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FIRST REPRINT **S.B. 239**

SENATE BILL NO. 239–SENATORS FLORES, D. HARRIS, SPEARMAN, CANNIZZARO; DALY, DONATE, LANGE, NGUYEN AND SCHEIBLE

MARCH 8, 2023

JOINT SPONSORS: ASSEMBLYMEN TORRES, NGUYEN, GONZÁLEZ, WATTS, GORELOW; BILBRAY-AXELROD, CARTER, COHEN, CONSIDINE AND ORENTLICHER

Referred to Committee on Health and Human Services

SUMMARY—Establishes provisions governing the prescribing, dispensing and administering of medication designed to end the life of a patient. (BDR 40-677)

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 relating to a person who self-administers a medication that is designed to end his or her life; 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 on certain providers of health care and health care facilities relating to the records of a patient who requests a medication that is designed to end his or her life; providing immunity to certain providers of health care and health care facilities that take 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 certain persons from providing certain services relating to a medication that is designed to end the life of a patient; prohibiting a person from conditioning provisions of a will, contract, agreement or policy of life insurance on the request for or acquisition or administration of a medication that is designed to end the life of the person; prohibiting a person from denying benefits under a policy of life insurance to or imposing additional charges against a policyholder or beneficiary because the insured requested or revoked a request for a medication that is designed to end the life of the person; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes a patient who has been diagnosed with a terminal condition to refuse life-resuscitating or life-sustaining treatment in certain circumstances. (NRS 449A.400-449A.581, 450B.400-450B.590) **Sections 10-39** of this bill authorize a patient, under certain circumstances, to self-administer a medication that is designed to end the life of the patient. **Section 20** of this bill defines "practitioner" to mean a physician, osteopathic physician or advanced practice registered nurse. **Sections 11-18, 21 and 22** of this bill define other relevant terms. **Section 23** of this bill authorizes a patient to request that his or her attending practitioner prescribe a medication that is designed to end his or her life if the patient: (1) is at least 18 years of age; (2) has been diagnosed with a terminal condition by at least two practitioners; (3) has made an informed and voluntary decision to end his or her own life; (4) is mentally capable of making such a decision; and (5) is not requesting the medication because of coercion, deception or undue influence. **Section 24** of this bill prescribes certain requirements concerning the manner in which a patient may request a medication that is designed to end the life of the patient, including that the patient make two verbal requests and one written request for the medication, and that the written request for the medication be signed by a witness. **Section 25** of this bill prescribes the form for the written request for the medication. **Section 26** of this bill imposes certain requirements before a practitioner is authorized to prescribe a medication that is designed to end the life of a patient, including that the practitioner: (1) inform the patient of his or her right to revoke a request for the medication at any time; (2) determine and verify that the patient meets the requirements for making such a request; (3) discuss certain relevant factors with the patient, including the diagnosis and prognosis of the patient and alternative options for care; (4) refer the patient to a consulting practitioner who can confirm the diagnosis, prognosis and mental capability of the patient and that the patient has not been coerced or unduly influenced; and (5) instruct the patient against self-administering the medication in public. **Section 27** of this bill requires a practitioner who determines that a patient who has requested a prescription for a medication that is designed to end his or her life may not be mentally capable to refer the patient to a qualified mental health professional and to receive confirmation about the patient's mental capability.

Section 28 of this bill: (1) prescribes procedures for the issuance of a prescription for a medication that is designed to end the life of the patient; and (2) provides that only an attending practitioner or a pharmacist may dispense such a medication. **Section 29** of this bill prohibits an attending practitioner from prescribing a medication that is designed to end the life of a patient based solely on the age or disability of the patient. **Section 30** of this bill requires certain providers of health care to include certain information concerning requests and prescriptions for and the dispensing of a medication that is designed to end the life of a patient in the medical record of the patient. If a patient who has requested a medication that is designed to end the life of a patient transfers care to another practitioner or health care facility, **sections 30 and 37** of this bill require the practitioner or health care facility that previously provided care to the patient to forward the patient's medical records to the new practitioner or health care facility. **Section 33** of this bill prescribes certain information that must be reported by an attending practitioner to the Division of Public and Behavioral Health of the Department of Health and Human Services relating to a patient who has been prescribed or self-administered such a medication. **Section 34** of this bill requires the Division to compile an annual report concerning the implementation of the provisions of this bill authorizing a patient to request a prescription for a medication that is designed to end the life of the patient. **Sections 33, 46 and 47** of this bill provide that such information is otherwise confidential when reported to the Division.

Section 31 of this bill authorizes a patient, at any time, to revoke a request for a medication that is designed to end his or her life. **Sections 32 and 41** of this bill provide that only the patient to whom a medication that is designed to end his or her life is prescribed may administer the medication. **Section 32** establishes requirements for the disposal of any unused portion of the medication.

Section 39 of this bill makes certain persons exempt from professional discipline and immune from civil and criminal penalties and provides that such persons do not violate any applicable standard of care for taking actions authorized by this bill to assist a patient in acquiring a medication that is designed to end the life of the patient. **Section 35** of this bill provides that a death resulting from the self-administration of a medication that is designed to end the life of a patient is not mercy killing, euthanasia, assisted suicide, suicide or homicide when done in accordance with the provisions of this bill, and **section 4** of this bill requires a death certificate to list the terminal condition of the patient as the cause of death of the patient. **Sections 3 and 7** of this bill provide that a coroner, coroner's deputy or local health officer is not required to certify the cause of such a death. **Section 46.5** of this bill: (1) authorizes a coroner to make an appropriate investigation after discovering that a person has self-administered a medication designed to end the life of the person, to the extent necessary to determine the cause of the terminal condition with which the person was diagnosed; and (2) requires a coroner to cease such an investigation after determining that the terminal condition resulted from a natural cause. **Section 46.2** of this bill makes a conforming change to revise certain internal references.

Sections 36 and 44 of this bill prohibit a person from preventing or requiring a person to make or revoke a request for a medication that is designed to end the life of the person as a condition to receiving health care or as a condition in an agreement, contract or will.

Section 37 of this bill clarifies that a practitioner is not required to prescribe a medication that is designed to end the life of a patient and remains responsible for treating the patient's pain. However, if a patient who is diagnosed with a terminal condition requests information concerning the prescription and self-administration of a medication that is designed to end the life of the patient, **section 37** requires a practitioner to provide that information or refer the patient to another provider of health care who is willing to do so. **Section 37** also provides that a pharmacist is not required to fill a prescription for or dispense such a medication. **Section 38** of this bill allows the owner or operator of a health care facility to prohibit an employee or independent contractor of the health care facility or any person who provides services on the premises of the health care facility from providing any services relating to prescribing a medication that is designed to end the life of a patient while acting within the scope of his or her employment or contract with the facility or while on the premises of the facility. **Section 39** prohibits a health care facility or provider of health care from taking certain actions against an employee or independent contractor who: (1) provides accurate, scientific information concerning end-of-life care to a patient; or (2) facilitates the prescription or self-administration of a medication that is designed to end the life of the patient. **Sections 40-43** of this bill make conforming changes to clarify that a practitioner or pharmacist is authorized to dispense a medication that is designed to end the life of a patient that is a controlled substance or dangerous drug and a patient may self-administer such a medication in accordance with other provisions governing medications designed to end the life of a patient.

Section 45 of this bill provides that a proposed protected person shall not be deemed to be in need of a general or special guardian solely because the proposed protected person requested a medication that is designed to end his or her life or revoked such a request.

Sections 48 and 49 of this bill prohibit insurers from conditioning life insurance benefits, group life insurance benefits or the payment of claims on whether the insured makes, fails to make or revokes a request for a medication that is designed to

end the life of the insured or self-administers such a medication. **Section 50** of this bill makes a conforming change to reflect this prohibition on a policy of group life insurance.

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

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

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

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

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

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

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

Section 1. Chapter 440 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. (Deleted by amendment.)

Sec. 3. ***1. A coroner, coroner's deputy or local health officer is not required to certify the cause of death of a patient who dies after self-administering a medication that is designed to end the life of the patient in accordance with the provisions of sections 10 to 39, inclusive, of this act.***

2. A coroner, coroner's deputy or local health officer may access any records or information submitted to the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to section 33 of this act to confirm that a patient died from self-administering a medication that is designed

to end the life of the patient in accordance with the provisions of sections 10 to 39, inclusive, of this act.

Sec. 4. NRS 440.380 is hereby amended to read as follows:

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

(a) The social security number of the deceased.

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

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

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

3. The medical certificate of death of a patient who dies after self-administering a medication that is designed to end the life of the patient in accordance with sections 10 to 39, inclusive, of this act:

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

(b) Must not indicate suicide as the cause of death or mention that the patient self-administered a medication that is designed to end the life of the patient.

Sec. 5. (Deleted by amendment.)

Sec. 6. (Deleted by amendment.)

Sec. 7. NRS 440.420 is hereby amended to read as follows:

440.420 1. In case of any death occurring without medical attendance, the funeral director shall notify the local health officer, coroner or coroner's deputy of such death and refer the case to the local health officer, coroner or coroner's deputy . ~~[for immediate investigation and certification.]~~ ***Except as otherwise provided in NRS 259.050 and section 3 of this act, the coroner, coroner's deputy or local health officer shall immediately investigate the death and certify the cause of death.***

2. Where there is no qualified physician or advanced practice registered nurse in attendance, and in such cases only, the local health officer is authorized to make the certificate and return from the

statements of relatives or other persons having adequate knowledge of the facts.

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

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

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

Sec. 8. (Deleted by amendment.)

Sec. 9. Chapter 449A of NRS is hereby amended by adding thereto the provisions set forth as sections 10 to 39, inclusive, of this act.

Sec. 10. ***As used in sections 10 to 39, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 11 to 22, inclusive, of this act have the meanings ascribed to them in those sections.***

Sec. 11. ***"Advanced practice registered nurse" means a registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to NRS 632.237.***

Sec. 12. ***"Attending practitioner" means the practitioner who has primary responsibility for the treatment of a terminal condition from which a patient suffers.***

Sec. 13. (Deleted by amendment.)

Sec. 14. ***"Consulting practitioner" means a practitioner to whom a patient is referred pursuant to paragraph (d) of subsection 1 of section 26 of this act for confirmation of the diagnosis and prognosis of the patient and that the patient is mentally capable.***

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

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

Sec. 16.5. ***"Mentally capable" means that a patient has the ability to make, communicate and understand the nature of the decision to request and self-administer a medication that is designed to end the life of the patient.***

Sec. 17. ***"Person professionally qualified in the field of psychiatric mental health" has the meaning ascribed to it in NRS 433.209.***

Sec. 18. ***"Physician" means a person who is licensed to practice medicine pursuant to chapter 630 of NRS or osteopathic medicine pursuant to chapter 633 of NRS.***

Sec. 19. (Deleted by amendment.)

Sec. 20. ***"Practitioner" means a physician or advanced practice registered nurse.***

Sec. 21. ***"Self-administer" or "self-administration" means the ingestion by a person of a medication that is designed to end his or her life as an affirmative, conscious and voluntary act. The term does not include the administration of the medication by parenteral injection or infusion.***

Sec. 22. ***"Terminal condition" means an incurable and irreversible condition that will, in accordance with reasonable medical judgment, result in death within 6 months.***

Sec. 23. ***A patient may request that his or her attending practitioner prescribe a medication that is designed to end the life of the patient if the patient:***

1. Is at least 18 years of age;

2. Has been diagnosed with a terminal condition by the attending practitioner and at least one consulting practitioner;

3. Has made an informed and voluntary decision to end his or her own life;

4. Is mentally capable; and

5. Is not requesting the medication because of coercion, deception or undue influence.

Sec. 24. ***1. A patient who wishes to obtain a prescription for a medication that is designed to end his or her life must:***

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

(b) Make a written request for the medication in the form prescribed by section 25 of this act and submit the written request to the attending practitioner. The written request for the medication must be signed by the patient and one witness, who must not be:

(1) Related to the patient by blood, marriage or adoption;

(2) Entitled to any portion of the estate of the patient upon death under a will or by operation of law;

(3) An owner, operator or employee of a health care facility where the patient is receiving treatment or is a resident;

(4) The attending practitioner; or

(5) An interpreter for the patient.

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

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

(b) In an advance directive.

3. As used in this section:

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

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

Sec. 25. ***A written request for a medication that is designed to end the life of a patient must be in substantially the following form:***

REQUEST FOR A MEDICATION
THAT IS DESIGNED TO END MY LIFE

I, ..., am an adult of sound mind.

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

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

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

I request that my attending practitioner prescribe a medication that I may self-administer to end my life and

authorize my attending practitioner to contact a pharmacist to fill the prescription at a time of my choosing.

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

Signed: .....

Dated: .....

Witness signature: .....

Date: .....

Sec. 26. *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 24 of this act;

(b) Determine and verify, after each verbal and written request for the medication made pursuant to subsection 1 of section 24 of this act and immediately before writing the prescription, that the patient meets the requirements of subsections 3, 4 and 5 of section 23 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 23 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.

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

Sec. 27. *1. If the attending practitioner to whom a patient makes a request for a medication that is designed to end the life of the patient or the consulting practitioner to whom a patient is referred pursuant to paragraph (d) of subsection 1 of section 26 of this act determines that the patient may not be mentally capable:*

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

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

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

Sec. 28. *1. Except as otherwise provided in section 29 of this act, the attending practitioner of a patient may prescribe a medication that is designed to end the life of the patient after the attending practitioner has ensured that the requirements of sections 23 to 27, inclusive, of this act have been met.*

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

3. A medication that is designed to end the life of a patient may only be dispensed by a registered pharmacist or by the attending

practitioner of the patient. A pharmacist may only dispense such a medication pursuant to a valid prescription provided by an attending practitioner in accordance with subsection 2 to:

(a) The patient;

(b) The attending practitioner who prescribed the medication; or

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

Sec. 29. *An attending practitioner shall not prescribe a medication that is designed to end the life of a patient based solely on the age or disability of the patient.*

Sec. 30. *1. The attending practitioner of a patient who requests a medication that is designed to end the life of the patient shall document in the medical record of the patient:*

(a) Each request for such a medication made by the patient, including, without limitation, by including in the record a copy of the written request submitted pursuant to paragraph (b) of subsection 1 of section 24 of this act, and each revocation of such a request;

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

(c) Each determination made by the attending practitioner concerning whether the patient meets the requirements of subsections 3, 4 and 5 of section 23 of this act;

(d) Confirmation that:

(1) The attending practitioner offered the patient the opportunity to revoke his or her second verbal request for the medication, as required by subsection 1 of section 26 of this act; and

(2) The requirements set forth in sections 10 to 39, inclusive, of this act have been satisfied; and

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

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

(a) Confirmation that the patient has requested a medication 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 23 of this act.

3. A person professionally qualified in the field of psychiatric mental health to whom a patient is referred pursuant to section 27

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. 31. *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. 32. *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. 33. *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 10 to 39, 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.

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

3. Except as otherwise provided in NRS 239.0115 and sections 3 and 34 of this act, any information or records submitted to the Division pursuant to this section are confidential.

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

5. The provisions of subsection 1 of section 39 of this act do not apply to a practitioner who willfully fails to comply with the requirements of this section.

Sec. 34. ***On or before February 1 of each year, the Division shall:***

1. Compile a report concerning the implementation of the provisions of sections 10 to 39, inclusive, of this act. The report:

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

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

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

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

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

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

Sec. 35. ***1. A death resulting from a patient self-administering a medication that is designed to end his or her life in accordance with the provisions of sections 10 to 39, inclusive, of this act does not constitute mercy killing, euthanasia, assisted suicide, suicide or homicide.***

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

Sec. 36. ***1. A person shall not prevent a patient from making or revoking or require a patient to make or revoke a request for a medication that is designed to end the life of the patient as a condition of receiving health care.***

2. Any provision in any contract or agreement entered into before, on or after the effective date of this act, whether written or oral, that would affect the right of a patient to take any action in accordance with the provisions of sections 10 to 39, inclusive, of this act is unenforceable and void.

Sec. 37. *1. The provisions of sections 10 to 39, inclusive, of this act do not:*

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

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

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

2. An attending practitioner shall provide a patient who is diagnosed with a terminal condition with complete and accurate information concerning his or her available options for care and the risks and benefits of each option. If an attending practitioner is unwilling or unable to provide information concerning the prescription and self-administration of a medication that is designed to end the life of the patient in accordance with sections 10 to 39, inclusive, of this act to a patient who requests such information, the attending practitioner must refer the patient to another provider of health care who is willing and able to provide this information. An attending practitioner who fails to comply with the requirements of this subsection shall be deemed to have failed to obtain informed consent to any care provided to the patient after the request.

3. If a patient requests pursuant to section 24 of this act that the attending practitioner prescribe a medication that is designed to end the life of the patient and the attending practitioner is unwilling or unable to issue any prescription for such medication, the attending practitioner must:

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

(b) Upon request, forward the medical records of the patient as required by subsection 4 of section 30 of this act.

Sec. 38. *1. Except as otherwise required by section 37 of this act, the owner or operator of a health care facility may prohibit:*

(a) Any employee or independent contractor of the health care facility from providing any services described in sections 10 to 39, inclusive, of this act while acting within the scope of his or her employment or contract, as applicable, with the health care facility; or

(b) Any other person, including, without limitation, an employee or independent contractor of the health care facility or another provider of health care who provides services on the premises of the health care facility, from providing any services

described in sections 10 to 39, inclusive, of this act on the premises of the health care facility.

2. An owner or operator of a health care facility who prohibits any person from providing services described in sections 10 to 39, inclusive, of this act shall provide notice of the prohibition to:

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

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

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

Sec. 39. *1. Except as otherwise provided in section 38 of this act:*

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

(1) Prohibit an employee or independent contractor from:

(I) Providing services described in sections 10 to 39, inclusive, of this act outside the scope of the employment or contract, as applicable, and off the premises of the health care facility or any premises owned or operated by the provider of health care;

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

(III) Providing accurate, scientific information concerning the diagnosis and prognosis of a patient or options for the treatment of a terminal condition, including, without limitation, the administration of a medication that is designed to end the life of a patient, or providing information concerning available health care services and other resources, including, without limitation, information about how to access such services and resources, when discussing the options of the patient for end-of-life care; or

(2) Discharge, demote, censure, suspend, revoke or suspend the privileges of, discipline or otherwise penalize an employee or

independent contractor who takes any action described in subparagraph (1).

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

(1) Takes any action authorized by sections 10 to 39, inclusive, of this act, including, without limitation, assisting a patient in preparing a medication that is designed to end the life of the patient in accordance with subsection 1 of section 32 of this act; or

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

(c) A health care facility is not subject to disciplinary action, does not violate any applicable standard of care and is not subject to any civil or criminal penalty solely because an employee or independent contractor of the health care facility takes any action authorized by sections 10 to 39, inclusive, of this act.

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

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

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

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

3. A local government, coroner, law enforcement agency or an employee of a local government, coroner or law enforcement agency is not subject to any civil or criminal penalty for ceasing or refusing to investigate or take other action in response to a death resulting from the self-administration of a medication designed to end the life of the patient pursuant to sections 10 to 39, inclusive, of this act or refusing to make a finding concerning such a death.

4. The provisions of this section do not limit liability for damages resulting from the negligence or intentional misconduct

of any person providing services pursuant to sections 10 to 39, inclusive, of this act.

Sec. 40. NRS 453.256 is hereby amended to read as follows:

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

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

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

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

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

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

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

(a) Dispensing or administering a narcotic drug for pain, whether or not intractable ~~[.]~~ ***; and***

(b) Dispensing a medication that is designed to end the life of a patient pursuant to the provisions of sections 10 to 39, inclusive, of this act.

Sec. 41. NRS 453.375 is hereby amended to read as follows:

453.375 1. ~~[A]~~ ***Except as otherwise provided in sections 10 to 39, inclusive, of this act, a*** controlled substance may be possessed and administered by the following persons:

(a) A practitioner.

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

(c) A paramedic:

(1) As authorized by regulation of:

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

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

(2) In accordance with any applicable regulations of:

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

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

(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) A medical student, student in training to become a physician assistant or 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.

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

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

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

(i) 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.

(j) 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.

(k) 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.

(l) 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, "accredited college of medicine" means:

(a) 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

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

Sec. 42. NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217 ~~[,]~~ ***and sections 10 to 39, 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, at the direction of his or her supervising physician or a licensed dental hygienist 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 registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this paragraph, "designated

facility" has the meaning ascribed to it in NRS 632.0145.

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

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

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

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

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

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

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

(j) A medical student or 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 and:

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

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

➥ A medical student or student nurse may administer a dangerous drug 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.

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

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

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

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

(o) A physical therapist, but only if the drug or medicine is a topical drug which is:

(1) Used for cooling and stretching external tissue during therapeutic treatments; and

(2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

(p) 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.

(q) A veterinary technician or a veterinary assistant at the direction of his or her supervising veterinarian.

(r) In accordance with applicable regulations of the Board, a registered pharmacist who:

(1) Is trained in and certified to carry out standards and practices for immunization programs;

(2) Is authorized to administer immunizations pursuant to written protocols from a physician; and

(3) Administers immunizations in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(s) 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.

(t) A person who is enrolled in a training program to become a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist or veterinary technician or to obtain a license to engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist, veterinary technician or person licensed to engage in radiation therapy and radiologic imaging who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

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

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

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

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

Sec. 43. NRS 454.215 is hereby amended to read as follows:

454.215 ~~[A]~~ ***Except as otherwise provided in sections 10 to 39, inclusive, of this act, a*** dangerous drug may be dispensed by:

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

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

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

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

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

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

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

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

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

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

Sec. 44. NRS 133.065 is hereby amended to read as follows:

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

~~[1.]~~ ***(a)*** Make a devise conditional upon a devisee's action or failure to take action or upon the occurrence or nonoccurrence of one or more specified events; and

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

2. Any provision in a will executed on or after the effective date of this act that conditions a devise on any person requesting or failing to request a medication designed to end his or her life, revoking such a request or self-administering such a medication in accordance with the provision of sections 10 to 39, inclusive, of this act is unenforceable and void.

Sec. 45. NRS 159.054 is hereby amended to read as follows:

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

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

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

4. A proposed protected person shall not be deemed to be in need of a general or special guardian based solely upon a request by the proposed protected person for a medication that is designed to end his or her life or the revocation of such a request if made in accordance with the provisions of sections 10 to 39, inclusive, of this act.

Sec. 46. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 224.240, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050, 239C.140,

239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672, 630.2673, 630.30665, 630.336, 630A.327, 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283, 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303, 634.214,

634A.169, 634A.185, 635.111, 635.158, 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217, 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, ***and section 33 of this act,*** sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

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

included in the public book or record that is not otherwise confidential.

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

(a) The public record:

(1) Was not created or prepared in an electronic format; and

(2) Is not available in an electronic format; or

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

(1) Give access to proprietary software; or

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

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

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

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

Sec. 46.2. NRS 259.010 is hereby amended to read as follows:

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

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

Sec. 46.5. NRS 259.050 is hereby amended to read as follows:

259.050 1. When a coroner or the coroner's deputy is informed that a person has been killed, has committed suicide or has suddenly died under such circumstances as to afford reasonable ground to suspect that the death has been occasioned by unnatural means, the coroner shall make an appropriate investigation.

2. ***When a coroner or the coroner's deputy is informed or otherwise discovers that a person has self-administered a medication designed to end his or her life pursuant to sections 10 to 39, inclusive, of this act, the coroner:***

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

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

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

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

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

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

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

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

Sec. 47. NRS 639.238 is hereby amended to read as follows:

639.238 1. Prescriptions filled and on file in a pharmacy are not a public record. Except as otherwise provided in NRS 439.538 and 639.2357, ***and section 33 of this act,*** a pharmacist shall not divulge the contents of any prescription or provide a copy of any prescription, except to:

(a) The patient for whom the original prescription was issued;

(b) The practitioner who originally issued the prescription;

(c) A practitioner who is then treating the patient;

(d) A member, inspector or investigator of the Board or an inspector of the Food and Drug Administration or an agent of the Investigation Division of the Department of Public Safety;

(e) An agency of state government charged with the responsibility of providing medical care for the patient;

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

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

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

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

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

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

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

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

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

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

(1) Identifying a deceased person;

(2) Determining a cause of death; or

(3) Performing other duties authorized by law.

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

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

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

3. Except as otherwise provided in NRS 639.2357, any copy of a prescription for a controlled substance or a dangerous drug as defined in chapter 454 of NRS, issued to a person authorized by this

section to receive such a copy, must contain all of the information appearing on the original prescription and be clearly marked on its face "Copy, Not Refillable—For Reference Purposes Only." The copy must bear the name or initials of the registered pharmacist who prepared the copy.

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

5. As used in this section, "peace officer" does not include:

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

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

Sec. 48. Chapter 688A of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall not deny a claim under a policy of life insurance or annuity contract, cancel a policy of life insurance or annuity contract or impose an additional charge on a policyholder or beneficiary solely because the insured has, in accordance with the provisions of sections 10 to 39, inclusive, of this act, requested a medication designed to end the life of the insured, revoked such a request or self-administered such a medication.

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

Sec. 49. Chapter 688B of NRS is hereby amended by adding thereto a new section to read as follows:

1. An insurer shall not deny a claim under a policy of group life insurance, cancel a policy of group life insurance or impose an additional charge on a policyholder or beneficiary solely because the insured has, in accordance with the provisions of sections 10 to 39, inclusive, of this act, requested a medication designed to end the life of the insured, revoked such a request or self-administered such a medication.

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

Sec. 50. NRS 688B.040 is hereby amended to read as follows:

688B.040 No policy of group life insurance shall be delivered in this State unless it contains in substance the provisions set forth in NRS 688B.040 to 688B.150, inclusive, ***and section 49 of this act,*** or provisions which in the opinion of the Commissioner are more favorable to the persons insured, or at least as favorable to the persons insured and more favorable to the policyholder; except:

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

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

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

Sec. 51. Not later than 45 days after the effective date of this act, the Division of Public and Behavioral Health of the Department of Health and Human Services shall prescribe and make available on an Internet website maintained by the Division the forms for making the reports required by section 33 of this act.

Sec. 52. This act becomes effective upon passage and approval.