
88 administered a medication designed to end the life of the person, to the extent
89 necessary to determine the cause of the terminal condition with which the person
90 was diagnosed; and (2) requires a coroner to cease such an investigation after
91 determining that the terminal condition resulted from a natural cause. **Section 41** of
92 this bill makes a conforming change to revise certain internal references.

93 **Sections 30 and 38** of this bill prohibit a person from preventing or requiring a
94 person to make or revoke a request for a medication that is designed to end the life
95 of the person as a condition to receiving health care or as a condition in an
agreement, contract or will.

96 **Section 31** clarifies that a practitioner is not required to prescribe a medication
97 that is designed to end the life of a patient and remains responsible for treating the
98 patient’s pain. However, if a patient who is diagnosed with a terminal condition
99 requests information concerning the prescription and self-administration of a
100 medication that is designed to end the life of the patient, **section 31** requires a
101 practitioner to provide that information or facilitate the transfer of the patient to
102 another provider of health care. **Section 31** also provides that a pharmacist is not
103 required to fill a prescription for or dispense such a medication. **Section 32**
104 authorizes the owner or operator of a health care facility to prohibit an employee or
105 independent contractor of the health care facility or any person who provides
106 services on the premises of the health care facility from providing any services
107 relating to prescribing a medication that is designed to end the life of a patient
108 while acting within the scope of his or her employment or contract with the facility



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109 or while on the premises of the facility. **Section 33** prohibits a health care facility or
110 provider of health care from taking certain actions against an employee or
111 independent contractor who: (1) provides accurate, scientific information
112 concerning end-of-life care to a patient; or (2) facilitates the prescription or self-
113 administration of a medication that is designed to end the life of the patient.
114 **Sections 34-37** of this bill make conforming changes to clarify that a practitioner or
115 pharmacist is authorized to dispense a medication that is designed to end the life of
116 a patient that is a controlled substance or dangerous drug and a patient may self-
117 administer such a medication in accordance with other provisions governing
118 medications designed to end the life of a patient.

119 **Section 39** of this bill provides that a proposed protected person shall not be
120 deemed to be in need of a general or special guardian solely because the proposed
121 protected person requested a medication that is designed to end his or her life or
122 revoked such a request.

123 **Sections 44 and 45** of this bill prohibit insurers from conditioning life
124 insurance benefits, group life insurance benefits or the payment of claims on
125 whether the insured makes, fails to make or revokes a request for a medication that
126 is designed to end the life of the insured or self-administers such a medication.
127 **Section 46** of this bill makes a conforming change to reflect this prohibition on a
128 policy of group life insurance.

1 WHEREAS, A mentally capable adult patient should have the
2 right to self-determination concerning his or her health care
3 decisions based on his or her values, beliefs or personal preferences;
4 and

5 WHEREAS, It is important that patients have the full range of
6 options for their care, especially at the end of their lives; and

7 WHEREAS, Patients with a terminal illness may undergo
8 unremitting pain, agonizing discomfort and a sudden, continuing
9 and irreversible reduction in their quality of life; and

10 WHEREAS, The availability of medical aid in dying provides an
11 additional palliative care option for persons with a terminal illness
12 who seek to retain their autonomy and some level of control over
13 the progression of their disease or ease unnecessary pain and
14 suffering; and

15 WHEREAS, The integration of medical aid in dying into standard
16 end-of-life care has demonstrably improved such care by
17 contributing to better conversations between providers of health care
18 and patients, earlier and more appropriate enrollment in hospice care
19 and better training concerning palliative care for providers; and

20 WHEREAS, Patient-directed care respects and responds to the
21 decisions, preferences, needs and values of individual patients,
22 ensures that the values of patients direct all clinical decisions
23 concerning their care and ensures that patients are fully informed of
24 and able to access the options for care that they desire; now,
25 therefore,



1 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
2 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:
3

4 **Section 1.** Chapter 440 of NRS is hereby amended by adding
5 thereto a new section to read as follows:

6 *1. A coroner, coroner's deputy or local health officer is not
7 required to certify the cause of death of a patient who dies after
8 self-administering a medication that is designed to end the life of
9 the patient in accordance with the provisions of sections 5 to 33,
10 inclusive, of this act.*

11 *2. A coroner, coroner's deputy or local health officer may
12 access any records or information submitted to the Division of
13 Public and Behavioral Health of the Department of Health and
14 Human Services pursuant to section 27 of this act to confirm that
15 a patient died from self-administering a medication that is
16 designed to end the life of the patient in accordance with the
17 provisions of sections 5 to 33, inclusive, of this act.*

18 **Sec. 1.5.** NRS 440.350 is hereby amended to read as follows:

19 440.350 ~~For~~

20 *1. Except as otherwise provided in subsection 2, the* certificate
21 of death or of stillbirth that shall be used is the standard form
22 approved by the United States Public Health Service.

23 *2. The certificate of death must contain a box that may be
24 marked to indicate that a patient died after self-administering a
25 medication that is designed to end his or her life in accordance
26 with sections 5 to 33, inclusive, of this act.*

27 **Sec. 2.** NRS 440.380 is hereby amended to read as follows:

28 440.380 1. The medical certificate of death must be signed
29 by the physician or advanced practice registered nurse, if any, last in
30 attendance on the deceased, or pursuant to regulations adopted by
31 the Board, it may be signed by the attending physician's associate
32 physician, the chief medical officer of the hospital or institution in
33 which the death occurred, or the pathologist who performed an
34 autopsy upon the deceased. The person who signs the medical
35 certificate of death shall specify:

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

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

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

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



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1 3. *The medical certificate of death of a patient who dies after
2 self-administering a medication that is designed to end the life of
3 the patient in accordance with sections 5 to 33, inclusive, of this
4 act:*

5 (a) *Must specify the terminal condition with which the patient
6 was diagnosed as the cause of death;*

7 (b) *Must not indicate suicide as the cause of death; and*

8 (c) *Must indicate that the patient died after self-administering
9 a medication that is designed to end his or her life through a mark
10 in the box included in the certificate of death pursuant to
11 subsection 2 of NRS 440.350.*

12 **Sec. 3.** NRS 440.420 is hereby amended to read as follows:

13 440.420 1. In case of any death occurring without medical
14 attendance, the funeral director shall notify the local health officer,
15 coroner or coroner's deputy of such death and refer the case to the
16 local health officer, coroner or coroner's deputy. ~~for immediate
17 investigation and certification.] Except as otherwise provided in
18 NRS 259.050 and section 1 of this act, the coroner, coroner's
19 deputy or local health officer shall immediately investigate the
20 death and certify the cause of death.~~

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

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

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

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

38 **Sec. 4.** Chapter 449A of NRS is hereby amended by adding
39 thereto the provisions set forth as sections 5 to 33, inclusive, of this
40 act.

41 **Sec. 5.** *As used in sections 5 to 33, inclusive, of this act,
42 unless the context otherwise requires, the words and terms defined
43 in sections 6 to 16, inclusive, of this act have the meanings
44 ascribed to them in those sections.*



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1 **Sec. 6. "Advanced practice registered nurse" means a
2 registered nurse who holds a valid license as an advanced practice
3 registered nurse issued by the State Board of Nursing pursuant to
4 NRS 632.237.**

5 **Sec. 7. "Attending practitioner" means the practitioner who
6 has primary responsibility for the treatment of a terminal
7 condition from which a patient suffers.**

8 **Sec. 8. "Consulting practitioner" means a practitioner to
9 whom a patient is referred pursuant to paragraph (d) of subsection
10 1 of section 20 of this act for confirmation of the diagnosis and
11 prognosis of the patient and that the patient meets the
12 requirements of subsections 3, 4 and 5 of section 17 of this act.**

13 **Sec. 9. "Division" means the Division of Public and
14 Behavioral Health of the Department of Health and Human
15 Services.**

16 **Sec. 10. "Health care facility" means any facility licensed
17 pursuant to chapter 449 of NRS.**

18 **Sec. 11. "Mentally capable" means that a patient has the
19 ability to make, communicate and understand the nature and
20 consequences of the decision to request and self-administer a
21 medication that is designed to end the life of the patient.**

22 **Sec. 12. "Person professionally qualified in the field of
23 psychiatric mental health" means:**

24 1. *A psychiatrist licensed to practice medicine in the State of
25 Nevada and certified by the American Board of Psychiatry and
26 Neurology;*

27 2. *A psychologist licensed to practice in this State;*

28 3. *A social worker who holds a master's degree in social
29 work, is licensed by the State as a clinical social worker and is
30 employed by the Division;*

31 4. *A registered nurse who:*

32 (a) *Is licensed to practice professional nursing in this State;
33 and*

34 (b) *Holds a master's degree in the field of psychiatric nursing;
35 and*

36 (c) *Is employed by the Division; and*

37 5. *A clinical professional counselor licensed pursuant to
38 chapter 641A of NRS.*

39 **Sec. 13. "Physician" means a person who is licensed to
40 practice medicine pursuant to chapter 630 of NRS or osteopathic
41 medicine pursuant to chapter 633 of NRS.**

42 **Sec. 14. "Practitioner" means a physician or advanced
43 practice registered nurse.**

44 **Sec. 15. "Self-administer" or "self-administration" means
45 the ingestion by a person of a medication that is designed to end**



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1 *his or her life as an affirmative, conscious and voluntary act. The
2 term does not include the administration of the medication by
3 parenteral injection or infusion.*

4 **Sec. 16.** “Terminal condition” means an incurable and
5 irreversible condition that will, in accordance with reasonable
6 medical judgment, result in death within 6 months.

7 **Sec. 17.** A patient may request that his or her attending
8 practitioner prescribe a medication that is designed to end the life
9 of the patient if the patient:

- 10 1. Is at least 18 years of age;
- 11 2. Has been diagnosed with a terminal condition by the
12 attending practitioner and at least one consulting practitioner;
- 13 3. Has made an informed and voluntary decision to end his
14 or her own life;
- 15 4. Is mentally capable; and
- 16 5. Is not requesting the medication because of coercion,
17 deception or undue influence.

18 **Sec. 18.** 1. A patient who wishes to obtain a prescription for
19 a medication that is designed to end his or her life must:

20 (a) Make two verbal requests for the medication to his or her
21 attending practitioner. Except as otherwise provided in this
22 paragraph, the second verbal request must be made at least 15
23 days after the first verbal request. If the attending practitioner
24 determines that the patient is reasonably likely to die within 15
25 days after the first verbal request, the patient may make the second
26 verbal request at any time.

27 (b) Make a written request for the medication in the form
28 prescribed by section 19 of this act and submit the written request
29 to the attending practitioner. The written request for the
30 medication must be signed by the patient and one witness, who
31 must not be:

- 32 (1) Related to the patient by blood, marriage or adoption;
- 33 (2) Entitled to any portion of the estate of the patient upon
34 death under a will or by operation of law;
- 35 (3) An owner, operator or employee of a health care facility
36 where the patient is receiving treatment or is a resident;
- 37 (4) The attending practitioner; or
- 38 (5) An interpreter for the patient.

39 2. An oral or written request made pursuant to this section
40 may not be made:

41 (a) By any person acting on behalf of the patient, including,
42 without limitation, a surrogate, supporter, guardian or person
43 designated in a power of attorney to make decisions concerning
44 health care pursuant to NRS 162A.790.

45 (b) In an advance directive.



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1 3. As used in this section:

2 (a) "Advance directive" has the meaning ascribed to it in
3 NRS 449A.703.

4 (b) "Supporter" has the meaning ascribed to it in
5 NRS 162C.090.

6 Sec. 19. A written request for a medication that is designed to
7 end the life of a patient must be in substantially the following
8 form:

9
10 **REQUEST FOR A MEDICATION
11 THAT IS DESIGNED TO END MY LIFE**

12
13 I,
14 am an adult of sound mind.

15
16 I have been diagnosed with
17 and given a prognosis of less than 6 months to live.

18
19 I have been fully informed of my diagnosis, my
20 prognosis and the feasible alternative, concurrent or
21 additional treatment opportunities, including comfort care,
22 hospice care and pain control. I have been offered resources
23 or referrals to pursue these alternative, concurrent or
24 additional treatment opportunities.

25
26 I have been fully informed of the nature of the
27 medication to be prescribed to me and the risks and benefits
28 of self-administering the medication, including that the
29 likely effect of self-administering the medication is death. I
30 understand that I can rescind this request at any time and
31 that I am under no obligation to fill the prescription once it
32 is written or to self-administer the medication if I obtain it.

33
34 I request that my attending practitioner prescribe a
35 medication that I may self-administer to end my life and
36 authorize my attending practitioner to contact a pharmacist
37 to fill the prescription at a time of my choosing.

38
39 I make this request voluntarily, free from coercion or
40 undue influence.

41 Signed:

42 Dated:

43
44 Witness signature:



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Date:

Sec. 20. 1. Before prescribing a medication that is designed to end the life of a patient, the attending practitioner of the patient must:

(a) *Inform the patient that he or she may revoke a request for the medication at any time and provide the patient with the opportunity to revoke his or her second verbal request made pursuant to subsection 1 of section 18 of this act;*

(b) Determine and verify, after each verbal and written request for the medication made pursuant to subsection 1 of section 18 of this act and immediately before writing the prescription, that the patient meets the requirements of subsections 3, 4 and 5 of section 17 of this act;

(c) Discuss with the patient:

(1) The diagnosis and prognosis of the patient;

(2) All available methods of treating or managing the terminal condition of the patient, including, without limitation, comfort care, hospice care and pain control, and the risks and benefits of each method;

(3) The risks and benefits of self-administering the medication, including, without limitation, that death is the probable result of self-administering the medication;

(4) The recommended procedure for self-administering the medication;

(5) *The manner in which the medication must be kept and disposed of in accordance with applicable state and federal law;*

(6) The importance of having another person present when the patient self-administers the medication; and

(7) The benefits of notifying the patient's next of kin of his or her decision to request a prescription for a medication that is designed to end the life of the patient;

(d) Refer the patient to a consulting practitioner who is qualified by reason of specialty or experience to diagnose the terminal condition of the patient for examination and receive written confirmation from that practitioner of the diagnosis and prognosis of the patient and that the patient meets the requirements of subsections 3, 4 and 5 of section 17 of this act;

(e) Inform the patient that there is no obligation to fill the prescription or to self-administer the medication, if obtained; and

(f) Instruct the patient against self-administering the medication in a public place. As used in this paragraph, "public place" means any location readily accessible to the general public, but does not include a health care facility.



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1 2. The attending practitioner shall refer the patient for
2 comfort care, palliative care, hospice care, pain control or other
3 end-of-life care if requested or as clinically indicated.

4 Sec. 21. 1. If the attending practitioner to whom a patient
5 makes a request for a medication that is designed to end the life of
6 the patient or the consulting practitioner to whom a patient is
7 referred pursuant to paragraph (d) of subsection 1 of section 20 of
8 this act determines that the patient may not be mentally capable:

9 (a) The attending practitioner or consulting practitioner, as
10 applicable, must refer the patient for examination by a person
11 professionally qualified in the field of psychiatric mental health;
12 and

13 (b) The attending practitioner must not prescribe a medication
14 that is designed to end the life of the patient, unless the person
15 professionally qualified in the field of psychiatric mental health
16 concludes, based on the examination, that the patient is mentally
17 capable.

18 2. If a patient is examined pursuant to subsection 1, the
19 person professionally qualified in the field of psychiatric mental
20 health must provide to the attending practitioner and, if
21 applicable, the consulting practitioner who made the referral, his
22 or her written determination regarding whether the patient is
23 mentally capable.

24 Sec. 22. 1. Except as otherwise provided in section 23 of
25 this act, the attending practitioner of a patient may prescribe a
26 medication that is designed to end the life of the patient after the
27 attending practitioner has ensured that the requirements of
28 sections 17 to 21, inclusive, of this act have been met.

29 2. After an attending practitioner prescribes a medication
30 that is designed to end the life of a patient, the attending
31 practitioner shall, after obtaining the written consent of the
32 patient, contact a pharmacist and inform the pharmacist of the
33 prescription. After the pharmacist has been notified, the attending
34 practitioner shall transmit the prescription directly to the
35 pharmacist.

36 3. A medication that is designed to end the life of a patient
37 may only be dispensed by a registered pharmacist or by the
38 attending practitioner of the patient. A pharmacist may only
39 dispense such a medication pursuant to a valid prescription
40 provided by an attending practitioner in accordance with
41 subsection 2 to:

42 (a) The patient;
43 (b) The attending practitioner who prescribed the medication;
44 or



1 (c) *An agent of the patient who has been expressly identified to*
2 *the pharmacist as such by the patient.*

3 Sec. 22.5. *When billing a patient or his or her insurer for*
4 *services in connection with prescribing a medication that is*
5 *designed to end the life of the patient, an attending practitioner*
6 *may only bill the patient or his or her insurer using the*
7 *appropriate coding found in the current edition of the Current*
8 *Procedural Terminology published by the American Medical*
9 *Association for:*

- 10 1. *Diagnosing the patient; and*
- 11 2. *Prescribing the medication that is designed to end the life*
12 *of the patient.*

13 Sec. 23. *An attending practitioner shall not prescribe a*
14 *medication that is designed to end the life of a patient based solely*
15 *on the age or disability of the patient.*

16 Sec. 24. 1. *The attending practitioner of a patient who*
17 *requests a medication that is designed to end the life of the patient*
18 *shall document in the medical record of the patient:*

19 (a) *Each request for such a medication made by the patient,*
20 *including, without limitation, by including in the record a copy of*
21 *the written request submitted pursuant to paragraph (b) of*
22 *subsection 1 of section 18 of this act, and each revocation of such*
23 *a request;*

24 (b) *The diagnosis and the prognosis of the patient provided by*
25 *the attending practitioner;*

26 (c) *Each determination made by the attending practitioner*
27 *concerning whether the patient meets the requirements of*
28 *subsections 3, 4 and 5 of section 17 of this act;*

29 (d) *Confirmation that:*

30 (1) *The attending practitioner offered the patient the*
31 *opportunity to revoke his or her second verbal request for the*
32 *medication, as required by subsection 1 of section 20 of this act;*
33 *and*

34 (2) *The requirements set forth in sections 5 to 33, inclusive,*
35 *of this act have been satisfied; and*

36 (e) *The name, amount and dosage of any medication that is*
37 *designed to end the life of the patient and any ancillary*
38 *medications that the attending practitioner prescribes for the*
39 *patient.*

40 2. *A consulting practitioner shall report to the attending*
41 *practitioner of the patient and document in the medical record of*
42 *the patient his or her:*

43 (a) *Confirmation that the patient has requested a medication*
44 *designed to end the life of the patient;*



(b) Diagnosis and opinion regarding the prognosis of the patient; and

(c) *Determination concerning whether the patient meets the requirements of subsections 3, 4 and 5 of section 17 of this act.*

3. A person professionally qualified in the field of psychiatric mental health to whom a patient is referred pursuant to section 21 of this act shall document in the medical record of the patient his or her determination of whether the patient is mentally capable.

4. If a patient who has requested a medication that is designed to end his or her life changes his or her attending practitioner or transfers his or her care to a different health care facility, the prior attending practitioner and health care facility, as applicable, must, upon the request of the patient or the new attending practitioner or health care facility, forward the medical records of the patient to the new attending practitioner or health care facility, as applicable.

Sec. 25. 1. A patient who requests a medication that is designed to end his or her life may revoke the request at any time, without regard to his or her age or physical or mental condition.

2. The revocation of a request for such a medication becomes effective immediately upon the patient communicating the revocation to his or her attending practitioner. When the patient revokes such a request, the attending practitioner must document the revocation in the medical record of the patient.

Sec. 26. 1. Only a patient to whom a medication that is designed to end his or her life is prescribed may administer the medication. No other person may administer the medication to the patient, including, without limitation, by parenteral injection or infusion. Any person who is present may assist the patient in preparing the medication for self-administration.

2. If any amount of a medication that is designed to end the life of a patient is not self-administered, it must be disposed of in accordance with law.

Sec. 27. 1. An attending practitioner who prescribes a medication that is designed to end the life of a patient shall:

(a) Not more than 30 days after prescribing the medication, provide to the Division in the form prescribed by the Division the name, date of birth, diagnosis and prognosis of the patient and affirmation that the prescription was issued in accordance with the provisions of sections 5 to 33, inclusive, of this act; and

(b) Not more than 60 days after the death of a patient from administering the medication, provide to the Division the name and date of birth of the patient, the date on which the patient died and a statement of whether the patient was receiving hospice care at the time of death.



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1 2. *The Division shall prescribe forms for reporting each set of*
2 *information required by subsection 1.*

3 3. *Except as otherwise provided in NRS 239.0115 and*
4 *sections 1 and 28 of this act, any information or records submitted*
5 *to the Division pursuant to this section are confidential.*

6 4. *The Division shall annually review a sample of the reports*
7 *submitted pursuant to subsection 1 to ensure compliance with the*
8 *requirements of that subsection.*

9 5. *The provisions of subsection 1 of section 33 of this act do*
10 *not apply to a practitioner who willfully fails to comply with the*
11 *requirements of this section.*

12 Sec. 28. *On or before February 1 of each year, the Division*
13 *shall:*

14 1. *Compile a report concerning the implementation of the*
15 *provisions of sections 5 to 33, inclusive, of this act. The report:*

16 (a) *Must include, for the immediately preceding calendar year:*

17 (1) *The number of patients to whom a medication that is*
18 *designed to end the life of a patient was prescribed;*

19 (2) *The number of patients described in subparagraph (1)*
20 *who died after self-administering the medication and the terminal*
21 *conditions which were specified as the cause of those deaths; and*

22 (3) *The number of practitioners who prescribed a*
23 *medication that is designed to end the life of a patient.*

24 (b) *Must not include the personally identifiable information of*
25 *any patient or provider of health care.*

26 2. *Make the report compiled pursuant to subsection 1 publicly*
27 *available on the Internet website maintained by the Division.*

28 Sec. 29. 1. *A death resulting from a patient self-*
29 *administering a medication that is designed to end his or her life*
30 *in accordance with the provisions of sections 5 to 33, inclusive, of*
31 *this act does not constitute mercy killing, euthanasia, assisted*
32 *suicide, suicide or homicide.*

33 2. *Any report or other document produced by this State, any*
34 *political subdivision of this State or any agency, board,*
35 *commission, department, officer, employee or agent of this State*
36 *must refer to a request for, acquisition of, prescription of,*
37 *dispensing of and self-administration of a medication that is*
38 *designed to end the life of a patient as a request for, acquisition of,*
39 *prescription of, dispensing of and self-administration, as*
40 *applicable, of a medication that is designed to end the life of a*
41 *patient.*

42 Sec. 30. 1. *A person shall not prevent a patient from*
43 *making or revoking or require a patient to make or revoke a*
44 *request for a medication that is designed to end the life of the*
45 *patient as a condition of receiving health care.*



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1 2. Any provision in any contract or agreement entered into
2 before, on or after the effective date of this act, whether written or
3 oral, that would affect the right of a patient to take any action in
4 accordance with the provisions of sections 5 to 33, inclusive, of
5 this act is unenforceable and void.

6 Sec. 31. 1. The provisions of sections 5 to 33, inclusive, of
7 this act do not:

8 (a) Require an attending practitioner to prescribe a medication
9 that is designed to end the life of a patient or require a pharmacist
10 to fill a prescription for or dispense such a medication;

11 (b) Affect the responsibility of a practitioner to provide
12 information and treatment in accordance with the standard of
13 care, including, without limitation, treatment for a patient's
14 comfort or alleviation of pain; or

15 (c) Condone, authorize or approve mercy killing, euthanasia
16 or assisted suicide.

17 2. An attending practitioner shall provide a patient who is
18 diagnosed with a terminal condition with complete and accurate
19 information concerning his or her available options for care and
20 the risks and benefits of each option. If an attending practitioner
21 is unwilling or unable to provide information concerning the
22 prescription and self-administration of a medication that is
23 designed to end the life of the patient in accordance with sections
24 5 to 33, inclusive, of this act to a patient who requests such
25 information, the attending practitioner must facilitate the
26 transition of the patient to another provider of health care, unless
27 the patient refuses such a transition. An attending practitioner
28 who fails to comply with the requirements of this subsection shall
29 be deemed to have failed to obtain informed consent to any care
30 provided to the patient after the request.

31 3. If a patient requests pursuant to section 18 of this act that
32 the attending practitioner prescribe a medication that is designed
33 to end the life of the patient and the attending practitioner is
34 unwilling or unable to issue a prescription for such medication,
35 the attending practitioner shall:

36 (a) Document the request and the date of the request in the
37 medical record of the patient; and

38 (b) Upon request, forward the medical records of the patient as
39 required by subsection 4 of section 24 of this act.

40 Sec. 32. 1. Except as otherwise required by section 31 of
41 this act, the owner or operator of a health care facility may
42 prohibit:

43 (a) Any employee or independent contractor of the health care
44 facility from providing any services described in sections 5 to 33,
45 inclusive, of this act while acting within the scope of his or her



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1 *employment or contract, as applicable, with the health care*
2 *facility; or*

3 *(b) Any other person, including, without limitation, an*
4 *employee or independent contractor of the health care facility or*
5 *another provider of health care who provides services on the*
6 *premises of the health care facility, from providing any services*
7 *described in sections 5 to 33, inclusive, of this act on the premises*
8 *of the health care facility.*

9 *2. An owner or operator of a health care facility who*
10 *prohibits any person from providing services described in sections*
11 *5 to 33, inclusive, of this act shall provide notice of the prohibition*
12 *to:*

13 *(a) Each employee and independent contractor of the health*
14 *care facility at the time of hiring and annually thereafter; and*

15 *(b) Each provider of health care not described in paragraph*
16 *(a) who provides services on the premises of the health care*
17 *facility, including, without limitation, through telehealth as*
18 *defined in NRS 629.515, at the time the provider of health care*
19 *begins providing services on the premises of the health care*
20 *facility and annually thereafter.*

21 *3. The owner or operator of a health care facility may take*
22 *any action authorized by law or authorized pursuant to any*
23 *applicable rule, policy, procedure or contract against any person*
24 *who provides a service prohibited by the owner or operator in*
25 *compliance with subsection 1 while acting within the scope of his*
26 *or her employment or contract, as applicable, or on the premises*
27 *of the health care facility.*

28 **Sec. 33. 1. Except as otherwise provided in section 32 of**
29 **this act:**

30 *(a) A health care facility or provider of health care shall not:*

31 *(I) Prohibit an employee or independent contractor from:*

32 *(I) Providing services described in sections 5 to 33,*
33 *inclusive, of this act outside the scope of the employment or*
34 *contract, as applicable, and off the premises of the health care*
35 *facility or any premises owned or operated by the provider of*
36 *health care;*

37 *(II) Being present when a patient self-administers a*
38 *medication that is designed to end the life of the patient outside the*
39 *scope of his or her employment or contract, as applicable, and off*
40 *the premises of the health care facility or any premises owned or*
41 *operated by the provider of health care; or*

42 *(III) Providing accurate, scientific information*
43 *concerning the diagnosis and prognosis of a patient or options for*
44 *the treatment of a terminal condition, including, without*
45 *limitation, the administration of a medication that is designed to*



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1 *end the life of a patient, or providing information concerning
2 available health care services and other resources, including,
3 without limitation, information about how to access such services
4 and resources, when discussing the options of the patient for end-
5 of-life care; or*

6 *(2) Discharge, demote, censure, suspend, revoke or suspend
7 the privileges of, discipline or otherwise penalize an employee or
8 independent contractor who takes any action described in
9 subparagraph (1).*

10 *(b) A practitioner, person professionally qualified in the field
11 of psychiatric mental health, pharmacist or other provider of
12 health care is not subject to professional discipline, does not
13 violate any applicable standard of care and is not subject to any
14 civil or criminal penalty solely because the provider of health care:*

15 *(1) Takes any action authorized by sections 5 to 33,
16 inclusive, of this act, including, without limitation, assisting a
17 patient in preparing a medication that is designed to end the life of
18 the patient in accordance with subsection 1 of section 26 of this
19 act; or*

20 *(2) Is present when a patient self-administers a medication
21 that is designed to end the life of the patient or when a patient dies
22 as a result of such self-administration.*

23 *(c) A health care facility is not subject to disciplinary action,
24 does not violate any applicable standard of care and is not subject
25 to any civil or criminal penalty solely because an employee or
26 independent contractor of the health care facility takes any action
27 authorized by sections 5 to 33, inclusive, of this act.*

28 *(d) A person other than a provider of health care is not subject
29 to professional discipline, does not violate any applicable standard
30 of care and is not subject to any civil or criminal penalty solely
31 because the person:*

32 *(1) Assists a patient in preparing a medication that is
33 designed to end the life of the patient in accordance with
34 subsection 1 of section 26 of this act; or*

35 *(2) Is present when a patient self-administers a medication
36 that is designed to end the life of the patient or when a patient dies
37 as a result of such self-administration.*

38 2. *If any part of paragraph (a) of subsection 1 conflicts with
39 requirements concerning the receipt of federal money by this
40 State, the conflicting provision does not apply solely to the extent
41 of the conflict with respect to the health care facility or provider of
42 health care directly affected.*

43 3. *A local government, coroner, law enforcement agency or
44 an employee of a local government, coroner or law enforcement
45 agency is not subject to any civil or criminal penalty for ceasing or*



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1 ***refusing to investigate or take other action in response to a death***
2 ***resulting from the self-administration of a medication designed to***
3 ***end the life of the patient pursuant to sections 5 to 33, inclusive, of***
4 ***this act or refusing to make a finding concerning such a death.***

5 ***4. The provisions of this section do not limit liability for***
6 ***damages resulting from the negligence or intentional misconduct***
7 ***of any person providing services pursuant to sections 5 to 33,***
8 ***inclusive, of this act.***

9 **Sec. 33.1.** NRS 450B.470 is hereby amended to read as
10 follows:

11 450B.470 “Qualified patient” means:

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

15 (a) Has executed a declaration in accordance with the
16 requirements of NRS 449A.433;

17 (b) Has executed a Provider Order for Life-Sustaining
18 Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive,
19 if the form provides that the patient is not to receive life-
20 resuscitating treatment; ~~or~~

21 (c) Has been issued a do-not-resuscitate order pursuant to NRS
22 450B.510 ~~or~~;

23 (d) ***Has self-administered a medication that is designed to end***
24 ***his or her life in accordance with sections 5 to 33, inclusive, of this***
25 ***act.***

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

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

30 (b) Has executed a Provider Order for Life-Sustaining
31 Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive,
32 if the form provides that the patient is not to receive life-
33 resuscitating treatment or has been issued a do-not-resuscitate order
34 pursuant to NRS 450B.510.

35 **Sec. 33.3.** NRS 450B.550 is hereby amended to read as
36 follows:

37 450B.550 1. Except as otherwise provided in subsection 2, a
38 person who administers emergency medical services shall comply
39 with do-not-resuscitate protocol when the person observes a do-not-
40 resuscitate identification or carries out a do-not-resuscitate order.

41 2. A person who administers emergency medical services and
42 who is unwilling or unable to comply with the do-not-resuscitate
43 protocol shall take all reasonable measures to transfer a qualified
44 patient who possesses a do-not-resuscitate identification or has been
45 issued a do-not-resuscitate order to a physician, advanced practice



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1 registered nurse or health care facility in which the do-not-
2 resuscitate protocol may be followed.

3 *3. A prescription for a medication that is designed to end the
4 life of the patient issued in accordance with sections 5 to 33,
5 inclusive, of this act shall be considered a written do-not-
6 resuscitate order for the purposes of NRS 450B.400 to 450B.590,
7 inclusive, if a person who administers emergency medical
8 services:*

9 *(a) Responds to a patient who has self-administered a
10 medication that is designed to end his or her life; and*

11 *(b) Determines that such a prescription has been issued to the
12 patient.*

13 **Sec. 33.6.** NRS 450B.570 is hereby amended to read as
14 follows:

15 450B.570 1. Death that results when life-resuscitating
16 treatment has been withheld pursuant to the do-not-resuscitate
17 protocol and in accordance with the provisions of NRS 450B.400 to
18 450B.590, inclusive, does not constitute a suicide or homicide.

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

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

31 *4. A person who administers emergency medical services and
32 responds to a patient who has self-administered a medication that
33 is designed to end the life of the patient in accordance with
34 sections 5 to 33, inclusive, of this act shall indicate “medical aid in
35 dying” in any report concerning the incident created by the person
36 who administers emergency medical services.*

37 **Sec. 34.** NRS 453.256 is hereby amended to read as follows:

38 453.256 1. A prescription for a controlled substance must be
39 given to a pharmacy in compliance with NRS 639.23535. A
40 prescription for a substance included in schedule II must not be
41 refilled. A prescription for a substance included in schedule III or IV
42 which is a dangerous drug as determined under NRS 454.201 must
43 not be filled or refilled more than 6 months after the date thereof or
44 be refilled more than five times, unless renewed by the practitioner.



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1 2. A substance included in schedule V may be distributed or
2 dispensed only for a medical purpose, including medical treatment
3 or authorized research.

4 3. A practitioner may dispense or deliver a controlled
5 substance to or for a person or animal only for medical treatment or
6 authorized research in the ordinary course of his or her profession.

7 4. No civil or criminal liability or administrative sanction may
8 be imposed on a pharmacist for action taken in good faith in reliance
9 on a reasonable belief that an order purporting to be a prescription
10 was issued by a practitioner in the usual course of professional
11 treatment or in authorized research.

12 5. An individual practitioner may not dispense a substance
13 included in schedule II, III or IV for the practitioner's own personal
14 use except in a medical emergency.

15 6. A person who violates this section is guilty of a category E
16 felony and shall be punished as provided in NRS 193.130.

17 7. As used in this section, "medical treatment" includes
18 **[dispensing]**:

19 (a) **Dispensing** or administering a narcotic drug for pain,
20 whether or not intractable **[H]**; and

21 (b) **Dispensing a medication that is designed to end the life of a**
22 **patient pursuant to the provisions of sections 5 to 33, inclusive, of**
23 **this act.**

24 **Sec. 35.** NRS 453.375 is hereby amended to read as follows:

25 453.375 1. **[A] Except as otherwise provided in sections 5 to**
26 **33, inclusive, of this act, a** controlled substance may be possessed
27 and administered by the following persons:

28 (a) A practitioner.

29 (b) A registered nurse licensed to practice professional nursing
30 or licensed practical nurse, at the direction of a physician, physician
31 assistant, dentist, podiatric physician or advanced practice registered
32 nurse, or pursuant to a chart order, for administration to a patient at
33 another location.

34 (c) A paramedic:

35 (1) As authorized by regulation of:

36 (I) The State Board of Health in a county whose
37 population is less than 100,000; or

38 (II) A county or district board of health in a county whose
39 population is 100,000 or more; and

40 (2) In accordance with any applicable regulations of:

41 (I) The State Board of Health in a county whose
42 population is less than 100,000;

43 (II) A county board of health in a county whose
44 population is 100,000 or more; or



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(III) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

(d) A respiratory therapist, at the direction of a physician or physician assistant.

(e) An anesthesiologist assistant, at the direction of a supervising anesthesiologist or supervising osteopathic anesthesiologist.

(f) A medical student, student in training to become a physician assistant or anesthesiologist assistant, student nurse in the course of his or her studies at an accredited college of medicine or approved school of professional or practical nursing, at the direction of a physician or physician assistant and:

(1) In the presence of a physician, physician assistant or a registered nurse; or

(2) Under the supervision of a physician, physician assistant or a registered nurse if the student is authorized by the college or school to administer the substance outside the presence of a physician, physician assistant or nurse.

→ A medical student or student nurse may administer a controlled substance in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

(g) An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.

(h) Any person designated by the head of a correctional institution.

(i) A veterinary technician at the direction of his or her supervising veterinarian.

(j) In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.

(k) In accordance with applicable regulations of the State Board of Pharmacy, an animal control officer, a wildlife biologist or an employee designated by a federal, state or local governmental agency whose duties include the control of domestic, wild and predatory animals.

(I) A person who is enrolled in a training program to become a paramedic, respiratory therapist or veterinary technician if the person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, to a paramedic, respiratory therapist or veterinary technician who may possess and administer the controlled substance, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.



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(m) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

2. As used in this section:

(a) “Accredited college of medicine” means:

(1) A medical school that is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or their successor organizations; or

(2) A school of osteopathic medicine, as defined in NRS 633.121.

(b) "Anesthesiologist assistant" means a person who holds a license issued pursuant to NRS 630.2683 or 633.4254 or a temporary license issued pursuant to NRS 630.2685 or 633.4262.

Sec. 36. NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217 ~~H~~ and sections 5 to 33, inclusive, of this act, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS or an anesthesiologist assistant, at the direction of his or her supervising physician or supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable, or a licensed dental hygienist or expanded function dental assistant acting in the office of and under the supervision of a dentist.

(c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

(d) In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(1) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(2) Acting under the direction of the medical director of that agency or facility who works in this State.

(e) A medication aide - certified at a designated facility under the supervision of an advanced practice registered nurse or



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1 “designated facility” has the meaning ascribed to it in
2 NRS 632.0145.

3 (f) Except as otherwise provided in paragraph (g), an advanced
4 emergency medical technician or a paramedic, as authorized by
5 regulation of the State Board of Pharmacy and in accordance with
6 any applicable regulations of:

7 (1) The State Board of Health in a county whose population
8 is less than 100,000;

9 (2) A county board of health in a county whose population is
10 100,000 or more; or

11 (3) A district board of health created pursuant to NRS
12 439.362 or 439.370 in any county.

13 (g) An advanced emergency medical technician or a paramedic
14 who holds an endorsement issued pursuant to NRS 450B.1975,
15 under the direct supervision of a local health officer or a designee of
16 the local health officer pursuant to that section.

17 (h) A respiratory therapist employed in a health care facility.
18 The therapist may possess and administer respiratory products only
19 at the direction of a physician.

20 (i) A dialysis technician, under the direction or supervision of a
21 physician or registered nurse only if the drug or medicine is used for
22 the process of renal dialysis.

23 (j) A medical student or student nurse in the course of his or her
24 studies at an accredited college of medicine or approved school of
25 professional or practical nursing, at the direction of a physician and:

26 (1) In the presence of a physician or a registered nurse; or

27 (2) Under the supervision of a physician or a registered nurse
28 if the student is authorized by the college or school to administer the
29 drug or medicine outside the presence of a physician or nurse.

30 ➔ A medical student or student nurse may administer a dangerous
31 drug in the presence or under the supervision of a registered nurse
32 alone only if the circumstances are such that the registered nurse
33 would be authorized to administer it personally.

34 (k) Any person designated by the head of a correctional
35 institution.

36 (l) An ultimate user or any person designated by the ultimate
37 user pursuant to a written agreement.

38 (m) A holder of a license to engage in radiation therapy and
39 radiologic imaging issued pursuant to chapter 653 of NRS, at the
40 direction of a physician and in accordance with any conditions
41 established by regulation of the Board.

42 (n) A chiropractic physician, but only if the drug or medicine is
43 a topical drug used for cooling and stretching external tissue during
44 therapeutic treatments.



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1 (o) A physical therapist, but only if the drug or medicine is a
2 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 (p) In accordance with applicable regulations of the State Board
10 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 (q) A veterinary technician or a veterinary assistant at the
14 direction of his or her supervising veterinarian.

15 (r) In accordance with applicable regulations of the Board, a
16 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 (s) A registered pharmacist pursuant to written guidelines and
26 protocols developed pursuant to NRS 639.2629 or a collaborative
27 practice agreement, as defined in NRS 639.0052.

28 (t) A person who is enrolled in a training program to become a
29 physician assistant or anesthesiologist assistant licensed pursuant to
30 chapter 630 or 633 of NRS, dental hygienist, advanced emergency
31 medical technician, paramedic, respiratory therapist, dialysis
32 technician, physical therapist or veterinary technician or to obtain a
33 license to engage in radiation therapy and radiologic imaging
34 pursuant to chapter 653 of NRS if the person possesses and
35 administers the drug or medicine in the same manner and under the
36 same conditions that apply, respectively, to a physician assistant or
37 anesthesiologist assistant licensed pursuant to chapter 630 or 633 of
38 NRS, dental hygienist, advanced emergency medical technician,
39 paramedic, respiratory therapist, dialysis technician, physical
40 therapist, veterinary technician or person licensed to engage in
41 radiation therapy and radiologic imaging who may possess and
42 administer the drug or medicine, and under the direct supervision of
43 a person licensed or registered to perform the respective medical art
44 or a supervisor of such a person.



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1 (u) A medical assistant, in accordance with applicable
2 regulations of the:

3 (1) Board of Medical Examiners, at the direction of the
4 prescribing physician and under the supervision of a physician or
5 physician assistant.

6 (2) State Board of Osteopathic Medicine, at the direction of
7 the prescribing physician and under the supervision of a physician or
8 physician assistant.

9 2. As used in this section, “accredited college of medicine” has
10 the meaning ascribed to it in NRS 453.375.

11 **Sec. 37.** NRS 454.215 is hereby amended to read as follows:

12 454.215 **[A] Except as otherwise provided in sections 5 to 33,
13 inclusive, of this act, a** dangerous drug may be dispensed by:

14 1. A registered pharmacist upon the legal prescription from a
15 practitioner or to a pharmacy in a correctional institution upon the
16 written order of the prescribing practitioner in charge;

17 2. A pharmacy in a correctional institution, in case of
18 emergency, upon a written order signed by the chief medical officer;

19 3. A practitioner, or a physician assistant licensed pursuant to
20 chapter 630 or 633 of NRS if authorized by the Board;

21 4. A registered nurse, when the nurse is engaged in the
22 performance of any public health program approved by the Board;

23 5. A medical intern in the course of his or her internship;

24 6. An advanced practice registered nurse who holds a
25 certificate from the State Board of Pharmacy permitting him or her
26 to dispense dangerous drugs;

27 7. A registered nurse employed at an institution of the
28 Department of Corrections to an offender in that institution;

29 8. A registered pharmacist from an institutional pharmacy
30 pursuant to regulations adopted by the Board;

31 9. A manufacturer or wholesaler dispensing a dialysate drug
32 pursuant to NRS 639.573; or

33 10. A registered nurse to a patient at a rural clinic that is
34 designated as such pursuant to NRS 433.233 and that is operated by
35 the Division of Public and Behavioral Health of the Department of
36 Health and Human Services if the nurse is providing mental health
37 services at the rural clinic,

38 ➔ except that no person may dispense a dangerous drug in violation
39 of a regulation adopted by the Board.

40 **Sec. 38.** NRS 133.065 is hereby amended to read as follows:

41 133.065 **I. Except as otherwise provided in subsection 2 or**
42 to the extent that it violates public policy, a testator may:

43 **H.J. (a)** Make a devise conditional upon a devisee’s action or
44 failure to take action or upon the occurrence or nonoccurrence of
45 one or more specified events; and



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1 **[2.] (b)** Specify the conditions or actions which would
2 disqualify a person from serving or which would constitute cause
3 for removal of a person who is serving in any capacity under the
4 will, including, without limitation, as a personal representative,
5 guardian or trustee.

6 ***2. Any provision in a will executed on or after the effective
7 date of this act that conditions a devise on any person requesting
8 or failing to request a medication designed to end his or her life,
9 revoking such a request or self-administering such a medication
10 in accordance with the provisions of sections 5 to 33, inclusive, of
11 this act is unenforceable and void.***

12 **Sec. 39.** NRS 159.054 is hereby amended to read as follows:

13 159.054 1. If the court finds that the proposed protected
14 person is not incapacitated and is not in need of a guardian, the court
15 shall dismiss the petition.

16 2. If the court finds that the proposed protected person is of
17 limited capacity and is in need of a special guardian, the court shall
18 enter an order accordingly and specify the powers and duties of the
19 special guardian.

20 3. If the court finds that appointment of a general guardian is
21 required, the court shall appoint a general guardian of the person,
22 estate, or person and estate of the proposed protected person.

23 ***4. A proposed protected person shall not be deemed to be in
24 need of a general or special guardian based solely upon a request
25 by the proposed protected person for a medication that is designed
26 to end his or her life or the revocation of such a request if made in
27 accordance with the provisions of sections 5 to 33, inclusive, of
28 this act.***

29 **Sec. 40.** NRS 239.010 is hereby amended to read as follows:

30 239.010 1. Except as otherwise provided in this section and
31 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095,
32 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030,
33 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152,
34 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,
35 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,
36 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,
37 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,
38 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640,
39 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730,
40 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312,
41 130.712, 136.050, 159.044, 159A.044, 164.041, 172.075, 172.245,
42 176.01334, 176.01385, 176.015, 176.0625, 176.09129, 176.156,
43 176A.630, 178.39801, 178.4715, 178.5691, 178.5717, 179.495,
44 179A.070, 179A.165, 179D.160, 180.600, 200.3771, 200.3772,
45 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923,



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1 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040,
2 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350,
3 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 218G.615,
4 224.240, 226.462, 226.796, 228.270, 228.450, 228.495, 228.570,
5 231.069, 231.1285, 231.1473, 232.1369, 233.190, 237.300,
6 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040,
7 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270,
8 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264,
9 244.335, 247.540, 247.545, 247.550, 247.560, 250.087, 250.130,
10 250.140, 250.145, 250.150, 268.095, 268.0978, 268.490, 268.910,
11 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680,
12 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086,
13 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830,
14 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870,
15 293.906, 293.908, 293.909, 293.910, 293B.135, 293D.510, 331.110,
16 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593,
17 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205,
18 353A.049, 353A.085, 353A.100, 353C.240, 353D.250, 360.240,
19 360.247, 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138,
20 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300,
21 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626,
22 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750,
23 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120,
24 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317,
25 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975,
26 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143,
27 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685,
28 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
29 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
30 425.400, 427A.1236, 427A.872, 427A.940, 432.028, 432.205,
31 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430,
32 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360,
33 439.4941, 439.4988, 439.5282, 439.840, 439.914, 439A.116,
34 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170,
35 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,
36 442.774, 445A.665, 445B.570, 445B.7773, 449.209, 449.245,
37 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164,
38 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056,
39 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407,
40 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063,
41 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363,
42 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833,
43 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285,
44 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110,
45 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710,



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1 604D.500, 604D.600, 612.265, 616B.012, 616B.015, 616B.315,
2 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137,
3 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,
4 628B.760, 629.043, 629.047, 629.069, 630.133, 630.2671,
5 630.2672, 630.2673, 630.2687, 630.30665, 630.336, 630A.327,
6 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415,
7 632.3423, 632.405, 633.283, 633.301, 633.427, 633.4715, 633.4716,
8 633.4717, 633.524, 634.055, 634.1303, 634.214, 634A.169,
9 634A.185, 634B.730, 635.111, 635.158, 636.262, 636.342, 637.085,
10 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183,
11 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220,
12 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
13 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090,
14 641.221, 641.2215, 641A.191, 641A.217, 641A.262, 641B.170,
15 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320,
16 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050,
17 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130,
18 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947,
19 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900,
20 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275,
21 669.285, 669A.310, 670B.680, 671.365, 671.415, 673.450, 673.480,
22 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710,
23 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190,
24 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,
25 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306,
26 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,
27 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536,
28 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550,
29 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159,
30 711.600, **and section 27 of this act**, sections 35, 38 and 41 of
31 chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391,
32 Statutes of Nevada 2013 and unless otherwise declared by law to be
33 confidential, all public books and public records of a governmental
34 entity must be open at all times during office hours to inspection by
35 any person, and may be fully copied or an abstract or memorandum
36 may be prepared from those public books and public records. Any
37 such copies, abstracts or memoranda may be used to supply the
38 general public with copies, abstracts or memoranda of the records or
39 may be used in any other way to the advantage of the governmental
40 entity or of the general public. This section does not supersede or in
41 any manner affect the federal laws governing copyrights or enlarge,
42 diminish or affect in any other manner the rights of a person in any
43 written book or record which is copyrighted pursuant to federal law.
44 2. A governmental entity may not reject a book or record
45 which is copyrighted solely because it is copyrighted.



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1 3. A governmental entity that has legal custody or control of a
2 public book or record shall not deny a request made pursuant to
3 subsection 1 to inspect or copy or receive a copy of a public book or
4 record on the basis that the requested public book or record contains
5 information that is confidential if the governmental entity can
6 redact, delete, conceal or separate, including, without limitation,
7 electronically, the confidential information from the information
8 included in the public book or record that is not otherwise
9 confidential.

10 4. If requested, a governmental entity shall provide a copy of a
11 public record in an electronic format by means of an electronic
12 medium. Nothing in this subsection requires a governmental entity
13 to provide a copy of a public record in an electronic format or by
14 means of an electronic medium if:

15 (a) The public record:

- 16 (1) Was not created or prepared in an electronic format; and
17 (2) Is not available in an electronic format; or

18 (b) Providing the public record in an electronic format or by
19 means of an electronic medium would:

- 20 (1) Give access to proprietary software; or

21 (2) Require the production of information that is confidential
22 and that cannot be redacted, deleted, concealed or separated from
23 information that is not otherwise confidential.

24 5. An officer, employee or agent of a governmental entity who
25 has legal custody or control of a public record:

26 (a) Shall not refuse to provide a copy of that public record in the
27 medium that is requested because the officer, employee or agent has
28 already prepared or would prefer to provide the copy in a different
29 medium.

30 (b) Except as otherwise provided in NRS 239.030, shall, upon
31 request, prepare the copy of the public record and shall not require
32 the person who has requested the copy to prepare the copy himself
33 or herself.

34 **Sec. 41.** NRS 259.010 is hereby amended to read as follows:

35 259.010 1. Every county in this State constitutes a coroner's
36 district, except a county where a coroner is appointed pursuant to
37 the provisions of NRS 244.163.

38 2. The provisions of this chapter, except NRS 259.025,
39 259.045, 259.047, 259.049, subsections ~~3~~ 4 and ~~4~~ 5 of NRS
40 259.050, NRS 259.053 and 259.150 to 259.180, inclusive, do not
41 apply to any county where a coroner is appointed pursuant to the
42 provisions of NRS 244.163.

43 **Sec. 42.** NRS 259.050 is hereby amended to read as follows:

44 259.050 1. When a coroner or the coroner's deputy is
45 informed that a person has been killed, has committed suicide or has



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1 suddenly died under such circumstances as to afford reasonable
2 ground to suspect that the death has been occasioned by unnatural
3 means, the coroner shall make an appropriate investigation.

4 2. *When a coroner or the coroner's deputy is informed or
5 otherwise discovers that a person has self-administered a
6 medication designed to end his or her life pursuant to sections 5 to
7 33, inclusive, of this act, the coroner:*

8 (a) *May make an appropriate investigation to the extent
9 necessary to determine that the cause of the terminal condition
10 with which the person was diagnosed; and*

11 (b) *Must cease investigating the death after determining that
12 the terminal condition with which the person was diagnosed
13 resulted from a natural cause.*

14 3. In all cases where it is apparent or can be reasonably inferred
15 that the death may have been caused by a criminal act, the coroner
16 or the coroner's deputy shall notify the district attorney of the
17 county where the inquiry is made, and the district attorney shall
18 make an investigation with the assistance of the coroner. If the
19 sheriff is not ex officio the coroner, the coroner shall also notify the
20 sheriff, and the district attorney and sheriff shall make
21 the investigation with the assistance of the coroner.

22 [3.] 4. If it is apparent to or can be reasonably inferred by the
23 coroner that a death may have been caused by drug use or
24 poisoning, the coroner shall cause a postmortem examination to be
25 performed on the decedent by a forensic pathologist unless the death
26 occurred following a hospitalization stay of 24 hours or more.

27 [4.] 5. A coroner may issue a subpoena for the production of
28 any document, record or material that is directly related or believed
29 to contain evidence related to an investigation by the coroner.

30 [5.] 6. The holding of a coroner's inquest is within the sound
31 discretion of the district attorney or district judge of the county. An
32 inquest need not be conducted in any case of death manifestly
33 occasioned by natural cause, suicide, accident, motor vehicle crash
34 or when it is publicly known that the death was caused by a person
35 already in custody, but an inquest must be held unless the district
36 attorney or a district judge certifies that no inquest is required.

37 [6.] 7. If an inquest is to be held, the district attorney shall call
38 upon a justice of the peace of the county to preside over it. The
39 justice of the peace shall summon three persons qualified by law to
40 serve as jurors, to appear before the justice of the peace forthwith at
41 the place where the body is or such other place within the county as
42 may be designated by him or her to inquire into the cause of death.

43 [7.] 8. A single inquest may be held with respect to more than
44 one death, where all the deaths were occasioned by a common
45 cause.



1 **Sec. 43.** NRS 639.238 is hereby amended to read as follows:

2 639.238 1. Prescriptions filled and on file in a pharmacy are
3 not a public record. Except as otherwise provided in NRS 439.597
4 and 639.2357, ***and section 27 of this act***, a pharmacist shall not
5 divulge the contents of any prescription or provide a copy of any
6 prescription, except to:

7 (a) The patient for whom the original prescription was issued;
8 (b) The practitioner who originally issued the prescription;
9 (c) A practitioner who is then treating the patient;
10 (d) A member, inspector or investigator of the Board or an
11 inspector of the Food and Drug Administration or an agent of the
12 Investigation Division of the Department of Public Safety;
13 (e) An agency of state government charged with the
14 responsibility of providing medical care for the patient;

15 (f) An insurance carrier, on receipt of written authorization
16 signed by the patient or his or her legal guardian, authorizing the
17 release of such information;

18 (g) Any person authorized by an order of a district court;

19 (h) Any member, inspector or investigator of a professional
20 licensing board which licenses a practitioner who orders
21 prescriptions filled at the pharmacy;

22 (i) Other registered pharmacists for the limited purpose of and to
23 the extent necessary for the exchange of information relating to
24 persons who are suspected of:

25 (1) Misusing prescriptions to obtain excessive amounts of
26 drugs; or

27 (2) Failing to use a drug in conformity with the directions for
28 its use or taking a drug in combination with other drugs in a manner
29 that could result in injury to that person;

30 (j) A peace officer employed by a local government for the
31 limited purpose of and to the extent necessary:

32 (1) For the investigation of an alleged crime reported by an
33 employee of the pharmacy where the crime was committed; or

34 (2) To carry out a search warrant or subpoena issued
35 pursuant to a court order; or

36 (k) A county coroner, medical examiner or investigator
37 employed by an office of a county coroner for the purpose of:

38 (1) Identifying a deceased person;

39 (2) Determining a cause of death; or

40 (3) Performing other duties authorized by law.

41 2. Any copy of a prescription for a controlled substance or a
42 dangerous drug as defined in chapter 454 of NRS that is issued to a
43 county coroner, medical examiner or investigator employed by an
44 office of a county coroner must be limited to a copy of the
45 prescription filled or on file for:



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1 (a) The person whose name is on the container of the controlled
2 substance or dangerous drug that is found on or near the body of a
3 deceased person; or

4 (b) The deceased person whose cause of death is being
5 determined.

6 3. Except as otherwise provided in NRS 639.2357, any copy of
7 a prescription for a controlled substance or a dangerous drug as
8 defined in chapter 454 of NRS, issued to a person authorized by this
9 section to receive such a copy, must contain all of the information
10 appearing on the original prescription and be clearly marked on its
11 face “Copy, Not Refillable—For Reference Purposes Only.” The
12 copy must bear the name or initials of the registered pharmacist who
13 prepared the copy.

14 4. If a copy of a prescription for any controlled substance or a
15 dangerous drug as defined in chapter 454 of NRS is furnished to the
16 customer, the original prescription must be voided and notations
17 made thereon showing the date and the name of the person to whom
18 the copy was furnished.

19 5. As used in this section, “peace officer” does not include:

20 (a) A member of the Police Department of the Nevada System
21 of Higher Education.

22 (b) A school police officer who is appointed or employed
23 pursuant to NRS 391.281.

24 **Sec. 44.** Chapter 688A of NRS is hereby amended by adding
25 thereto a new section to read as follows:

26 1. *An insurer shall not deny a claim under a policy of life
27 insurance or annuity contract, cancel a policy of life insurance or
28 annuity contract or impose an additional charge on a policyholder
29 or beneficiary solely because the insured has, in accordance with
30 the provisions of sections 5 to 33, inclusive, of this act, requested a
31 medication designed to end the life of the insured, revoked such a
32 request or self-administered such a medication.*

33 2. *Any provision of a policy of life insurance or annuity
34 contract that, in conflict with the provisions of this section, allows
35 the denial of a claim or cancellation of the policy or contract and
36 which is included in a policy or contract that has been or is
37 delivered, issued for delivery or renewed before, on or after the
38 effective date of this act is void and unenforceable.*

39 **Sec. 45.** Chapter 688B of NRS is hereby amended by adding
40 thereto a new section to read as follows:

41 1. *An insurer shall not deny a claim under a policy of group
42 life insurance, cancel a policy of group life insurance or impose
43 an additional charge on a policyholder or beneficiary solely
44 because the insured has, in accordance with the provisions of
45 sections 5 to 33, inclusive, of this act, requested a medication*



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1 ***designed to end the life of the insured, revoked such a request or***
2 ***self-administered such a medication.***

3 ***2. Any provision of a policy of group life insurance that, in***
4 ***conflict with the provisions of this section, allows the denial of a***
5 ***claim or cancellation of the policy and which is included in a***
6 ***policy that has been or is delivered, issued for delivery or renewed***
7 ***before, on or after the effective date of this act is void and***
8 ***unenforceable.***

9 **Sec. 46.** NRS 688B.040 is hereby amended to read as follows:

10 688B.040 No policy of group life insurance shall be delivered
11 in this State unless it contains in substance the provisions set forth in
12 NRS 688B.040 to 688B.150, inclusive, ***and section 45 of this act*** or
13 provisions which in the opinion of the Commissioner are more
14 favorable to the persons insured, or at least as favorable to the
15 persons insured and more favorable to the policyholder; except:

16 1. NRS 688B.100 to 688B.140, inclusive, do not apply to
17 policies issued to a creditor to insure debtors of such creditor;

18 2. The standard provisions required for individual life
19 insurance policies do not apply to group life insurance policies; and

20 3. If the group life insurance policy is on a plan of insurance
21 other than the term plan, it shall contain a nonforfeiture provision or
22 provisions which in the opinion of the Commissioner is or are
23 equitable to the insured persons and to the policyholder; but nothing
24 in this subsection shall be construed to require that group life
25 insurance policies contain the same nonforfeiture provisions as are
26 required for individual life insurance policies.

27 **Sec. 47.** Not later than 45 days after the effective date of this
28 act, the Division of Public and Behavioral Health of the Department
29 of Health and Human Services shall prescribe and make available
30 on an Internet website maintained by the Division the forms for
31 making the reports required by section 27 of this act.

32 **Sec. 48.** This act becomes effective upon passage and
33 approval.



