

TITLE 3: HUMAN RESOURCES
DIVISION 2: HEALTH

§ 2877. Determination of Death by a Registered Nurse.

(a) A pronouncement of death may be made by a registered nurse on a person with an “anticipated death” who is in a healthcare facility, or a private home served by a licensed home healthcare provider or government/private healthcare agency.

(b) Prior to any pronouncement of death pursuant to this section, there shall be certification of an anticipated death by an attending physician. The certification shall be documented in the person's medical or clinical record, and shall be valid for purposes of this section for no more than one hundred eighty days from the documentation and must be recertified every one hundred eighty days to remain valid.

(c) A registered nurse who has determined and pronounced death, under this section, after diagnosing the absence of human responses, shall document the clinical criteria for the determination and pronouncement in the person's medical or clinical record and notify the certifying physician. The registered nurse shall communicate pertinent information to appropriate persons, sign the death certificate, and record the:

- (1) Name of the deceased;
- (2) Presence of a contagious disease, if known; and
- (3) Date and time of death.

(d) The registered nurse, upon completion of the death certificate, shall contact the funeral home identified by the family. The funeral home shall be responsible for transporting the deceased person to the funeral home.

(e) The healthcare facility or licensed home health care provider shall have adopted written policies and procedures that provide for the determination and pronouncement of death by a registered nurse under this section. A registered nurse employed by any healthcare facility may not make a determination or pronouncement of death under this section unless the facility has written policies and procedures implementing and ensuring compliance with this chapter.

(f) The Police Department and the Chief Examiner shall immediately be notified of any deaths which are of a different nature than anticipated or are suspicious in nature.

(g) In this section,

- (1) “Determination of death” means diagnosis of death based on observation and assessment of absence of human response.
- (2) “Healthcare facility” means a private, municipal, state, federal or military hospital, mental health and substance abuse hospital, public health, skilled nursing facility, kidney disease and cancer treatment center (excluding freestanding units), intermediate care facility, long-term care facility, nursing home, hospice facility or home health agency.
- (3) “Anticipated death” means a death caused by life-limiting illness, infirmity, or disease, following certification by the attending physician that the prognosis was discussed with the patient and the patient's family, and

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that the patient consented to a “No Resuscitation” order or has executed an advanced directive indicating the same.

Source: PL 17-35 § 3(2817) (March 23, 2011), modified.

Commission Comment: The Commission removed figures that repeated numbers, changed capitalization and substituted “this chapter” for “this Act” pursuant to 1 CMC § 3806(e), (f) and (d), respectively.