

SENATE BILL NO. 181—SENATORS HARDY,
FORD, FARLEY AND ATKINSON

FEBRUARY 20, 2015

JOINT SPONSORS: ASSEMBLYMEN NELSON,
OSCARSON; AND KIRKPATRICK

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Provides for the licensure of certified anesthesiology assistants. (BDR 54-240)

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

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

AN ACT relating to anesthesiology; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; requiring anesthesiologist assistants to work under the medically direct supervision of a supervising anesthesiologist; establishing the maximum fees for the licensure of anesthesiologist assistants and the renewal or registration of such licenses; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law provides for the licensure of physician assistants by the Board of
2 Medical Examiners or the State Board of Osteopathic Medicine. Such physician
3 assistants work under the supervision of a physician or an osteopathic physician.
4 (NRS 630.273, 633.433) **Sections 8 and 46** of this bill provide for the licensure of
5 anesthesiologist assistants by the Board of Medical Examiners and the State Board
6 of Osteopathic Medicine. **Sections 7, 12, 45 and 50** of this bill provide that such
7 anesthesiologist assistants must work under the medically direct supervision of a
8 supervisory anesthesiologist. In addition, **sections 7 and 45** of this bill list the
9 services that an anesthesiologist assistant may undertake and provide that an
10 anesthesiologist assistant may only administer controlled substances to a patient
11 within an operative environment and with the patient's written consent. **Sections 9**



12 **and 47** of this bill require the respective Boards to adopt regulations establishing
13 requirements for the licensure of anesthesiologist assistants. **Sections 24 and 61** of
14 this bill establish the maximum fees for the issuance, renewal or registration of a
15 license to practice as an anesthesiologist assistant. **Sections 25 and 69** of this bill
16 provide for the filing of certain complaints concerning an anesthesiologist assistant
17 to the appropriate Board. **Sections 26-34, 57 and 73-84** of this bill provide
18 procedures for the investigation of complaints and the taking of disciplinary action
19 by the respective Boards against an anesthesiologist assistant. **Sections 37 and 85**
20 of this bill provide that a person who holds himself or herself out as an
21 anesthesiologist assistant without being licensed by the appropriate Board is guilty
22 of a category D felony.

23 **Sections 89 and 90** of this bill provide that anesthesiologist assistants are
24 immune from civil liability for rendering medical care in certain emergency
25 situations. **Sections 92 and 93** of this bill require anesthesiologist assistants to
26 report instances of suspected neglect or abuse of older persons and certain
27 vulnerable persons.

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

- 1 **Section 1.** NRS 629.031 is hereby amended to read as follows:
2 629.031 Except as otherwise provided by a specific statute:
3 1. "Provider of health care" means a physician licensed
4 pursuant to chapter 630, 630A or 633 of NRS, physician assistant,
5 *anesthesiologist assistant*, dentist, licensed nurse, dispensing
6 optician, optometrist, practitioner of respiratory care, registered
7 physical therapist, occupational therapist, podiatric physician,
8 licensed psychologist, licensed marriage and family therapist,
9 licensed clinical professional counselor, music therapist,
10 chiropractor, athletic trainer, perfusionist, doctor of Oriental
11 medicine in any form, medical laboratory director or technician,
12 pharmacist, licensed dietitian or a licensed hospital as the employer
13 of any such person.
14 2. For the purposes of NRS 629.051, 629.061, 629.065 and
15 629.077, the term includes a facility that maintains the health care
16 records of patients.
17 3. For the purposes of NRS 629.400 to 629.490, inclusive, the
18 term includes:
19 (a) A person who holds a license or certificate issued pursuant to
20 chapter 631 of NRS; and
21 (b) A person who holds a current license or certificate to
22 practice his or her respective discipline pursuant to the applicable
23 provisions of law of another state or territory of the United States.



1 **Sec. 2.** Chapter 630 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 3 to 12, inclusive, of this
3 act.

4 **Sec. 3.** *“Anesthesia services” means those services and*
5 *activities related to the administration of anesthesia to a patient,*
6 *including, without limitation, those services identified in*
7 *subsection 1 of section 7 of this act.*

8 **Sec. 4.** *“Anesthesiologist assistant” means a person who is a*
9 *graduate of an academic program approved by the Board or who,*
10 *by general education, practical training and experience*
11 *determined satisfactory to the Board, is qualified to perform*
12 *anesthesia services under the medically direct supervision of a*
13 *supervising anesthesiologist and who has been issued a license by*
14 *the Board.*

15 **Sec. 5.** *“Medically direct supervision” means that a*
16 *supervising anesthesiologist is immediately available in such*
17 *proximity to an anesthesiologist assistant during the performance*
18 *of his or her duties that the supervising anesthesiologist is able to*
19 *effectively re-establish direct contact with the patient to meet the*
20 *patient’s medical needs and address any urgent or emergent*
21 *clinical problems.*

22 **Sec. 6.** *“Supervising anesthesiologist” means an active*
23 *physician licensed and in good standing in this State, or a resident*
24 *anesthesiologist working in an academic environment, who is*
25 *certified as an anesthesiologist by the American Board of*
26 *Anesthesiology, or its successor, and who supervises one or more*
27 *anesthesiology assistants.*

28 **Sec. 7. 1.** *An anesthesiologist assistant licensed under the*
29 *provisions of this chapter may perform anesthesia services within*
30 *the scope of practice of a supervising anesthesiologist and under*
31 *the medically direct supervision of that supervising*
32 *anesthesiologist, including, without limitation:*

- 33 (i) *Obtaining a patient’s preanesthetic health history;*
- 34 (ii) *Performing a preanesthetic physical examination;*
- 35 (iii) *Pretesting and calibrating anesthesia delivery systems and*
36 *monitors and obtaining information from the systems and*
37 *monitors;*
- 38 (iv) *Performing monitoring techniques;*
- 39 (v) *Establishing airway interventions and performing*
40 *ventilatory support;*
- 41 (vi) *Administering intermittent vasoactive drugs and starting*
42 *and adjusting vasoactive infusions;*
- 43 (vii) *Administering anesthetic, adjuvant and accessory drugs;*
- 44 (viii) *Administering blood, blood products and supportive fluids;*
- 45 (ix) *Performing epidural and spinal anesthetic procedures;*



1 (j) Recording postanesthetic patient progress notes;
2 (k) Performing administrative duties as delegated by the
3 supervising anesthesiologist; and

4 (l) Performing such other duties as authorized by the
5 supervising anesthesiologist.

6 2. An anesthesiologist assistant shall not:

7 (a) Administer any controlled substance to a patient except
8 within an operative environment and under the medically direct
9 supervision of a supervising anesthesiologist; and

10 (b) Prescribe any controlled substance.

11 3. Before an anesthesiologist assistant administers to a
12 patient any anesthetic agent that includes a controlled substance,
13 the anesthesiologist assistant or supervising anesthesiologist shall:

14 (a) Disclose to the patient that the anesthetic agent will be
15 administered by an anesthesiologist assistant; and

16 (b) Receive the patient's consent, in writing, for the
17 anesthesiologist assistant to administer the anesthetic agent.

18 **Sec. 8.** The Board may issue a license to an applicant who is
19 qualified under the regulations of the Board to perform anesthesia
20 services under the medically direct supervision of a supervising
21 anesthesiologist. The application for a license as an
22 anesthesiologist assistant must contain all information required by
23 the Board to complete the application.

24 **Sec. 9.** The Board shall adopt regulations establishing the
25 requirements for licensure as an anesthesiologist assistant,
26 including, without limitation:

27 1. The required qualifications of applicants for a license;

28 2. The academic or educational certificates, credentials or
29 programs of study required of applicants for a license;

30 3. The procedures for submitting applications for licensure;

31 4. The standards for review of submitted applications and
32 procedures for the issuance of licenses;

33 5. The tests or examinations of applicants by the Board;

34 6. The duration, renewal, revocation, suspension and
35 termination of licenses;

36 7. The regulation and discipline of anesthesiologist
37 assistants, including, without limitation, the reporting of
38 complaints, investigations of misconduct and disciplinary
39 proceedings;

40 8. The medically direct supervision of an anesthesiologist
41 assistant by a supervising anesthesiologist; and

42 9. Consistent with the provisions of section 7 of this act, the
43 anesthesia services which an anesthesiologist assistant may
44 perform.



1 **Sec. 10. 1. An anesthesiologist assistant shall:**

2 (a) *Keep his or her license available for inspection at his or*
3 *her primary place of business; and*

4 (b) *When engaged in professional duties, identify himself or*
5 *herself as an anesthesiologist assistant.*

6 2. *An anesthesiologist assistant shall not bill a patient*
7 *separately from his or her supervising anesthesiologist.*

8 **Sec. 11. 1. An anesthesiologist assistant licensed under the**
9 *provisions of this chapter who is responding to a need for medical*
10 *care created by an emergency or disaster, as declared by a*
11 *governmental entity, may render emergency care that is directly*
12 *related to the emergency or disaster without the supervision of a*
13 *supervising anesthesiologist as required by this chapter. The*
14 *provisions of this subsection apply only for the duration of the*
15 *emergency or disaster.*

16 2. *A supervising anesthesiologist who supervises an*
17 *anesthesiologist assistant who is rendering emergency care that is*
18 *directly related to an emergency or disaster, as described in*
19 *subsection 1, is not required to meet the requirements set forth in*
20 *this chapter for such supervision.*

21 **Sec. 12. 1. A supervising anesthesiologist shall provide**
22 *medically direct supervision to his or her anesthesiologist assistant*
23 *whenever the anesthesiologist assistant is performing anesthesia*
24 *services.*

25 2. *Before beginning to supervise an anesthesiologist*
26 *assistant, a supervising anesthesiologist shall communicate to the*
27 *anesthesiologist assistant:*

28 (a) *The scope of practice of the anesthesiologist assistant;*

29 (b) *The access to the supervising anesthesiologist that the*
30 *anesthesiologist assistant will have; and*

31 (c) *Any processes for evaluation that the supervising*
32 *anesthesiologist will use to evaluate the anesthesiologist assistant.*

33 3. *A supervising anesthesiologist shall not delegate to his or*
34 *her anesthesiologist assistant, and the anesthesiologist assistant*
35 *shall not accept, any task that is beyond the anesthesiologist*
36 *assistant's capability to complete safely.*

37 4. *A supervising anesthesiologist shall not supervise more*
38 *than four anesthesiologist assistants at the same time.*

39 5. *A supervising anesthesiologist may coordinate with other*
40 *anesthesiologists within his or her practice group or department*
41 *for the purpose of meeting any of his or her required supervisory*
42 *duties. Any anesthesiologist with whom a supervisory*
43 *anesthesiologist coordinates his or her supervisory duties shall be*
44 *considered a joint supervisory anesthesiologist and is subject to all*



1 *applicable requirements for a supervisory anesthesiologist*
2 *contained within this chapter.*

3 **Sec. 13.** NRS 630.003 is hereby amended to read as follows:
4 630.003 1. The Legislature finds and declares that:

5 (a) It is among the responsibilities of State Government to
6 ensure, as far as possible, that only competent persons practice
7 medicine, perfusion, *anesthesia services* and respiratory care within
8 this State;

9 (b) For the protection and benefit of the public, the Legislature
10 delegates to the Board of Medical Examiners the power and duty to
11 determine the initial and continuing competence of physicians,
12 perfusionists, physician assistants, *anesthesiologist assistants* and
13 practitioners of respiratory care who are subject to the provisions of
14 this chapter;

15 (c) The Board must exercise its regulatory power to ensure that
16 the interests of the medical profession do not outweigh the interests
17 of the public;

18 (d) The Board must ensure that unfit physicians, perfusionists,
19 physician assistants, *anesthesiologist assistants* and practitioners of
20 respiratory care are removed from the medical profession so that
21 they will not cause harm to the public; and

22 (e) The Board must encourage and allow for public input into its
23 regulatory activities to further improve the quality of medical
24 practice within this State.

25 2. The powers conferred upon the Board by this chapter must
26 be liberally construed to carry out these purposes for the protection
27 and benefit of the public.

28 **Sec. 14.** NRS 630.005 is hereby amended to read as follows:

29 630.005 As used in this chapter, unless the context otherwise
30 requires, the words and terms defined in NRS 630.007 to 630.026,
31 inclusive, *and sections 3 to 6, inclusive, of this act* have the
32 meanings ascribed to them in those sections.

33 **Sec. 15.** NRS 630.021 is hereby amended to read as follows:

34 630.021 "Practice of respiratory care" includes:

35 1. Therapeutic and diagnostic use of medical gases, humidity
36 and aerosols and the maintenance of associated apparatus;

37 2. The administration of drugs and medications to the
38 cardiopulmonary system;

39 3. The provision of ventilatory assistance and control;

40 4. Postural drainage and percussion, breathing exercises and
41 other respiratory rehabilitation procedures;

42 5. Cardiopulmonary resuscitation and maintenance of natural
43 airways and the insertion and maintenance of artificial airways;

44 6. Carrying out the written orders of a physician, physician
45 assistant, *anesthesiologist assistant*, certified registered nurse



1 anesthetist or an advanced practice registered nurse relating to
2 respiratory care;

3 7. Techniques for testing to assist in diagnosis, monitoring,
4 treatment and research related to respiratory care, including the
5 measurement of ventilatory volumes, pressures and flows, collection
6 of blood and other specimens, testing of pulmonary functions and
7 hemodynamic and other related physiological monitoring of the
8 cardiopulmonary system; and

9 8. Training relating to the practice of respiratory care.

10 **Sec. 16.** NRS 630.045 is hereby amended to read as follows:

11 630.045 1. The purpose of licensing physicians,
12 perfusionists, physician assistants, *anesthesiologist assistants* and
13 practitioners of respiratory care is to protect the public health and
14 safety and the general welfare of the people of this State.

15 2. Any license issued pursuant to this chapter is a revocable
16 privilege.

17 **Sec. 17.** NRS 630.047 is hereby amended to read as follows:

18 630.047 1. This chapter does not apply to:

19 (a) A medical officer or perfusionist or practitioner of
20 respiratory care of the Armed Forces or a medical officer or
21 perfusionist or practitioner of respiratory care of any division or
22 department of the United States in the discharge of his or her official
23 duties, including, without limitation, providing medical care in a
24 hospital in accordance with an agreement entered into pursuant to
25 NRS 449.2455;

26 (b) Physicians who are called into this State, other than on a
27 regular basis, for consultation with or assistance to a physician
28 licensed in this State, and who are legally qualified to practice in the
29 state where they reside;

30 (c) Physicians who are legally qualified to practice in the state
31 where they reside and come into this State on an irregular basis to:

32 (1) Obtain medical training approved by the Board from a
33 physician who is licensed in this State; or

34 (2) Provide medical instruction or training approved by the
35 Board to physicians licensed in this State;

36 (d) Any person permitted to practice any other healing art under
37 this title who does so within the scope of that authority, or healing
38 by faith or Christian Science;

39 (e) The practice of respiratory care by a student as part of a
40 program of study in respiratory care that is approved by the Board,
41 or is recognized by a national organization which is approved by the
42 Board to review such programs, if the student is enrolled in the
43 program and provides respiratory care only under the supervision of
44 a practitioner of respiratory care;

45 (f) The practice of respiratory care by a student who:



1 (1) Is enrolled in a clinical program of study in respiratory
2 care which has been approved by the Board;

3 (2) Is employed by a medical facility, as defined in NRS
4 449.0151; and

5 (3) Provides respiratory care to patients who are not in a
6 critical medical condition or, in an emergency, to patients who are in
7 a critical medical condition and a practitioner of respiratory care is
8 not immediately available to provide that care and the student is
9 directed by a physician to provide respiratory care under the
10 supervision of the physician until a practitioner of respiratory care is
11 available;

12 (g) The practice of respiratory care by a person on himself or
13 herself or gratuitous respiratory care provided to a friend or a
14 member of a person's family if the provider of the care does not
15 represent himself or herself as a practitioner of respiratory care;

16 (h) A person who is employed by a physician and provides
17 respiratory care or services as a perfusionist under the supervision of
18 that physician;

19 (i) The maintenance of medical equipment for perfusion ,
20 *anesthesia services* or respiratory care that is not attached to a
21 patient; and

22 (j) A person who installs medical equipment for respiratory care
23 that is used in the home and gives instructions regarding the use of
24 that equipment if the person is trained to provide such services and
25 is supervised by a provider of health care who is acting within the
26 authorized scope of his or her practice.

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

29 3. This chapter does not prohibit:

30 (a) Gratuitous services outside of a medical school or medical
31 facility by a person who is not a physician, perfusionist, physician
32 assistant , *anesthesiologist assistant* or practitioner of respiratory
33 care in cases of emergency.

34 (b) The domestic administration of family remedies.

35 **Sec. 18.** NRS 630.120 is hereby amended to read as follows:

36 630.120 1. The Board shall procure a seal.

37 2. All licenses issued to physicians, perfusionists, physician
38 assistants , *anesthesiologist assistants* and practitioners of
39 respiratory care must bear the seal of the Board and the signatures of
40 its President and Secretary-Treasurer.

41 **Sec. 19.** NRS 630.137 is hereby amended to read as follows:

42 630.137 1. Notwithstanding any other provision of law and
43 except as otherwise provided in this section, the Board shall not
44 adopt any regulations that prohibit or have the effect of prohibiting a
45 physician, perfusionist, physician assistant , *anesthesiologist*



1 *assistant* or practitioner of respiratory care from collaborating or
2 consulting with another provider of health care.

3 2. The provisions of this section do not prevent the Board from
4 adopting regulations that prohibit a physician, perfusionist,
5 physician assistant , *anesthesiologist assistant* or practitioner of
6 respiratory care from aiding or abetting another person in the
7 unlicensed practice of medicine or the unlicensed practice of
8 perfusion , *anesthesia services* or respiratory care.

9 3. As used in this section, “provider of health care” has the
10 meaning ascribed to it in NRS 629.031.

11 **Sec. 20.** NRS 630.167 is hereby amended to read as follows:

12 630.167 In addition to any other requirements set forth in this
13 chapter, each applicant for a license to practice medicine, to practice
14 as a perfusionist, to practice as a physician assistant , *to practice as*
15 *an anesthesiologist assistant* or to practice respiratory care shall
16 submit to the Board a complete set of fingerprints and written
17 permission authorizing the Board to forward the fingerprints to the
18 Central Repository for Nevada Records of Criminal History for
19 submission to the Federal Bureau of Investigation for its report. Any
20 fees or costs charged by the Board for this service pursuant to NRS
21 630.268 are not refundable.

22 **Sec. 21.** NRS 630.197 is hereby amended to read as follows:

23 630.197 1. In addition to any other requirements set forth in
24 this chapter:

25 (a) An applicant for the issuance of a license to practice
26 medicine, to practice as a perfusionist, to practice as a physician
27 assistant , *to practice as an anesthesiologist assistant* or to practice
28 as a practitioner of respiratory care shall include the social security
29 number of the applicant in the application submitted to the Board.

30 (b) An applicant for the issuance or renewal of a license to
31 practice medicine, to practice as a perfusionist, to practice as a
32 physician assistant , *to practice as an anesthesiologist assistant* or
33 to practice as a practitioner of respiratory care shall submit to the
34 Board the statement prescribed by the Division of Welfare and
35 Supportive Services of the Department of Health and Human
36 Services pursuant to NRS 425.520. The statement must be
37 completed and signed by the applicant.

38 2. The Board shall include the statement required pursuant to
39 subsection 1 in:

40 (a) The application or any other forms that must be submitted
41 for the issuance or renewal of the license; or

42 (b) A separate form prescribed by the Board.

43 3. A license to practice medicine, to practice as a perfusionist,
44 to practice as a physician assistant , *to practice as an*
45 *anesthesiologist assistant* or to practice as a practitioner of



1 respiratory care may not be issued or renewed by the Board if the
2 applicant:

3 (a) Fails to submit the statement required pursuant to subsection
4 1; or

5 (b) Indicates on the statement submitted pursuant to subsection
6 1 that the applicant is subject to a court order for the support of a
7 child and is not in compliance with the order or a plan approved by
8 the district attorney or other public agency enforcing the order for
9 the repayment of the amount owed pursuant to the order.

10 4. If an applicant indicates on the statement submitted pursuant
11 to subsection 1 that the applicant is subject to a court order for the
12 support of a child and is not in compliance with the order or a plan
13 approved by the district attorney or other public agency enforcing
14 the order for the repayment of the amount owed pursuant to the
15 order, the Board shall advise the applicant to contact the district
16 attorney or other public agency enforcing the order to determine the
17 actions that the applicant may take to satisfy the arrearage.

18 **Sec. 22.** NRS 630.198 is hereby amended to read as follows:
19 630.198 1. The Board shall not issue or renew a license to
20 practice as a physician, physician assistant , *anesthesiologist*
21 *assistant* or perfusionist unless the applicant for issuance or renewal
22 of the license attests to knowledge of and compliance with the
23 guidelines of the Centers for Disease Control and Prevention
24 concerning the prevention of transmission of infectious agents
25 through safe and appropriate injection practices.

26 2. In addition to the attestation provided pursuant to subsection
27 1, a physician shall attest that any person:

- 28 (a) Who is under the control and supervision of the physician;
- 29 (b) Who is not licensed pursuant to this chapter; and
- 30 (c) Whose duties involve injection practices,

31 ↪ has knowledge of and is in compliance with the guidelines of the
32 Centers for Disease Control and Prevention concerning the
33 prevention of transmission of infectious agents through safe and
34 appropriate injection practices.

35 **Sec. 23.** NRS 630.253 is hereby amended to read as follows:
36 630.253 1. The Board shall, as a prerequisite for the:

- 37 (a) Renewal of a license as a physician assistant; ~~or~~
- 38 (b) *Renewal of a license as an anesthesiologist assistant; or*
- 39 (c) Biennial registration of the holder of a license to practice
40 medicine,

41 ↪ require each holder to comply with the requirements for
42 continuing education adopted by the Board.

43 2. These requirements:



1 (a) May provide for the completion of one or more courses of
2 instruction relating to risk management in the performance of
3 medical services ~~or~~ *or anesthesia services, as applicable.*

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

10 (1) An overview of acts of terrorism and weapons of mass
11 destruction;

12 (2) Personal protective equipment required for acts of
13 terrorism;

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

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

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

21 ↪ The Board may thereafter determine whether to include in a
22 program of continuing education additional courses of instruction
23 relating to the medical consequences of an act of terrorism that
24 involves the use of a weapon of mass destruction.

25 3. The Board shall encourage each holder of a license who
26 treats or cares for persons who are more than 60 years of age to
27 receive, as a portion of their continuing education, education in
28 geriatrics and gerontology, including such topics as:

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

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

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

35 (d) The importance of maintenance of function and
36 independence for older persons.

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

44 5. A holder of a license to practice medicine may substitute not
45 more than 2 hours of continuing education credits in pain



1 management or addiction care for the purposes of satisfying an
2 equivalent requirement for continuing education in ethics.

3 6. As used in this section:

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

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

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

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

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

14 **Sec. 24.** NRS 630.268 is hereby amended to read as follows:

15 630.268 1. The Board shall charge and collect not more than
16 the following fees:

17		
18	For application for and issuance of a license to	
19	practice as a physician, including a license by	
20	endorsement	\$600
21	For application for and issuance of a temporary,	
22	locum tenens, limited, restricted, authorized	
23	facility, special, special purpose or special event	
24	license.....	400
25	For renewal of a limited, restricted, authorized	
26	facility or special license.....	400
27	For application for and issuance of a license as a	
28	physician assistant.....	400
29	For biennial registration of a physician assistant.....	800
30	<i>For application for and issuance of a license as an</i>	
31	<i>anesthesiologist assistant</i>	<i>800</i>
32	<i>For biennial registration of an anesthesiologist</i>	
33	<i>assistant.....</i>	<i>1,000</i>
34	For biennial registration of a physician	800
35	For application for and issuance of a license as a	
36	perfusionist or practitioner of respiratory care	400
37	For biennial renewal of a license as a perfusionist	600
38	For biennial registration of a practitioner of	
39	respiratory care.....	600
40	For biennial registration for a physician who is on	
41	inactive status	400
42	For written verification of licensure	50
43	For a duplicate identification card.....	25
44	For a duplicate license.....	50
45	For computer printouts or labels.....	500



1 For verification of a listing of physicians, per hour \$20
 2 For furnishing a list of new physicians..... 100
 3

4 2. In addition to the fees prescribed in subsection 1, the Board
 5 shall charge and collect necessary and reasonable fees for the
 6 expedited processing of a request or for any other incidental service
 7 the Board provides.

8 3. The cost of any special meeting called at the request of a
 9 licensee, an institution, an organization, a state agency or an
 10 applicant for licensure must be paid for by the person or entity
 11 requesting the special meeting. Such a special meeting must not be
 12 called until the person or entity requesting it has paid a cash deposit
 13 with the Board sufficient to defray all expenses of the meeting.

14 **Sec. 25.** NRS 630.307 is hereby amended to read as follows:

15 630.307 1. Except as otherwise provided in subsection 2, any
 16 person may file with the Board a complaint against a physician,
 17 perfusionist, physician assistant , *anesthesiologist assistant* or
 18 practitioner of respiratory care on a form provided by the Board.
 19 The form may be submitted in writing or electronically. If a
 20 complaint is submitted anonymously, the Board may accept the
 21 complaint but may refuse to consider the complaint if the lack of the
 22 identity of the complainant makes processing the complaint
 23 impossible or unfair to the person who is the subject of the
 24 complaint.

25 2. Any licensee, medical school or medical facility that
 26 becomes aware that a person practicing medicine, perfusion ,
 27 *anesthesia services* or respiratory care in this State has, is or is
 28 about to become engaged in conduct which constitutes grounds for
 29 initiating disciplinary action shall file a written complaint with the
 30 Board within 30 days after becoming aware of the conduct.

31 3. Except as otherwise provided in subsection 4, any hospital,
 32 clinic or other medical facility licensed in this State, or medical
 33 society, shall report to the Board any change in the privileges of a
 34 physician, perfusionist, physician assistant , *anesthesiologist*
 35 *assistant* or practitioner of respiratory care to practice while the
 36 physician, perfusionist, physician assistant , *anesthesiologist*
 37 *assistant* or practitioner of respiratory care is under investigation
 38 and the outcome of any disciplinary action taken by that facility or
 39 society against the physician, perfusionist, physician assistant ,
 40 *anesthesiologist assistant* or practitioner of respiratory care
 41 concerning the care of a patient or the competency of the physician,
 42 perfusionist, physician assistant , *anesthesiologist assistant* or
 43 practitioner of respiratory care within 30 days after the change in
 44 privileges is made or disciplinary action is taken.



1 4. A hospital, clinic or other medical facility licensed in this
2 State, or medical society, shall report to the Board within 5 days
3 after a change in the privileges of a physician, perfusionist,
4 physician assistant , *anesthesiologist assistant* or practitioner of
5 respiratory care to practice that is based on:

6 (a) An investigation of the mental, medical or psychological
7 competency of the physician, perfusionist, physician assistant ,
8 *anesthesiologist assistant* or practitioner of respiratory care; or

9 (b) Suspected or alleged substance abuse in any form by the
10 physician, perfusionist, physician assistant , *anesthesiologist*
11 *assistant* or practitioner of respiratory care.

12 5. The Board shall report any failure to comply with subsection
13 3 or 4 by a hospital, clinic or other medical facility licensed in this
14 State to the Division of Public and Behavioral Health of the
15 Department of Health and Human Services. If, after a hearing, the
16 Division of Public and Behavioral Health determines that any such
17 facility or society failed to comply with the requirements of this
18 subsection, the Division may impose an administrative fine of not
19 more than \$10,000 against the facility or society for each such
20 failure to report. If the administrative fine is not paid when due, the
21 fine must be recovered in a civil action brought by the Attorney
22 General on behalf of the Division.

23 6. The clerk of every court shall report to the Board any
24 finding, judgment or other determination of the court that a
25 physician, perfusionist, physician assistant , *anesthesiologist*
26 *assistant* or practitioner of respiratory care:

27 (a) Is mentally ill;

28 (b) Is mentally incompetent;

29 (c) Has been convicted of a felony or any law governing
30 controlled substances or dangerous drugs;

31 (d) Is guilty of abuse or fraud under any state or federal program
32 providing medical assistance; or

33 (e) Is liable for damages for malpractice or negligence,

34 ➔ within 45 days after such a finding, judgment or determination is
35 made.

36 7. On or before January 15 of each year, the clerk of each court
37 shall submit to the Office of Court Administrator created pursuant to
38 NRS 1.320 a written report compiling the information that the clerk
39 reported during the previous year to the Board regarding physicians
40 pursuant to paragraph (e) of subsection 6.

41 8. The Board shall retain all complaints filed with the Board
42 pursuant to this section for at least 10 years, including, without
43 limitation, any complaints not acted upon.



1 **Sec. 26.** NRS 630.309 is hereby amended to read as follows:
2 630.309 To institute a disciplinary action against a perfusionist,
3 physician assistant , *anesthesiologist assistant* or practitioner of
4 respiratory care, a written complaint, specifying the charges, must
5 be filed with the Board by:

6 1. The Board or a committee designated by the Board to
7 investigate a complaint;

8 2. Any member of the Board; or

9 3. Any other person who is aware of any act or circumstance
10 constituting a ground for disciplinary action set forth in the
11 regulations adopted by the Board.

12 **Sec. 27.** NRS 630.326 is hereby amended to read as follows:

13 630.326 1. If an investigation by the Board regarding a
14 physician, perfusionist, physician assistant , *anesthesiologist*
15 *assistant* or practitioner of respiratory care reasonably determines
16 that the health, safety or welfare of the public or any patient served
17 by the physician, perfusionist, physician assistant , *anesthesiologist*
18 *assistant* or practitioner of respiratory care is at risk of imminent or
19 continued harm, the Board may summarily suspend the license of
20 the physician, perfusionist, physician assistant , *anesthesiologist*
21 *assistant* or practitioner of respiratory care. The order of summary
22 suspension may be issued by the Board, an investigative committee
23 of the Board or the Executive Director of the Board after
24 consultation with the President, Vice President or Secretary-
25 Treasurer of the Board.

26 2. If the Board issues an order summarily suspending the
27 license of a physician, perfusionist, physician assistant ,
28 *anesthesiologist assistant* or practitioner of respiratory care
29 pursuant to subsection 1, the Board shall hold a hearing regarding
30 the matter not later than 45 days after the date on which the Board
31 issues the order summarily suspending the license unless the Board
32 and the licensee mutually agree to a longer period.

33 3. If the Board issues an order suspending the license of a
34 physician, perfusionist, physician assistant , *anesthesiologist*
35 *assistant* or practitioner of respiratory care pending proceedings for
36 disciplinary action and requires the physician, perfusionist,
37 physician assistant , *anesthesiologist assistant* or practitioner of
38 respiratory care to submit to a mental or physical examination or an
39 examination testing his or her competence to practice, the
40 examination must be conducted and the results obtained not later
41 than 60 days after the Board issues its order.

42 **Sec. 28.** NRS 630.329 is hereby amended to read as follows:

43 630.329 If the Board issues an order suspending the license of
44 a physician, perfusionist, physician assistant , *anesthesiologist*
45 *assistant* or practitioner of respiratory care pending proceedings for



1 disciplinary action, including, without limitation, a summary
2 suspension pursuant to NRS 233B.127, the court shall not stay that
3 order.

4 **Sec. 29.** NRS 630.336 is hereby amended to read as follows:

5 630.336 1. Any deliberations conducted or vote taken by the
6 Board or any investigative committee of the Board regarding its
7 ordering of a physician, perfusionist, physician assistant ,
8 *anesthesiologist assistant* or practitioner of respiratory care to
9 undergo a physical or mental examination or any other examination
10 designated to assist the Board or committee in determining the
11 fitness of a physician, perfusionist, physician assistant ,
12 *anesthesiologist assistant* or practitioner of respiratory care are not
13 subject to the requirements of NRS 241.020.

14 2. Except as otherwise provided in subsection 3 or 4, all
15 applications for a license to practice medicine, perfusion ,
16 *anesthesia services* or respiratory care, any charges filed by the
17 Board, financial records of the Board, formal hearings on any
18 charges heard by the Board or a panel selected by the Board, records
19 of such hearings and any order or decision of the Board or panel
20 must be open to the public.

21 3. Except as otherwise provided in NRS 239.0115, the
22 following may be kept confidential:

23 (a) Any statement, evidence, credential or other proof submitted
24 in support of or to verify the contents of an application;

25 (b) Any report concerning the fitness of any person to receive or
26 hold a license to practice medicine, perfusion , *anesthesia services*
27 or respiratory care; and

28 (c) Any communication between:

29 (1) The Board and any of its committees or panels; and

30 (2) The Board or its staff, investigators, experts, committees,
31 panels, hearing officers, advisory members or consultants and
32 counsel for the Board.

33 4. Except as otherwise provided in subsection 5 and NRS
34 239.0115, a complaint filed with the Board pursuant to NRS
35 630.307, all documents and other information filed with the
36 complaint and all documents and other information compiled as a
37 result of an investigation conducted to determine whether to initiate
38 disciplinary action are confidential.

39 5. The formal complaint or other document filed by the Board
40 to initiate disciplinary action and all documents and information
41 considered by the Board when determining whether to impose
42 discipline are public records.

43 6. The Board shall, to the extent feasible, communicate or
44 cooperate with or provide any documents or other information to
45 any other licensing board or agency or any agency which is



1 investigating a person, including a law enforcement agency. Such
2 cooperation may include, without limitation, providing the board or
3 agency with minutes of a closed meeting, transcripts of oral
4 examinations and the results of oral examinations.

5 **Sec. 30.** NRS 630.346 is hereby amended to read as follows:

6 630.346 In any disciplinary hearing:

7 1. The Board, a panel of the members of the Board and a
8 hearing officer are not bound by formal rules of evidence and a
9 witness must not be barred from testifying solely because the
10 witness was or is incompetent.

11 2. A finding of the Board must be supported by a
12 preponderance of the evidence.

13 3. Proof of actual injury need not be established.

14 4. A certified copy of the record of a court or a licensing
15 agency showing a conviction or plea of nolo contendere or the
16 suspension, revocation, limitation, modification, denial or surrender
17 of a license to practice medicine, perfusion , *anesthesia services* or
18 respiratory care is conclusive evidence of its occurrence.

19 **Sec. 31.** NRS 630.358 is hereby amended to read as follows:

20 630.358 1. Any person:

21 (a) Whose practice of medicine, perfusion , *anesthesia services*
22 or respiratory care has been limited; or

23 (b) Whose license to practice medicine, perfusion , *anesthesia*
24 *services* or respiratory care has been:

25 (1) Suspended until further order; or

26 (2) Revoked,

27 ➔ by an order of the Board, may apply to the Board for removal of
28 the limitation or restoration of the license.

29 2. In hearing the application, the Board:

30 (a) May require the person to submit to a mental or physical
31 examination or an examination testing his or her competence to
32 practice medicine, perfusion , *anesthesia services* or respiratory care
33 by physicians, perfusionists , *anesthesiologist assistants* or
34 practitioners of respiratory care, as appropriate, or other
35 examinations it designates and submit such other evidence of
36 changed conditions and of fitness as it deems proper;

37 (b) Shall determine whether under all the circumstances the time
38 of the application is reasonable; and

39 (c) May deny the application or modify or rescind its order as it
40 deems the evidence and the public safety warrants.

41 3. The licensee has the burden of proving by clear and
42 convincing evidence that the requirements for restoration of the
43 license or removal of the limitation have been met.

44 4. The Board shall not restore a license unless it is satisfied that
45 the person has complied with all of the terms and conditions set



1 forth in the final order of the Board and that the person is capable of
2 practicing medicine, perfusion , *anesthesia services* or respiratory
3 care in a safe manner.

4 5. To restore a license that has been revoked by the Board, the
5 applicant must apply for a license and take an examination as
6 though the applicant had never been licensed under this chapter.

7 **Sec. 32.** NRS 630.366 is hereby amended to read as follows:

8 630.366 1. If the Board receives a copy of a court order
9 issued pursuant to NRS 425.540 that provides for the suspension of
10 all professional, occupational and recreational licenses, certificates
11 and permits issued to a person who is the holder of a license to
12 practice medicine, to practice as a perfusionist, to practice as a
13 physician assistant , *to practice as an anesthesiologist assistant* or
14 to practice as a practitioner of respiratory care, the Board shall deem
15 the license issued to that person to be suspended at the end of the
16 30th day after the date on which the court order was issued unless
17 the Board receives a letter issued to the holder of the license by the
18 district attorney or other public agency pursuant to NRS 425.550
19 stating that the holder of the license has complied with the subpoena
20 or warrant or has satisfied the arrearage pursuant to NRS 425.560.

21 2. The Board shall reinstate a license to practice medicine, to
22 practice as a perfusionist, to practice as a physician assistant , *to*
23 *practice as an anesthesiologist assistant* or to practice as a
24 practitioner of respiratory care that has been suspended by a district
25 court pursuant to NRS 425.540 if the Board receives a letter issued
26 by the district attorney or other public agency pursuant to NRS
27 425.550 to the person whose license was suspended stating that the
28 person whose license was suspended has complied with the
29 subpoena or warrant or has satisfied the arrearage pursuant to
30 NRS 425.560.

31 **Sec. 33.** NRS 630.388 is hereby amended to read as follows:

32 630.388 1. In addition to any other remedy provided by law,
33 the Board, through its President or Secretary-Treasurer or the
34 Attorney General, may apply to any court of competent jurisdiction:

35 (a) To enjoin any prohibited act or other conduct of a licensee
36 which is harmful to the public;

37 (b) To enjoin any person who is not licensed under this chapter
38 from practicing medicine, perfusion , *anesthesia services* or
39 respiratory care;

40 (c) To limit the practice of a physician, perfusionist, physician
41 assistant , *anesthesiologist assistant* or practitioner of respiratory
42 care, or suspend his or her license to practice;

43 (d) To enjoin the use of the title "P.A.," "P.A.-C.," "*A.A.*,"
44 "R.C.P." or any other word, combination of letters or other
45 designation intended to imply or designate a person as a physician



1 assistant , *anesthesiologist assistant* or practitioner of respiratory
2 care, when not licensed by the Board pursuant to this chapter, unless
3 the use is otherwise authorized by a specific statute; or

4 (e) To enjoin the use of the title “L.P.,” “T.L.P.,” “licensed
5 perfusionist,” “temporarily licensed perfusionist” or any other word,
6 combination of letters or other designation intended to imply or
7 designate a person as a perfusionist, when not licensed by the Board
8 pursuant to this chapter, unless the use is otherwise authorized by a
9 specific statute.

10 2. The court in a proper case may issue a temporary restraining
11 order or a preliminary injunction for the purposes set forth in
12 subsection 1:

13 (a) Without proof of actual damage sustained by any person;

14 (b) Without relieving any person from criminal prosecution for
15 engaging in the practice of medicine, perfusion , *anesthesia services*
16 or respiratory care without a license; and

17 (c) Pending proceedings for disciplinary action by the Board.

18 **Sec. 34.** NRS 630.390 is hereby amended to read as follows:

19 630.390 In seeking injunctive relief against any person for an
20 alleged violation of this chapter by practicing medicine, perfusion ,
21 *anesthesia services* or respiratory care without a license, it is
22 sufficient to allege that the person did, upon a certain day, and in a
23 certain county of this State, engage in the practice of medicine,
24 perfusion , *anesthesia services* or respiratory care without having a
25 license to do so, without alleging any further or more particular facts
26 concerning the same.

27 **Sec. 35.** NRS 630.395 is hereby amended to read as follows:

28 630.395 Any member or agent of the Board may enter any
29 premises in this State where a person who holds a license issued
30 pursuant to the provisions of this chapter practices medicine,
31 perfusion , *anesthesia services* or respiratory care and inspect it to
32 determine whether a violation of any provision of this chapter has
33 occurred, including, without limitation, an inspection to determine
34 whether any person at the premises is practicing medicine, perfusion
35 , *anesthesia services* or respiratory care without the appropriate
36 license issued pursuant to the provisions of this chapter.

37 **Sec. 36.** NRS 630.397 is hereby amended to read as follows:

38 630.397 Unless the Board determines that extenuating
39 circumstances exist, the Board shall forward to the appropriate law
40 enforcement agency any substantiated information submitted to the
41 Board concerning a person who practices or offers to practice
42 medicine, perfusion , *anesthesia services* or respiratory care without
43 the appropriate license issued pursuant to the provisions of this
44 chapter.



1 **Sec. 37.** NRS 630.400 is hereby amended to read as follows:

2 630.400 1. It is unlawful for any person to:

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

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

7 (c) Practice medicine, perfusion , *anesthesia services* or
8 respiratory care under a false or assumed name or falsely personate
9 another licensee;

10 (d) Except as otherwise provided by a specific statute, practice
11 medicine, perfusion , *anesthesia services* or respiratory care without
12 being licensed under this chapter;

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

16 (f) Hold himself or herself out as a physician assistant or use any
17 other term indicating or implying that he or she is a physician
18 assistant without being licensed by the Board; ~~for~~

19 (g) *Hold himself or herself out as an anesthesiologist assistant*
20 *or use any other term indicating or implying that he or she is an*
21 *anesthesiologist assistant without being licensed by the Board; or*

22 (h) Hold himself or herself out as a practitioner of respiratory
23 care or use any other term indicating or implying that he or she is a
24 practitioner of respiratory care without being licensed by the Board.

25 2. Unless a greater penalty is provided pursuant to NRS
26 200.830 or 200.840, a person who violates any provision of
27 subsection 1:

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

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

32 ↪ and shall be punished as provided in NRS 193.130.

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

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

41 (b) Issue a citation to the person. A citation issued pursuant to
42 this paragraph must be in writing, describe with particularity the
43 nature of the violation and inform the person of the provisions of
44 this paragraph. Each activity in which the person is engaged
45 constitutes a separate offense for which a separate citation may be



1 issued. To appeal a citation, the person must submit a written
2 request for a hearing to the Board not later than 30 days after the
3 date of issuance of the citation.

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

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

8 **Sec. 38.** NRS 630A.090 is hereby amended to read as follows:

9 630A.090 1. This chapter does not apply to:

10 (a) The practice of dentistry, chiropractic, Oriental medicine,
11 podiatry, optometry, perfusion, *anesthesia services*, respiratory care,
12 faith or Christian Science healing, nursing, veterinary medicine or
13 fitting hearing aids.

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

19 (c) Licensed or certified nurses in the discharge of their duties as
20 nurses.

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

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

27 3. This chapter does not prohibit:

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

29 (b) The domestic administration of family remedies.

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

33 **Sec. 39.** NRS 632.472 is hereby amended to read as follows:

34 632.472 1. The following persons shall report in writing to
35 the Executive Director of the Board any conduct of a licensee or
36 holder of a certificate which constitutes a violation of the provisions
37 of this chapter:

38 (a) Any physician, dentist, dental hygienist, chiropractor,
39 optometrist, podiatric physician, medical examiner, resident, intern,
40 professional or practical nurse, nursing assistant, medication aide -
41 certified, perfusionist, physician assistant licensed pursuant to
42 chapter 630 or 633 of NRS, *anesthesiologist assistant licensed*
43 *pursuant to chapter 630 or 633 of NRS*, psychiatrist, psychologist,
44 marriage and family therapist, clinical professional counselor,
45 alcohol or drug abuse counselor, music therapist, driver of an



1 ambulance, paramedic or other person providing medical services
2 licensed or certified to practice in this State.

3 (b) Any personnel of a medical facility or facility for the
4 dependent engaged in the admission, examination, care or treatment
5 of persons or an administrator, manager or other person in charge of
6 a medical facility or facility for the dependent upon notification by a
7 member of the staff of the facility.

8 (c) A coroner.

9 (d) Any person who maintains or is employed by an agency to
10 provide personal care services in the home.

11 (e) Any person who operates, who is employed by or who
12 contracts to provide services for an intermediary service
13 organization as defined in NRS 449.4304.

14 (f) Any person who maintains or is employed by an agency to
15 provide nursing in the home.

16 (g) Any employee of the Department of Health and Human
17 Services.

18 (h) Any employee of a law enforcement agency or a county's
19 office for protective services or an adult or juvenile probation
20 officer.

21 (i) Any person who maintains or is employed by a facility or
22 establishment that provides care for older persons.

23 (j) Any person who maintains, is employed by or serves as a
24 volunteer for an agency or service which advises persons regarding
25 the abuse, neglect or exploitation of an older person and refers them
26 to persons and agencies where their requests and needs can be met.

27 (k) Any social worker.

28 2. Every physician who, as a member of the staff of a medical
29 facility or facility for the dependent, has reason to believe that a
30 nursing assistant or medication aide - certified has engaged in
31 conduct which constitutes grounds for the denial, suspension or
32 revocation of a certificate shall notify the superintendent, manager
33 or other person in charge of the facility. The superintendent,
34 manager or other person in charge shall make a report as required in
35 subsection 1.

36 3. A report may be filed by any other person.

37 4. Any person who in good faith reports any violation of the
38 provisions of this chapter to the Executive Director of the Board
39 pursuant to this section is immune from civil liability for reporting
40 the violation.

41 5. As used in this section, "agency to provide personal care
42 services in the home" has the meaning ascribed to it in
43 NRS 449.0021.



1 **Sec. 40.** Chapter 633 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 41 to 50, inclusive, of this
3 act.

4 **Sec. 41.** *“Anesthesia services” means those services and*
5 *activities related to the administration of anesthesia to a patient,*
6 *including, without limitation, those services identified in*
7 *subsection 1 of section 45 of this act.*

8 **Sec. 42.** *“Anesthesiologist assistant” means a person who is*
9 *a graduate of an academic program approved by the Board or*
10 *who, by general education, practical training and experience*
11 *determined satisfactory to the Board, is qualified to perform*
12 *anesthesia services under the medically direct supervision of a*
13 *supervising anesthesiologist and who has been issued a license by*
14 *the Board.*

15 **Sec. 43.** *“Medically direct supervision” means that a*
16 *supervising anesthesiologist is immediately available in such*
17 *proximity to an anesthesiologist assistant during the performance*
18 *of his or her duties that the supervising anesthesiologist is able to*
19 *effectively re-establish direct contact with the patient to meet the*
20 *patient’s medical needs and address any urgent or emergent*
21 *clinical problems.*

22 **Sec. 44.** *“Supervising anesthesiologist” means an active*
23 *osteopathic physician licensed and in good standing in this State,*
24 *or a resident anesthesiologist working in an academic*
25 *environment, who is certified as an anesthesiologist by the*
26 *American Board of Anesthesiology, or its successor, and who*
27 *supervises one or more anesthesiology assistants.*

28 **Sec. 45. 1.** *An anesthesiologist assistant licensed under the*
29 *provisions of this chapter may perform anesthesia services within*
30 *the scope of practice of a supervising anesthesiologist and under*
31 *the medically direct supervision of that supervising*
32 *anesthesiologist, including, without limitation:*

- 33 (i) *Obtaining a patient’s preanesthetic health history;*
- 34 (ii) *Performing a preanesthetic physical examination;*
- 35 (iii) *Pretesting and calibrating anesthesia delivery systems and*
36 *monitors and obtaining information from the systems and*
37 *monitors;*
- 38 (iv) *Performing monitoring techniques;*
- 39 (v) *Establishing airway interventions and performing*
40 *ventilatory support;*
- 41 (vi) *Administering intermittent vasoactive drugs and starting*
42 *and adjusting vasoactive infusions;*
- 43 (vii) *Administering anesthetic, adjuvant and accessory drugs;*
- 44 (viii) *Administering blood, blood products and supportive fluids;*
- 45 (ix) *Performing epidural and spinal anesthetic procedures;*



1 (j) Recording postanesthetic patient progress notes;
2 (k) Performing administrative duties as delegated by the
3 supervising anesthesiologist; and

4 (l) Performing such other duties as authorized by the
5 supervising anesthesiologist.

6 2. An anesthesiologist assistant shall not:

7 (a) Administer any controlled substance to a patient except
8 within an operative environment and under the medically direct
9 supervision of a supervising anesthesiologist; and

10 (b) Prescribe any controlled substance.

11 3. Before an anesthesiologist assistant administers to a
12 patient any anesthetic agent that includes a controlled substance,
13 the anesthesiologist assistant or supervising anesthesiologist shall:

14 (a) Disclose to the patient that the anesthetic agent will be
15 administered by an anesthesiologist assistant; and

16 (b) Receive the patient's consent, in writing, for the
17 anesthesiologist assistant to administer the anesthetic agent.

18 **Sec. 46.** The Board may issue a license to an applicant who
19 is qualified under the regulations of the Board to perform
20 anesthesia services under the medically direct supervision of a
21 supervising anesthesiologist. The application for a license as an
22 anesthesiologist assistant must contain all information required by
23 the Board to complete the application.

24 **Sec. 47.** The Board shall adopt regulations establishing the
25 requirements for licensure as an anesthesiologist assistant,
26 including, without limitation:

27 1. The required qualifications of applicants for a license;

28 2. The academic or educational certificates, credentials or
29 programs of study required of applicants for a license;

30 3. The procedures for submitting applications for licensure;

31 4. The standards for review of submitted applications and
32 procedures for the issuance of licenses;

33 5. The tests or examinations of applicants by the Board;

34 6. The duration, renewal, revocation, suspension and
35 termination of licenses;

36 7. The regulation and discipline of anesthesiologist
37 assistants, including, without limitation, the reporting of
38 complaints, investigations of misconduct and disciplinary
39 proceedings;

40 8. The medically direct supervision of an anesthesiologist
41 assistant by a supervising anesthesiologist; and

42 9. Consistent with the provisions of section 45 of this act, the
43 anesthesia services which an anesthesiologist assistant may
44 perform.



1 **Sec. 48. 1. An anesthesiologist assistant shall:**

2 (a) *Keep his or her license available for inspection at his or*
3 *her primary place of business; and*

4 (b) *When engaged in professional duties, identify himself or*
5 *herself as an anesthesiologist assistant.*

6 2. *An anesthesiologist assistant shall not bill a patient*
7 *separately from his or her supervising anesthesiologist.*

8 **Sec. 49. 1. An anesthesiologist assistant licensed under the**
9 *provisions of this chapter who is responding to a need for medical*
10 *care created by an emergency or disaster, as declared by a*
11 *governmental entity, may render emergency care that is directly*
12 *related to the emergency or disaster without the supervision of a*
13 *supervising anesthesiologist as required by this chapter. The*
14 *provisions of this subsection apply only for the duration of the*
15 *emergency or disaster.*

16 2. *A supervising anesthesiologist who supervises an*
17 *anesthesiologist assistant who is rendering emergency care that is*
18 *directly related to an emergency or disaster, as described in*
19 *subsection 1, is not required to meet the requirements set forth in*
20 *this chapter for such supervision.*

21 **Sec. 50. 1. A supervising anesthesiologist shall provide**
22 *medically direct supervision to his or her anesthesiologist assistant*
23 *whenever the anesthesiologist assistant is performing anesthesia*
24 *services.*

25 2. *Before beginning to supervise an anesthesiologist*
26 *assistant, a supervising anesthesiologist shall communicate to the*
27 *anesthesiologist assistant:*

28 (a) *The scope of practice of the anesthesiologist assistant;*

29 (b) *The access to the supervising anesthesiologist that the*
30 *anesthesiologist assistant will have; and*

31 (c) *Any processes for evaluation that the supervising*
32 *anesthesiologist will use to evaluate the anesthesiologist assistant.*

33 3. *A supervising anesthesiologist shall not delegate to his or*
34 *her anesthesiologist assistant, and the anesthesiologist assistant*
35 *shall not accept, any task that is beyond the anesthesiologist*
36 *assistant's capability to complete safely.*

37 4. *A supervising anesthesiologist shall not supervise more*
38 *than four anesthesiologist assistants at the same time.*

39 5. *A supervising anesthesiologist may coordinate with other*
40 *anesthesiologists within his or her practice group or department*
41 *for the purpose of meeting any of his or her required supervisory*
42 *duties. Any anesthesiologist with whom a supervisory*
43 *anesthesiologist coordinates his or her supervisory duties shall be*
44 *considered a joint supervisory anesthesiologist and is subject to all*



1 *applicable requirements for a supervisory anesthesiologist*
2 *contained within this chapter.*

3 **Sec. 51.** NRS 633.011 is hereby amended to read as follows:

4 633.011 As used in this chapter, unless the context otherwise
5 requires, the words and terms defined in NRS 633.021 to 633.131,
6 inclusive, *and sections 41 to 44, inclusive, of this act* have the
7 meanings ascribed to them in those sections.

8 **Sec. 52.** NRS 633.071 is hereby amended to read as follows:

9 633.071 “Malpractice” means failure on the part of an
10 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*
11 *assistant* to exercise the degree of care, diligence and skill ordinarily
12 exercised by osteopathic physicians , ~~or~~ physician assistants *or*
13 *anesthesiologist assistants* in good standing in the community in
14 which he or she practices.

15 **Sec. 53.** NRS 633.131 is hereby amended to read as follows:

16 633.131 1. “Unprofessional conduct” includes:

17 (a) Willfully making a false or fraudulent statement or
18 submitting a forged or false document in applying for a license to
19 practice osteopathic medicine , ~~or~~ to practice as a physician
20 *assistant or to practice as an anesthesiologist* assistant, or in
21 applying for the renewal of a license to practice osteopathic
22 medicine , ~~or~~ to practice as a physician assistant ~~or~~ *or to practice*
23 *as an anesthesiologist assistant.*

24 (b) Failure of a person who is licensed to practice osteopathic
25 medicine to identify himself or herself professionally by using the
26 term D.O., osteopathic physician, doctor of osteopathy or a similar
27 term.

28 (c) Directly or indirectly giving to or receiving from any person,
29 corporation or other business organization any fee, commission,
30 rebate or other form of compensation for sending, referring or
31 otherwise inducing a person to communicate with an osteopathic
32 physician in his or her professional capacity or for any professional
33 services not actually and personally rendered, except as otherwise
34 provided in subsection 2.

35 (d) Employing, directly or indirectly, any suspended or
36 unlicensed person in the practice of osteopathic medicine , ~~or~~ in
37 practice as a physician assistant ~~or~~ *or in practice as an*
38 *anesthesiologist assistant*, or the aiding or abetting of any
39 unlicensed person to practice osteopathic medicine , ~~or~~ to practice
40 as a physician assistant ~~or~~ *or to practice as an anesthesiologist*
41 *assistant.*

42 (e) Advertising the practice of osteopathic medicine in a manner
43 which does not conform to the guidelines established by regulations
44 of the Board.

45 (f) Engaging in any:



1 (1) Professional conduct which is intended to deceive or
2 which the Board by regulation has determined is unethical; or

3 (2) Medical practice harmful to the public or any conduct
4 detrimental to the public health, safety or morals which does not
5 constitute gross or repeated malpractice or professional
6 incompetence.

7 (g) Administering, dispensing or prescribing any controlled
8 substance or any dangerous drug as defined in chapter 454 of NRS,
9 otherwise than in the course of legitimate professional practice or as
10 authorized by law.

11 (h) Habitual drunkenness or habitual addiction to the use of a
12 controlled substance.

13 (i) Performing, assisting in or advising an unlawful abortion or
14 the injection of any liquid silicone substance into the human body,
15 other than the use of silicone oil to repair a retinal detachment.

16 (j) Willful disclosure of a communication privileged pursuant to
17 a statute or court order.

18 (k) Willful disobedience of the regulations of the State Board of
19 Health, the State Board of Pharmacy or the State Board of
20 Osteopathic Medicine.

21 (l) Violating or attempting to violate, directly or indirectly, or
22 assisting in or abetting the violation of or conspiring to violate any
23 prohibition made in this chapter.

24 (m) Failure of a licensee to maintain timely, legible, accurate
25 and complete medical records relating to the diagnosis, treatment
26 and care of a patient.

27 (n) Making alterations to the medical records of a patient that
28 the licensee knows to be false.

29 (o) Making or filing a report which the licensee knows to be
30 false.

31 (p) Failure of a licensee to file a record or report as required by
32 law, or willfully obstructing or inducing any person to obstruct such
33 filing.

34 (q) Failure of a licensee to make medical records of a patient
35 available for inspection and copying as provided by NRS 629.061.

36 (r) Providing false, misleading or deceptive information to the
37 Board in connection with an investigation conducted by the Board.

38 2. It is not unprofessional conduct:

39 (a) For persons holding valid licenses to practice osteopathic
40 medicine issued pursuant to this chapter to practice osteopathic
41 medicine in partnership under a partnership agreement or in a
42 corporation or an association authorized by law, or to pool, share,
43 divide or apportion the fees and money received by them or by the
44 partnership, corporation or association in accordance with the



1 partnership agreement or the policies of the board of directors of the
2 corporation or association;

3 (b) For two or more persons holding valid licenses to practice
4 osteopathic medicine issued pursuant to this chapter to receive
5 adequate compensation for concurrently rendering professional care
6 to a patient and dividing a fee if the patient has full knowledge of
7 this division and if the division is made in proportion to the services
8 performed and the responsibility assumed by each person; or

9 (c) For a person licensed to practice osteopathic medicine
10 pursuant to the provisions of this chapter to form an association or
11 other business relationship with an optometrist pursuant to the
12 provisions of NRS 636.373.

13 **Sec. 54.** NRS 633.151 is hereby amended to read as follows:

14 633.151 The purpose of licensing osteopathic physicians ,
15 ~~and~~ physician assistants *and anesthesiologist assistants* is to
16 protect the public health and safety and the general welfare of the
17 people of this State. Any license issued pursuant to this chapter is a
18 revocable privilege, and a holder of such a license does not acquire
19 thereby any vested right.

20 **Sec. 55.** NRS 633.171 is hereby amended to read as follows:

21 633.171 1. This chapter does not apply to:

22 (a) The practice of medicine , *anesthesia services* or perfusion
23 pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry,
24 optometry, respiratory care, faith or Christian Science healing,
25 nursing, veterinary medicine or fitting hearing aids.

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

31 (c) Osteopathic physicians who are called into this State, other
32 than on a regular basis, for consultation or assistance to a physician
33 licensed in this State, and who are legally qualified to practice in the
34 state where they reside.

35 2. This chapter does not repeal or affect any law of this State
36 regulating or affecting any other healing art.

37 3. This chapter does not prohibit:

38 (a) Gratuitous services of a person in cases of emergency.

39 (b) The domestic administration of family remedies.

40 **Sec. 56.** NRS 633.286 is hereby amended to read as follows:

41 633.286 1. On or before February 15 of each odd-numbered
42 year, the Board shall submit to the Governor and to the Director of
43 the Legislative Counsel Bureau for transmittal to the next regular
44 session of the Legislature a written report compiling:



1 (a) Disciplinary action taken by the Board during the previous
2 biennium against osteopathic physicians , ~~and~~ physician assistants
3 *and anesthesiologist assistants* for malpractice or negligence;

4 (b) Information reported to the Board during the previous
5 biennium pursuant to NRS 633.526, 633.527, subsections 3 and 6 of
6 NRS 633.533 and NRS 690B.250 and 690B.260; and

7 (c) Information reported to the Board during the previous
8 biennium pursuant to NRS 633.524, including, without limitation,
9 the number and types of surgeries performed by each holder of a
10 license to practice osteopathic medicine and the occurrence of
11 sentinel events arising from such surgeries, if any.

12 2. The report must include only aggregate information for
13 statistical purposes and exclude any identifying information related
14 to a particular person.

15 **Sec. 57.** NRS 633.301 is hereby amended to read as follows:

16 633.301 1. The Board shall keep a record of its proceedings
17 relating to licensing and disciplinary actions. Except as otherwise
18 provided in this section, the record must be open to public
19 inspection at all reasonable times and contain the name, known
20 place of business and residence, and the date and number of the
21 license of every osteopathic physician , ~~and every~~
22 assistant *and anesthesiologist assistant* licensed under this chapter.

23 2. Except as otherwise provided in this section and NRS
24 239.0115, a complaint filed with the Board, all documents and other
25 information filed with the complaint and all documents and other
26 information compiled as a result of an investigation conducted to
27 determine whether to initiate disciplinary action against a person are
28 confidential, unless the person submits a written statement to the
29 Board requesting that such documents and information be made
30 public records.

31 3. The charging documents filed with the Board to initiate
32 disciplinary action pursuant to chapter 622A of NRS and all other
33 documents and information considered by the Board when
34 determining whether to impose discipline are public records.

35 4. The Board shall, to the extent feasible, communicate or
36 cooperate with or provide any documents or other information to
37 any other licensing board or any other agency that is investigating a
38 person, including, without limitation, a law enforcement agency.

39 **Sec. 58.** NRS 633.3619 is hereby amended to read as follows:

40 633.3619 The Board shall not issue or renew a license to
41 practice osteopathic medicine ~~or~~ , *to practice* as a physician
42 assistant *or to practice as an anesthesiologist assistant* unless the
43 applicant for issuance or renewal of the license attests to knowledge
44 of and compliance with the guidelines of the Centers for Disease



1 Control and Prevention concerning the prevention of transmission of
2 infectious agents through safe and appropriate injection practices.

3 **Sec. 59.** NRS 633.471 is hereby amended to read as follows:

4 633.471 1. Except as otherwise provided in subsection 6 and
5 NRS 633.491, every holder of a license *to practice osteopathic*
6 *medicine or to practice as a physician assistant* issued under this
7 chapter, except a temporary or a special license, may renew the
8 license on or before January 1 of each calendar year after its
9 issuance by:

10 (a) Applying for renewal on forms provided by the Board;

11 (b) Paying the annual license renewal fee specified in this
12 chapter;

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

16 (d) Submitting an affidavit to the Board that in the year
17 preceding the application for renewal the holder has attended
18 courses or programs of continuing education approved by the Board
19 totaling a number of hours established by the Board which must not
20 be less than 35 hours nor more than that set in the requirements for
21 continuing medical education of the American Osteopathic
22 Association; and

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

24 2. The Secretary of the Board shall notify each ~~licensee~~
25 *person licensed to practice osteopathic medicine or a licensee to*
26 *practice as a physician assistant* of the requirements for renewal
27 not less than 30 days before the date of renewal.

28 3. The Board shall request submission of verified evidence of
29 completion of the required number of hours of continuing medical
30 education annually from no fewer than one-third of the applicants
31 for renewal of a license to practice osteopathic medicine or a license
32 to practice as a physician assistant. Upon a request from the Board,
33 an applicant for renewal of a license to practice osteopathic
34 medicine or a license to practice as a physician assistant shall submit
35 verified evidence satisfactory to the Board that in the year preceding
36 the application for renewal the applicant attended courses or
37 programs of continuing medical education approved by the Board
38 totaling the number of hours established by the Board.

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



1 5. The Board shall require, as part of the continuing education
2 requirements approved by the Board, the biennial completion by a
3 holder of a license to practice osteopathic medicine of at least 2
4 hours of continuing education credits in ethics, pain management or
5 addiction care.

6 6. Members of the Armed Forces of the United States and the
7 United States Public Health Service are exempt from payment of the
8 annual license renewal fee during their active duty status.

9 **Sec. 60.** NRS 633.491 is hereby amended to read as follows:

10 633.491 1. A licensee who retires from practice is not
11 required annually to renew his or her license after filing with the
12 Board an affidavit stating the date on which he or she retired from
13 practice and any other evidence that the Board may require to verify
14 the retirement.

15 2. An osteopathic physician , ~~or~~ physician assistant *or*
16 *anesthesiologist assistant* who retires from practice and who desires
17 to return to practice may apply to renew his or her license by paying
18 all back annual license renewal fees from the date of retirement and
19 submitting verified evidence satisfactory to the Board that the
20 licensee has attended continuing education courses or programs
21 approved by the Board which total:

22 (a) Twenty-five hours if the licensee has been retired 1 year or
23 less.

24 (b) Fifty hours within 12 months of the date of the application if
25 the licensee has been retired for more than 1 year.

26 3. A licensee who wishes to have a license placed on inactive
27 status must provide the Board with an affidavit stating the date on
28 which the licensee will cease the practice of osteopathic medicine ,
29 ~~or~~ cease to practice as a physician assistant *or cease to practice as*
30 *an anesthesiologist assistant* in Nevada and any other evidence that
31 the Board may require. The Board shall place the license of the
32 licensee on inactive status upon receipt of:

33 (a) The affidavit required pursuant to this subsection; and

34 (b) Payment of the inactive license fee prescribed by
35 NRS 633.501.

36 4. An osteopathic physician , ~~or~~ physician assistant *or*
37 *anesthesiologist assistant* whose license has been placed on inactive
38 status:

39 (a) Is not required to annually renew the license.

40 (b) Shall annually pay the inactive license fee prescribed by
41 NRS 633.501.

42 (c) Shall not practice osteopathic medicine , ~~or~~ practice as a
43 physician assistant *or practice as an anesthesiologist assistant* in
44 this State.



5. An osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* whose license is on inactive status and who wishes to renew his or her license to practice osteopathic medicine , ~~or~~ license to practice as a physician assistant *or license to practice as an anesthesiologist assistant* must:

(a) Provide to the Board verified evidence satisfactory to the Board of completion of the total number of hours of continuing medical education required for:

(1) The year preceding the date of the application for renewal of the license; and

(2) Each year after the date the license was placed on inactive status.

(b) Provide to the Board an affidavit stating that the applicant has not withheld from the Board any information which would constitute grounds for disciplinary action pursuant to this chapter.

(c) Comply with all other requirements for renewal.

Sec. 61. NRS 633.501 is hereby amended to read as follows:

633.501 1. Except as otherwise provided in subsection 2, the Board shall charge and collect fees not to exceed the following amounts:

- (a) Application and initial license fee for an osteopathic physician \$800
- (b) Annual license renewal fee for an osteopathic physician 500
- (c) Temporary license fee 500
- (d) Special or authorized facility license fee 200
- (e) Special event license fee 200
- (f) Special or authorized facility license renewal fee 200
- (g) Reexamination fee 200
- (h) Late payment fee 300
- (i) Application and initial license fee for a physician assistant 400
- (j) Annual license renewal fee for a physician assistant 400
- (k) *Application and initial license fee for an anesthesiologist assistant* 500
- (l) *Annual license renewal fee for an anesthesiologist assistant* 500
- (m) Inactive license fee 200

2. The Board may prorate the initial license fee for a new license issued pursuant to paragraph (a) , ~~or~~ (i) *or* (k) of subsection 1 which expires less than 6 months after the date of issuance.

3. The cost of any special meeting called at the request of a licensee, an institution, an organization, a state agency or an applicant for licensure must be paid by the person or entity requesting the special meeting. Such a special meeting must not be



1 called until the person or entity requesting the meeting has paid a
2 cash deposit with the Board sufficient to defray all expenses of the
3 meeting.

4 **Sec. 62.** NRS 633.511 is hereby amended to read as follows:

5 633.511 The grounds for initiating disciplinary action pursuant
6 to this chapter are:

7 1. Unprofessional conduct.

8 2. Conviction of:

9 (a) A violation of any federal or state law regulating the
10 possession, distribution or use of any controlled substance or any
11 dangerous drug as defined in chapter 454 of NRS;

12 (b) A felony relating to the practice of osteopathic medicine ,
13 ~~for~~ practice as a physician assistant ~~or~~ *or practice as an*
14 *anesthesiologist assistant*;

15 (c) A violation of any of the provisions of NRS 616D.200,
16 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

17 (d) Murder, voluntary manslaughter or mayhem;

18 (e) Any felony involving the use of a firearm or other deadly
19 weapon;

20 (f) Assault with intent to kill or to commit sexual assault or
21 mayhem;

22 (g) Sexual assault, statutory sexual seduction, incest, lewdness,
23 indecent exposure or any other sexually related crime;

24 (h) Abuse or neglect of a child or contributory delinquency; or

25 (i) Any offense involving moral turpitude.

26 3. The suspension of a license to practice osteopathic medicine
27 , ~~for~~ to practice as a physician assistant *or to practice as an*
28 *anesthesiologist assistant* by any other jurisdiction.

29 4. Malpractice or gross malpractice, which may be evidenced
30 by a claim of malpractice settled against a licensee.

31 5. Professional incompetence.

32 6. Failure to comply with the requirements of NRS 633.527.

33 7. Failure to comply with the requirements of subsection 3 of
34 NRS 633.471.

35 8. Failure to comply with the provisions of NRS 633.694.

36 9. Operation of a medical facility, as defined in NRS 449.0151,
37 at any time during which:

38 (a) The license of the facility is suspended or revoked; or

39 (b) An act or omission occurs which results in the suspension or
40 revocation of the license pursuant to NRS 449.160.

41 ➔ This subsection applies to an owner or other principal responsible
42 for the operation of the facility.

43 10. Failure to comply with the provisions of subsection 2 of
44 NRS 633.322.

45 11. Signing a blank prescription form.



1 12. Knowingly procuring or administering a controlled
2 substance or a dangerous drug as defined in chapter 454 of NRS that
3 is not approved by the United States Food and Drug Administration,
4 unless the unapproved controlled substance or dangerous drug:

5 (a) Was procured through a retail pharmacy licensed pursuant to
6 chapter 639 of NRS;

7 (b) Was procured through a Canadian pharmacy which is
8 licensed pursuant to chapter 639 of NRS and which has been
9 recommended by the State Board of Pharmacy pursuant to
10 subsection 4 of NRS 639.2328; or

11 (c) Is marijuana being used for medical purposes in accordance
12 with chapter 453A of NRS.

13 13. Attempting, directly or indirectly, by intimidation, coercion
14 or deception, to obtain or retain a patient or to discourage the use of
15 a second opinion.

16 14. Terminating the medical care of a patient without adequate
17 notice or without making other arrangements for the continued care
18 of the patient.

19 15. In addition to the provisions of subsection 3 of NRS
20 633.524, making or filing a report which the licensee knows to be
21 false, failing to file a record or report that is required by law or
22 willfully obstructing or inducing another to obstruct the making or
23 filing of such a record or report.

24 16. Failure to report any person the licensee knows, or has
25 reason to know, is in violation of the provisions of this chapter or
26 the regulations of the Board within 30 days after the date the
27 licensee knows or has reason to know of the violation.

28 17. Failure by a licensee or applicant to report in writing,
29 within 30 days, any criminal action taken or conviction obtained
30 against the licensee or applicant, other than a minor traffic violation,
31 in this State or any other state or by the Federal Government, a
32 branch of the Armed Forces of the United States or any local or
33 federal jurisdiction of a foreign country.

34 18. Engaging in any act that is unsafe in accordance with
35 regulations adopted by the Board.

36 19. Failure to comply with the provisions of NRS 633.165.

37 20. Failure to supervise adequately a medical assistant pursuant
38 to the regulations of the Board.

39 **Sec. 63.** NRS 633.512 is hereby amended to read as follows:

40 633.512 Any member or agent of the Board may enter any
41 premises in this State where a person who holds a license issued
42 pursuant to the provisions of this chapter practices osteopathic
43 medicine ~~for~~, *practices* as a physician assistant *or practices as an*
44 *anesthesiologist assistant* and inspect it to determine whether a
45 violation of any provision of this chapter has occurred, including,



1 without limitation, an inspection to determine whether any person at
2 the premises is practicing osteopathic medicine ~~[or]~~, *practicing* as a
3 physician assistant *or practicing as an anesthesiologist assistant*
4 without the appropriate license issued pursuant to the provisions of
5 this chapter.

6 **Sec. 64.** NRS 633.526 is hereby amended to read as follows:

7 633.526 1. The insurer of an osteopathic physician, ~~[or]~~
8 physician assistant *or anesthesiologist assistant* licensed under this
9 chapter shall report to the Board:

10 (a) Any action for malpractice against the osteopathic physician
11, ~~[or]~~ physician assistant *or anesthesiologist assistant* not later than
12 45 days after the osteopathic physician, ~~[or]~~ physician assistant *or*
13 *anesthesiologist assistant* receives service of a summons and
14 complaint for the action;

15 (b) Any claim for malpractice against the osteopathic physician,
16 ~~[or]~~ physician assistant *or anesthesiologist assistant* that is
17 submitted to arbitration or mediation not later than 45 days after the
18 claim is submitted to arbitration or mediation; and

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

22 2. The Board shall report any failure to comply with subsection
23 1 by an insurer licensed in this State to the Division of Insurance of
24 the Department of Business and Industry. If, after a hearing, the
25 Division of Insurance determines that any such insurer failed to
26 comply with the requirements of subsection 1, the Division may
27 impose an administrative fine of not more than \$10,000 against the
28 insurer for each such failure to report. If the administrative fine is
29 not paid when due, the fine must be recovered in a civil action
30 brought by the Attorney General on behalf of the Division.

31 **Sec. 65.** NRS 633.527 is hereby amended to read as follows:

32 633.527 1. An osteopathic physician, ~~[or]~~ physician assistant
33 *or anesthesiologist assistant* shall report to the Board:

34 (a) Any action for malpractice against the osteopathic physician
35, ~~[or]~~ physician assistant *or anesthesiologist assistant* not later than
36 45 days after the osteopathic physician, ~~[or]~~ physician assistant *or*
37 *anesthesiologist assistant* receives service of a summons and
38 complaint for the action;

39 (b) Any claim for malpractice against the osteopathic physician,
40 ~~[or]~~ physician assistant *or anesthesiologist assistant* that is
41 submitted to arbitration or mediation not later than 45 days after the
42 claim is submitted to arbitration or mediation;

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



(d) Any sanctions imposed against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

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

3. All reports made by an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* pursuant to this section are public records.

Sec. 66. NRS 633.528 is hereby amended to read as follows:

633.528 If the Board receives a report pursuant to the provisions of NRS 633.526, 633.527, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action or claim for malpractice or that such an action or claim against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board shall conduct an investigation to determine whether to discipline the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

Sec. 67. NRS 633.529 is hereby amended to read as follows:

633.529 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board receives a report pursuant to the provisions of NRS 633.526, 633.527, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action or claim for malpractice, or that such an action or claim against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board may order the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* to undergo a mental or physical examination or any other examination designated by the Board to test his or her competence to practice osteopathic medicine , ~~or~~ to practice as a physician assistant *or to practice as an anesthesiologist assistant*, as applicable. An examination conducted pursuant to this subsection must be conducted by osteopathic physicians designated by the Board.

2. For the purposes of this section:



1 (a) An osteopathic physician , ~~or~~ physician assistant *or*
2 *anesthesiologist assistant* who applies for a license or who holds a
3 license under this chapter is deemed to have given consent to submit
4 to a mental or physical examination or an examination testing his or
5 her competence to practice osteopathic medicine , ~~or~~ to practice as
6 a physician *assistant or to practice as an anesthesiologist* assistant,
7 as applicable, pursuant to a written order by the Board.

8 (b) The testimony or reports of the examining osteopathic
9 physician are not privileged communications.

10 **Sec. 68.** NRS 633.531 is hereby amended to read as follows:

11 633.531 1. The Board or any of its members, or a medical
12 review panel of a hospital or medical society, which becomes aware
13 of any conduct by an osteopathic physician , ~~or~~ physician assistant
14 *or anesthesiologist assistant* that may constitute grounds for
15 initiating disciplinary action shall, and any other person who is so
16 aware may, file a written complaint specifying the relevant facts
17 with the Board.

18 2. The Board shall retain all complaints filed with the Board
19 pursuant to this section for at least 10 years, including, without
20 limitation, any complaints not acted upon.

21 **Sec. 69.** NRS 633.533 is hereby amended to read as follows:

22 633.533 1. Except as otherwise provided in subsection 2, any
23 person may file with the Board a complaint against an osteopathic
24 physician ~~or~~ , *a* physician assistant *or an anesthesiologist*
25 *assistant* on a form provided by the Board. The form may be
26 submitted in writing or electronically. If a complaint is submitted
27 anonymously, the Board may accept the complaint but may refuse to
28 consider the complaint if the lack of the identity of the complainant
29 makes processing the complaint impossible or unfair to the person
30 who is the subject of the complaint.

31 2. Any licensee, medical school or medical facility that
32 becomes aware that a person practicing osteopathic medicine , ~~or~~
33 practicing as a physician assistant *or practicing as an*
34 *anesthesiologist assistant* in this State has, is or is about to become
35 engaged in conduct which constitutes grounds for initiating
36 disciplinary action shall file a written complaint with the Board
37 within 30 days after becoming aware of the conduct.

38 3. Except as otherwise provided in subsection 4, any hospital,
39 clinic or other medical facility licensed in this State, or medical
40 society, shall file a written report with the Board of any change in
41 the privileges of an osteopathic physician , ~~or~~ physician assistant
42 *or anesthesiologist assistant* to practice while the osteopathic
43 physician , ~~or~~ physician assistant *or anesthesiologist assistant* is
44 under investigation, and the outcome of any disciplinary action
45 taken by the facility or society against the osteopathic physician ,



1 ~~{or}~~ physician assistant *or anesthesiologist assistant* concerning the
2 care of a patient or the competency of the osteopathic physician ,
3 ~~{or}~~ physician *assistant or anesthesiologist* assistant, within 30 days
4 after the change in privileges is made or disciplinary action is taken.

5 4. A hospital, clinic or other medical facility licensed in this
6 State, or medical society, shall report to the Board within 5 days
7 after a change in the privileges of an osteopathic physician , ~~{or}~~
8 physician assistant *or anesthesiologist assistant* that is based on:

9 (a) An investigation of the mental, medical or psychological
10 competency of the osteopathic physician , ~~{or}~~ physician assistant ~~{or}~~
11 *or anesthesiologist assistant*; or

12 (b) Suspected or alleged substance abuse in any form by the
13 osteopathic physician , ~~{or}~~ physician assistant ~~{or}~~ *or*
14 *anesthesiologist assistant*.

15 5. The Board shall report any failure to comply with subsection
16 3 or 4 by a hospital, clinic or other medical facility licensed in this
17 State to the Division of Public and Behavioral Health of the
18 Department of Health and Human Services. If, after a hearing, the
19 Division determines that any such facility or society failed to
20 comply with the requirements of this subsection, the Division may
21 impose an administrative fine of not more than \$10,000 against the
22 facility or society for each such failure to report. If the
23 administrative fine is not paid when due, the fine must be recovered
24 in a civil action brought by the Attorney General on behalf of the
25 Division.

26 6. The clerk of every court shall report to the Board any
27 finding, judgment or other determination of the court that an
28 osteopathic physician , ~~{or}~~ physician assistant ~~{or}~~ *or*
29 *anesthesiologist assistant*:

30 (a) Is mentally ill;

31 (b) Is mentally incompetent;

32 (c) Has been convicted of a felony or any law governing
33 controlled substances or dangerous drugs;

34 (d) Is guilty of abuse or fraud under any state or federal program
35 providing medical assistance; or

36 (e) Is liable for damages for malpractice or negligence,

37 ↪ within 45 days after the finding, judgment or determination.

38 7. On or before January 15 of each year, the clerk of every
39 court shall submit to the Office of Court Administrator created
40 pursuant to NRS 1.320 a written report compiling the information
41 that the clerk reported during the previous year to the Board
42 regarding osteopathic physicians , ~~{and}~~ physician assistants *and*
43 *anesthesiologist assistants* pursuant to paragraph (e) of
44 subsection 6.



1 **Sec. 70.** NRS 633.542 is hereby amended to read as follows:
2 633.542 Unless the Board determines that extenuating
3 circumstances exist, the Board shall forward to the appropriate law
4 enforcement agency any substantiated information submitted to the
5 Board concerning a person who practices or offers to practice
6 osteopathic medicine ~~or~~, *who practices or offers to practice* as a
7 physician assistant *or as an anesthesiologist assistant* without the
8 appropriate license issued pursuant to the provisions of this chapter.

9 **Sec. 71.** NRS 633.561 is hereby amended to read as follows:
10 633.561 1. Notwithstanding the provisions of chapter 622A
11 of NRS, if the Board or a member of the Board designated to review
12 a complaint pursuant to NRS 633.541 has reason to believe that the
13 conduct of an osteopathic physician , ~~or~~ physician assistant *or*
14 *anesthesiologist assistant* has raised a reasonable question as to his
15 or her competence to practice osteopathic medicine , ~~or~~ to practice
16 as a physician assistant ~~or~~ *or to practice as an anesthesiologist*
17 *assistant*, as applicable, with reasonable skill and safety to patients,
18 the Board or the member designated by the Board may require the
19 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*
20 *assistant* to submit to a mental or physical examination conducted
21 by physicians designated by the Board. If the osteopathic physician ,
22 ~~or~~ physician assistant *or anesthesiologist assistant* participates in
23 a diversion program, the diversion program may exchange with any
24 authorized member of the staff of the Board any information
25 concerning the recovery and participation of the osteopathic
26 physician , ~~or~~ physician assistant *or anesthesiologist assistant* in
27 the diversion program. As used in this subsection, "diversion
28 program" means a program approved by the Board to correct an
29 osteopathic physician's , ~~or~~ physician assistant's *or*
30 *anesthesiologist assistant's* alcohol or drug dependence or any other
31 impairment.

32 2. For the purposes of this section:

33 (a) An osteopathic physician , ~~or~~ physician assistant *or*
34 *anesthesiologist assistant* who is licensed under this chapter and
35 who accepts the privilege of practicing osteopathic medicine , ~~or~~
36 practicing as a physician assistant *or practicing as an*
37 *anesthesiologist assistant* in this State is deemed to have given
38 consent to submit to a mental or physical examination pursuant to a
39 written order by the Board.

40 (b) The testimony or examination reports of the examining
41 physicians are not privileged communications.

42 3. Except in extraordinary circumstances, as determined by the
43 Board, the failure of an osteopathic physician , ~~or~~ physician
44 assistant *or anesthesiologist assistant* who is licensed under this
45 chapter to submit to an examination pursuant to this section



1 constitutes an admission of the charges against the osteopathic
2 physician, ~~or~~ physician assistant ~~or~~ *anesthesiologist assistant*.

3 **Sec. 72.** NRS 633.571 is hereby amended to read as follows:

4 633.571 Notwithstanding the provisions of chapter 622A of
5 NRS, if the Board has reason to believe that the conduct of any
6 osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*
7 *assistant* has raised a reasonable question as to his or her
8 competence to practice osteopathic medicine, ~~or~~ to practice as a
9 physician assistant ~~or~~ *to practice as an anesthesiologist*
10 *assistant*, as applicable, with reasonable skill and safety to patients,
11 the Board may require the osteopathic physician, ~~or~~ physician
12 assistant *or anesthesiologist assistant* to submit to an examination
13 for the purposes of determining his or her competence to practice
14 osteopathic medicine, ~~or~~ to practice as a physician assistant ~~or~~
15 *to practice as an anesthesiologist assistant*, as applicable, with
16 reasonable skill and safety to patients.

17 **Sec. 73.** NRS 633.581 is hereby amended to read as follows:

18 633.581 1. If an investigation by the Board of an osteopathic
19 physician, ~~or~~ physician assistant *or anesthesiologist assistant*
20 reasonably determines that the health, safety or welfare of the public
21 or any patient served by the osteopathic physician, ~~or~~ physician
22 assistant *or anesthesiologist assistant* is at risk of imminent or
23 continued harm, the Board may summarily suspend the license of
24 the osteopathic physician, ~~or~~ physician assistant ~~or~~
25 *anesthesiologist assistant*. The order of summary suspension may
26 be issued by the Board, an investigative committee of the Board or
27 the Executive Director of the Board after consultation with the
28 President, Vice President or Secretary-Treasurer of the Board.

29 2. If the Board issues an order summarily suspending the
30 license of an osteopathic physician, ~~or~~ physician assistant *or*
31 *anesthesiologist assistant* pursuant to subsection 1, the Board shall
32 hold a hearing regarding the matter not later than 45 days after the
33 date on which the Board issues the order summarily suspending the
34 license unless the Board and the licensee mutually agree to a longer
35 period.

36 3. Notwithstanding the provisions of chapter 622A of NRS, if
37 the Board issues an order summarily suspending the license of an
38 osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*
39 *assistant* pending a proceeding for disciplinary action and requires
40 the osteopathic physician, ~~or~~ physician assistant *or*
41 *anesthesiologist assistant* to submit to a mental or physical
42 examination or a medical competency examination, the examination
43 must be conducted and the results must be obtained not later than 60
44 days after the Board issues the order.



1 **Sec. 74.** NRS 633.591 is hereby amended to read as follows:
2 633.591 Notwithstanding the provisions of chapter 622A of
3 NRS, if the Board issues an order summarily suspending the license
4 of an osteopathic physician , ~~{or}~~ physician assistant *or*
5 *anesthesiologist assistant* pending proceedings for disciplinary
6 action, including, without limitation, a summary suspension
7 pursuant to NRS 233B.127, the court shall not stay that order unless
8 the Board fails to institute and determine such proceedings as
9 promptly as the requirements for investigation of the case
10 reasonably allow.

11 **Sec. 75.** NRS 633.601 is hereby amended to read as follows:

12 633.601 1. In addition to any other remedy provided by law,
13 the Board, through an officer of the Board or the Attorney General,
14 may apply to any court of competent jurisdiction to enjoin any
15 unprofessional conduct of an osteopathic physician , ~~{or}~~ physician
16 assistant *or anesthesiologist assistant* which is harmful to the public
17 or to limit the practice of the osteopathic physician , ~~{or}~~ physician
18 assistant *or anesthesiologist assistant* or suspend his or her license
19 to practice osteopathic medicine , ~~{or}~~ to practice as a physician
20 assistant ~~{}~~ *or to practice as an anesthesiologist assistant*, as
21 applicable, as provided in this section.

22 2. The court in a proper case may issue a temporary restraining
23 order or a preliminary injunction for such purposes:

24 (a) Without proof of actual damage sustained by any person, this
25 provision being a preventive as well as punitive measure; and

26 (b) Pending proceedings for disciplinary action by the Board.
27 Notwithstanding the provisions of chapter 622A of NRS, such
28 proceedings shall be instituted and determined as promptly as the
29 requirements for investigation of the case reasonably allow.

30 **Sec. 76.** NRS 633.631 is hereby amended to read as follows:

31 633.631 Except as otherwise provided in chapter 622A of
32 NRS:

33 1. Service of process made under this chapter must be either
34 personal or by registered or certified mail with return receipt
35 requested, addressed to the osteopathic physician , ~~{or}~~ physician
36 assistant *or anesthesiologist assistant* at his or her last known
37 address, as indicated in the records of the Board. If personal service
38 cannot be made and if mail notice is returned undelivered, the
39 Secretary of the Board shall cause a notice of hearing to be
40 published once a week for 4 consecutive weeks in a newspaper
41 published in the county of the last known address of the osteopathic
42 physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* or,
43 if no newspaper is published in that county, in a newspaper widely
44 distributed in that county.



1 2. Proof of service of process or publication of notice made
2 under this chapter must be filed with the Secretary of the Board and
3 must be recorded in the minutes of the Board.

4 **Sec. 77.** NRS 633.641 is hereby amended to read as follows:

5 633.641 Notwithstanding the provisions of chapter 622A of
6 NRS, in any disciplinary proceeding before the Board, a hearing
7 officer or a panel:

8 1. Proof of actual injury need not be established where the
9 formal complaint charges deceptive or unethical professional
10 conduct or medical practice harmful to the public.

11 2. A certified copy of the record of a court or a licensing
12 agency showing a conviction or the suspension or revocation of a
13 license to practice osteopathic medicine , ~~to~~ to practice as a
14 physician assistant *or to practice as an anesthesiologist assistant* is
15 conclusive evidence of its occurrence.

16 **Sec. 78.** NRS 633.651 is hereby amended to read as follows:

17 633.651 1. If the Board finds a person guilty in a disciplinary
18 proceeding, it shall by order take one or more of the following
19 actions:

20 (a) Place the person on probation for a specified period or until
21 further order of the Board.

22 (b) Administer to the person a public reprimand.

23 (c) Limit the practice of the person to, or by the exclusion of,
24 one or more specified branches of osteopathic medicine.

25 (d) Suspend the license of the person to practice osteopathic
26 medicine , ~~to~~ to practice as a physician assistant *or to practice as*
27 *an anesthesiologist assistant* for a specified period or until further
28 order of the Board.

29 (e) Revoke the license of the person to practice osteopathic
30 medicine , ~~to~~ to practice as a physician assistant ~~to~~ *or to practice*
31 *as an anesthesiologist assistant*.

32 (f) Impose a fine not to exceed \$5,000 for each violation.

33 (g) Require supervision of the practice of the person.

34 (h) Require the person to perform community service without
35 compensation.

36 (i) Require the person to complete any training or educational
37 requirements specified by the Board.

38 (j) Require the person to participate in a program to correct
39 alcohol or drug dependence or any other impairment.

40 ➔ The order of the Board may contain any other terms, provisions
41 or conditions as the Board deems proper and which are not
42 inconsistent with law.

43 2. The Board shall not administer a private reprimand.

44 3. An order that imposes discipline and the findings of fact and
45 conclusions of law supporting that order are public records.



Sec. 79. NRS 633.671 is hereby amended to read as follows:

633.671 1. Any person who has been placed on probation or whose license has been limited, suspended or revoked by the Board is entitled to judicial review of the Board's order as provided by law.

2. Every order of the Board which limits the practice of osteopathic medicine , ~~for~~ the practice of a physician assistant *or the practice of an anesthesiologist assistant* or suspends or revokes a license is effective from the date on which the order is issued by the Board until the date the order is modified or reversed by a final judgment of the court.

3. The district court shall give a petition for judicial review of the Board's order priority over other civil matters which are not expressly given priority by law.

Sec. 80. NRS 633.681 is hereby amended to read as follows:

633.681 1. Any person:

(a) Whose practice of osteopathic medicine , ~~for~~ practice as a physician assistant *or practice as an anesthesiologist assistant* has been limited; or

(b) Whose license to practice osteopathic medicine , ~~for~~ to practice as a physician assistant *or to practice as an anesthesiologist assistant* has been:

(1) Suspended until further order; or

(2) Revoked,

↪ may apply to the Board after a reasonable period for removal of the limitation or suspension or may apply to the Board pursuant to the provisions of chapter 622A of NRS for reinstatement of the revoked license.

2. In hearing the application, the Board:

(a) May require the person to submit to a mental or physical examination by physicians whom it designates and submit such other evidence of changed conditions and of fitness as it deems proper;

(b) Shall determine whether under all the circumstances the time of the application is reasonable; and

(c) May deny the application or modify or rescind its order as it deems the evidence and the public safety warrants.

Sec. 81. NRS 633.691 is hereby amended to read as follows:

633.691 1. In addition to any other immunity provided by the provisions of chapter 622A of NRS, the Board, a medical review panel of a hospital, a hearing officer, a panel of the Board, an employee or volunteer of a diversion program specified in NRS 633.561, or any person who or other organization which initiates or assists in any lawful investigation or proceeding concerning the discipline of an osteopathic physician , ~~for~~ physician assistant *or*



1 *anesthesiologist assistant* for gross malpractice, malpractice,
2 professional incompetence or unprofessional conduct is immune
3 from any civil action for such initiation or assistance or any
4 consequential damages, if the person or organization acted in good
5 faith.

6 2. The Board shall not commence an investigation, impose any
7 disciplinary action or take any other adverse action against an
8 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*
9 *assistant* for:

10 (a) Disclosing to a governmental entity a violation of a law, rule
11 or regulation by an applicant for a license to practice osteopathic
12 medicine , ~~or~~ to practice as a physician assistant ~~or~~ *or to practice*
13 *as an anesthesiologist assistant*, or by an osteopathic physician ,
14 ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant*; or

15 (b) Cooperating with a governmental entity that is conducting an
16 investigation, hearing or inquiry into such a violation, including,
17 without limitation, providing testimony concerning the violation.

18 3. As used in this section, "governmental entity" includes,
19 without limitation:

20 (a) A federal, state or local officer, employee, agency,
21 department, division, bureau, board, commission, council, authority
22 or other subdivision or entity of a public employer;

23 (b) A federal, state or local employee, committee, member or
24 commission of the Legislative Branch of Government;

25 (c) A federal, state or local representative, member or employee
26 of a legislative body or a county, town, village or any other political
27 subdivision or civil division of the State;

28 (d) A federal, state or local law enforcement agency or
29 prosecutorial office, or any member or employee thereof, or police
30 or peace officer; and

31 (e) A federal, state or local judiciary, or any member or
32 employee thereof, or grand or petit jury.

33 **Sec. 82.** NRS 633.701 is hereby amended to read as follows:

34 633.701 The filing and review of a complaint and any
35 subsequent disposition by the Board, the member designated by the
36 Board to review a complaint pursuant to NRS 633.541 or any
37 reviewing court do not preclude:

38 1. Any measure by a hospital or other institution to limit or
39 terminate the privileges of an osteopathic physician , ~~or~~ physician
40 assistant *or anesthesiologist assistant* according to its rules or the
41 custom of the profession. No civil liability attaches to any such
42 action taken without malice even if the ultimate disposition of the
43 complaint is in favor of the osteopathic physician , ~~or~~ physician
44 assistant ~~or~~ *or anesthesiologist assistant*.



1 2. Any appropriate criminal prosecution by the Attorney
2 General or a district attorney based upon the same or other facts.

3 **Sec. 83.** NRS 633.711 is hereby amended to read as follows:

4 633.711 1. The Board, through an officer of the Board or the
5 Attorney General, may maintain in any court of competent
6 jurisdiction a suit for an injunction against any person:

7 (a) Practicing osteopathic medicine , ~~or~~ practicing as a
8 physician assistant *or practicing as an anesthesiologist assistant*
9 without a valid license to practice osteopathic medicine , ~~or~~ to
10 practice as a physician assistant ~~or~~ *or to practice as an*
11 *anesthesiologist assistant;* or

12 (b) Engaging in telemedicine without a valid license pursuant to
13 NRS 633.165.

14 2. An injunction issued pursuant to subsection 1:

15 (a) May be issued without proof of actual damage sustained by
16 any person, this provision being a preventive as well as a punitive
17 measure.

18 (b) Must not relieve such person from criminal prosecution for
19 practicing without such a license.

20 **Sec. 84.** NRS 633.721 is hereby amended to read as follows:

21 633.721 In a criminal complaint charging any person with
22 practicing osteopathic medicine , ~~or~~ practicing as a physician
23 assistant *or practicing as an anesthesiologist assistant* without a
24 valid license issued by the Board, it is sufficient to charge that the
25 person did, upon a certain day, and in a certain county of this State,
26 engage in such practice without having a valid license to do so,
27 without averring any further or more particular facts concerning the
28 violation.

29 **Sec. 85.** NRS 633.741 is hereby amended to read as follows:

30 633.741 1. It is unlawful for any person to:

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

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

34 (2) As a physician assistant without a valid license under this
35 chapter; ~~or~~

36 (3) *As an anesthesiologist assistant without a valid license*
37 *under this chapter; or*

38 (4) Beyond the limitations ordered upon his or her practice
39 by the Board or the court;

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

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



1 (d) File for record the license issued to another, falsely claiming
2 himself or herself to be the person named in the license, or falsely
3 claiming himself or herself to be the person entitled to the license;

4 (e) Practice osteopathic medicine , ~~for~~ practice as a physician
5 assistant *or practice as an anesthesiologist assistant* under a false
6 or assumed name or falsely personate another licensee of a like or
7 different name;

8 (f) Hold himself or herself out as a physician assistant or use any
9 other term indicating or implying that he or she is a physician
10 assistant, unless the person has been licensed by the Board as
11 provided in this chapter; ~~for~~

12 (g) *Hold himself or herself out as an anesthesiologist assistant*
13 *or use any other term indicating or implying that he or she is an*
14 *anesthesiologist assistant unless the person has been licensed by*
15 *the Board as provided in this chapter; or*

16 (h) Supervise a person as a physician assistant *or an*
17 *anesthesiologist assistant* before such person is licensed as provided
18 in this chapter.

19 2. A person who violates any provision of subsection 1:

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

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

24 ➤ and shall be punished as provided in NRS 193.130, unless a
25 greater penalty is provided pursuant to NRS 200.830 or 200.840.

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

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

34 (b) Issue a citation to the person. A citation issued pursuant to
35 this paragraph must be in writing, describe with particularity the
36 nature of the violation and inform the person of the provisions of
37 this paragraph. Each activity in which the person is engaged
38 constitutes a separate offense for which a separate citation may be
39 issued. To appeal a citation, the person must submit a written
40 request for a hearing to the Board not later than 30 days after the
41 date of issuance of the citation.

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

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



1 **Sec. 86.** NRS 639.0125 is hereby amended to read as follows:
2 639.0125 “Practitioner” means:

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

5 2. A hospital, pharmacy or other institution licensed, registered
6 or otherwise permitted to distribute, dispense, conduct research with
7 respect to or administer drugs in the course of professional practice
8 or research in this State;

9 3. An advanced practice registered nurse who has been
10 authorized to prescribe controlled substances, poisons, dangerous
11 drugs and devices;

12 4. A physician assistant *or an anesthesiologist assistant* who:

13 (a) Holds a license issued by the Board of Medical Examiners;
14 and

15 (b) Is authorized by the Board to possess, administer, prescribe
16 or dispense controlled substances, poisons, dangerous drugs or
17 devices under the supervision of a physician as required by chapter
18 630 of NRS;

19 5. A physician assistant *or an anesthesiologist assistant* who:

20 (a) Holds a license issued by the State Board of Osteopathic
21 Medicine; and

22 (b) Is authorized by the Board to possess, administer, prescribe
23 or dispense controlled substances, poisons, dangerous drugs or
24 devices under the supervision of an osteopathic physician as
25 required by chapter 633 of NRS; or

26 6. An optometrist who is certified by the Nevada State Board
27 of Optometry to prescribe and administer therapeutic
28 pharmaceutical agents pursuant to NRS 636.288, when the
29 optometrist prescribes or administers therapeutic pharmaceutical
30 agents within the scope of his or her certification.

31 **Sec. 87.** NRS 639.1373 is hereby amended to read as follows:

32 639.1373 1. A physician assistant *or anesthesiologist*
33 *assistant* licensed pursuant to chapter 630 or 633 of NRS may, if
34 authorized by the Board ~~to~~ *and consistent with any limitations*
35 *contained within chapter 630 or 633 of NRS, as applicable,*
36 possess, administer, prescribe or dispense controlled substances, or
37 possess, administer, prescribe or dispense poisons, dangerous drugs
38 or devices in or out of the presence of his or her supervising
39 physician *or supervising anesthesiologist* only to the extent and
40 subject to the limitations specified in the registration certificate
41 issued to the physician assistant *or anesthesiologist assistant* by the
42 Board pursuant to this section.

43 2. Each physician assistant *or anesthesiologist assistant*
44 licensed pursuant to chapter 630 or 633 of NRS who is authorized
45 by his or her physician assistant’s *or anesthesiologist assistant’s*



1 license issued by the Board of Medical Examiners or by the State
2 Board of Osteopathic Medicine, respectively, to possess, administer,
3 prescribe or dispense controlled substances, or to possess,
4 administer, prescribe or dispense poisons, dangerous drugs or
5 devices must apply for and obtain a registration certificate from the
6 Board, pay a fee to be set by regulations adopted by the Board and
7 pass an examination administered by the Board on the law relating
8 to pharmacy before the physician assistant *or anesthesiologist*
9 *assistant* can possess, administer, prescribe or dispense controlled
10 substances, or possess, administer, prescribe or dispense poisons,
11 dangerous drugs or devices.

12 3. The Board shall consider each application separately and
13 may, even though the physician assistant's *or anesthesiologist*
14 *assistant's* license issued by the Board of Medical Examiners or by
15 the State Board of Osteopathic Medicine authorizes the physician
16 assistant *or anesthesiologist assistant* to possess, administer,
17 prescribe or dispense controlled substances, or to possess,
18 administer, prescribe or dispense poisons, dangerous drugs and
19 devices:

20 (a) Refuse to issue a registration certificate;

21 (b) Issue a registration certificate limiting the authority of the
22 physician assistant *or anesthesiologist assistant* to possess,
23 administer, prescribe or dispense controlled substances, or to
24 possess, administer, prescribe or dispense poisons, dangerous drugs
25 or devices, the area in which the physician assistant *or*
26 *anesthesiologist assistant* may possess controlled substances,
27 poisons, dangerous drugs and devices, or the kind and amount of
28 controlled substances, poisons, dangerous drugs and devices; or

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

32 4. If the registration of the physician assistant *or*
33 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of
34 NRS is suspended or revoked, the physician's controlled substance
35 registration may also be suspended or revoked.

36 5. The Board shall adopt regulations controlling the maximum
37 amount to be administered, possessed and dispensed, and the
38 storage, security, recordkeeping and transportation of controlled
39 substances and the maximum amount to be administered, possessed,
40 prescribed and dispensed and the storage, security, recordkeeping
41 and transportation of poisons, dangerous drugs and devices by
42 physician assistants *or anesthesiologist assistants* licensed pursuant
43 to chapter 630 or 633 of NRS. In the adoption of those regulations,
44 the Board shall consider, but is not limited to, the following:



1 (a) The area in which the physician assistant *or anesthesiologist*
2 *assistant* is to operate;

3 (b) The population of that area;

4 (c) The experience and training of the physician assistant ~~[]~~ *or*
5 *anesthesiologist assistant*;

6 (d) The distance to the nearest hospital and physician; and

7 (e) The effect on the health, safety and welfare of the public.

8 6. For the purposes of this section ~~[, the term “supervising”]~~ :

9 (a) *“Supervising anesthesiologist” has the meaning ascribed to*
10 *it in sections 6 and 44 of this act;*

11 (b) *“Supervising physician” ~~[includes a supervising osteopathic~~*
12 *physician as defined in chapter 633 of NRS.] has the meaning*
13 *ascribed to it in NRS 630.025 and 633.123.*

14 **Sec. 88.** NRS 652.210 is hereby amended to read as follows:

15 652.210 1. Except as otherwise provided in subsection 2 and
16 NRS 126.121, no person other than a licensed physician, a licensed
17 optometrist, a licensed practical nurse, a registered nurse, a
18 perfusionist, a physician assistant licensed pursuant to chapter 630
19 or 633 of NRS, *an anesthesiologist assistant licensed pursuant to*
20 *chapter 630 or 633 of NRS*, a certified advanced emergency
21 medical technician, a certified paramedic, a practitioner of
22 respiratory care licensed pursuant to chapter 630 of NRS or a
23 licensed dentist may manipulate a person for the collection of
24 specimens. The persons described in this subsection may perform
25 any laboratory test which is classified as a waived test pursuant to
26 Subpart A of Part 493 of Title 42 of the Code of Federal Regulations
27 without obtaining certification as an assistant in a medical
28 laboratory pursuant to NRS 652.127.

29 2. The technical personnel of a laboratory may collect blood,
30 remove stomach contents, perform certain diagnostic skin tests or
31 field blood tests or collect material for smears and cultures.

32 **Sec. 89.** NRS 41.504 is hereby amended to read as follows:

33 41.504 1. Any physician, physician assistant ,
34 *anesthesiologist assistant* or registered nurse who in good faith
35 gives instruction or provides supervision to an emergency medical
36 attendant, physician assistant , *anesthesiologist assistant* or
37 registered nurse, at the scene of an emergency or while transporting
38 an ill or injured person from the scene of an emergency, is not liable
39 for any civil damages as a result of any act or omission, not
40 amounting to gross negligence, in giving that instruction or
41 providing that supervision.

42 2. An emergency medical attendant, physician assistant,
43 *anesthesiologist assistant*, registered nurse or licensed practical
44 nurse who obeys an instruction given by a physician, physician
45 assistant, *anesthesiologist assistant*, registered nurse or licensed



1 practical nurse and thereby renders emergency care, at the scene of
2 an emergency or while transporting an ill or injured person from the
3 scene of an emergency, is not liable for any civil damages as a result
4 of any act or omission, not amounting to gross negligence, in
5 rendering that emergency care.

6 3. As used in this section, "emergency medical attendant"
7 means a person licensed as an attendant or certified as an emergency
8 medical technician, advanced emergency medical technician or
9 paramedic pursuant to chapter 450B of NRS.

10 **Sec. 90.** NRS 41.505 is hereby amended to read as follows:

11 41.505 1. Any person licensed under the provisions of
12 chapter 630, 632 or 633 of NRS and any person who holds an
13 equivalent license issued by another state, who renders emergency
14 care or assistance, including, without limitation, emergency
15 obstetrical care or assistance, in an emergency, gratuitously and in
16 good faith, is not liable for any civil damages as a result of any act
17 or omission, not amounting to gross negligence, by that person in
18 rendering the emergency care or assistance or as a result of any
19 failure to act, not amounting to gross negligence, to provide or
20 arrange for further medical treatment for the injured or ill person.
21 This section does not excuse a physician, physician assistant ,
22 *anesthesiologist assistant* or nurse from liability for damages
23 resulting from that person's acts or omissions which occur in a
24 licensed medical facility relative to any person with whom there is a
25 preexisting relationship as a patient.

26 2. Any person licensed under the provisions of chapter 630,
27 632 or 633 of NRS and any person who holds an equivalent license
28 issued by another state who:

29 (a) Is retired or otherwise does not practice on a full-time basis;
30 and

31 (b) Gratuitously and in good faith, renders medical care within
32 the scope of that person's license to an indigent person,
33 ↪ is not liable for any civil damages as a result of any act or
34 omission by that person, not amounting to gross negligence or
35 reckless, willful or wanton conduct, in rendering that care.

36 3. Any person licensed to practice medicine under the
37 provisions of chapter 630 or 633 of NRS or licensed to practice
38 dentistry under the provisions of chapter 631 of NRS who renders
39 care or assistance to a patient for a governmental entity or a
40 nonprofit organization is not liable for any civil damages as a result
41 of any act or omission by that person in rendering that care or
42 assistance if the care or assistance is rendered gratuitously, in good
43 faith and in a manner not amounting to gross negligence or reckless,
44 willful or wanton conduct.



1 4. As used in this section, “gratuitously” has the meaning
2 ascribed to it in NRS 41.500.

3 **Sec. 91.** NRS 200.471 is hereby amended to read as follows:

4 200.471 1. As used in this section:

5 (a) “Assault” means:

6 (1) Unlawfully attempting to use physical force against
7 another person; or

8 (2) Intentionally placing another person in reasonable
9 apprehension of immediate bodily harm.

10 (b) “Officer” means:

11 (1) A person who possesses some or all of the powers of a
12 peace officer;

13 (2) A person employed in a full-time salaried occupation of
14 fire fighting for the benefit or safety of the public;

15 (3) A member of a volunteer fire department;

16 (4) A jailer, guard or other correctional officer of a city or
17 county jail;

18 (5) A justice of the Supreme Court, judge of the Court of
19 Appeals, district judge, justice of the peace, municipal judge,
20 magistrate, court commissioner, master or referee, including a
21 person acting pro tempore in a capacity listed in this subparagraph;
22 or

23 (6) An employee of the State or a political subdivision of the
24 State whose official duties require the employee to make home
25 visits.

26 (c) “Provider of health care” means a physician, a medical
27 student, a perfusionist ~~or~~ *licensed pursuant to chapter 630 of*
28 *NRS*, a physician assistant licensed pursuant to chapter 630 of NRS,
29 *an anesthesiologist assistant licensed pursuant to chapter 630 of*
30 *NRS*, a practitioner of respiratory care, a homeopathic physician, an
31 advanced practitioner of homeopathy, a homeopathic assistant, an
32 osteopathic physician, a physician assistant licensed pursuant to
33 chapter 633 of NRS, *an anesthesiologist assistant licensed*
34 *pursuant to chapter 633 of NRS*, a podiatric physician, a podiatry
35 hygienist, a physical therapist, a medical laboratory technician, an
36 optometrist, a chiropractor, a chiropractor’s assistant, a doctor of
37 Oriental medicine, a nurse, a student nurse, a certified nursing
38 assistant, a nursing assistant trainee, a medication aide - certified, a
39 dentist, a dental student, a dental hygienist, a dental hygienist
40 student, a pharmacist, a pharmacy student, an intern pharmacist, an
41 attendant on an ambulance or air ambulance, a psychologist, a social
42 worker, a marriage and family therapist, a marriage and family
43 therapist intern, a clinical professional counselor, a clinical
44 professional counselor intern, a licensed dietitian, an emergency



1 medical technician, an advanced emergency medical technician and
2 a paramedic.

3 (d) "School employee" means a licensed or unlicensed person
4 employed by a board of trustees of a school district pursuant to
5 NRS 391.100.

6 (e) "Sporting event" has the meaning ascribed to it in
7 NRS 41.630.

8 (f) "Sports official" has the meaning ascribed to it in
9 NRS 41.630.

10 (g) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

11 (h) "Taxicab driver" means a person who operates a taxicab.

12 (i) "Transit operator" means a person who operates a bus or
13 other vehicle as part of a public mass transportation system.

14 2. A person convicted of an assault shall be punished:

15 (a) If paragraph (c) or (d) does not apply to the circumstances of
16 the crime and the assault is not made with the use of a deadly
17 weapon or the present ability to use a deadly weapon, for a
18 misdemeanor.

19 (b) If the assault is made with the use of a deadly weapon or the
20 present ability to use a deadly weapon, for a category B felony by
21 imprisonment in the state prison for a minimum term of not less
22 than 1 year and a maximum term of not more than 6 years, or by a
23 fine of not more than \$5,000, or by both fine and imprisonment.

24 (c) If paragraph (d) does not apply to the circumstances of the
25 crime and if the assault is committed upon an officer, a provider of
26 health care, a school employee, a taxicab driver or a transit operator
27 who is performing his or her duty or upon a sports official based on
28 the performance of his or her duties at a sporting event and the
29 person charged knew or should have known that the victim was an
30 officer, a provider of health care, a school employee, a taxicab
31 driver, a transit operator or a sports official, for a gross
32 misdemeanor, unless the assault is made with the use of a deadly
33 weapon or the present ability to use a deadly weapon, then for a
34 category B felony by imprisonment in the state prison for a
35 minimum term of not less than 1 year and a maximum term of not
36 more than 6 years, or by a fine of not more than \$5,000, or by both
37 fine and imprisonment.

38 (d) If the assault is committed upon an officer, a provider of
39 health care, a school employee, a taxicab driver or a transit operator
40 who is performing his or her duty or upon a sports official based on
41 the performance of his or her duties at a sporting event by a
42 probationer, a prisoner who is in lawful custody or confinement or a
43 parolee, and the probationer, prisoner or parolee charged knew or
44 should have known that the victim was an officer, a provider of
45 health care, a school employee, a taxicab driver, a transit operator or



1 a sports official, for a category D felony as provided in NRS
2 193.130, unless the assault is made with the use of a deadly weapon
3 or the present ability to use a deadly weapon, then for a category B
4 felony by imprisonment in the state prison for a minimum term of
5 not less than 1 year and a maximum term of not more than 6 years,
6 or by a fine of not more than \$5,000, or by both fine and
7 imprisonment.

8 **Sec. 92.** NRS 200.5093 is hereby amended to read as follows:

9 200.5093 1. Any person who is described in subsection 4 and
10 who, in a professional or occupational capacity, knows or has
11 reasonable cause to believe that an older person has been abused,
12 neglected, exploited or isolated shall:

13 (a) Except as otherwise provided in subsection 2, report the
14 abuse, neglect, exploitation or isolation of the older person to:

15 (1) The local office of the Aging and Disability Services
16 Division of the Department of Health and Human Services;

17 (2) A police department or sheriff's office;

18 (3) The county's office for protective services, if one exists
19 in the county where the suspected action occurred; or

20 (4) A toll-free telephone service designated by the Aging and
21 Disability Services Division of the Department of Health and
22 Human Services; and

23 (b) Make such a report as soon as reasonably practicable but not
24 later than 24 hours after the person knows or has reasonable cause to
25 believe that the older person has been abused, neglected, exploited
26 or isolated.

27 2. If a person who is required to make a report pursuant to
28 subsection 1 knows or has reasonable cause to believe that the
29 abuse, neglect, exploitation or isolation of the older person involves
30 an act or omission of the Aging and Disability Services Division,
31 another division of the Department of Health and Human Services
32 or a law enforcement agency, the person shall make the report to an
33 agency other than the one alleged to have committed the act or
34 omission.

35 3. Each agency, after reducing a report to writing, shall forward
36 a copy of the report to the Aging and Disability Services Division of
37 the Department of Health and Human Services and the Unit for the
38 Investigation and Prosecution of Crimes.

39 4. A report must be made pursuant to subsection 1 by the
40 following persons:

41 (a) Every physician, dentist, dental hygienist, chiropractor,
42 optometrist, podiatric physician, medical examiner, resident, intern,
43 professional or practical nurse, physician assistant licensed pursuant
44 to chapter 630 or 633 of NRS, *anesthesiologist assistant licensed*
45 *pursuant to chapter 630 or 633 of NRS*, perfusionist, psychiatrist,



1 psychologist, marriage and family therapist, clinical professional
2 counselor, clinical alcohol and drug abuse counselor, alcohol and
3 drug abuse counselor, music therapist, athletic trainer, driver of an
4 ambulance, paramedic, licensed dietitian or other person providing
5 medical services licensed or certified to practice in this State, who
6 examines, attends or treats an older person who appears to have
7 been abused, neglected, exploited or isolated.

8 (b) Any personnel of a hospital or similar institution engaged in
9 the admission, examination, care or treatment of persons or an
10 administrator, manager or other person in charge of a hospital or
11 similar institution upon notification of the suspected abuse, neglect,
12 exploitation or isolation of an older person by a member of the staff
13 of the hospital.

14 (c) A coroner.

15 (d) Every person who maintains or is employed by an agency to
16 provide personal care services in the home.

17 (e) Every person who maintains or is employed by an agency to
18 provide nursing in the home.

19 (f) Every person who operates, who is employed by or who
20 contracts to provide services for an intermediary service
21 organization as defined in NRS 449.4304.

22 (g) Any employee of the Department of Health and Human
23 Services.

24 (h) Any employee of a law enforcement agency or a county's
25 office for protective services or an adult or juvenile probation
26 officer.

27 (i) Any person who maintains or is employed by a facility or
28 establishment that provides care for older persons.

29 (j) Any person who maintains, is employed by or serves as a
30 volunteer for an agency or service which advises persons regarding
31 the abuse, neglect, exploitation or isolation of an older person and
32 refers them to persons and agencies where their requests and needs
33 can be met.

34 (k) Every social worker.

35 (l) Any person who owns or is employed by a funeral home or
36 mortuary.

37 5. A report may be made by any other person.

38 6. If a person who is required to make a report pursuant to
39 subsection 1 knows or has reasonable cause to believe that an older
40 person has died as a result of abuse, neglect or isolation, the person
41 shall, as soon as reasonably practicable, report this belief to the
42 appropriate medical examiner or coroner, who shall investigate the
43 cause of death of the older person and submit to the appropriate
44 local law enforcement agencies, the appropriate prosecuting
45 attorney, the Aging and Disability Services Division of the



1 Department of Health and Human Services and the Unit for the
2 Investigation and Prosecution of Crimes his or her written findings.
3 The written findings must include the information required pursuant
4 to the provisions of NRS 200.5094, when possible.

5 7. A division, office or department which receives a report
6 pursuant to this section shall cause the investigation of the report to
7 commence within 3 working days. A copy of the final report of the
8 investigation conducted by a division, office or department, other
9 than the Aging and Disability Services Division of the Department
10 of Health and Human Services, must be forwarded within 30 days
11 after the completion of the report to the:

12 (a) Aging and Disability Services Division;

13 (b) Repository for Information Concerning Crimes Against
14 Older Persons created by NRS 179A.450; and

15 (c) Unit for the Investigation and Prosecution of Crimes.

16 8. If the investigation of a report results in the belief that an
17 older person is abused, neglected, exploited or isolated, the Aging
18 and Disability Services Division of the Department of Health and
19 Human Services or the county's office for protective services may
20 provide protective services to the older person if the older person is
21 able and willing to accept them.

22 9. A person who knowingly and willfully violates any of the
23 provisions of this section is guilty of a misdemeanor.

24 10. As used in this section, "Unit for the Investigation and
25 Prosecution of Crimes" means the Unit for the Investigation and
26 Prosecution of Crimes Against Older Persons in the Office of the
27 Attorney General created pursuant to NRS 228.265.

28 **Sec. 93.** NRS 200.50935 is hereby amended to read as
29 follows:

30 200.50935 1. Any person who is described in subsection 3
31 and who, in a professional or occupational capacity, knows or has
32 reasonable cause to believe that a vulnerable person has been
33 abused, neglected, exploited or isolated shall:

34 (a) Report the abuse, neglect, exploitation or isolation of the
35 vulnerable person to a law enforcement agency; and

36 (b) Make such a report as soon as reasonably practicable but not
37 later than 24 hours after the person knows or has reasonable cause to
38 believe that the vulnerable person has been abused, neglected,
39 exploited or isolated.

40 2. If a person who is required to make a report pursuant to
41 subsection 1 knows or has reasonable cause to believe that the
42 abuse, neglect, exploitation or isolation of the vulnerable person
43 involves an act or omission of a law enforcement agency, the person
44 shall make the report to a law enforcement agency other than the
45 one alleged to have committed the act or omission.



1 3. A report must be made pursuant to subsection 1 by the
2 following persons:

3 (a) Every physician, dentist, dental hygienist, chiropractor,
4 optometrist, podiatric physician, medical examiner, resident, intern,
5 professional or practical nurse, perfusionist, physician assistant
6 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*
7 *assistant licensed pursuant to chapter 630 or 633 of NRS*,
8 psychiatrist, psychologist, marriage and family therapist, clinical
9 professional counselor, clinical alcohol and drug abuse counselor,
10 alcohol and drug abuse counselor, music therapist, athletic trainer,
11 driver of an ambulance, paramedic, licensed dietitian or other person
12 providing medical services licensed or certified to practice in this
13 State, who examines, attends or treats a vulnerable person who
14 appears to have been abused, neglected, exploited or isolated.

15 (b) Any personnel of a hospital or similar institution engaged in
16 the admission, examination, care or treatment of persons or an
17 administrator, manager or other person in charge of a hospital or
18 similar institution upon notification of the suspected abuse, neglect,
19 exploitation or isolation of a vulnerable person by a member of the
20 staff of the hospital.

21 (c) A coroner.

22 (d) Every person who maintains or is employed by an agency to
23 provide nursing in the home.

24 (e) Any employee of the Department of Health and Human
25 Services.

26 (f) Any employee of a law enforcement agency or an adult or
27 juvenile probation officer.

28 (g) Any person who maintains or is employed by a facility or
29 establishment that provides care for vulnerable persons.

30 (h) Any person who maintains, is employed by or serves as a
31 volunteer for an agency or service which advises persons regarding
32 the abuse, neglect, exploitation or isolation of a vulnerable person
33 and refers them to persons and agencies where their requests and
34 needs can be met.

35 (i) Every social worker.

36 (j) Any person who owns or is employed by a funeral home or
37 mortuary.

38 4. A report may be made by any other person.

39 5. If a person who is required to make a report pursuant to
40 subsection 1 knows or has reasonable cause to believe that a
41 vulnerable person has died as a result of abuse, neglect or isolation,
42 the person shall, as soon as reasonably practicable, report this belief
43 to the appropriate medical examiner or coroner, who shall
44 investigate the cause of death of the vulnerable person and submit to
45 the appropriate local law enforcement agencies and the appropriate



1 prosecuting attorney his or her written findings. The written findings
2 must include the information required pursuant to the provisions of
3 NRS 200.5094, when possible.

4 6. A law enforcement agency which receives a report pursuant
5 to this section shall immediately initiate an investigation of the
6 report.

7 7. A person who knowingly and willfully violates any of the
8 provisions of this section is guilty of a misdemeanor.

9 **Sec. 94.** NRS 441A.110 is hereby amended to read as follows:

10 441A.110 "Provider of health care" means a physician, nurse
11 or veterinarian licensed in accordance with state law , ~~for~~
12 physician assistant licensed pursuant to chapter 630 or 633 of NRS
13 ~~or~~ *or an anesthesiologist assistant licensed pursuant to chapter*
14 *630 or 633 of NRS.*

15 **Sec. 95.** NRS 441A.334 is hereby amended to read as follows:

16 441A.334 As used in this section and NRS 441A.335 and
17 441A.336, "provider of health care" means a physician, nurse , ~~for~~
18 physician assistant *or anesthesiologist assistant* licensed in
19 accordance with state law.

20 **Sec. 96.** NRS 453.038 is hereby amended to read as follows:

21 453.038 "Chart order" means an order entered on the chart of a
22 patient:

23 1. In a hospital, facility for intermediate care or facility for
24 skilled nursing which is licensed as such by the Division of Public
25 and Behavioral Health of the Department; or

26 2. Under emergency treatment in a hospital by a physician,
27 advanced practice registered nurse, dentist or podiatric physician, or
28 on the written or oral order of a physician, physician assistant
29 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*
30 *assistant licensed pursuant to chapter 630 or 633 of NRS,*
31 advanced practice registered nurse, dentist or podiatric physician
32 authorizing the administration of a drug to the patient.

33 **Sec. 97.** NRS 453.091 is hereby amended to read as follows:

34 453.091 1. "Manufacture" means the production, preparation,
35 propagation, compounding, conversion or processing of a substance,
36 either directly or indirectly by extraction from substances of natural
37 origin, or independently by means of chemical synthesis, or by a
38 combination of extraction and chemical synthesis, and includes any
39 packaging or repackaging of the substance or labeling or relabeling
40 of its container.

41 2. "Manufacture" does not include the preparation,
42 compounding, packaging or labeling of a substance by a pharmacist,
43 physician, physician assistant licensed pursuant to chapter 630 or
44 633 of NRS, *anesthesiologist assistant licensed pursuant to*



1 *chapter 630 or 633 of NRS*, dentist, podiatric physician, advanced
2 practice registered nurse or veterinarian:

3 (a) As an incident to the administering or dispensing of a
4 substance in the course of his or her professional practice; or

5 (b) By an authorized agent under his or her supervision, for the
6 purpose of, or as an incident to, research, teaching or chemical
7 analysis and not for sale.

8 **Sec. 98.** NRS 453.126 is hereby amended to read as follows:

9 453.126 "Practitioner" means:

10 1. A physician, dentist, veterinarian or podiatric physician who
11 holds a license to practice his or her profession in this State and is
12 registered pursuant to this chapter.

13 2. An advanced practice registered nurse who holds a
14 certificate from the State Board of Pharmacy authorizing him or her
15 to dispense or to prescribe and dispense controlled substances.

16 3. A scientific investigator or a pharmacy, hospital or other
17 institution licensed, registered or otherwise authorized in this State
18 to distribute, dispense, conduct research with respect to, to
19 administer, or use in teaching or chemical analysis, a controlled
20 substance in the course of professional practice or research.

21 4. A euthanasia technician who is licensed by the Nevada State
22 Board of Veterinary Medical Examiners and registered pursuant to
23 this chapter, while he or she possesses or administers sodium
24 pentobarbital pursuant to his or her license and registration.

25 5. A physician assistant *or anesthesiologist assistant* who:

26 (a) Holds a license from the Board of Medical Examiners; and

27 (b) Is authorized by the Board to possess, administer, prescribe
28 or dispense controlled substances under the supervision of a
29 physician as required by chapter 630 of NRS.

30 6. A physician assistant *or anesthesiologist assistant* who:

31 (a) Holds a license from the State Board of Osteopathic
32 Medicine; and

33 (b) Is authorized by the Board to possess, administer, prescribe
34 or dispense controlled substances under the supervision of an
35 osteopathic physician as required by chapter 633 of NRS.

36 7. An optometrist who is certified by the Nevada State Board
37 of Optometry to prescribe and administer therapeutic
38 pharmaceutical agents pursuant to NRS 636.288, when the
39 optometrist prescribes or administers therapeutic pharmaceutical
40 agents within the scope of his or her certification.

41 **Sec. 99.** NRS 453.371 is hereby amended to read as follows:

42 453.371 As used in NRS 453.371 to 453.552, inclusive:

43 1. *"Anesthesiologist assistant" means a person who is*
44 *registered with the Board and:*

45 (a) *Holds a license issued pursuant to section 8 of this act; or*



1 (b) *Holds a license issued pursuant to section 46 of this act.*

2 2. "Medical intern" means a medical graduate acting as an
3 assistant in a hospital for the purpose of clinical training.

4 ~~[2-]~~ 3. "Pharmacist" means a person who holds a certificate of
5 registration issued pursuant to NRS 639.127 and is registered with
6 the Board.

7 ~~[3-]~~ 4. "Physician," "dentist," "podiatric physician,"
8 "veterinarian" and "euthanasia technician" mean persons authorized
9 by a license to practice their respective professions in this State who
10 are registered with the Board.

11 ~~[4-]~~ 5. "Physician assistant" means a person who is registered
12 with the Board and:

13 (a) Holds a license issued pursuant to NRS 630.273; or

14 (b) Holds a license issued pursuant to NRS 633.433.

15 **Sec. 100.** NRS 453.375 is hereby amended to read as follows:

16 453.375 A controlled substance may be possessed and
17 administered by the following persons:

18 1. A practitioner.

19 2. A registered nurse licensed to practice professional nursing
20 or licensed practical nurse, at the direction of a physician, physician
21 assistant, *anesthesiologist assistant*, dentist, podiatric physician or
22 advanced practice registered nurse, or pursuant to a chart order, for
23 administration to a patient at another location.

24 3. A paramedic:

25 (a) As authorized by regulation of:

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

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

30 (b) In accordance with any applicable regulations of:

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

33 (2) A county board of health in a county whose population is
34 100,000 or more; or

35 (3) A district board of health created pursuant to NRS
36 439.362 or 439.370 in any county.

37 4. A respiratory therapist, at the direction of a physician or
38 physician assistant.

39 5. A medical student, student in training to become a physician
40 assistant , *student in training to become an anesthesiologist*
41 *assistant* or student nurse in the course of his or her studies at an
42 approved college of medicine or school of professional or practical
43 nursing, at the direction of a physician , ~~[or]~~ physician assistant *or*
44 *anesthesiologist assistant* and:



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

3 (b) Under the supervision of a physician, physician assistant ,
4 *anesthesiologist assistant* or a registered nurse if the student is
5 authorized by the college or school to administer the substance
6 outside the presence of a physician, physician assistant ,
7 *anesthesiologist assistant* or nurse.

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

12 6. An ultimate user or any person whom the ultimate user
13 designates pursuant to a written agreement.

14 7. Any person designated by the head of a correctional
15 institution.

16 8. A veterinary technician at the direction of his or her
17 supervising veterinarian.

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

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

27 11. A person who is enrolled in a training program to become a
28 paramedic, respiratory therapist or veterinary technician if the
29 person possesses and administers the controlled substance in the
30 same manner and under the same conditions that apply, respectively,
31 to a paramedic, respiratory therapist or veterinary technician who
32 may possess and administer the controlled substance, and under the
33 direct supervision of a person licensed or registered to perform the
34 respective medical art or a supervisor of such a person.

35 **Sec. 101.** NRS 453.381 is hereby amended to read as follows:

36 453.381 1. In addition to the limitations imposed by NRS
37 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician
38 assistant, *anesthesiologist assistant*, dentist, advanced practice
39 registered nurse or podiatric physician may prescribe or administer
40 controlled substances only for a legitimate medical purpose and in
41 the usual course of his or her professional practice, and he or she
42 shall not prescribe, administer or dispense a controlled substance
43 listed in schedule II for himself or herself, his or her spouse or his or
44 her children except in cases of emergency.



1 2. A veterinarian, in the course of his or her professional
2 practice only, and not for use by a human being, may prescribe,
3 possess and administer controlled substances, and the veterinarian
4 may cause them to be administered by a veterinary technician under
5 the direction and supervision of the veterinarian.

6 3. A euthanasia technician, within the scope of his or her
7 license, and not for use by a human being, may possess and
8 administer sodium pentobarbital.

9 4. A pharmacist shall not fill an order which purports to be a
10 prescription if the pharmacist has reason to believe that it was not
11 issued in the usual course of the professional practice of a physician,
12 physician assistant, dentist, advanced practice registered nurse,
13 podiatric physician or veterinarian.

14 5. Any person who has obtained from a physician, physician
15 assistant, *anesthesiologist assistant*, dentist, advanced practice
16 registered nurse, podiatric physician or veterinarian any controlled
17 substance for administration to a patient during the absence of the
18 physician, physician assistant, dentist, advanced practice registered
19 nurse, podiatric physician or veterinarian shall return to him or her
20 any unused portion of the substance when it is no longer required by
21 the patient.

22 6. A manufacturer, wholesale supplier or other person legally
23 able to furnish or sell any controlled substance listed in schedule II
24 shall not provide samples of such a controlled substance to
25 registrants.

26 7. A salesperson of any manufacturer or wholesaler of
27 pharmaceuticals shall not possess, transport or furnish any
28 controlled substance listed in schedule II.

29 8. A person shall not dispense a controlled substance in
30 violation of a regulation adopted by the Board.

31 **Sec. 102.** NRS 453.391 is hereby amended to read as follows:
32 453.391 A person shall not:

33 1. Unlawfully take, obtain or attempt to take or obtain a
34 controlled substance or a prescription for a controlled substance
35 from a manufacturer, wholesaler, pharmacist, physician, physician
36 assistant, *anesthesiologist assistant*, dentist, advanced practice
37 registered nurse, veterinarian or any other person authorized to
38 administer, dispense or possess controlled substances.

39 2. While undergoing treatment and being supplied with any
40 controlled substance or a prescription for any controlled substance
41 from one practitioner, knowingly obtain any controlled substance or
42 a prescription for a controlled substance from another practitioner
43 without disclosing this fact to the second practitioner.



1 **Sec. 103.** NRS 454.213 is hereby amended to read as follows:
2 454.213 A drug or medicine referred to in NRS 454.181 to
3 454.371, inclusive, may be possessed and administered by:

4 1. A practitioner.

5 2. A physician assistant *or anesthesiologist assistant* licensed
6 pursuant to chapter 630 or 633 of NRS, at the direction of his or her
7 supervising physician *or supervising anesthesiologist* or a licensed
8 dental hygienist acting in the office of and under the supervision of
9 a dentist.

10 3. Except as otherwise provided in subsection 4, a registered
11 nurse licensed to practice professional nursing or licensed practical
12 nurse, at the direction of a prescribing physician, physician assistant
13 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*
14 *assistant licensed pursuant to chapter 630 or 633 of NRS*, dentist,
15 podiatric physician or advanced practice registered nurse, or
16 pursuant to a chart order, for administration to a patient at another
17 location.

18 4. In accordance with applicable regulations of the Board, a
19 registered nurse licensed to practice professional nursing or licensed
20 practical nurse who is:

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

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

26 5. A medication aide - certified at a designated facility under
27 the supervision of an advanced practice registered nurse or
28 registered nurse and in accordance with standard protocols
29 developed by the State Board of Nursing. As used in this subsection,
30 “designated facility” has the meaning ascribed to it in
31 NRS 632.0145.

32 6. Except as otherwise provided in subsection 7, an advanced
33 emergency medical technician or a paramedic, as authorized by
34 regulation of the State Board of Pharmacy and in accordance with
35 any applicable regulations of:

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

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

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

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



1 8. A respiratory therapist employed in a health care facility.
2 The therapist may possess and administer respiratory products only
3 at the direction of a physician.

4 9. A dialysis technician, under the direction or supervision of a
5 physician or registered nurse only if the drug or medicine is used for
6 the process of renal dialysis.

7 10. A medical student or student nurse in the course of his or
8 her studies at an approved college of medicine or school of
9 professional or practical nursing, at the direction of a physician and:

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

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

14 ➤ A medical student or student nurse may administer a dangerous
15 drug in the presence or under the supervision of a registered nurse
16 alone only if the circumstances are such that the registered nurse
17 would be authorized to administer it personally.

18 11. Any person designated by the head of a correctional
19 institution.

20 12. An ultimate user or any person designated by the ultimate
21 user pursuant to a written agreement.

22 13. A nuclear medicine technologist, at the direction of a
23 physician and in accordance with any conditions established by
24 regulation of the Board.

25 14. A radiologic technologist, at the direction of a physician
26 and in accordance with any conditions established by regulation of
27 the Board.

28 15. A chiropractic physician, but only if the drug or medicine
29 is a topical drug used for cooling and stretching external tissue
30 during therapeutic treatments.

31 16. A physical therapist, but only if the drug or medicine is a
32 topical drug which is:

33 (a) Used for cooling and stretching external tissue during
34 therapeutic treatments; and

35 (b) Prescribed by a licensed physician for:

36 (1) Iontophoresis; or

37 (2) The transmission of drugs through the skin using
38 ultrasound.

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

43 18. A veterinary technician or a veterinary assistant at the
44 direction of his or her supervising veterinarian.



1 19. In accordance with applicable regulations of the Board, a
2 registered pharmacist who:

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

5 (b) Is authorized to administer immunizations pursuant to
6 written protocols from a physician; and

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

11 20. A registered pharmacist pursuant to written guidelines and
12 protocols developed and approved pursuant to NRS 639.2809.

13 21. A person who is enrolled in a training program to become a
14 physician assistant licensed pursuant to chapter 630 or 633 of NRS,
15 *anesthesiologist assistant licensed pursuant to chapter 630 or 633*
16 *of NRS*, dental hygienist, advanced emergency medical technician,
17 paramedic, respiratory therapist, dialysis technician, nuclear
18 medicine technologist, radiologic technologist, physical therapist or
19 veterinary technician if the person possesses and administers the
20 drug or medicine in the same manner and under the same conditions
21 that apply, respectively, to a physician assistant licensed pursuant to
22 chapter 630 or 633 of NRS, *anesthesiologist assistant licensed*
23 *pursuant to chapter 630 or 633 of NRS*, dental hygienist, advanced
24 emergency medical technician, paramedic, respiratory therapist,
25 dialysis technician, nuclear medicine technologist, radiologic
26 technologist, physical therapist or veterinary technician who may
27 possess and administer the drug or medicine, and under the direct
28 supervision of a person licensed or registered to perform the
29 respective medical art or a supervisor of such a person.

30 22. A medical assistant, in accordance with applicable
31 regulations of the:

32 (a) Board of Medical Examiners, at the direction of the
33 prescribing physician and under the supervision of a physician, ~~or~~
34 physician assistant ~~or~~ *anesthesiologist assistant*.

35 (b) State Board of Osteopathic Medicine, at the direction of the
36 prescribing physician and under the supervision of a physician, ~~or~~
37 physician assistant ~~or~~ *anesthesiologist assistant*.

38 **Sec. 104.** NRS 454.215 is hereby amended to read as follows:

39 454.215 A dangerous drug may be dispensed by:

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

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



1 3. A practitioner, ~~for a~~ physician assistant *or anesthesiologist*
2 *assistant* licensed pursuant to chapter 630 or 633 of NRS if
3 authorized by the Board;

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

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

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

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

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

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

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

21 **Sec. 105.** NRS 454.221 is hereby amended to read as follows:

22 454.221 1. A person who furnishes any dangerous drug
23 except upon the prescription of a practitioner is guilty of a category
24 D felony and shall be punished as provided in NRS 193.130, unless
25 the dangerous drug was obtained originally by a legal prescription.

26 2. The provisions of this section do not apply to the furnishing
27 of any dangerous drug by:

28 (a) A practitioner to his or her patients;

29 (b) A physician assistant *or anesthesiologist assistant* licensed
30 pursuant to chapter 630 or 633 of NRS if authorized by the Board;

31 (c) A registered nurse while participating in a public health
32 program approved by the Board, or an advanced practice registered
33 nurse who holds a certificate from the State Board of Pharmacy
34 permitting him or her to dispense dangerous drugs;

35 (d) A manufacturer or wholesaler or pharmacy to each other or
36 to a practitioner or to a laboratory under records of sales and
37 purchases that correctly give the date, the names and addresses of
38 the supplier and the buyer, the drug and its quantity;

39 (e) A hospital pharmacy or a pharmacy so designated by a
40 county health officer in a county whose population is 100,000 or
41 more, or by a district health officer in any county within its
42 jurisdiction or, in the absence of either, by the Chief Medical Officer
43 or the Chief Medical Officer's designated Medical Director of
44 Emergency Medical Services, to a person or agency described in



1 subsection 3 of NRS 639.268 to stock ambulances or other
2 authorized vehicles or replenish the stock; or

3 (f) A pharmacy in a correctional institution to a person
4 designated by the Director of the Department of Corrections to
5 administer a lethal injection to a person who has been sentenced to
6 death.

7 **Sec. 106.** 1. This act becomes effective upon passage and
8 approval for the purpose of adopting regulations and performing any
9 preliminary administrative tasks that are necessary to carry out the
10 provisions of this act, and on January 1, 2016, for all other purposes.

11 2. Section 32 of this act expires by limitation on the date 2
12 years after the date on which the provision of 42 U.S.C. § 666
13 requiring each state to establish procedures under which the state
14 has authority to withhold or suspend, or to restrict the use of
15 professional, occupational and recreational licenses of persons who:

16 (a) Have filed to comply with a subpoena or warrant relating to
17 a proceeding to determine the paternity of a child or to establish or
18 enforce an obligation for the support of a child; or

19 (b) Are in arrears in the payment for the support of one or more
20 children,

21 ↪ are repealed by the Congress of the United States.

