ASSEMBLY BILL NO. 120–ASSEMBLYMEN GERHARDT, OHRENSCHALL, KOIVISTO, ANDERSON, ATKINSON, BUCKLEY, CLABORN, CONKLIN, DENIS, GIUNCHIGLIANI, HOGAN, HORNE, KIRKPATRICK, LESLIE, MANENDO, MORTENSON, MUNFORD, OCEGUERA, PARKS, PARNELL, PERKINS, PIERCE AND SMITH

FEBRUARY 23, 2005

JOINT SPONSORS: SENATORS CARLTON, CARE, COFFIN AND TITUS

Referred to Committee on Commerce and Labor

SUMMARY—Requires physicians to report to their licensing boards certain information concerning performance of office-based surgery. (BDR 54-888)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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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 physicians; requiring a physician licensed to practice medicine or osteopathic medicine to report annually to the appropriate licensing board information concerning certain office-based surgery performed by him; providing that the failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action; requiring the licensing boards of such physicians biennially to compile and report such information to the Governor and the Legislature; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires medical doctors to submit certain information to the Board of Medical Examiners when applying for biennial registration. (NRS 630.267) Under existing law, osteopathic physicians must submit certain information to the State Board of Osteopathic Medicine when annually renewing their license. (NRS 633.471) Existing law requires the Board of Medical Examiners

and the State Board of Osteopathic Medicine to submit biennial reports concerning the activities of licensees to the Governor and to the Legislature. (NRS 630.130, 633.286)

This bill requires medical doctors and osteopathic physicians to report annually to the appropriate licensing board information concerning office-based surgeries they performed which required sedation or general anesthesia including information concerning any unexpected occurrence involving death or injury. This bill provides that the failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action.

This bill also requires the Board of Medical Examiners and the State Board of Osteopathic Medicine to include in their biennial reports to the Governor and Legislature information received from licensees regarding office-based surgeries involving sedation or general anesthesia.

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

**Section 1.** Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

***1. The Board shall require each holder of a license to practice medicine to submit annually to the Board, on a form provided by the Board, and in the format required by the Board by regulation, a report:***

***(a) Stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his office or any other facility, excluding any surgical care performed:***

***(1) At a medical facility as that term is defined in NRS 449.0151; or***

***(2) Outside of this State; and***

***(b) Reporting the occurrence of any sentinel event arising from any such surgery.***

***2. Failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action.***

***3. The Board shall:***

***(a) Collect and maintain reports received pursuant to subsection 1; and***

***(b) Ensure that the reports, and any additional documents created from the reports, are protected adequately from fire, theft, loss, destruction and other hazards, and from unauthorized access.***

***4. A report received pursuant to subsection 1 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.***

***5. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to relieve the patient's anxiety or pain, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation.***

***6. As used in this section:***

***(a) "Conscious sedation" means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.***

***(b) "Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.***

***(c) "General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.***

***(d) "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function.***

**Sec. 2.** NRS 630.130 is hereby amended to read as follows:

630.130 1. In addition to the other powers and duties provided in this chapter, the Board shall, in the interest of the public, judiciously:

(a) Enforce the provisions of this chapter;

(b) Establish by regulation standards for licensure under this chapter;

(c) Conduct examinations for licensure and establish a system of scoring for those examinations;

(d) Investigate the character of each applicant for a license and issue licenses to those applicants who meet the qualifications set by this chapter and the Board; and

(e) Institute a proceeding in any court to enforce its orders or the provisions of this chapter.

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

(a) Disciplinary action taken by the Board during the previous biennium against physicians for malpractice or negligence; and

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, ***section 1 of this act,*** subsections 2 and 3 of NRS 630.307 and NRS 690B.250 and 690B.260.

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

3. The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter.

**Sec. 3.** Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

***1. The Board shall require each holder of a license issued pursuant to this chapter to submit annually to the Board, on a form provided by the Board, and in the format required by the Board by regulation, a report:***

***(a) Stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his office or any other facility, excluding any surgical care performed:***

***(1) At a medical facility as that term is defined in NRS 449.0151; or***

***(2) Outside of this State; and***

***(b) Reporting the occurrence of any sentinel event arising from any such surgery.***

***2. Failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action.***

***3. The Board shall:***

***(a) Collect and maintain reports received pursuant to subsection 1; and***

***(b) Ensure that the reports, and any additional documents created from the reports, are protected adequately from fire, theft, loss, destruction and other hazards, and from unauthorized access.***

***4. A report received pursuant to subsection 1 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.***

***5. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to***

***relieve the patient's anxiety or pain, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation.***

***6. As used in this section:***

***(a) "Conscious sedation" means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.***

***(b) "Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.***

***(c) "General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.***

***(d) "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function.***

**Sec. 4.** NRS 633.286 is hereby amended to read as follows:

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

(a) Disciplinary action taken by the Board during the previous biennium against osteopathic physicians for malpractice or negligence; and

(b) Information reported to the Board during the previous biennium pursuant to NRS 633.526, 633.527, ***and section 3 of this act,*** subsections 2 and 3 of NRS 633.533 and NRS 690B.250 and 690B.260.

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