
SENATE BILL NO. 210—SENATORS KIECKHEFER,
FORD AND GANSERT

FEBRUARY 27, 2017

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-155)

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 an anesthesiologist assistant to work under the supervision of a supervising anesthesiologist except when rendering certain emergency care; authorizing an anesthesiologist assistant to perform certain tasks; authorizing the Board of Medical Examiners and the State Board of Osteopathic Medicine to establish fees for the licensure of anesthesiologist assistants and the renewal of such licenses; exempting an anesthesiologist assistant from civil liability in certain circumstances; requiring an anesthesiologist assistant to report instances of neglect or abuse of older and vulnerable persons; authorizing the Nevada members of the Western Interstate Commission for Higher Education to take certain actions with regard to an anesthesiologist assistant who receives financial assistance from the program administered by the Nevada Office of the Commission; 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 and the State Board of Osteopathic Medicine. Physician
3 assistants work under the supervision of a physician or an osteopathic physician.
4 (NRS 630.273, 633.433) **Sections 8 and 44** 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 26, 27, 57 and 58** of this bill extend to
7 anesthesiologist assistants the provisions of existing law that authorize the issuance
8 of a license by endorsement to a physician assistant who is licensed in another state
9 and meets certain other requirements. (NRS 630.2751, 630.2752, 633.4335,
10 633.4336) **Sections 7, 11, 12, 43, 47 and 48** of this bill provide that an
11 anesthesiologist assistant must work under the supervision of a supervisory
12 anesthesiologist, except when rendering emergency care directly related to an
13 emergency or disaster. **Sections 9 and 45** of this bill require the respective Boards
14 to adopt regulations establishing requirements for the licensure of anesthesiologist
15 assistants. **Sections 25 and 63** of this bill authorize the Boards to establish fees for
16 the issuance and renewal of a license to practice as an anesthesiologist assistant.

17 **Sections 7 and 43** of this bill list the services that an anesthesiologist assistant
18 may perform and provide that an anesthesiologist assistant may only administer
19 controlled substances to a patient with the patient’s written consent. **Sections 88,**
20 **105 and 112** of this bill include an anesthesiologist assistant in the definition of
21 “practitioner” for the purpose of existing law relating to controlled substances and
22 other drugs. **Sections 89, 103, 104 and 106-111** of this bill make conforming
23 changes.

24 **Sections 28 and 71** of this bill provide for the filing of certain complaints
25 concerning an anesthesiologist assistant to the appropriate Board. **Sections 26, 34,**
26 **54 and 64-86** of this bill provide procedures for the investigation of complaints and
27 the imposition of disciplinary action by the respective Boards against an
28 anesthesiologist assistant. **Sections 35 and 87** of this bill provide that a person who
29 holds himself or herself out as an anesthesiologist assistant without being licensed
30 by the appropriate Board is guilty of a category D felony.

31 **Sections 1, 93, 94, 101 and 102** of this bill include an anesthesiologist in the
32 definition of the term “provider of health care” for certain purposes. **Section 37** of
33 this bill requires an anesthesiologist assistant to report to the Executive Director of
34 the State Board of Nursing any conduct of a licensee of that Board or holder of a
35 certificate issued by that Board which violates provisions governing nursing.
36 **Sections 91 and 92** of this bill provide that an anesthesiologist assistant is immune
37 from civil liability for rendering medical care in certain emergency situations.
38 **Sections 95 and 96** of this bill require an anesthesiologist assistant to report
39 instances of suspected neglect or abuse of older persons and certain vulnerable
40 persons.

41 **Section 100** of this bill authorizes the Nevada members of the Western
42 Interstate Commission for Higher Education to require an anesthesiologist assistant
43 to serve in an area with a shortage of health professionals as a condition of
44 receiving financial assistance from the program administered by the Nevada Office
45 of the Commission.

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:



- 1 (a) A physician licensed pursuant to chapter 630, 630A or 633
2 of NRS;
3 (b) A physician assistant;
4 (c) **An *anesthesiologist assistant***;
5 (d) A dentist;
6 ~~+(d)~~ (e) A licensed nurse;
7 ~~+(e)~~ (f) A person who holds a license as an attendant or who is
8 certified as an emergency medical technician, advanced emergency
9 medical technician or paramedic pursuant to chapter 450B of NRS;
10 ~~+(f)~~ (g) A dispensing optician;
11 ~~+(g)~~ (h) An optometrist;
12 ~~+(h)~~ (i) A speech-language pathologist;
13 ~~+(i)~~ (j) An audiologist;
14 ~~+(j)~~ (k) A practitioner of respiratory care;
15 ~~+(k)~~ (l) A registered physical therapist;
16 ~~+(l)~~ (m) An occupational therapist;
17 ~~+(m)~~ (n) A podiatric physician;
18 ~~+(n)~~ (o) A licensed psychologist;
19 ~~+(o)~~ (p) A licensed marriage and family therapist;
20 ~~+(p)~~ (q) A licensed clinical professional counselor;
21 ~~+(q)~~ (r) A music therapist;
22 ~~+(r)~~ (s) A chiropractor;
23 ~~+(s)~~ (t) An athletic trainer;
24 ~~+(t)~~ (u) A perfusionist;
25 ~~+(u)~~ (v) A doctor of Oriental medicine in any form;
26 ~~+(v)~~ (w) A medical laboratory director or technician;
27 ~~+(w)~~ (x) A pharmacist;
28 ~~+(x)~~ (y) A licensed dietitian;
29 ~~+(y)~~ (z) An associate in social work, a social worker, an
30 independent social worker or a clinical social worker licensed
31 pursuant to chapter 641B of NRS;
32 ~~+(z)~~ (aa) An alcohol and drug abuse counselor or a problem
33 gambling counselor who is certified pursuant to chapter 641C of
34 NRS;
35 ~~+(aa)~~ (bb) An alcohol and drug abuse counselor or a clinical
36 alcohol and drug abuse counselor who is licensed pursuant to
37 chapter 641C of NRS; or
38 ~~+(bb)~~ (cc) A medical facility as the employer of any person
39 specified in this subsection.
40 2. For the purposes of NRS 629.051, 629.061, 629.065 and
41 629.077, the term includes a facility that maintains the health care
42 records of patients.
43 3. For the purposes of NRS 629.400 to 629.490, inclusive, the
44 term includes:



1 (a) A person who holds a license or certificate issued pursuant to
2 chapter 631 of NRS; and

3 (b) A person who holds a current license or certificate to
4 practice his or her respective discipline pursuant to the applicable
5 provisions of law of another state or territory of the United States.

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

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

13 **Sec. 4.** *“Anesthesiologist assistant” means a person who:*

14 1. *Is a graduate of an academic program approved by the*
15 *Board or, by general education, practical training and experience*
16 *determined satisfactory to the Board, is qualified to perform*
17 *anesthesia services under the medically direct supervision of a*
18 *supervising anesthesiologist; and*

19 2. *Has been issued a license by the Board.*

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

27 **Sec. 6.** *“Supervising anesthesiologist” means an active*
28 *physician licensed and in good standing in this State who is Board*
29 *certified or meets the standards to be Board certified as an*
30 *anesthesiologist by the American Board of Anesthesiology, or its*
31 *successor, and who supervises one or more anesthesiology*
32 *assistants.*

33 **Sec. 7.** 1. *An anesthesiologist assistant licensed under the*
34 *provisions of this chapter may perform anesthesia services in*
35 *accordance with the regulations adopted by the Board, within the*
36 *scope of practice of a supervising anesthesiologist and under the*
37 *medically direct supervision of that supervising anesthesiologist in*
38 *any appropriate setting, including, without limitation, an intensive*
39 *care unit or pain clinic. Such anesthesia services include, without*
40 *limitation:*

41 (a) *Obtaining a preanesthetic health history for the patient,*
42 *performing a preanesthetic physical examination of the patient*
43 *and recording relevant data;*

44 (b) *Conducting laboratory and other related studies, including*
45 *taking blood samples;*



1 (c) Inserting invasive monitoring modalities, including arterial
2 and venous lines and pulmonary artery catheterization, as
3 delegated by the supervising anesthesiologist;

4 (d) Administering anesthetic agents and controlled substances,
5 including, without limitation, induction agents and adjunctive
6 treatment, maintaining and altering the levels of anesthesia and
7 providing continuity of anesthetic care into and during the
8 postoperative recovery period;

9 (e) Establishing airway interventions and performing
10 ventilatory support;

11 (f) Applying and interpreting advanced monitoring techniques;

12 (g) Using advanced life-support techniques, including, without
13 limitation, high-frequency ventilation and intraarterial
14 cardiovascular assist devices;

15 (h) Making postanesthesia rounds, recording patient progress
16 notes, compiling and recording summaries of cases and
17 transcribing standard and specific orders;

18 (i) Evaluating and treating life-threatening situations,
19 including, without limitation, through the use of cardiopulmonary
20 resuscitation, using established protocols;

21 (j) Training and supervising personnel in calibrating,
22 troubleshooting and using patient monitors;

23 (k) Performing administrative duties, including, without
24 limitation, managing patient records, coding and billing for
25 procedures and managing personnel;

26 (l) Participating in the clinical instruction of others; and

27 (m) Performing and monitoring the administration of regional
28 anesthesia, including, without limitation, spinal, epidural,
29 intravenous regional, local infiltration, nerve blocks and other
30 special techniques.

31 2. An anesthesiologist assistant shall not prescribe any
32 controlled substance.

33 3. Before an anesthesiologist assistant administers to a
34 patient any anesthetic agent that includes a controlled substance,
35 the anesthesiologist assistant or supervising anesthesiologist shall:

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

38 (b) Receive the consent of the patient, in writing, for the
39 anesthesiologist assistant to administer the anesthetic agent.

40 **Sec. 8.** The Board may issue a license as an anesthesiologist
41 assistant to an applicant who is qualified under the regulations of
42 the Board to perform anesthesia services under the medically
43 direct supervision of a supervising anesthesiologist. An application
44 for such a license must contain all information required by the
45 Board to complete the application.



1 **Sec. 9.** *The Board shall adopt regulations establishing the*
2 *requirements for licensure as an anesthesiologist assistant,*
3 *including, without limitation:*

- 4 1. *The required qualifications of applicants for a license;*
- 5 2. *The academic or educational certificates, credentials or*
6 *programs of study required of applicants;*
- 7 3. *The procedures for submitting applications for licensure;*
- 8 4. *The standards for review of submitted applications and*
9 *procedures for the issuance of licenses;*
- 10 5. *The tests or examinations of applicants by the Board;*
- 11 6. *The duration, renewal, revocation, suspension and*
12 *termination of licenses;*
- 13 7. *The regulation and discipline of anesthesiologist*
14 *assistants, including, without limitation, the reporting of*
15 *complaints, investigations of misconduct and disciplinary*
16 *proceedings;*
- 17 8. *The medically direct supervision of an anesthesiologist*
18 *assistant by a supervising anesthesiologist; and*
- 19 9. *Consistent with the provisions of section 7 of this act, the*
20 *anesthesia services which an anesthesiologist assistant may*
21 *perform.*

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

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

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

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

29 **Sec. 11.** *1. An anesthesiologist assistant licensed under the*
30 *provisions of this chapter who is responding to a need for medical*
31 *care created by an emergency or disaster, as declared by a*
32 *governmental entity, may render emergency care that is directly*
33 *related to the emergency or disaster without the supervision of a*
34 *supervising anesthesiologist as required by this chapter. The*
35 *provisions of this subsection apply only for the duration of the*
36 *emergency or disaster.*

37 2. *A supervising anesthesiologist who supervises an*
38 *anesthesiologist assistant who is rendering emergency care that is*
39 *directly related to an emergency or disaster, as described in*
40 *subsection 1, is not required to meet the requirements set forth in*
41 *this chapter for such supervision.*

42 **Sec. 12.** *1. A supervising anesthesiologist shall provide*
43 *medically direct supervision to his or her anesthesiologist assistant*
44 *whenever the anesthesiologist assistant is performing anesthesia*
45 *services.*



1 2. *Before beginning to supervise an anesthesiologist*
2 *assistant, a supervising anesthesiologist shall communicate to the*
3 *anesthesiologist assistant:*

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

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

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

9 3. *A supervising anesthesiologist shall not delegate to his or*
10 *her anesthesiologist assistant, and the anesthesiologist assistant*
11 *shall not accept, any task that is beyond the capability of the*
12 *anesthesiologist assistant to complete safely.*

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

15 5. *A supervising anesthesiologist may coordinate with other*
16 *anesthesiologists within his or her practice group or department*
17 *for the purpose of complying with any of his or her required*
18 *supervisory duties. Any anesthesiologist with whom a supervisory*
19 *anesthesiologist coordinates his or her supervisory duties shall be*
20 *considered a joint supervisory anesthesiologist and is subject to all*
21 *applicable requirements for a supervisory anesthesiologist*
22 *contained within this chapter.*

23 **Sec. 13.** NRS 630.003 is hereby amended to read as follows:

24 630.003 1. The Legislature finds and declares that:

25 (a) It is among the responsibilities of State Government to
26 ensure, as far as possible, that only competent persons practice
27 medicine, perfusion and respiratory care within this State;

28 (b) For the protection and benefit of the public, the Legislature
29 delegates to the Board of Medical Examiners the power and duty to
30 determine the initial and continuing competence of physicians,
31 perfusionists, physician assistants , *anesthesiologist assistants* and
32 practitioners of respiratory care who are subject to the provisions of
33 this chapter;

34 (c) The Board must exercise its regulatory power to ensure that
35 the interests of the medical profession do not outweigh the interests
36 of the public;

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

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



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

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

5 630.005 As used in this chapter, unless the context otherwise
6 requires, the words and terms defined in NRS 630.007 to 630.026,
7 inclusive, *and sections 3 to 6, inclusive, of this act* have the
8 meanings ascribed to them in those sections.

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

10 630.021 "Practice of respiratory care" includes:

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

13 2. The administration of drugs and medications to the
14 cardiopulmonary system;

15 3. The provision of ventilatory assistance and control;

16 4. Postural drainage and percussion, breathing exercises and
17 other respiratory rehabilitation procedures;

18 5. Cardiopulmonary resuscitation and maintenance of natural
19 airways and the insertion and maintenance of artificial airways;

20 6. Carrying out the written orders of a physician, physician
21 assistant, *anesthesiologist assistant*, certified registered nurse
22 anesthetist or an advanced practice registered nurse relating to
23 respiratory care;

24 7. Techniques for testing to assist in diagnosis, monitoring,
25 treatment and research related to respiratory care, including the
26 measurement of ventilatory volumes, pressures and flows, collection
27 of blood and other specimens, testing of pulmonary functions and
28 hemodynamic and other related physiological monitoring of the
29 cardiopulmonary system; and

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

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

32 630.045 1. The purpose of licensing physicians,
33 perfusionists, physician assistants, *anesthesiologist assistants* and
34 practitioners of respiratory care is to protect the public health and
35 safety and the general welfare of the people of this State.

36 2. Any license issued pursuant to this chapter is a revocable
37 privilege.

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

39 630.047 1. This chapter does not apply to:

40 (a) A medical officer or perfusionist or practitioner of
41 respiratory care of the Armed Forces or a medical officer or
42 perfusionist or practitioner of respiratory care of any division or
43 department of the United States in the discharge of his or her official
44 duties, including, without limitation, providing medical care in a



1 hospital in accordance with an agreement entered into pursuant to
2 NRS 449.2455;

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

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

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

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

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

16 (e) The practice of respiratory care by a student as part of a
17 program of study in respiratory care that is approved by the Board,
18 or is recognized by a national organization which is approved by the
19 Board to review such programs, if the student is enrolled in the
20 program and provides respiratory care only under the supervision of
21 a practitioner of respiratory care;

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

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

25 (2) Is employed by a medical facility, as defined in NRS
26 449.0151; and

27 (3) Provides respiratory care to patients who are not in a
28 critical medical condition or, in an emergency, to patients who are in
29 a critical medical condition and a practitioner of respiratory care is
30 not immediately available to provide that care and the student is
31 directed by a physician to provide respiratory care under the
32 supervision of the physician until a practitioner of respiratory care is
33 available;

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

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

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

44 (j) A person who installs medical equipment for respiratory care
45 that is used in the home and gives instructions regarding the use of



1 that equipment if the person is trained to provide such services and
2 is supervised by a provider of health care who is acting within the
3 authorized scope of his or her practice.

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

6 3. This chapter does not prohibit:

7 (a) Gratuitous services outside of a medical school or medical
8 facility by a person who is not a physician, perfusionist, physician
9 assistant , *anesthesiologist assistant* or practitioner of respiratory
10 care in cases of emergency.

11 (b) The domestic administration of family remedies.

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

13 630.120 1. The Board shall procure a seal.

14 2. All licenses issued to physicians, perfusionists, physician
15 assistants , *anesthesiologist assistants* and practitioners of
16 respiratory care must bear the seal of the Board and the signatures of
17 its President and Secretary-Treasurer.

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

19 630.137 1. Notwithstanding any other provision of law and
20 except as otherwise provided in this section, the Board shall not
21 adopt any regulations that prohibit or have the effect of prohibiting a
22 physician, perfusionist, physician assistant , *anesthesiologist*
23 *assistant* or practitioner of respiratory care from collaborating or
24 consulting with another provider of health care.

25 2. The provisions of this section do not prevent the Board from
26 adopting the regulations that prohibit a physician, perfusionist,
27 physician assistant , *anesthesiologist assistant* or practitioner of
28 respiratory care from aiding or abetting another person in the
29 unlicensed practice of medicine or the unlicensed practice of
30 perfusion or respiratory care.

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

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

34 630.167 In addition to any other requirements set forth in this
35 chapter, each applicant for a license to practice medicine, to practice
36 as a perfusionist, to practice as a physician assistant , *to practice as*
37 *an anesthesiologist assistant* or to practice respiratory care shall
38 submit to the Board a complete set of fingerprints and written
39 permission authorizing the Board to forward the fingerprints to the
40 Central Repository for Nevada Records of Criminal History for
41 submission to the Federal Bureau of Investigation for its report. Any
42 fees or costs charged by the Board for this service pursuant to NRS
43 630.268 are not refundable.



1 **Sec. 21.** NRS 630.197 is hereby amended to read as follows:
2 630.197 1. In addition to any other requirements set forth in
3 this chapter:

4 (a) An applicant for the issuance of a license to practice
5 medicine, to practice as a perfusionist, to practice as a physician
6 assistant , *to practice as an anesthesiologist assistant* or to practice
7 as a practitioner of respiratory care shall include the social security
8 number of the applicant in the application submitted to the Board.

9 (b) An applicant for the issuance or renewal of a license to
10 practice medicine, to practice as a perfusionist, to practice as a
11 physician assistant , *to practice as an anesthesiologist assistant* or
12 to practice as a practitioner of respiratory care shall submit to the
13 Board the statement prescribed by the Division of Welfare and
14 Supportive Services of the Department of Health and Human
15 Services pursuant to NRS 425.520. The statement must be
16 completed and signed by the applicant.

17 2. The Board shall include the statement required pursuant to
18 subsection 1 in:

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

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

22 3. A license to practice medicine, to practice as a perfusionist,
23 to practice as a physician assistant , *to practice as an*
24 *anesthesiologist assistant* or to practice as a practitioner of
25 respiratory care may not be issued or renewed by the Board if the
26 applicant:

27 (a) Fails to submit the statement required pursuant to subsection
28 1; or

29 (b) Indicates on the statement submitted pursuant to subsection
30 1 that the applicant is subject to a court order for the support of a
31 child and is not in compliance with the order or a plan approved by
32 the district attorney or other public agency enforcing the order for
33 the repayment of the amount owed pursuant to the order.

34 4. If an applicant indicates on the statement submitted pursuant
35 to subsection 1 that the applicant is subject to a court order for the
36 support of a child and is not in compliance with the order or a plan
37 approved by the district attorney or other public agency enforcing
38 the order for the repayment of the amount owed pursuant to the
39 order, the Board shall advise the applicant to contact the district
40 attorney or other public agency enforcing the order to determine the
41 actions that the applicant may take to satisfy the arrearage.

42 **Sec. 22.** NRS 630.198 is hereby amended to read as follows:

43 630.198 1. The Board shall not issue or renew a license to
44 practice as a physician, physician assistant , *anesthesiologist*
45 *assistant* or perfusionist unless the applicant for issuance or renewal



1 of the license attests to knowledge of and compliance with the
2 guidelines of the Centers for Disease Control and Prevention
3 concerning the prevention of transmission of infectious agents
4 through safe and appropriate injection practices.

5 2. In addition to the attestation provided pursuant to subsection
6 1, a physician shall attest that any person:

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

10 ↪ has knowledge of and is in compliance with the guidelines of the
11 Centers for Disease Control and Prevention concerning the
12 prevention of transmission of infectious agents through safe and
13 appropriate injection practices.

14 **Sec. 23.** NRS 630.253 is hereby amended to read as follows:
15 630.253 1. The Board shall, as a prerequisite for the:

- 16 (a) Renewal of a license as a physician assistant; ~~or~~
- 17 (b) *Renewal of a license as an anesthesiologist assistant; or*
- 18 (c) Biennial registration of the holder of a license to practice
19 medicine,

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

23 2. These requirements:

24 (a) May provide for the completion of one or more courses of
25 instruction relating to risk management in the performance of
26 medical services.

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

33 (1) An overview of acts of terrorism and weapons of mass
34 destruction;

35 (2) Personal protective equipment required for acts of
36 terrorism;

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

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

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

44 (c) Must provide for the completion by a holder of a license to
45 practice medicine who is a psychiatrist of a course of instruction that



1 provides at least 2 hours of instruction on clinically-based suicide
2 prevention and awareness.

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

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

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

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

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

17 (d) The importance of maintenance of function and
18 independence for older persons.

19 4. The Board shall encourage each holder of a license to
20 practice medicine to receive, as a portion of his or her continuing
21 education, training concerning methods for educating patients about
22 how to effectively manage medications, including, without
23 limitation, the ability of the patient to request to have the symptom
24 or purpose for which a drug is prescribed included on the label
25 attached to the container of the drug.

26 5. The Board shall encourage each holder of a license to
27 practice medicine, other than a psychiatrist, to receive as a portion
28 of his or her continuing education training concerning suicide,
29 including, without limitation, such topics as:

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

33 (b) Approaches to engaging other professionals in suicide
34 intervention; and

35 (c) The detection of suicidal thoughts and ideations and the
36 prevention of suicide.

37 6. A holder of a license to practice medicine may substitute not
38 more than 2 hours of continuing education credits in the detection of
39 suicidal thoughts and ideations, and the intervention and prevention
40 of suicide, pain management or addiction care for the purposes of
41 satisfying an equivalent requirement for continuing education in
42 ethics.

43 7. As used in this section:

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



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

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

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

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

9 **Sec. 24.** NRS 630.2535 is hereby amended to read as follows:
10 630.2535 The Board may, by regulation, require each
11 physician, ~~for~~ physician assistant *or anesthesiologist assistant*
12 who is registered to dispense controlled substances pursuant to NRS
13 453.231 to complete at least 1 hour of training relating specifically
14 to the misuse and abuse of controlled substances during each period
15 of licensure. Any licensee may use such training to satisfy 1 hour of
16 any continuing education requirement established by the Board.

17 **Sec. 25.** NRS 630.268 is hereby amended to read as follows:
18 630.268 1. ~~The~~ *Except as otherwise provided in this*
19 *section, the* Board shall charge and collect not more than the
20 following fees:

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



1 For computer printouts or labels..... \$500
 2 For verification of a listing of physicians, per hour 20
 3 For furnishing a list of new physicians..... 100
 4

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

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

16 4. If an applicant submits an application for a license by
 17 endorsement pursuant to:

18 (a) NRS 630.1607, and the applicant is an active member of, or
 19 the spouse of an active member of, the Armed Forces of the United
 20 States, a veteran or the surviving spouse of a veteran, the Board
 21 shall collect not more than one-half of the fee set forth in subsection
 22 1 for the initial issuance of the license. As used in this paragraph,
 23 "veteran" has the meaning ascribed to it in NRS 417.005.

24 (b) NRS 630.2752, the Board shall collect not more than one-
 25 half of the fee set forth in subsection 1 for the initial issuance of the
 26 license.

27 5. If an applicant submits an application for a license by
 28 endorsement pursuant to NRS 630.1606 or 630.2751, as applicable,
 29 the Board shall charge and collect not more than the fee specified in
 30 subsection 1 *or prescribed by regulation of the Board, as*
 31 *applicable*, for the application for and initial issuance of a license.

32 *6. The Board may prescribe by regulation and collect fees for*
 33 *the issuance and renewal of a license as an anesthesiologist*
 34 *assistant and for the biennial registration of an anesthesiologist*
 35 *assistant.*

36 **Sec. 26.** NRS 630.2751 is hereby amended to read as follows:

37 630.2751 1. The Board may issue a license by endorsement
 38 to practice as a physician assistant *or anesthesiologist assistant* to
 39 an applicant who meets the requirements set forth in this section. An
 40 applicant may submit to the Board an application for such a license
 41 if the applicant:

42 (a) Holds a corresponding valid and unrestricted license to
 43 practice as a physician assistant *or anesthesiologist assistant* in the
 44 District of Columbia or any state or territory of the United States;
 45 and



1 (b) Is certified in a specialty recognized by the American Board
2 of Medical Specialties **†† if the applicant is seeking to practice as a**
3 **physician assistant, or is certified by the National Commission for**
4 **Certification of Anesthesiologist Assistants if the applicant is**
5 **seeking to practice as an anesthesiologist assistant.**

6 2. An applicant for a license by endorsement pursuant to this
7 section must submit to the Board with his or her application:

8 (a) Proof satisfactory to the Board that the applicant:

9 (1) Satisfies the requirements of subsection 1;

10 (2) Is a citizen of the United States or otherwise has the legal
11 right to work in the United States;

12 (3) Has not been disciplined or investigated by the
13 corresponding regulatory authority of the District of Columbia or
14 any state or territory in which the applicant currently holds or has
15 held a license to practice as a physician assistant **†† or**
16 **anesthesiologist assistant;** and

17 (4) Has not been held civilly or criminally liable for
18 malpractice in the District of Columbia or any state or territory of
19 the United States;

20 (b) A complete set of fingerprints and written permission
21 authorizing the Board to forward the fingerprints in the manner
22 provided in NRS 630.167;

23 (c) An affidavit stating that the information contained in the
24 application and any accompanying material is true and correct; and

25 (d) Any other information required by the Board.

26 3. Not later than 15 business days after receiving an application
27 for a license by endorsement to practice as a physician assistant **or**
28 **anesthesiologist assistant** pursuant to this section, the Board shall
29 provide written notice to the applicant of any additional information
30 required by the Board to consider the application. Unless the Board
31 denies the application for good cause, the Board shall approve the
32 application and issue a license by endorsement to practice as a
33 physician assistant **or anesthesiologist assistant** to the applicant not
34 later than:

35 (a) Forty-five days after receiving the application; or

36 (b) Ten days after the Board receives a report on the applicant's
37 background based on the submission of the applicant's fingerprints,
38 ↪ whichever occurs later.

39 4. A license by endorsement to practice as a physician assistant
40 **or anesthesiologist assistant** may be issued at a meeting of the
41 Board or between its meetings by the President and Executive
42 Director of the Board. Such an action shall be deemed to be an
43 action of the Board.



1 **Sec. 27.** NRS 630.2752 is hereby amended to read as follows:

2 630.2752 1. The Board may issue a license by endorsement
3 to practice as a physician assistant *or anesthesiologist assistant*
4 to an applicant who meets the requirements set forth in this section. An
5 applicant may submit to the Board an application for such a license
6 if the applicant:

7 (a) Holds a corresponding valid and unrestricted license to
8 practice as a physician assistant *or anesthesiologist assistant* in the
9 District of Columbia or any state or territory of the United States;

10 (b) Is certified in a specialty recognized by the American Board
11 of Medical Specialties ~~†~~ *if the applicant is seeking to practice as a*
12 *physician assistant, or is certified by the National Commission for*
13 *Certification of Anesthesiologist Assistants if the applicant is*
14 *seeking to practice as an anesthesiologist assistant; and*

15 (c) Is an active member of, or the spouse of an active member
16 of, the Armed Forces of the United States, a veteran or the surviving
17 spouse of a veteran.

18 2. An applicant for a license by endorsement pursuant to this
19 section must submit to the Board with his or her application:

20 (a) Proof satisfactory to the Board that the applicant:

21 (1) Satisfies the requirements of subsection 1;

22 (2) Is a citizen of the United States or otherwise has the legal
23 right to work in the United States;

24 (3) Has not been disciplined or investigated by the
25 corresponding regulatory authority of the District of Columbia or
26 the state or territory in which the applicant holds a license to
27 practice as a physician assistant ~~†~~ *or anesthesiologist assistant;*
28 and

29 (4) Has not been held civilly or criminally liable for
30 malpractice in the District of Columbia or any state or territory of
31 the United States;

32 (b) A complete set of fingerprints and written permission
33 authorizing the Board to forward the fingerprints in the manner
34 provided in NRS 630.167;

35 (c) An affidavit stating that the information contained in the
36 application and any accompanying material is true and correct; and

37 (d) Any other information required by the Board.

38 3. Not later than 15 business days after receiving an application
39 for a license by endorsement to practice as a physician assistant *or*
40 *anesthesiologist assistant* pursuant to this section, the Board shall
41 provide written notice to the applicant of any additional information
42 required by the Board to consider the application. Unless the Board
43 denies the application for good cause, the Board shall approve the
44 application and issue a license by endorsement to practice as a



1 physician assistant *or anesthesiologist assistant* to the applicant not
2 later than:

3 (a) Forty-five days after receiving all the additional information
4 required by the Board to complete the application; or

5 (b) Ten days after the Board receives a report on the applicant's
6 background based on the submission of the applicant's fingerprints,
7 ↪ whichever occurs later.

8 4. A license by endorsement to practice as a physician assistant
9 *or anesthesiologist assistant* may be issued at a meeting of the
10 Board or between its meetings by the President and Executive
11 Director of the Board. Such an action shall be deemed to be an
12 action of the Board.

13 5. At any time before making a final decision on an application
14 for a license by endorsement pursuant to this section, the Board may
15 grant a provisional license authorizing an applicant to practice as a
16 physician assistant *or anesthesiologist assistant* in accordance with
17 regulations adopted by the Board.

18 6. As used in this section, "veteran" has the meaning ascribed
19 to it in NRS 417.005.

20 **Sec. 28.** NRS 630.307 is hereby amended to read as follows:

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

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

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



1 *anesthesiologist assistant* or practitioner of respiratory care
2 concerning the care of a patient or the competency of the physician,
3 perfusionist, physician assistant , *anesthesiologist assistant* or
4 practitioner of respiratory care within 30 days after the change in
5 privileges is made or disciplinary action is taken.

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

11 (a) An investigation of the mental, medical or psychological
12 competency of the physician, perfusionist, physician assistant ,
13 *anesthesiologist assistant* or practitioner of respiratory care; or

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

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

28 6. The clerk of every court shall report to the Board any
29 finding, judgment or other determination of the court that a
30 physician, perfusionist, physician assistant , *anesthesiologist*
31 *assistant* or practitioner of respiratory care:

32 (a) Is mentally ill;

33 (b) Is mentally incompetent;

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

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

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

39 ↪ within 45 days after such a finding, judgment or determination is
40 made.

41 7. 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. 29.** 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. 30.** 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 licensee is at risk of imminent or continued harm, the Board
18 may summarily suspend the license of the licensee pending the
19 conclusion of a hearing to consider a formal complaint against the
20 licensee. The order of summary suspension may be issued only by
21 the Board or an investigative committee of the Board.

22 2. If the Board or an investigative committee of the Board
23 issues an order summarily suspending the license of a physician,
24 perfusionist, physician assistant , *anesthesiologist assistant* or
25 practitioner of respiratory care pursuant to subsection 1, the Board
26 shall hold a hearing not later than 60 days after the date on which
27 the order is issued, unless the Board and the licensee mutually agree
28 to a longer period, to determine whether a reasonable basis exists to
29 continue the suspension of the license pending the conclusion of a
30 hearing to consider a formal complaint against the licensee. If no
31 formal complaint against the licensee is pending before the Board
32 on the date on which a hearing is held pursuant to this section, the
33 Board shall reinstate the license of the licensee.

34 3. If the Board or an investigative committee of the Board
35 issues an order summarily suspending the license of a licensee
36 pursuant to subsection 1 and the Board requires the licensee to
37 submit to a mental or physical examination or an examination
38 testing his or her competence to practice, the examination must be
39 conducted and the results obtained not later than 30 days after the
40 order is issued.

41 **Sec. 31.** NRS 630.329 is hereby amended to read as follows:

42 630.329 If the Board issues an order suspending the license of
43 a physician, perfusionist, physician assistant , *anesthesiologist*
44 *assistant* or practitioner of respiratory care pending proceedings for
45 disciplinary action, including, without limitation, a summary



1 suspension pursuant to NRS 233B.127, the court shall not stay that
2 order.

3 **Sec. 32.** NRS 630.336 is hereby amended to read as follows:

4 630.336 1. Any deliberations conducted or vote taken by the
5 Board or any investigative committee of the Board regarding its
6 ordering of a physician, perfusionist, physician assistant ,
7 *anesthesiologist assistant* or practitioner of respiratory care to
8 undergo a physical or mental examination or any other examination
9 designated to assist the Board or committee in determining the
10 fitness of a physician, perfusionist, physician assistant ,
11 *anesthesiologist assistant* or practitioner of respiratory care are not
12 subject to the requirements of NRS 241.020.

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

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

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

23 (b) Any report concerning the fitness of any person to receive or
24 hold a license to practice medicine, perfusion or respiratory care;
25 and

26 (c) Any communication between:

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

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

31 4. Except as otherwise provided in subsection 5 and NRS
32 239.0115, a complaint filed with the Board pursuant to NRS
33 630.307, all documents and other information filed with the
34 complaint and all documents and other information compiled as a
35 result of an investigation conducted to determine whether to initiate
36 disciplinary action are confidential.

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

41 6. The Board shall, to the extent feasible, communicate or
42 cooperate with or provide any documents or other information to
43 any other licensing board or agency or any agency which is
44 investigating a person, including a law enforcement agency. Such
45 cooperation may include, without limitation, providing the board or



1 agency with minutes of a closed meeting, transcripts of oral
2 examinations and the results of oral examinations.

3 **Sec. 33.** NRS 630.366 is hereby amended to read as follows:

4 630.366 1. If the Board receives a copy of a court order
5 issued pursuant to NRS 425.540 that provides for the suspension of
6 all professional, occupational and recreational licenses, certificates
7 and permits issued to a person who is the holder of a license to
8 practice medicine, to practice as a perfusionist, to practice as a
9 physician assistant , *to practice as an anesthesiologist assistant* or
10 to practice as a practitioner of respiratory care, the Board shall deem
11 the license issued to that person to be suspended at the end of the
12 30th day after the date on which the court order was issued unless
13 the Board receives a letter issued to the holder of the license by the
14 district attorney or other public agency pursuant to NRS 425.550
15 stating that the holder of the license has complied with the subpoena
16 or warrant or has satisfied the arrearage pursuant to NRS 425.560.

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

27 **Sec. 34.** NRS 630.388 is hereby amended to read as follows:

28 630.388 1. In addition to any other remedy provided by law,
29 the Board, through its President or Secretary-Treasurer or the
30 Attorney General, may apply to any court of competent jurisdiction:

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

33 (b) To enjoin any person who is not licensed under this chapter
34 from practicing medicine, perfusion or respiratory care;

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

38 (d) To enjoin the use of the title "P.A.," "P.A.-C," "*A.A.*,"
39 "R.C.P." or any other word, combination of letters or other
40 designation intended to imply or designate a person as a physician
41 assistant , *anesthesiologist assistant* or practitioner of respiratory
42 care, when not licensed by the Board pursuant to this chapter, unless
43 the use is otherwise authorized by a specific statute; or

44 (e) To enjoin the use of the title "L.P.," "T.L.P.," "licensed
45 perfusionist," "temporarily licensed perfusionist" or any other word,



1 combination of letters or other designation intended to imply or
2 designate a person as a perfusionist, when not licensed by the Board
3 pursuant to this chapter, unless the use is otherwise authorized by a
4 specific statute.

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

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

9 (b) Without relieving any person from criminal prosecution for
10 engaging in the practice of medicine, perfusion or respiratory care
11 without a license; and

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

13 **Sec. 35.** NRS 630.400 is hereby amended to read as follows:

14 630.400 1. It is unlawful for any person to:

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

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

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

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

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

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

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

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

36 2. Unless a greater penalty is provided pursuant to NRS
37 200.830 or 200.840, a person who violates any provision of
38 subsection 1:

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

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

43 ➔ and shall be punished as provided in NRS 193.130.



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

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

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

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

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

21 **Sec. 36.** NRS 632.018 is hereby amended to read as follows:

22 632.018 "Practice of professional nursing" means the
23 performance of any act in the observation, care and counsel of the
24 ill, injured or infirm, in the maintenance of health or prevention of
25 illness of others, in the supervision and teaching of other personnel,
26 in the administration of medications and treatments as prescribed by
27 an advanced practice registered nurse, a licensed physician, a
28 physician assistant *or anesthesiologist assistant* licensed pursuant to
29 chapter 630 or 633 of NRS, a licensed dentist or a licensed podiatric
30 physician, requiring substantial specialized judgment and skill based
31 on knowledge and application of the principles of biological,
32 physical and social science, but does not include acts of medical
33 diagnosis or prescription of therapeutic or corrective measures.

34 **Sec. 37.** NRS 632.472 is hereby amended to read as follows:

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

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



1 therapist, driver of an ambulance, paramedic or other person
2 providing medical services licensed or certified to practice in this
3 State.

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

9 (c) A coroner.

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

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

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

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

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

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

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

28 (k) Any social worker.

29 (l) Any person who operates or is employed by a community
30 health worker pool or with whom a community health worker pool
31 contracts to provide the services of a community health worker, as
32 defined in NRS 449.0027.

33 (m) Any person who operates or is employed by a peer support
34 recovery organization.

35 2. Every physician who, as a member of the staff of a medical
36 facility or facility for the dependent, has reason to believe that a
37 nursing assistant or medication aide - certified has engaged in
38 conduct which constitutes grounds for the denial, suspension or
39 revocation of a certificate shall notify the superintendent, manager
40 or other person in charge of the facility. The superintendent,
41 manager or other person in charge shall make a report as required in
42 subsection 1.

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

44 4. Any person who in good faith reports any violation of the
45 provisions of this chapter to the Executive Director of the Board



1 pursuant to this section is immune from civil liability for reporting
2 the violation.

3 5. As used in this section:

4 (a) "Agency to provide personal care services in the home" has
5 the meaning ascribed to it in NRS 449.0021.

6 (b) "Community health worker pool" has the meaning ascribed
7 to it in NRS 449.0028.

8 (c) "Peer support recovery organization" has the meaning
9 ascribed to it in NRS 449.01563.

10 **Sec. 38.** Chapter 633 of NRS is hereby amended by adding
11 thereto the provisions set forth as sections 39 to 48, inclusive, of this
12 act.

13 **Sec. 39.** *"Anesthesia services" means services and activities*
14 *related to the administration of anesthesia to a patient, including,*
15 *without limitation, those services identified in subsection 1 of*
16 *section 43 of this act.*

17 **Sec. 40.** *"Anesthesiologist assistant" means a person who:*

18 *1. Is a graduate of an academic program approved by the*
19 *Board or, by general education, practical training and experience*
20 *determined satisfactory to the Board, is qualified to perform*
21 *anesthesia services under the medically direct supervision of a*
22 *supervising anesthesiologist; and*

23 *2. Has been issued a license by the Board.*

24 **Sec. 41.** *"Medically direct supervision" means that a*
25 *supervising anesthesiologist is immediately available in such*
26 *proximity to an anesthesiologist assistant during the performance*
27 *of his or her duties that the supervising anesthesiologist is able*
28 *effectively to re-establish direct contact with the patient to meet the*
29 *medical needs of the patient and address any urgent or emergent*
30 *clinical problems.*

31 **Sec. 42.** *"Supervising anesthesiologist" means an active*
32 *osteopathic physician licensed and in good standing in this State*
33 *who is Board certified or meets the standards to be Board certified*
34 *as an anesthesiologist by the American Board of Anesthesiology,*
35 *or its successor, or the American Osteopathic Association, or its*
36 *successor, and who supervises one or more anesthesiology*
37 *assistants.*

38 **Sec. 43.** *1. An anesthesiologist assistant licensed under the*
39 *provisions of this chapter may perform anesthesia services in*
40 *accordance with the regulations adopted by the Board, within the*
41 *scope of practice of a supervising anesthesiologist and under the*
42 *medically direct supervision of that supervising anesthesiologist in*
43 *any appropriate setting, including, without limitation, an intensive*
44 *care unit or pain clinic. Such anesthesia services include, without*
45 *limitation:*



1 (a) Obtaining a preanesthetic health history for the patient,
2 performing a preanesthetic physical examination of the patient
3 and recording relevant data;

4 (b) Conducting laboratory and other related studies, including
5 taking blood samples;

6 (c) Inserting invasive monitoring modalities, including arterial
7 and venous lines and pulmonary artery catheterization, as
8 delegated by the supervising anesthesiologist;

9 (d) Administering anesthetic agents and controlled substances,
10 including, without limitation, induction agents and adjunctive
11 treatment, maintaining and altering the levels of anesthesia and
12 providing continuity of anesthetic care into and during the
13 postoperative recovery period;

14 (e) Establishing airway interventions and performing
15 ventilatory support;

16 (f) Applying and interpreting advanced monitoring techniques;

17 (g) Using advanced life-support techniques, including, without
18 limitation, high frequency ventilation and intraarterial
19 cardiovascular assist devices;

20 (h) Making postanesthesia rounds, recording patient progress
21 notes, compiling and recording summaries of cases and
22 transcribing standard and specific orders;

23 (i) Evaluating and treating life-threatening situations,
24 including, without limitation, through the use of cardiopulmonary
25 resuscitation, using established protocols;

26 (j) Training and supervising personnel in calibrating,
27 troubleshooting and using patient monitors;

28 (k) Performing administrative duties, including, without
29 limitation, managing patient records, coding and billing for
30 procedures and managing personnel;

31 (l) Participating in the clinical instruction of others; and

32 (m) Performing and monitoring the administration of regional
33 anesthesia, including, without limitation, spinal, epidural,
34 intravenous regional, local infiltration, nerve blocks and other
35 special techniques.

36 2. An anesthesiologist assistant shall not prescribe any
37 controlled substance.

38 3. Before an anesthesiologist assistant administers to a
39 patient any anesthetic agent that includes a controlled substance,
40 the anesthesiologist assistant or supervising anesthesiologist shall:

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

43 (b) Receive the consent of the patient, in writing, for the
44 anesthesiologist assistant to administer the anesthetic agent.



1 **Sec. 44.** *The Board may issue a license as an*
2 *anesthesiologist assistant to an applicant who is qualified under*
3 *the regulations of the Board to perform anesthesia services under*
4 *the medically direct supervision of a supervising anesthesiologist.*
5 *An application for such a license must contain all information*
6 *required by the Board to complete the application.*

7 **Sec. 45.** *The Board shall adopt regulations establishing the*
8 *requirements for licensure as an anesthesiologist assistant,*
9 *including, without limitation:*

10 1. *The required qualifications of applicants for a license;*
11 2. *The academic or educational certificates, credentials or*
12 *programs of study required of applicants;*

13 3. *The procedures for submitting applications for licensure;*
14 4. *The standards for review of submitted applications and*
15 *procedures for the issuance of licenses;*

16 5. *The tests or examinations of applicants by the Board;*
17 6. *The duration, renewal, revocation, suspension and*
18 *termination of licenses;*

19 7. *The regulation and discipline of anesthesiologist*
20 *assistants, including, without limitation, the reporting of*
21 *complaints, investigations of misconduct and disciplinary*
22 *proceedings;*

23 8. *The medically direct supervision of an anesthesiologist*
24 *assistant by a supervising anesthesiologist; and*

25 9. *Consistent with the provisions of section 43 of this act, the*
26 *anesthesia services which an anesthesiologist assistant may*
27 *perform.*

28 **Sec. 46.** *1. An anesthesiologist assistant shall:*

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

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

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

35 **Sec. 47.** *1. An anesthesiologist assistant licensed under the*
36 *provisions of this chapter who is responding to a need for medical*
37 *care created by an emergency or disaster, as declared by a*
38 *governmental entity, may render emergency care that is directly*
39 *related to the emergency or disaster without the supervision of a*
40 *supervising anesthesiologist as required by this chapter. The*
41 *provisions of this subsection apply only for the duration of the*
42 *emergency or disaster.*

43 2. *A supervising anesthesiologist who supervises an*
44 *anesthesiologist assistant who is rendering emergency care that is*
45 *directly related to an emergency or disaster, as described in*



1 *subsection 1, is not required to meet the requirements set forth in*
2 *this chapter for such supervision.*

3 **Sec. 48. 1.** *A supervising anesthesiologist shall provide*
4 *medically direct supervision to his or her anesthesiologist assistant*
5 *whenever the anesthesiologist assistant is performing anesthesia*
6 *services.*

7 **2.** *Before beginning to supervise an anesthesiologist*
8 *assistant, a supervising anesthesiologist shall communicate to the*
9 *anesthesiologist assistant:*

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

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

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

15 **3.** *A supervising anesthesiologist shall not delegate to his or*
16 *her anesthesiologist assistant, and the anesthesiologist assistant*
17 *shall not accept, any task that is beyond the capability of the*
18 *anesthesiologist assistant to complete safely.*

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

21 **5.** *A supervising anesthesiologist may coordinate with other*
22 *anesthesiologists within his or her practice group or department*
23 *for the purpose of complying with any of his or her required*
24 *supervisory duties. Any anesthesiologist with whom a supervisory*
25 *anesthesiologist coordinates his or her supervisory duties shall be*
26 *considered a joint supervisory anesthesiologist and is subject to all*
27 *applicable requirements for a supervisory anesthesiologist*
28 *contained within this chapter.*

29 **Sec. 49.** NRS 633.011 is hereby amended to read as follows:

30 633.011 As used in this chapter, unless the context otherwise
31 requires, the words and terms defined in NRS 633.021 to 633.131,
32 inclusive, *and sections 39 to 42, inclusive, of this act* have the
33 meanings ascribed to them in those sections.

34 **Sec. 50.** NRS 633.071 is hereby amended to read as follows:

35 633.071 "Malpractice" means failure on the part of an
36 osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*
37 *assistant* to exercise the degree of care, diligence and skill ordinarily
38 exercised by osteopathic physicians, ~~or~~ physician assistants *or*
39 *anesthesiologist assistants* in good standing in the community in
40 which he or she practices.

41 **Sec. 51.** NRS 633.131 is hereby amended to read as follows:

42 633.131 1. "Unprofessional conduct" includes:

43 (a) Knowingly or willfully making a false or fraudulent
44 statement or submitting a forged or false document in applying for a
45 license to practice osteopathic medicine, ~~or~~ to practice as a



1 physician *assistant or to practice as an anesthesiologist* assistant,
2 or in applying for the renewal of a license to practice osteopathic
3 medicine , ~~for~~ to practice as a physician *assistant or to practice as*
4 *an anesthesiologist* assistant.

5 (b) Failure of a person who is licensed to practice osteopathic
6 medicine to identify himself or herself professionally by using the
7 term D.O., osteopathic physician, doctor of osteopathy or a similar
8 term.

9 (c) Directly or indirectly giving to or receiving from any person,
10 corporation or other business organization any fee, commission,
11 rebate or other form of compensation for sending, referring or
12 otherwise inducing a person to communicate with an osteopathic
13 physician in his or her professional capacity or for any professional
14 services not actually and personally rendered, except as otherwise
15 provided in subsection 2.

16 (d) Employing, directly or indirectly, any suspended or
17 unlicensed person in the practice of osteopathic medicine or in
18 practice as a physician *assistant or anesthesiologist* assistant, or the
19 aiding or abetting of any unlicensed person to practice osteopathic
20 medicine or to practice as a physician *assistant or anesthesiologist*
21 assistant.

22 (e) Advertising the practice of osteopathic medicine in a manner
23 which does not conform to the guidelines established by regulations
24 of the Board.

25 (f) Engaging in any:

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

28 (2) Medical practice harmful to the public or any conduct
29 detrimental to the public health, safety or morals which does not
30 constitute gross or repeated malpractice or professional
31 incompetence.

32 (g) Administering, dispensing or prescribing any controlled
33 substance or any dangerous drug as defined in chapter 454 of NRS,
34 otherwise than in the course of legitimate professional practice or as
35 authorized by law.

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

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

41 (j) Knowingly or willfully disclosing a communication
42 privileged pursuant to a statute or court order.

43 (k) Knowingly or willfully disobeying regulations of the State
44 Board of Health, the State Board of Pharmacy or the State Board of
45 Osteopathic Medicine.



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

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

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

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

11 (p) Failure of a licensee to file a record or report as required by
12 law, or knowingly or willfully obstructing or inducing any person to
13 obstruct such filing.

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

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

18 2. It is not unprofessional conduct:

19 (a) For persons holding valid licenses to practice osteopathic
20 medicine issued pursuant to this chapter to practice osteopathic
21 medicine in partnership under a partnership agreement or in a
22 corporation or an association authorized by law, or to pool, share,
23 divide or apportion the fees and money received by them or by the
24 partnership, corporation or association in accordance with the
25 partnership agreement or the policies of the board of directors of
26 the corporation or association;

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

33 (c) For a person licensed to practice osteopathic medicine
34 pursuant to the provisions of this chapter to form an association or
35 other business relationship with an optometrist pursuant to the
36 provisions of NRS 636.373.

37 **Sec. 52.** NRS 633.151 is hereby amended to read as follows:

38 633.151 The purpose of licensing osteopathic physicians ,
39 ~~and~~ physician assistants *and anesthesiologist assistants* is to
40 protect the public health and safety and the general welfare of the
41 people of this State. Any license issued pursuant to this chapter is a
42 revocable privilege, and a holder of such a license does not acquire
43 thereby any vested right.



1 **Sec. 53.** NRS 633.286 is hereby amended to read as follows:

2 633.286 1. On or before February 15 of each odd-numbered
3 year, the Board shall submit to the Governor and to the Director of
4 the Legislative Counsel Bureau for transmittal to the next regular
5 session of the Legislature a written report compiling:

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

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

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

17 2. The report must include only aggregate information for
18 statistical purposes and exclude any identifying information related
19 to a particular person.

20 **Sec. 54.** NRS 633.301 is hereby amended to read as follows:

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

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

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

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



1 **Sec. 55.** NRS 633.305 is hereby amended to read as follows:
2 633.305 Except as otherwise provided in NRS 633.399,
3 633.400, 633.4335 and 633.4336:

4 1. Every applicant for a license shall:

5 (a) File an application with the Board in the manner prescribed
6 by regulations of the Board;

7 (b) Submit verified proof satisfactory to the Board that the
8 applicant meets any age, citizenship and educational requirements
9 prescribed by this chapter; and

10 (c) Pay in advance to the Board the application and initial
11 license fee specified in NRS 633.501 ~~+~~ *or prescribed by regulation
12 of the Board, as applicable.*

13 2. An application filed with the Board pursuant to subsection 1
14 must include all information required to complete the application.

15 3. The Board may hold hearings and conduct investigations
16 into any matter related to the application and, in addition to the
17 proofs required by subsection 1, may take such further evidence and
18 require such other documents or proof of qualifications as it deems
19 proper.

20 4. The Board may reject an application if the Board has cause
21 to believe that any credential or information submitted by the
22 applicant is false, misleading, deceptive or fraudulent.

23 **Sec. 56.** NRS 633.3619 is hereby amended to read as follows:

24 633.3619 The Board shall not issue or renew a license to
25 practice osteopathic medicine or *to practice* as a physician assistant
26 *or anesthesiologist assistant* unless the applicant for issuance or
27 renewal of the license attests to knowledge of and compliance with
28 the guidelines of the Centers for Disease Control and Prevention
29 concerning the prevention of transmission of infectious agents
30 through safe and appropriate injection practices.

31 **Sec. 57.** NRS 633.4335 is hereby amended to read as follows:

32 633.4335 1. The Board may issue a license by endorsement
33 to practice as a physician assistant *or anesthesiologist assistant* to
34 an applicant who meets the requirements set forth in this section. An
35 applicant may submit to the Board an application for such a license
36 if the applicant:

37 (a) Holds a corresponding valid and unrestricted license to
38 practice as a physician assistant *or anesthesiologist assistant* in the
39 District of Columbia or any state or territory of the United States;
40 and

41 (b) Is certified in a specialty recognized by the American Board
42 of Medical Specialties or the American Osteopathic Association ~~+~~
43 *if the applicant is seeking to practice as a physician assistant, or is
44 certified by the National Commission for Certification of*



1 ***Anesthesiologist Assistants if the applicant is seeking to practice***
2 ***as an anesthesiologist assistant.***

3 2. An applicant for a license by endorsement pursuant to this
4 section must submit to the Board with his or her application:

5 (a) Proof satisfactory to the Board that the applicant:

6 (1) Satisfies the requirements of subsection 1;

7 (2) Is a citizen of the United States or otherwise has the legal
8 right to work in the United States;

9 (3) Has not been disciplined and is not currently under
10 investigation by the corresponding regulatory authority of the
11 District of Columbia or any state or territory in which the applicant
12 currently holds or has held a license to practice as a physician
13 assistant ***or anesthesiologist assistant***; and

14 (4) Has not been held civilly or criminally liable for
15 malpractice in the District of Columbia or any state or territory of
16 the United States;

17 (b) A complete set of fingerprints and written permission
18 authorizing the Board to forward the fingerprints in the manner
19 provided in NRS 633.309;

20 (c) An affidavit stating that the information contained in the
21 application and any accompanying material is true and correct;

22 (d) The application and initial license fee specified in this
23 chapter; and

24 (e) Any other information required by the Board.

25 3. Not later than 15 business days after receiving an application
26 for a license by endorsement to practice as a physician assistant ***or***
27 ***anesthesiologist assistant*** pursuant to this section, the Board shall
28 provide written notice to the applicant of any additional information
29 required by the Board to consider the application. Unless the Board
30 denies the application for good cause, the Board shall approve the
31 application and issue a license by endorsement to practice as a
32 physician assistant ***or anesthesiologist assistant*** to the applicant not
33 later than:

34 (a) Forty-five days after receiving the application; or

35 (b) Ten days after the Board receives a report on the applicant's
36 background based on the submission of the applicant's fingerprints,
37 ↪ whichever occurs later.

38 4. A license by endorsement to practice as a physician assistant
39 ***or anesthesiologist assistant*** may be issued at a meeting of the
40 Board or between its meetings by the President and Executive
41 Director of the Board. Such an action shall be deemed to be an
42 action of the Board.

43 **Sec. 58.** NRS 633.4336 is hereby amended to read as follows:

44 633.4336 1. The Board may issue a license by endorsement
45 to practice as a physician assistant ***or anesthesiologist assistant*** to



1 an applicant who meets the requirements set forth in this section. An
2 applicant may submit to the Board an application for such a license
3 if the applicant:

4 (a) Holds a corresponding valid and unrestricted license to
5 practice as a physician assistant *or anesthesiologist assistant* in the
6 District of Columbia or any state or territory of the United States;

7 (b) Is certified in a specialty recognized by the American Board
8 of Medical Specialties or the American Osteopathic Association ~~§~~
9 *if the applicant is seeking to practice as a physician assistant, or is*
10 *certified by the National Commission for Certification of*
11 *Anesthesiologist Assistants if the applicant is seeking to practice*
12 *as an anesthesiologist assistant;* and

13 (c) Is an active member of, or the spouse of an active member
14 of, the Armed Forces of the United States, a veteran or the surviving
15 spouse of a veteran.

16 2. An applicant for a license by endorsement pursuant to this
17 section must submit to the Board with his or her application:

18 (a) Proof satisfactory to the Board that the applicant:

19 (1) Satisfies the requirements of subsection 1;

20 (2) Is a citizen of the United States or otherwise has the legal
21 right to work in the United States;

22 (3) Has not been disciplined and is not currently under
23 investigation by the corresponding regulatory authority of the
24 District of Columbia or the state or territory in which the applicant
25 holds a license to practice as a physician assistant ~~§~~ *or*
26 *anesthesiologist assistant;* and

27 (4) Has not been held civilly or criminally liable for
28 malpractice in the District of Columbia or any state or territory of
29 the United States;

30 (b) A complete set of fingerprints and written permission
31 authorizing the Board to forward the fingerprints in the manner
32 provided in NRS 633.309;

33 (c) An affidavit stating that the information contained in the
34 application and any accompanying material is true and correct;

35 (d) The application and initial license fee specified in this
36 chapter; and

37 (e) Any other information required by the Board.

38 3. Not later than 15 business days after receiving an application
39 for a license by endorsement to practice as a physician assistant *or*
40 *anesthesiologist assistant* pursuant to this section, the Board shall
41 provide written notice to the applicant of any additional information
42 required by the Board to consider the application. Unless the Board
43 denies the application for good cause, the Board shall approve the
44 application and issue a license by endorsement to practice as a



1 physician assistant *or anesthesiologist assistant* to the applicant not
2 later than:

3 (a) Forty-five days after receiving all the additional information
4 required by the Board to complete the application; or

5 (b) Ten days after the Board receives a report on the applicant's
6 background based on the submission of the applicant's fingerprints,
7 ↪ whichever occurs later.

8 4. A license by endorsement to practice as a physician assistant
9 *or anesthesiologist assistant* may be issued at a meeting of the
10 Board or between its meetings by the President and Executive
11 Director of the Board. Such an action shall be deemed to be an
12 action of the Board.

13 5. At any time before making a final decision on an application
14 for a license by endorsement pursuant to this section, the Board may
15 grant a provisional license authorizing an applicant to practice as a
16 physician assistant *or anesthesiologist assistant* in accordance with
17 regulations adopted by the Board.

18 6. As used in this section, "veteran" has the meaning ascribed
19 to it in NRS 417.005.

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

21 633.471 1. Except as otherwise provided in subsection 8 and
22 NRS 633.491, every holder of a license issued under this chapter,
23 except a temporary or a special license, may renew the license on or
24 before January 1 of each calendar year after its issuance by:

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

26 (b) Paying the annual license renewal fee specified in this
27 chapter;

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

31 (d) Submitting evidence to the Board that in the year preceding
32 the application for renewal the holder has attended courses or
33 programs of continuing education approved by the Board in
34 accordance with regulations adopted by the Board totaling a number
35 of hours established by the Board which must not be less than 35
36 hours nor more than that set in the requirements for continuing
37 medical education of the American Osteopathic Association; and

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

39 2. The Secretary of the Board shall notify each licensee of the
40 requirements for renewal not less than 30 days before the date of
41 renewal.

42 3. The Board shall request submission of verified evidence of
43 completion of the required number of hours of continuing medical
44 education annually from no fewer than one-third of the applicants
45 for renewal of a license to practice osteopathic medicine or a license



1 to practice as a physician assistant ~~H~~ *or anesthesiologist assistant.*
2 Upon a request from the Board, an applicant for renewal of a license
3 to practice osteopathic medicine or a license to practice as a
4 physician assistant *or anesthesiologist assistant* shall submit
5 verified evidence satisfactory to the Board that in the year preceding
6 the application for renewal the applicant attended courses or
7 programs of continuing medical education approved by the Board
8 totaling the number of hours established by the Board.

9 4. The Board shall encourage each holder of a license to
10 practice osteopathic medicine to receive, as a portion of his or her
11 continuing education, training concerning methods for educating
12 patients about how to effectively manage medications, including,
13 without limitation, the ability of the patient to request to have the
14 symptom or purpose for which a drug is prescribed included on the
15 label attached to the container of the drug.

16 5. The Board shall require, as part of the continuing education
17 requirements approved by the Board, the biennial completion by a
18 holder of a license to practice osteopathic medicine of:

19 (a) At least 2 hours of continuing education credits in ethics,
20 pain management or addiction care; and

21 (b) If the holder of a license to practice osteopathic medicine is a
22 psychiatrist, at least 2 hours of continuing education credits on
23 clinically-based suicide prevention and awareness.

24 6. The Board shall encourage each holder of a license to
25 practice osteopathic medicine, other than a psychiatrist, to receive as
26 a portion of his or her continuing education training concerning
27 suicide, including, without limitation, such topics as:

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

31 (b) Approaches to engaging other professionals in suicide
32 intervention; and

33 (c) The detection of suicidal thoughts and ideations and the
34 prevention of suicide.

35 7. A holder of a license to practice osteopathic medicine may
36 substitute not more than 2 hours of continuing education credits in
37 the detection of suicidal thoughts and ideations, and the intervention
38 and prevention of suicide for the purposes of satisfying an
39 equivalent requirement for continuing education in ethics.

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

43 **Sec. 60.** NRS 633.473 is hereby amended to read as follows:

44 633.473 The Board may, by regulation, require each
45 osteopathic physician , ~~††~~ physician assistant *or anesthesiologist*



1 *assistant* who is registered to dispense controlled substances
2 pursuant to NRS 453.231 to complete at least 1 hour of training
3 relating specifically to the misuse and abuse of controlled
4 substances during each period of licensure. Any licensee may use
5 such training to satisfy 1 hour of any continuing education
6 requirement established by the Board.

7 **Sec. 61.** NRS 633.481 is hereby amended to read as follows:

8 633.481 1. Except as otherwise provided in subsection 2, if a
9 licensee fails to comply with the requirements of NRS 633.471
10 within 10 days after the renewal date, the Board shall give 15 days'
11 notice of the failure to renew the license and of the expiration of the
12 license by certified mail to the licensee at the licensee's last known
13 address that is registered with the Board. If the license is not
14 renewed within 15 days after receiving notice, the license expires
15 automatically without any further notice or a hearing and the Board
16 shall file a copy of the notice with the Drug Enforcement
17 Administration of the United States Department of Justice or its
18 successor agency.

19 2. A licensee who fails to meet the continuing education
20 requirements for license renewal may apply to the Board for a
21 waiver of the requirements. The Board may grant a waiver for that
22 year only if the Board finds that the failure is due to a disability,
23 military service, absence from the United States, or circumstances
24 beyond the control of the licensee which are deemed by the Board to
25 excuse the failure.

26 3. A person whose license has expired under this section may
27 apply to the Board for restoration of the license upon:

28 (a) Payment of all past due renewal fees and the late payment
29 fee specified in NRS 633.501 ~~§~~ *or prescribed by regulation of the*
30 *Board, as applicable;*

31 (b) Producing verified evidence satisfactory to the Board of
32 completion of the total number of hours of continuing education
33 required for the year preceding the renewal date and for each year
34 succeeding the date of expiration;

35 (c) Stating under oath in writing that he or she has not withheld
36 information from the Board which if disclosed would constitute
37 grounds for disciplinary action under this chapter; and

38 (d) Submitting any other information that is required by the
39 Board to restore the license.

40 **Sec. 62.** NRS 633.491 is hereby amended to read as follows:

41 633.491 1. A licensee who retires from practice is not
42 required annually to renew his or her license after filing with the
43 Board an affidavit stating the date on which he or she retired from
44 practice and any other evidence that the Board may require to verify
45 the retirement.



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

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

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

12 3. A licensee who wishes to have a license placed on inactive
13 status must provide the Board with an affidavit stating the date on
14 which the licensee will cease the practice of osteopathic medicine or
15 cease to practice as a physician assistant *or anesthesiologist*
16 *assistant* in Nevada and any other evidence that the Board may
17 require. The Board shall place the license of the licensee on inactive
18 status upon receipt of:

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

20 (b) Payment of the inactive license fee prescribed by
21 NRS 633.501.

22 4. An osteopathic physician , ~~or~~ physician assistant *or*
23 *anesthesiologist assistant* whose license has been placed on inactive
24 status:

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

26 (b) Shall annually pay the inactive license fee prescribed by
27 NRS 633.501.

28 (c) Shall not practice osteopathic medicine or practice as a
29 physician assistant *or anesthesiologist assistant* in this State.

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

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

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

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

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

45 (c) Comply with all other requirements for renewal.



1 **Sec. 63.** NRS 633.501 is hereby amended to read as follows:
2 633.501 1. Except as otherwise provided in ~~subsection 2,~~
3 *this section*, the Board shall charge and collect fees not to exceed
4 the following amounts:

5	(a) Application and initial license fee for an osteopathic	
6	physician.....	\$800
7	(b) Annual license renewal fee for an osteopathic	
8	physician.....	500
9	(c) Temporary license fee.....	500
10	(d) Special or authorized facility license fee.....	200
11	(e) Special event license fee.....	200
12	(f) Special or authorized facility license renewal fee.....	200
13	(g) Reexamination fee.....	200
14	(h) Late payment fee.....	300
15	(i) Application and initial license fee for a physician	
16	assistant.....	400
17	(j) Annual license renewal fee for a physician assistant.....	400
18	(k) Inactive license fee.....	200

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

22 3. The cost of any special meeting called at the request of a
23 licensee, an institution, an organization, a state agency or an
24 applicant for licensure must be paid by the person or entity
25 requesting the special meeting. Such a special meeting must not be
26 called until the person or entity requesting the meeting has paid a
27 cash deposit with the Board sufficient to defray all expenses of the
28 meeting.

29 4. If an applicant submits an application for a license by
30 endorsement pursuant to:

31 (a) NRS 633.399 or 633.400 and is an active member of, or the
32 spouse of an active member of, the Armed Forces of the United
33 States, a veteran or the surviving spouse of a veteran, the Board
34 shall collect not more than one-half of the fee set forth in subsection
35 1 for the initial issuance of the license. As used in this paragraph,
36 “veteran” has the meaning ascribed to it in NRS 417.005.

37 (b) NRS 633.4336, the Board shall collect not more than one-
38 half of the fee set forth in subsection 1 *or prescribed by regulation*
39 *of the Board, as applicable*, for the initial issuance of the license.

40 **5. *The Board may prescribe by regulation and collect fees for***
41 ***the issuance and renewal of a license as an anesthesiologist***
42 ***assistant.***

43 **Sec. 64.** NRS 633.511 is hereby amended to read as follows:
44 633.511 1. The grounds for initiating disciplinary action
45 pursuant to this chapter are:



- 1 (a) Unprofessional conduct.
2 (b) Conviction of:
3 (1) A violation of any federal or state law regulating the
4 possession, distribution or use of any controlled substance or any
5 dangerous drug as defined in chapter 454 of NRS;
6 (2) A felony relating to the practice of osteopathic medicine
7 or practice as a physician *assistant or anesthesiologist* assistant;
8 (3) A violation of any of the provisions of NRS 616D.200,
9 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;
10 (4) Murder, voluntary manslaughter or mayhem;
11 (5) Any felony involving the use of a firearm or other deadly
12 weapon;
13 (6) Assault with intent to kill or to commit sexual assault or
14 mayhem;
15 (7) Sexual assault, statutory sexual seduction, incest,
16 lewdness, indecent exposure or any other sexually related crime;
17 (8) Abuse or neglect of a child or contributory delinquency;
18 or
19 (9) Any offense involving moral turpitude.
20 (c) The suspension of a license to practice osteopathic medicine
21 or to practice as a physician assistant *or anesthesiologist assistant*
22 by any other jurisdiction.
23 (d) Malpractice or gross malpractice, which may be evidenced
24 by a claim of malpractice settled against a licensee.
25 (e) Professional incompetence.
26 (f) Failure to comply with the requirements of NRS 633.527.
27 (g) Failure to comply with the requirements of subsection 3 of
28 NRS 633.471.
29 (h) Failure to comply with the provisions of NRS 633.694.
30 (i) Operation of a medical facility, as defined in NRS 449.0151,
31 at any time during which:
32 (1) The license of the facility is suspended or revoked; or
33 (2) An act or omission occurs which results in the suspension
34 or revocation of the license pursuant to NRS 449.160.
35 ➔ This paragraph applies to an owner or other principal responsible
36 for the operation of the facility.
37 (j) Failure to comply with the provisions of subsection 2 of
38 NRS 633.322.
39 (k) Signing a blank prescription form.
40 (l) Knowingly or willfully procuring or administering a
41 controlled substance or a dangerous drug as defined in chapter 454
42 of NRS that is not approved by the United States Food and Drug
43 Administration, unless the unapproved controlled substance or
44 dangerous drug:



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

3 (2) Was procured through a Canadian pharmacy which is
4 licensed pursuant to chapter 639 of NRS and which has been
5 recommended by the State Board of Pharmacy pursuant to
6 subsection 4 of NRS 639.2328;

7 (3) Is marijuana being used for medical purposes in
8 accordance with chapter 453A of NRS; or

9 (4) Is an investigational drug or biological product prescribed
10 to a patient pursuant to NRS 630.3735 or 633.6945.

11 (m) Attempting, directly or indirectly, by intimidation, coercion
12 or deception, to obtain or retain a patient or to discourage the use of
13 a second opinion.

14 (n) Terminating the medical care of a patient without adequate
15 notice or without making other arrangements for the continued care
16 of the patient.

17 (o) In addition to the provisions of subsection 3 of NRS
18 633.524, making or filing a report which the licensee knows to be
19 false, failing to file a record or report that is required by law or
20 knowingly or willfully obstructing or inducing another to obstruct
21 the making or filing of such a record or report.

22 (p) Failure to report any person the licensee knows, or has
23 reason to know, is in violation of the provisions of this chapter or
24 the regulations of the Board within 30 days after the date the
25 licensee knows or has reason to know of the violation.

26 (q) Failure by a licensee or applicant to report in writing, within
27 30 days, any criminal action taken or conviction obtained against the
28 licensee or applicant, other than a minor traffic violation, in this
29 State or any other state or by the Federal Government, a branch of
30 the Armed Forces of the United States or any local or federal
31 jurisdiction of a foreign country.

32 (r) Engaging in any act that is unsafe in accordance with
33 regulations adopted by the Board.

34 (s) Failure to comply with the provisions of NRS 629.515.

35 (t) Failure to supervise adequately a medical assistant pursuant
36 to the regulations of the Board.

37 (u) Failure to obtain any training required by the Board pursuant
38 to NRS 633.473.

39 (v) Failure to comply with the provisions of NRS 633.6955.

40 (w) Failure to comply with the provisions of NRS 453.163 or
41 453.164.

42 2. As used in this section, "investigational drug or biological
43 product" has the meaning ascribed to it in NRS 454.351.



1 **Sec. 65.** NRS 633.512 is hereby amended to read as follows:

2 633.512 Any member or agent of the Board may enter any
3 premises in this State where a person who holds a license issued
4 pursuant to the provisions of this chapter practices osteopathic
5 medicine or *practices* as a physician assistant *or anesthesiologist*
6 *assistant* and inspect it to determine whether a violation of any
7 provision of this chapter has occurred, including, without limitation,
8 an inspection to determine whether any person at the premises is
9 practicing osteopathic medicine or *practicing* as a physician
10 assistant *or anesthesiologist assistant* without the appropriate
11 license issued pursuant to the provisions of this chapter.

12 **Sec. 66.** NRS 633.526 is hereby amended to read as follows:

13 633.526 1. The insurer of an osteopathic physician , ~~or~~
14 physician assistant *or anesthesiologist assistant* licensed under this
15 chapter shall report to the Board:

16 (a) Any action for malpractice against the osteopathic physician
17 , ~~or~~ physician assistant *or anesthesiologist assistant* not later than
18 45 days after the osteopathic physician , ~~or~~ physician assistant *or*
19 *anesthesiologist assistant* receives service of a summons and
20 complaint for the action;

21 (b) Any claim for malpractice against the osteopathic physician ,
22 ~~or~~ physician assistant *or anesthesiologist assistant* that is
23 submitted to arbitration or mediation not later than 45 days after the
24 claim is submitted to arbitration or mediation; and

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

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

37 **Sec. 67.** NRS 633.527 is hereby amended to read as follows:

38 633.527 1. An osteopathic physician , ~~or~~ physician assistant
39 *or anesthesiologist assistant* shall report to the Board:

40 (a) Any action for malpractice against the osteopathic physician
41 , ~~or~~ physician assistant *or anesthesiologist assistant* not later than
42 45 days after the osteopathic physician , ~~or~~ physician assistant *or*
43 *anesthesiologist assistant* receives service of a summons and
44 complaint for the action;



1 (b) Any claim for malpractice against the osteopathic physician ,
2 ~~or~~ physician assistant *or anesthesiologist assistant* that is
3 submitted to arbitration or mediation not later than 45 days after the
4 claim is submitted to arbitration or mediation;

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

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

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

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

21 **Sec. 68.** NRS 633.528 is hereby amended to read as follows:

22 633.528 If the Board receives a report pursuant to the
23 provisions of NRS 633.526, 633.527, 690B.250 or 690B.260
24 indicating that a judgment has been rendered or an award has been
25 made against an osteopathic physician , ~~or~~ physician assistant *or*
26 *anesthesiologist assistant* regarding an action or claim for
27 malpractice or that such an action or claim against the osteopathic
28 physician , ~~or~~ physician assistant *or anesthesiologist assistant* has
29 been resolved by settlement, the Board shall conduct an
30 investigation to determine whether to discipline the osteopathic
31 physician , ~~or~~ physician assistant *or anesthesiologist assistant*
32 regarding the action or claim, unless the Board has already
33 commenced or completed such an investigation regarding the action
34 or claim before it receives the report.

35 **Sec. 69.** NRS 633.529 is hereby amended to read as follows:

36 633.529 1. Notwithstanding the provisions of chapter 622A
37 of NRS, if the Board or an investigative committee of the Board
38 receives a report pursuant to the provisions of NRS 633.526,
39 633.527, 690B.250 or 690B.260 indicating that a judgment has been
40 rendered or an award has been made against an osteopathic
41 physician , ~~or~~ physician assistant *or anesthesiologist assistant*
42 regarding an action or claim for malpractice, or that such an action
43 or claim against the osteopathic physician , ~~or~~ physician assistant
44 *or anesthesiologist assistant* has been resolved by settlement, the
45 Board or committee may order the osteopathic physician , ~~or~~



1 physician assistant *or anesthesiologist assistant* to undergo a mental
2 or physical examination or any other examination designated by the
3 Board to test his or her competence to practice osteopathic medicine
4 or to practice as a physician *assistant or anesthesiologist* assistant,
5 as applicable. An examination conducted pursuant to this subsection
6 must be conducted by a person designated by the Board.

7 2. For the purposes of this section:

8 (a) An osteopathic physician , ~~or~~ physician assistant *or*
9 *anesthesiologist assistant* who applies for a license or who holds a
10 license under this chapter is deemed to have given consent to submit
11 to a mental or physical examination or an examination testing his or
12 her competence to practice osteopathic medicine or to practice as a
13 physician *assistant or anesthesiologist* assistant, as applicable,
14 pursuant to a written order by the Board.

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

19 **Sec. 70.** NRS 633.531 is hereby amended to read as follows:

20 633.531 1. The Board or any of its members, or a medical
21 review panel of a hospital or medical society, which becomes aware
22 of any conduct by an osteopathic physician , ~~or~~ physician assistant
23 *or anesthesiologist assistant* that may constitute grounds for
24 initiating disciplinary action shall, and any other person who is so
25 aware may, file a written complaint specifying the relevant facts
26 with the Board.

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

30 **Sec. 71.** NRS 633.533 is hereby amended to read as follows:

31 633.533 1. Except as otherwise provided in subsection 2, any
32 person may file with the Board a complaint against an osteopathic
33 physician , ~~or~~ physician assistant *or anesthesiologist assistant* on a
34 form provided by the Board. The form may be submitted in writing
35 or electronically. If a complaint is submitted anonymously, the
36 Board may accept the complaint but may refuse to consider the
37 complaint if the lack of the identity of the complainant makes
38 processing the complaint impossible or unfair to the person who is
39 the subject of the complaint.

40 2. Any licensee, medical school or medical facility that
41 becomes aware that a person practicing osteopathic medicine or
42 practicing as a physician assistant *or anesthesiologist assistant* in
43 this State has, is or is about to become engaged in conduct which
44 constitutes grounds for initiating disciplinary action shall file a



1 written complaint with the Board within 30 days after becoming
2 aware of the conduct.

3 3. Except as otherwise provided in subsection 4, any hospital,
4 clinic or other medical facility licensed in this State, or medical
5 society, shall file a written report with the Board of any change in
6 the privileges of an osteopathic physician , ~~†or†~~ physician assistant
7 *or anesthesiologist assistant* to practice while the osteopathic
8 physician , ~~†or†~~ physician assistant *or anesthesiologist assistant* is
9 under investigation, and the outcome of any disciplinary action
10 taken by the facility or society against the osteopathic physician ,
11 ~~†or†~~ physician assistant *or anesthesiologist assistant* concerning the
12 care of a patient or the competency of the osteopathic physician ,
13 ~~†or†~~ physician *assistant or anesthesiologist* assistant, within 30 days
14 after the change in privileges is made or disciplinary action is taken.

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

19 (a) An investigation of the mental, medical or psychological
20 competency of the osteopathic physician , ~~†or†~~ physician *assistant*
21 *or anesthesiologist* assistant; or

22 (b) Suspected or alleged substance abuse in any form by the
23 osteopathic physician , ~~†or†~~ physician *assistant or anesthesiologist*
24 assistant.

25 5. The Board shall report any failure to comply with subsection
26 3 or 4 by a hospital, clinic or other medical facility licensed in this
27 State to the Division of Public and Behavioral Health of the
28 Department of Health and Human Services. If, after a hearing, the
29 Division determines that any such facility or society failed to
30 comply with the requirements of this subsection, the Division may
31 impose an administrative fine of not more than \$10,000 against the
32 facility or society for each such failure to report. If the
33 administrative fine is not paid when due, the fine must be recovered
34 in a civil action brought by the Attorney General on behalf of the
35 Division.

36 6. The clerk of every court shall report to the Board any
37 finding, judgment or other determination of the court that an
38 osteopathic physician , ~~†or†~~ physician *assistant or anesthesiologist*
39 assistant:

40 (a) Is mentally ill;

41 (b) Is mentally incompetent;

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

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



1 (e) Is liable for damages for malpractice or negligence,
2 ↪ within 45 days after the finding, judgment or determination.
3 **Sec. 72.** NRS 633.542 is hereby amended to read as follows:
4 633.542 Unless the Board determines that extenuating
5 circumstances exist, the Board shall forward to the appropriate law
6 enforcement agency any substantiated information submitted to the
7 Board concerning a person who practices or offers to practice
8 osteopathic medicine or as a physician assistant *or anesthesiologist*
9 *assistant* without the appropriate license issued pursuant to the
10 provisions of this chapter.

11 **Sec. 73.** NRS 633.561 is hereby amended to read as follows:
12 633.561 1. Notwithstanding the provisions of chapter 622A
13 of NRS, if the Board or a member of the Board designated to review
14 a complaint pursuant to NRS 633.541 has reason to believe that the
15 conduct of an osteopathic physician, ~~or~~ physician assistant *or*
16 *anesthesiologist assistant* has raised a reasonable question as to his
17 or her competence to practice osteopathic medicine or to practice as
18 a physician *assistant or anesthesiologist* assistant, as applicable,
19 with reasonable skill and safety to patients, the Board or the member
20 designated by the Board may require the osteopathic physician, ~~or~~
21 physician assistant *or anesthesiologist assistant* to submit to a
22 mental or physical examination conducted by physicians designated
23 by the Board. If the osteopathic physician, ~~or~~ physician assistant
24 *or anesthesiologist assistant* participates in a diversion program, the
25 diversion program may exchange with any authorized member of
26 the staff of the Board any information concerning the recovery and
27 participation of the osteopathic physician, ~~or~~ physician assistant
28 *or anesthesiologist assistant* in the diversion program. As used in
29 this subsection, "diversion program" means a program approved by
30 the Board to correct an osteopathic physician's, ~~or~~ physician
31 assistant's *or anesthesiologist assistant's* alcohol or drug
32 dependence or any other impairment.

33 2. For the purposes of this section:

34 (a) An osteopathic physician, ~~or~~ physician assistant *or*
35 *anesthesiologist assistant* who is licensed under this chapter and
36 who accepts the privilege of practicing osteopathic medicine or
37 practicing as a physician assistant *or anesthesiologist assistant* in
38 this State is deemed to have given consent to submit to a mental or
39 physical examination pursuant to a 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. 74.** 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 anesthesiologist* assistant, as applicable, with
10 reasonable skill and safety to patients, the Board may require the
11 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*
12 *assistant* to submit to an examination for the purposes of
13 determining his or her competence to practice osteopathic medicine
14 or to practice as a physician *assistant or anesthesiologist* assistant,
15 as applicable, with reasonable skill and safety to patients.

16 **Sec. 75.** NRS 633.581 is hereby amended to read as follows:

17 633.581 1. If an investigation by the Board of an osteopathic
18 physician , ~~or~~ physician assistant *or anesthesiologist assistant*
19 reasonably determines that the health, safety or welfare of the public
20 or any patient served by the osteopathic physician , ~~or~~ physician
21 *assistant or anesthesiologist* assistant is at risk of imminent or
22 continued harm, the Board may summarily suspend the license of
23 the licensee pending the conclusion of a hearing to consider a formal
24 complaint against the licensee. The order of summary suspension
25 may be issued only by the Board or an investigative committee of
26 the Board.

27 2. If the Board or an investigative committee of the Board
28 issues an order summarily suspending the license of a licensee
29 pursuant to subsection 1, the Board shall hold a hearing not later
30 than 60 days after the date on which the order is issued, unless the
31 Board and the licensee mutually agree to a longer period, to
32 determine whether a reasonable basis exists to continue the
33 suspension of the license pending the conclusion of a hearing to
34 consider a formal complaint against the licensee. If no formal
35 complaint against the licensee is pending before the Board on the
36 date on which a hearing is held pursuant to this section, the Board
37 shall reinstate the license of the licensee.

38 3. Notwithstanding the provisions of chapter 622A of NRS, if
39 the Board or an investigative committee of the Board issues an order
40 summarily suspending the license of an osteopathic physician , ~~or~~
41 physician assistant *or anesthesiologist assistant* pursuant to
42 subsection 1 and the Board requires the licensee to submit to a
43 mental or physical examination or a medical competency
44 examination, the examination must be conducted and the results
45 must be obtained not later than 30 days after the order is issued.



1 **Sec. 76.** 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. 77.** 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 anesthesiologist* assistant, as applicable, as provided in
21 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. 78.** NRS 633.631 is hereby amended to read as follows:

31 633.631 Except as otherwise provided in subsection 2 and
32 chapter 622A of 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 President or Secretary of the Board shall cause a notice of hearing to
40 be 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. In lieu of the methods of service of process set forth in
2 subsection 1, if the Board obtains written consent from the
3 osteopathic physician , ~~or~~ physician *assistant or anesthesiologist*
4 assistant, service of process under this chapter may be made by
5 electronic mail on the licensee at an electronic mail address
6 designated by the licensee in the written consent.

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

10 **Sec. 79.** NRS 633.641 is hereby amended to read as follows:

11 633.641 Notwithstanding the provisions of chapter 622A of
12 NRS, in any disciplinary proceeding before the Board, a hearing
13 officer or a panel:

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

17 2. A certified copy of the record of a court or a licensing
18 agency showing a conviction or the suspension or revocation of a
19 license to practice osteopathic medicine or to practice as a physician
20 assistant *or anesthesiologist assistant* is conclusive evidence of its
21 occurrence.

22 **Sec. 80.** NRS 633.651 is hereby amended to read as follows:

23 633.651 1. If the Board finds a person guilty in a disciplinary
24 proceeding, it shall by order take one or more of the following
25 actions:

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

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

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

31 (d) Suspend the license of the person to practice osteopathic
32 medicine or to practice as a physician assistant *or anesthesiologist*
33 *assistant* for a specified period or until further order of the Board.

34 (e) Revoke the license of the person to practice osteopathic
35 medicine or to practice as a physician *assistant or anesthesiologist*
36 assistant.

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

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

39 (h) Require the person to perform community service without
40 compensation.

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

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



1 ↪ The order of the Board may contain any other terms, provisions
2 or conditions as the Board deems proper and which are not
3 inconsistent with law.

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

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

7 **Sec. 81.** NRS 633.671 is hereby amended to read as follows:

8 633.671 1. Any person who has been placed on probation or
9 whose license has been limited, suspended or revoked by the Board
10 is entitled to judicial review of the Board's order as provided by
11 law.

12 2. Every order of the Board which limits the practice of
13 osteopathic medicine or the practice of a physician assistant *or*
14 *anesthesiologist assistant* or suspends or revokes a license is
15 effective from the date on which the order is issued by the Board
16 until the date the order is modified or reversed by a final judgment
17 of the court.

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

21 **Sec. 82.** NRS 633.681 is hereby amended to read as follows:

22 633.681 1. Any person:

23 (a) Whose practice of osteopathic medicine or practice as a
24 physician assistant *or anesthesiologist assistant* has been limited; or

25 (b) Whose license to practice osteopathic medicine or to practice
26 as a physician assistant *or anesthesiologist assistant* has been:

27 (1) Suspended until further order; or

28 (2) Revoked,

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

33 2. In hearing the application, the Board:

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

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

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

42 **Sec. 83.** NRS 633.691 is hereby amended to read as follows:

43 633.691 1. In addition to any other immunity provided by the
44 provisions of chapter 622A of NRS, the Board, a medical review
45 panel of a hospital, a hearing officer, a panel of the Board, an



1 employee or volunteer of a diversion program specified in NRS
2 633.561, or any person who or other organization which initiates or
3 assists in any lawful investigation or proceeding concerning the
4 discipline of an osteopathic physician , ~~or~~ physician assistant *or*
5 *anesthesiologist assistant* for gross malpractice, malpractice,
6 professional incompetence or unprofessional conduct is immune
7 from any civil action for such initiation or assistance or any
8 consequential damages, if the person or organization acted in good
9 faith.

10 2. Except as otherwise provided in subsection 3, the Board
11 shall not commence an investigation, impose any disciplinary action
12 or take any other adverse action against an osteopathic physician ,
13 ~~or~~ physician assistant *or anesthesiologist assistant* for:

14 (a) Disclosing to a governmental entity a violation of a law, rule
15 or regulation by an applicant for a license to practice osteopathic
16 medicine or to practice as a physician *assistant or anesthesiologist*
17 assistant, or by an osteopathic physician , ~~or~~ physician *assistant or*
18 *anesthesiologist* assistant; or

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

22 3. An osteopathic physician , ~~or~~ physician assistant *or*
23 *anesthesiologist assistant* who discloses information to or
24 cooperates with a governmental entity pursuant to subsection 2 with
25 respect to the violation of any law, rule or regulation by the
26 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*
27 *assistant* is subject to investigation and any other administrative or
28 disciplinary action by the Board under the provisions of this chapter
29 for such violation.

30 4. As used in this section, “governmental entity” includes,
31 without limitation:

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

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

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

40 (d) A federal, state or local law enforcement agency or
41 prosecutorial office, or any member or employee thereof, or police
42 or peace officer; and

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



1 **Sec. 84.** NRS 633.701 is hereby amended to read as follows:

2 633.701 The filing and review of a complaint and any
3 subsequent disposition by the Board, the member designated by the
4 Board to review a complaint pursuant to NRS 633.541 or any
5 reviewing court do not preclude:

6 1. Any measure by a hospital or other institution to limit or
7 terminate the privileges of an osteopathic physician , ~~or~~ physician
8 assistant *or anesthesiologist assistant* according to its rules or the
9 custom of the profession. No civil liability attaches to any such
10 action taken without malice even if the ultimate disposition of the
11 complaint is in favor of the osteopathic physician , ~~or~~ physician
12 *assistant or anesthesiologist* assistant.

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

15 **Sec. 85.** NRS 633.711 is hereby amended to read as follows:

16 633.711 1. The Board, through an officer of the Board or the
17 Attorney General, may maintain in any court of competent
18 jurisdiction a suit for an injunction against any person:

19 (a) Practicing osteopathic medicine or practicing as a physician
20 assistant *or anesthesiologist assistant* without a valid license to
21 practice osteopathic medicine or to practice as a physician *assistant*
22 *or anesthesiologist* assistant ~~or~~ , *as applicable*; or

23 (b) Providing services through telehealth, as defined in NRS
24 629.515, without a valid license.

25 2. An injunction issued pursuant to subsection 1:

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

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

31 **Sec. 86.** NRS 633.721 is hereby amended to read as follows:

32 633.721 In a criminal complaint charging any person with
33 practicing osteopathic medicine or practicing as a physician
34 assistant *or anesthesiologist assistant* without a valid license issued
35 by the Board, it is sufficient to charge that the person did, upon a
36 certain day, and in a certain county of this State, engage in such
37 practice without having a valid license to do so, without averring
38 any further or more particular facts concerning the violation.

39 **Sec. 87.** NRS 633.741 is hereby amended to read as follows:

40 633.741 1. It is unlawful for any person to:

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

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

44 (2) As a physician assistant *or anesthesiologist assistant*
45 without a valid license under this chapter; or



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

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

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

8 (d) File for record the license issued to another, falsely claiming
9 himself or herself to be the person named in the license, or falsely
10 claiming himself or herself to be the person entitled to the license;

11 (e) Practice osteopathic medicine or practice as a physician
12 assistant *or anesthesiologist assistant* under a false or assumed
13 name or falsely personate another licensee of a like or different
14 name;

15 (f) Hold himself or herself out as a physician assistant *or*
16 *anesthesiologist assistant* or use any other term indicating
17 or implying that he or she is a physician assistant ~~H~~ *or*
18 *anesthesiologist assistant, as applicable*, unless the person has been
19 licensed by the Board as provided in this chapter; or

20 (g) Supervise a person as a physician assistant *or*
21 *anesthesiologist assistant* before such person is licensed as provided
22 in this chapter.

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

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

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

28 ➔ and shall be punished as provided in NRS 193.130, unless a
29 greater penalty is provided pursuant to NRS 200.830 or 200.840.

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

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

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



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

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

5 **Sec. 88.** NRS 639.0125 is hereby amended to read as follows:

6 639.0125 "Practitioner" means:

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

9 2. A hospital, pharmacy or other institution licensed, registered
10 or otherwise permitted to distribute, dispense, conduct research with
11 respect to or administer drugs in the course of professional practice
12 or research in this State;

13 3. An advanced practice registered nurse who has been
14 authorized to prescribe controlled substances, poisons, dangerous
15 drugs and devices;

16 4. A physician assistant *or anesthesiologist assistant* who:

17 (a) Holds a license issued by the Board of Medical Examiners;
18 and

19 (b) Is authorized by the Board to possess, administer, prescribe
20 or dispense controlled substances, poisons, dangerous drugs or
21 devices under the supervision of a physician as required by chapter
22 630 of NRS;

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

24 (a) Holds a license issued by the State Board of Osteopathic
25 Medicine; and

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

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

35 **Sec. 89.** NRS 639.1373 is hereby amended to read as follows:

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



1 assistant *or anesthesiologist assistant* by the Board pursuant to this
2 section.

3 2. Each physician assistant *or anesthesiologist assistant*
4 licensed pursuant to chapter 630 or 633 of NRS who is authorized
5 by his or her physician assistant's *or anesthesiologist assistant's*
6 license issued by the Board of Medical Examiners or by the State
7 Board of Osteopathic Medicine, respectively, to possess, administer,
8 prescribe or dispense controlled substances, or to possess,
9 administer, prescribe or dispense poisons, dangerous drugs or
10 devices must apply for and obtain a registration certificate from the
11 Board, pay a fee to be set by regulations adopted by the Board and
12 pass an examination administered by the Board on the law relating
13 to pharmacy before the physician assistant *or anesthesiologist*
14 *assistant* can possess, administer, prescribe or dispense controlled
15 substances, or possess, administer, prescribe or dispense poisons,
16 dangerous drugs or devices.

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

25 (a) Refuse to issue a registration certificate;

26 (b) Issue a registration certificate limiting the authority of the
27 physician assistant *or anesthesiologist assistant* to possess,
28 administer, prescribe or dispense controlled substances, or to
29 possess, administer, prescribe or dispense poisons, dangerous drugs
30 or devices, the area in which the physician assistant *or*
31 *anesthesiologist assistant* may possess controlled substances,
32 poisons, dangerous drugs and devices, or the kind and amount of
33 controlled substances, poisons, dangerous drugs and devices; or

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

37 4. If the registration of the physician assistant *or*
38 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of
39 NRS is suspended or revoked, the physician's controlled substance
40 registration may also be suspended or revoked.

41 5. The Board shall adopt regulations controlling the maximum
42 amount to be administered, possessed and dispensed, and the
43 storage, security, recordkeeping and transportation of controlled
44 substances and the maximum amount to be administered, possessed,
45 prescribed and dispensed and the storage, security, recordkeeping



1 and transportation of poisons, dangerous drugs and devices by
2 physician assistants *or anesthesiologist assistants* licensed pursuant
3 to chapter 630 or 633 of NRS. In the adoption of those regulations,
4 the Board shall consider, but is not limited to, the following:

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

7 (b) The population of that area;

8 (c) The experience and training of the physician *assistant or*
9 *anesthesiologist* assistant;

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

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

12 6. For the purposes of this section ~~the term "supervising"~~ :

13 (a) *"Supervising anesthesiologist" has the meaning ascribed to*
14 *it in sections 6 and 42 of this act.*

15 (b) *"Supervising physician" ~~includes a supervising osteopathic~~*
16 *physician as defined in chapter 633 of NRS. *has the meaning*
17 *ascribed to it in NRS 630.025 and 633.123.**

18 **Sec. 90.** NRS 652.210 is hereby amended to read as follows:

19 652.210 1. Except as otherwise provided in subsection 2 and
20 NRS 126.121 and 652.186, no person other than a licensed
21 physician, a licensed optometrist, a licensed practical nurse, a
22 registered nurse, a perfusionist, a physician assistant *or*
23 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of
24 NRS, a certified advanced emergency medical technician, a certified
25 paramedic, a practitioner of respiratory care licensed pursuant to
26 chapter 630 of NRS or a licensed dentist may manipulate a person
27 for the collection of specimens. The persons described in this
28 subsection may perform any laboratory test which is classified as a
29 waived test pursuant to Subpart A of Part 493 of Title 42 of the
30 Code of Federal Regulations without obtaining certification as an
31 assistant in a medical laboratory pursuant to NRS 652.127.

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

35 **Sec. 91.** NRS 41.504 is hereby amended to read as follows:

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



1 2. An emergency medical attendant, physician assistant,
2 *anesthesiologist assistant*, registered nurse or licensed practical
3 nurse who obeys an instruction given by a physician, physician
4 assistant, *anesthesiologist assistant*, registered nurse or licensed
5 practical nurse and thereby renders emergency care, at the scene of
6 an emergency or while transporting an ill or injured person from the
7 scene of an emergency, is not liable for any civil damages as a result
8 of any act or omission, not amounting to gross negligence, in
9 rendering that emergency care.

10 3. As used in this section, "emergency medical attendant"
11 means a person licensed as an attendant or certified as an emergency
12 medical technician, advanced emergency medical technician or
13 paramedic pursuant to chapter 450B of NRS.

14 **Sec. 92.** NRS 41.505 is hereby amended to read as follows:

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

30 2. Any person licensed under the provisions of chapter 630,
31 632 or 633 of NRS and any person who holds an equivalent license
32 issued by another state who:

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

35 (b) Gratuitously and in good faith, renders medical care within
36 the scope of that person's license to an indigent person,

37 ➤ is not liable for any civil damages as a result of any act or
38 omission by that person, not amounting to gross negligence or
39 reckless, willful or wanton conduct, in rendering that care.

40 3. Any person licensed to practice medicine under the
41 provisions of chapter 630 or 633 of NRS or licensed to practice
42 dentistry under the provisions of chapter 631 of NRS who renders
43 care or assistance to a patient for a governmental entity or a
44 nonprofit organization is not liable for any civil damages as a result
45 of any act or omission by that person in rendering that care or



1 assistance if the care or assistance is rendered gratuitously, in good
2 faith and in a manner not amounting to gross negligence or reckless,
3 willful or wanton conduct.

4 4. As used in this section, "gratuitously" has the meaning
5 ascribed to it in NRS 41.500.

6 **Sec. 93.** NRS 41A.017 is hereby amended to read as follows:

7 41A.017 "Provider of health care" means a physician licensed
8 pursuant to chapter 630 or 633 of NRS, physician assistant,
9 *anesthesiologist assistant*, dentist, licensed nurse, dispensing
10 optician, optometrist, registered physical therapist, podiatric
11 physician, licensed psychologist, chiropractor, doctor of Oriental
12 medicine, medical laboratory director or technician, licensed
13 dietitian or a licensed hospital, clinic, surgery center, physicians'
14 professional corporation or group practice that employs any such
15 person and its employees.

16 **Sec. 94.** NRS 200.471 is hereby amended to read as follows:

17 200.471 1. As used in this section:

18 (a) "Assault" means:

19 (1) Unlawfully attempting to use physical force against
20 another person; or

21 (2) Intentionally placing another person in reasonable
22 apprehension of immediate bodily harm.

23 (b) "Officer" means:

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

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

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

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

31 (5) A justice of the Supreme Court, judge of the Court of
32 Appeals, district judge, justice of the peace, municipal judge,
33 magistrate, court commissioner, master or referee, including a
34 person acting pro tempore in a capacity listed in this subparagraph;
35 or

36 (6) An employee of the State or a political subdivision of the
37 State whose official duties require the employee to make home
38 visits.

39 (c) "Provider of health care" means a physician, a medical
40 student, a perfusionist, ~~for~~ a physician assistant *or anesthesiologist*
41 *assistant* licensed pursuant to chapter 630 of NRS, a practitioner of
42 respiratory care, a homeopathic physician, an advanced practitioner
43 of homeopathy, a homeopathic assistant, an osteopathic physician, a
44 physician assistant *or anesthesiologist assistant* licensed pursuant to
45 chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a



1 physical therapist, a medical laboratory technician, an optometrist, a
2 chiropractor, a chiropractor's assistant, a doctor of Oriental
3 medicine, a nurse, a student nurse, a certified nursing assistant,
4 a nursing assistant trainee, a medication aide - certified, a dentist, a
5 dental student, a dental hygienist, a dental hygienist student, a
6 pharmacist, a pharmacy student, an intern pharmacist, an attendant
7 on an ambulance or air ambulance, a psychologist, a social worker,
8 a marriage and family therapist, a marriage and family therapist
9 intern, a clinical professional counselor, a clinical professional
10 counselor intern, a licensed dietitian, an emergency medical
11 technician, an advanced emergency medical technician and a
12 paramedic.

13 (d) "School employee" means a licensed or unlicensed person
14 employed by a board of trustees of a school district pursuant to NRS
15 391.100 or 391.281.

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

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

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

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

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

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

25 (a) If paragraph (c) or (d) does not apply to the circumstances of
26 the crime and the assault is not made with the use of a deadly
27 weapon or the present ability to use a deadly weapon, for a
28 misdemeanor.

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

34 (c) If paragraph (d) does not apply to the circumstances of the
35 crime and if the assault is committed upon an officer, a provider of
36 health care, a school employee, a taxicab driver or a transit operator
37 who is performing his or her duty or upon a sports official based on
38 the performance of his or her duties at a sporting event and the
39 person charged knew or should have known that the victim was an
40 officer, a provider of health care, a school employee, a taxicab
41 driver, a transit operator or a sports official, for a gross
42 misdemeanor, unless the assault is made with the use of a deadly
43 weapon or the present ability to use a deadly weapon, then for a
44 category B felony by imprisonment in the state prison for a
45 minimum term of not less than 1 year and a maximum term of not



1 more than 6 years, or by a fine of not more than \$5,000, or by both
2 fine and imprisonment.

3 (d) If the assault is committed upon an officer, a provider of
4 health care, a school employee, a taxicab driver or a transit operator
5 who is performing his or her duty or upon a sports official based on
6 the performance of his or her duties at a sporting event by a
7 probationer, a prisoner who is in lawful custody or confinement or a
8 parolee, and the probationer, prisoner or parolee charged knew or
9 should have known that the victim was an officer, a provider of
10 health care, a school employee, a taxicab driver, a transit operator or
11 a sports official, for a category D felony as provided in NRS
12 193.130, unless the assault is made with the use of a deadly weapon
13 or the present ability to use a deadly weapon, then for a category B
14 felony by imprisonment in the state prison for a minimum term of
15 not less than 1 year and a maximum term of not more than 6 years,
16 or by a fine of not more than \$5,000, or by both fine and
17 imprisonment.

18 **Sec. 95.** NRS 200.5093 is hereby amended to read as follows:

19 200.5093 1. Any person who is described in subsection 4 and
20 who, in a professional or occupational capacity, knows or has
21 reasonable cause to believe that an older person has been abused,
22 neglected, exploited, isolated or abandoned shall:

23 (a) Except as otherwise provided in subsection 2, report the
24 abuse, neglect, exploitation, isolation or abandonment of the older
25 person to:

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

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

29 (3) A toll-free telephone service designated by the Aging and
30 Disability Services Division of the Department of Health and
31 Human Services; and

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

36 2. If a person who is required to make a report pursuant to
37 subsection 1 knows or has reasonable cause to believe that the
38 abuse, neglect, exploitation, isolation or abandonment of the older
39 person involves an act or omission of the Aging and Disability
40 Services Division, another division of the Department of Health and
41 Human Services or a law enforcement agency, the person shall
42 make the report to an agency other than the one alleged to have
43 committed the act or omission.

44 3. Each agency, after reducing a report to writing, shall forward
45 a copy of the report to the Aging and Disability Services Division of



1 the Department of Health and Human Services and the Unit for the
2 Investigation and Prosecution of Crimes.

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

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

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

23 (c) A coroner.

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

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

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

31 (g) Any employee of the Department of Health and Human
32 Services.

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

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

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

43 (k) Every social worker.

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



1 (m) Every person who operates or is employed by a peer support
2 recovery organization, as defined in NRS 449.01563.

3 (n) Every person who operates or is employed by a community
4 health worker pool, as defined in NRS 449.0028, or with whom a
5 community health worker pool contracts to provide the services of a
6 community health worker, as defined in NRS 449.0027.

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

8 6. If a person who is required to make a report pursuant to
9 subsection 1 knows or has reasonable cause to believe that an older
10 person has died as a result of abuse, neglect, isolation or
11 abandonment, the person shall, as soon as reasonably practicable,
12 report this belief to the appropriate medical examiner or coroner,
13 who shall investigate the cause of death of the older person and
14 submit to the appropriate local law enforcement agencies, the
15 appropriate prosecuting attorney, the Aging and Disability Services
16 Division of the Department of Health and Human Services and the
17 Unit for the Investigation and Prosecution of Crimes his or her
18 written findings. The written findings must include the information
19 required pursuant to the provisions of NRS 200.5094, when
20 possible.

21 7. A division, office or department which receives a report
22 pursuant to this section shall cause the investigation of the report to
23 commence within 3 working days. A copy of the final report of the
24 investigation conducted by a division, office or department, other
25 than the Aging and Disability Services Division of the Department
26 of Health and Human Services, must be forwarded within 30 days
27 after the completion of the report to the:

28 (a) Aging and Disability Services Division;

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

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

32 8. If the investigation of a report results in the belief that an
33 older person is abused, neglected, exploited, isolated or abandoned,
34 the Aging and Disability Services Division of the Department of
35 Health and Human Services or the county's office for protective
36 services may provide protective services to the older person if the
37 older person is able and willing to accept them.

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

40 10. As used in this section, "Unit for the Investigation and
41 Prosecution of Crimes" means the Unit for the Investigation and
42 Prosecution of Crimes Against Older Persons in the Office of the
43 Attorney General created pursuant to NRS 228.265.



1 **Sec. 96.** NRS 200.50935 is hereby amended to read as
2 follows:

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

7 (a) Report the abuse, neglect, exploitation, isolation or
8 abandonment of the vulnerable person to a law enforcement agency;
9 and

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

14 2. If a person who is required to make a report pursuant to
15 subsection 1 knows or has reasonable cause to believe that the
16 abuse, neglect, exploitation, isolation or abandonment of the
17 vulnerable person involves an act or omission of a law enforcement
18 agency, the person shall make the report to a law enforcement
19 agency other than the one alleged to have committed the act or
20 omission.

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

23 (a) Every physician, dentist, dental hygienist, chiropractor,
24 optometrist, podiatric physician, medical examiner, resident, intern,
25 professional or practical nurse, perfusionist, physician assistant *or*
26 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of
27 NRS, psychiatrist, psychologist, marriage and family therapist,
28 clinical professional counselor, clinical alcohol and drug abuse
29 counselor, alcohol and drug abuse counselor, music therapist,
30 athletic trainer, driver of an ambulance, paramedic, licensed dietitian
31 or other person providing medical services licensed or certified to
32 practice in this State, who examines, attends or treats a vulnerable
33 person who appears to have been abused, neglected, exploited,
34 isolated or abandoned.

35 (b) Any personnel of a hospital or similar institution engaged in
36 the admission, examination, care or treatment of persons or an
37 administrator, manager or other person in charge of a hospital or
38 similar institution upon notification of the suspected abuse, neglect,
39 exploitation, isolation or abandonment of a vulnerable person by a
40 member of the staff of the hospital.

41 (c) A coroner.

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

44 (e) Any employee of the Department of Health and Human
45 Services.



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

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

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

10 (i) Every social worker.

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

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

14 5. If a person who is required to make a report pursuant to
15 subsection 1 knows or has reasonable cause to believe that a
16 vulnerable person has died as a result of abuse, neglect, isolation or
17 abandonment, the person shall, as soon as reasonably practicable,
18 report this belief to the appropriate medical examiner or coroner,
19 who shall investigate the cause of death of the vulnerable person and
20 submit to the appropriate local law enforcement agencies and the
21 appropriate prosecuting attorney his or her written findings. The
22 written findings must include the information required pursuant to
23 the provisions of NRS 200.5094, when possible.

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

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

29 **Sec. 97.** NRS 244.1605 is hereby amended to read as follows:

30 244.1605 The boards of county commissioners may:

31 1. Establish, equip and maintain limited medical facilities in
32 the outlying areas of their respective counties to provide outpatient
33 care and emergency treatment to the residents of and those falling
34 sick or being injured or maimed in those areas.

35 2. Provide a full-time or part-time staff for the facilities which
36 may include a physician, a physician assistant *or anesthesiologist*
37 *assistant* licensed pursuant to chapter 630 or 633 of NRS, a
38 registered nurse or a licensed practical nurse, a certified emergency
39 medical technician, advanced emergency medical technician or
40 paramedic, and such other personnel as the board deems necessary
41 or appropriate to ensure adequate staffing commensurate with the
42 needs of the area in which the facility is located.

43 3. Fix the charges for the medical and nursing care and
44 medicine furnished by the facility to those who are able to pay for
45 them, and to provide that care and medicine free of charge to those



1 persons who qualify as medical indigents under the county's criteria
2 of eligibility for medical care.

3 4. Purchase, equip and maintain, either in connection with a
4 limited medical facility as authorized in this section or independent
5 therefrom, ambulances and ambulance services for the benefit of the
6 residents of and those falling sick or being injured or maimed in the
7 outlying areas.

8 **Sec. 98.** NRS 244.382 is hereby amended to read as follows:

9 244.382 The Legislature finds that:

10 1. Many of the less populous counties of the State have
11 experienced shortages of physicians, surgeons, anesthetists, dentists,
12 other medical professionals , ~~and~~ physician *assistants and*
13 *anesthesiologist* assistants.

14 2. Some of the more populous counties of the State have also
15 experienced shortages of physicians, surgeons, anesthetists, dentists,
16 other medical professionals , ~~and~~ physician *assistants and*
17 *anesthesiologist* assistants in their rural communities.

18 3. By granting county scholarships to students in such medical
19 professions who will agree to return to the less populous counties or
20 the rural communities of the more populous counties for residence
21 and practice, these counties can alleviate the shortages to a degree
22 and thereby provide their people with needed health services.

23 **Sec. 99.** NRS 244.3821 is hereby amended to read as follows:

24 244.3821 1. In addition to the powers elsewhere conferred
25 upon all counties, except as otherwise provided in subsection 2, any
26 county may establish a medical scholarship program to induce
27 students in the medical professions to return to the county for
28 practice.

29 2. Any county whose population is 100,000 or more may only
30 establish a medical scholarship program to induce students in the
31 medical professions to return to the less populous rural communities
32 of the county for practice.

33 3. Students in the medical professions for the purposes of NRS
34 244.382 to 244.3823, inclusive, include persons studying to be
35 physician assistants *or anesthesiologist assistants* licensed pursuant
36 to chapter 630 or 633 of NRS.

37 4. The board of county commissioners of a county that has
38 established a medical scholarship program may appropriate money
39 from the general fund of the county for medical scholarship funds
40 and may accept private contributions to augment the scholarship
41 funds.

42 **Sec. 100.** NRS 397.0617 is hereby amended to read as
43 follows:

44 397.0617 1. The provisions of this section apply only to
45 support fees received by a participant on or after July 1, 1997.



1 2. The three Nevada State Commissioners, acting jointly, may
2 require a participant who is certified to practice in a profession
3 which could benefit a health professional shortage area, a medically
4 underserved area or a medically underserved population of this
5 State, as those terms are defined by the Office of Statewide
6 Initiatives of the University of Nevada School of Medicine, to
7 practice in such an area or with such a population, or to practice in
8 an area designated by the Secretary of Health and Human Services:

9 (a) Pursuant to 42 U.S.C. § 254c, as containing a medically
10 underserved population; or

11 (b) Pursuant to 42 U.S.C. § 254e, as a health professional
12 shortage area,

13 ↪ as a condition to receiving a support fee.

14 3. The three Nevada State Commissioners, acting jointly, may
15 forgive the portion of the support fee designated as the stipend of a
16 participant if that participant agrees to practice in a health
17 professional shortage area, a medically underserved area or an area
18 with a medically underserved population of this State pursuant to
19 subsection 2 for a period of time equal to the lesser of:

20 (a) One year for each year the participant receives a support fee;
21 or

22 (b) One year for each 9 months the participant receives a support
23 fee and is enrolled in an accelerated program that provides more
24 than 1 academic year of graduate and professional education in 9
25 months,

26 ↪ but in no case for a period of time more than 2 years.

27 4. For a participant to qualify for forgiveness pursuant to
28 subsection 3, the participant must complete the relevant practice
29 within 5 years after the completion or termination of the
30 participant's education, internship or residency for which the
31 participant received the support fee.

32 5. If a participant returns to or remains in this State but does
33 not practice in a health professional shortage area, a medically
34 underserved area or an area with a medically underserved
35 population of this State pursuant to subsections 2, 3 and 4, the three
36 Nevada State Commissioners, acting jointly, shall:

37 (a) Assess a default charge in an amount not less than three
38 times the support fees, plus interest; and

39 (b) Convert the portion of the support fee designated as the
40 stipend into a loan to be repaid in accordance with NRS 397.064
41 from the first day of the term for which the participant received the
42 support fee.

43 6. As used in this section, a "profession which could benefit a
44 health professional shortage area, a medically underserved area or
45 an area with a medically underserved population of this State"



1 includes, without limitation, dentistry, physical therapy, pharmacy
2 and practicing as a physician assistant *or anesthesiologist assistant*
3 licensed pursuant to chapter 630 or 633 of NRS.

4 **Sec. 101.** NRS 441A.110 is hereby amended to read as
5 follows:

6 441A.110 “Provider of health care” means a physician, nurse
7 or veterinarian licensed in accordance with state law or a physician
8 assistant *or anesthesiologist assistant* licensed pursuant to chapter
9 630 or 633 of NRS.

10 **Sec. 102.** NRS 441A.334 is hereby amended to read as
11 follows:

12 441A.334 As used in this section and NRS 441A.335 and
13 441A.336, “provider of health care” means a physician, nurse, ~~or~~
14 physician assistant *or anesthesiologist assistant* licensed in
15 accordance with state law.

16 **Sec. 103.** NRS 453.038 is hereby amended to read as follows:

17 453.038 “Chart order” means an order entered on the chart of a
18 patient:

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

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

28 **Sec. 104.** NRS 453.091 is hereby amended to read as follows:

29 453.091 1. “Manufacture” means the production, preparation,
30 propagation, compounding, conversion or processing of a substance,
31 either directly or indirectly by extraction from substances of natural
32 origin, or independently by means of chemical synthesis, or by a
33 combination of extraction and chemical synthesis, and includes any
34 packaging or repackaging of the substance or labeling or relabeling
35 of its container.

36 2. “Manufacture” does not include the preparation,
37 compounding, packaging or labeling of a substance by a pharmacist,
38 physician, physician assistant *or anesthesiologist assistant* licensed
39 pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician,
40 advanced practice registered nurse or veterinarian:

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

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



1 **Sec. 105.** NRS 453.126 is hereby amended to read as follows:

2 453.126 “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 and is
5 registered pursuant to this chapter.

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

9 3. A scientific investigator or a pharmacy, hospital or other
10 institution licensed, registered or otherwise authorized in this State
11 to distribute, dispense, conduct research with respect to, to
12 administer, or use in teaching or chemical analysis, a controlled
13 substance in the course of professional practice or research.

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

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

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

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

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

24 (a) Holds a license from the State Board of Osteopathic
25 Medicine; and

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

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

34 **Sec. 106.** NRS 453.128 is hereby amended to read as follows:

35 453.128 1. “Prescription” means:

36 (a) An order given individually for the person for whom
37 prescribed, directly from a physician, physician assistant *or*
38 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of
39 NRS, dentist, podiatric physician, optometrist, advanced practice
40 registered nurse or veterinarian, or his or her agent, to a pharmacist
41 or indirectly by means of an order signed by the practitioner or an
42 electronic transmission from the practitioner to a pharmacist; or

43 (b) A chart order written for an inpatient specifying drugs which
44 he or she is to take home upon his or her discharge.



1 2. The term does not include a chart order written for an
2 inpatient for use while he or she is an inpatient.

3 **Sec. 107.** NRS 453.371 is hereby amended to read as follows:

4 453.371 As used in NRS 453.371 to 453.552, inclusive:

5 1. ***Anesthesiologist assistant*** means a person who is
6 registered with the Board and holds a license issued pursuant to
7 section 8 or 46 of this act.

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

10 ~~12~~ 3. "Pharmacist" means a person who holds a certificate of
11 registration issued pursuant to NRS 639.127 and is registered with
12 the Board.

13 ~~13~~ 4. "Physician," "dentist," "podiatric physician,"
14 "veterinarian" and "euthanasia technician" mean persons authorized
15 by a license to practice their respective professions in this State who
16 are registered with the Board.

17 ~~14~~ 5. "Physician assistant" means a person who is registered
18 with the Board and ~~f~~:

19 ~~(a) Holds~~ holds a license issued pursuant to NRS 630.273 ~~f~~ or
20 ~~f(b) Holds a license issued pursuant to NRS~~ 633.433.

21 **Sec. 108.** NRS 453.375 is hereby amended to read as follows:

22 453.375 1. A controlled substance may be possessed and
23 administered by the following persons:

24 (a) A practitioner.

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

30 (c) A paramedic:

31 (1) As authorized by regulation of:

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

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

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

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

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

41 (III) A district board of health created pursuant to NRS
42 439.362 or 439.370 in any county.

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



1 (e) A medical student, student in training to become a physician
2 assistant **or anesthesiologist assistant**, or student nurse in the course
3 of his or her studies at an accredited college of medicine or
4 approved school of professional or practical nursing, at the direction
5 of a physician, ~~for~~ physician assistant **or anesthesiologist assistant**
6 and:

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

9 (2) Under the supervision of a physician, physician assistant ,
10 **anesthesiologist assistant** or a registered nurse if the student is
11 authorized by the college or school to administer the substance
12 outside the presence of a physician, physician assistant ,
13 **anesthesiologist assistant** or nurse.

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

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

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

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

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

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

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

41 2. As used in this section, “accredited college of medicine”
42 means:

43 (a) A medical school that is accredited by the Liaison
44 Committee on Medical Education of the American Medical



1 Association and the Association of American Medical Colleges or
2 their successor organizations; or

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

5 **Sec. 109.** NRS 453.381 is hereby amended to read as follows:

6 453.381 1. In addition to the limitations imposed by NRS
7 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician
8 assistant, *anesthesiologist assistant*, dentist, advanced practice
9 registered nurse or podiatric physician may prescribe or administer
10 controlled substances only for a legitimate medical purpose and in
11 the usual course of his or her professional practice, and he or she
12 shall not prescribe, administer or dispense a controlled substance
13 listed in schedule II for himself or herself, his or her spouse or his or
14 her children except in cases of emergency.

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

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

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

28 5. Any person who has obtained from a physician, physician
29 assistant, *anesthesiologist assistant*, dentist, advanced practice
30 registered nurse, podiatric physician or veterinarian any controlled
31 substance for administration to a patient during the absence of the
32 physician, physician assistant, *anesthesiologist assistant*, dentist,
33 advanced practice registered nurse, podiatric physician or
34 veterinarian shall return to him or her any unused portion of the
35 substance when it is no longer required by the patient.

36 6. A manufacturer, wholesale supplier or other person legally
37 able to furnish or sell any controlled substance listed in schedule II
38 shall not provide samples of such a controlled substance to
39 registrants.

40 7. A salesperson of any manufacturer or wholesaler of
41 pharmaceuticals shall not possess, transport or furnish any
42 controlled substance listed in schedule II.

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



1 **Sec. 110.** NRS 453.391 is hereby amended to read as follows:

2 453.391 A person shall not:

3 1. Unlawfully take, obtain or attempt to take or obtain a
4 controlled substance or a prescription for a controlled substance
5 from a manufacturer, wholesaler, pharmacist, physician, physician
6 assistant, *anesthesiologist assistant*, dentist, advanced practice
7 registered nurse, veterinarian or any other person authorized to
8 administer, dispense or possess controlled substances.

9 2. While undergoing treatment and being supplied with any
10 controlled substance or a prescription for any controlled substance
11 from one practitioner, knowingly obtain any controlled substance or
12 a prescription for a controlled substance from another practitioner
13 without disclosing this fact to the second practitioner.

14 **Sec. 111.** NRS 453C.030 is hereby amended to read as
15 follows:

16 453C.030 1. "Health care professional" means a physician, a
17 physician assistant , *an anesthesiologist assistant* or an advanced
18 practice registered nurse.

19 2. As used in this section:

20 (a) "Advanced practice registered nurse" has the meaning
21 ascribed to it in NRS 632.012.

22 (b) "*Anesthesiologist assistant*" means *an anesthesiologist*
23 *licensed pursuant to chapter 630 or 633 of NRS.*

24 (c) "Physician" means a physician licensed pursuant to chapter
25 630 or 633 of NRS.

26 ~~(e)~~ (d) "Physician assistant" means a physician assistant
27 licensed pursuant to chapter 630 or 633 of NRS.

28 **Sec. 112.** NRS 454.00958 is hereby amended to read as
29 follows:

30 454.00958 "Practitioner" means:

31 1. A physician, dentist, veterinarian or podiatric physician who
32 holds a valid license to practice his or her profession in this State.

33 2. A pharmacy, hospital or other institution licensed or
34 registered to distribute, dispense, conduct research with respect to or
35 to administer a dangerous drug in the course of professional practice
36 in this State.

37 3. When relating to the prescription of poisons, dangerous
38 drugs and devices:

39 (a) An advanced practice registered nurse who holds a certificate
40 from the State Board of Pharmacy permitting him or her so to
41 prescribe; or

42 (b) A physician assistant *or anesthesiologist assistant* who
43 holds a license from the Board of Medical Examiners and a
44 certificate from the State Board of Pharmacy permitting him or her
45 so to prescribe.



1 4. An optometrist who is certified to prescribe and administer
2 dangerous drugs pursuant to NRS 636.288 when the optometrist
3 prescribes or administers dangerous drugs which are within the
4 scope of his or her certification.

5 **Sec. 113.** NRS 454.213 is hereby amended to read as follows:

6 454.213 1. A drug or medicine referred to in NRS 454.181 to
7 454.371, inclusive, may be possessed and administered by:

8 (a) A practitioner.

9 (b) A physician assistant *or anesthesiologist assistant* licensed
10 pursuant to chapter 630 or 633 of NRS, at the direction of his or her
11 supervising physician *or supervising anesthesiologist* or a licensed
12 dental hygienist acting in the office of and under the supervision of
13 a dentist.

14 (c) Except as otherwise provided in paragraph (d), a registered
15 nurse licensed to practice professional nursing or licensed practical
16 nurse, at the direction of a prescribing physician, physician assistant
17 *or anesthesiologist assistant* licensed pursuant to chapter 630 or
18 633 of NRS, dentist, podiatric physician or advanced practice
19 registered nurse, or pursuant to a chart order, for administration to a
20 patient at another location.

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

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

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

29 (e) A medication aide - certified at a designated facility under
30 the supervision of an advanced practice registered nurse or
31 registered nurse and in accordance with standard protocols
32 developed by the State Board of Nursing. As used in this paragraph,
33 "designated facility" has the meaning ascribed to it in
34 NRS 632.0145.

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

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

41 (2) A county board of health in a county whose population is
42 100,000 or more; or

43 (3) A district board of health created pursuant to NRS
44 439.362 or 439.370 in any county.



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

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

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

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

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

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

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

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

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

26 (m) A nuclear medicine technologist, at the direction of a
27 physician and in accordance with any conditions established by
28 regulation of the Board.

29 (n) A radiologic technologist, at the direction of a physician and
30 in accordance with any conditions established by regulation of the
31 Board.

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

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

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

39 (2) Prescribed by a licensed physician for:

40 (I) Iontophoresis; or

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

43 (q) In accordance with applicable regulations of the State Board
44 of Health, an employee of a residential facility for groups, as



1 defined in NRS 449.017, pursuant to a written agreement entered
2 into by the ultimate user.

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

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

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

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

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

15 (t) A registered pharmacist pursuant to written guidelines and
16 protocols developed and approved pursuant to NRS 639.2809.

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

33 (v) A medical assistant, in accordance with applicable
34 regulations of the:

35 (1) Board of Medical Examiners, at the direction of the
36 prescribing physician and under the supervision of a physician, ~~or~~
37 physician *assistant or anesthesiologist* assistant.

38 (2) State Board of Osteopathic Medicine, at the direction of
39 the prescribing physician and under the supervision of a physician,
40 ~~or~~ physician *assistant or anesthesiologist* assistant.

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

43 **Sec. 114.** NRS 454.215 is hereby amended to read as follows:

44 454.215 A dangerous drug may be dispensed by:



- 1 1. A registered pharmacist upon the legal prescription from a
2 practitioner or to a pharmacy in a correctional institution upon the
3 written order of the prescribing practitioner in charge;
 - 4 2. A pharmacy in a correctional institution, in case of
5 emergency, upon a written order signed by the chief medical officer;
 - 6 3. A practitioner, or a physician assistant *or anesthesiologist*
7 *assistant* licensed pursuant to chapter 630 or 633 of NRS if
8 authorized by the Board;
 - 9 4. A registered nurse, when the nurse is engaged in the
10 performance of any public health program approved by the Board;
 - 11 5. A medical intern in the course of his or her internship;
 - 12 6. An advanced practice registered nurse who holds a
13 certificate from the State Board of Pharmacy permitting him or her
14 to dispense dangerous drugs;
 - 15 7. A registered nurse employed at an institution of the
16 Department of Corrections to an offender in that institution;
 - 17 8. A registered pharmacist from an institutional pharmacy
18 pursuant to regulations adopted by the Board; or
 - 19 9. A registered nurse to a patient at a rural clinic that is
20 designated as such pursuant to NRS 433.233 and that is operated by
21 the Division of Public and Behavioral Health of the Department of
22 Health and Human Services if the nurse is providing mental health
23 services at the rural clinic,
24 ↪ except that no person may dispense a dangerous drug in violation
25 of a regulation adopted by the Board.
- 26 **Sec. 115.** NRS 454.221 is hereby amended to read as follows:
27 454.221 1. A person who furnishes any dangerous drug
28 except upon the prescription of a practitioner is guilty of a category
29 D felony and shall be punished as provided in NRS 193.130, unless
30 the dangerous drug was obtained originally by a legal prescription.
- 31 2. The provisions of this section do not apply to the furnishing
32 of any dangerous drug by:
 - 33 (a) A practitioner to his or her patients;
 - 34 (b) A physician assistant *or anesthesiologist assistant* licensed
35 pursuant to chapter 630 or 633 of NRS if authorized by the Board;
 - 36 (c) A registered nurse while participating in a public health
37 program approved by the Board, or an advanced practice registered
38 nurse who holds a certificate from the State Board of Pharmacy
39 permitting him or her to dispense dangerous drugs;
 - 40 (d) A manufacturer or wholesaler or pharmacy to each other or
41 to a practitioner or to a laboratory under records of sales and
42 purchases that correctly give the date, the names and addresses of
43 the supplier and the buyer, the drug and its quantity;
 - 44 (e) A hospital pharmacy or a pharmacy so designated by a
45 county health officer in a county whose population is 100,000 or



1 more, or by a district health officer in any county within its
2 jurisdiction or, in the absence of either, by the Chief Medical Officer
3 or the Chief Medical Officer's designated Medical Director of
4 Emergency Medical Services, to a person or agency described in
5 subsection 3 of NRS 639.268 to stock ambulances or other
6 authorized vehicles or replenish the stock; or

7 (f) A pharmacy in a correctional institution to a person
8 designated by the Director of the Department of Corrections to
9 administer a lethal injection to a person who has been sentenced to
10 death.

11 **Sec. 116.** The provisions of subsection 1 of NRS 218D.380 do
12 not apply to any provision of this act which adds or revises a
13 requirement to submit a report to the Legislature.

14 **Sec. 117.** This act becomes effective upon passage and
15 approval for the purpose of adopting regulations and performing any
16 other preparatory administrative tasks that are necessary to carry out
17 the provisions of this act, and on January 1, 2018, for all other
18 purposes.

