

Amendment No. 983

Assembly Amendment to Senate Bill No. 412 First Reprint (BDR 54-540)

Proposed by: Assembly Committee on Commerce and Labor**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) *green bold* is newly added transitory language.

RBL/BJE



Date: 5/24/2007

S.B. No. 412—Makes various changes regarding health care. (BDR 54-540)



SENATE BILL NO. 412—SENATORS HECK, TOWNSEND,
HARDY, BEERS, CEGAVSKE AND WASHINGTON

MARCH 19, 2007

JOINT SPONSORS: ASSEMBLYMEN HARDY, GANSERT AND MABEY

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes regarding health care. (BDR 54-540)

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 health care; revising the method of selecting certain professionals for various boards related to health care; creating a new type of license for practicing medicine; changing the requirements for a license by endorsement to practice medicine; providing new requirements for certain nursing instructors; ~~enacting the Nurse Licensure Compact, requiring the State Board of Nursing to pass regulations required for implementation of the Nurse Licensure Compact;~~ providing two new types of licenses for osteopathic medicine; providing a new type of license as a dispensing optician; providing in statute for the election of officers for the State Board of Physical Therapy Examiners; **making various other changes relating to health care;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides methods of selecting certain persons for various boards related to health care. (NRS 630.060, 630A.110, 631.130, 632.030, 633.191, 634.020, 634A.040, 635.020, 636.035, 637.030, 637A.035, 637B.100, 639.030, 640.030, 640A.080, 640B.170, 640B.180, 640C.150, 641.040, 641A.100, 641B.100 and 641C.150) ~~Sections 1, 4, 8, 9, 12, 26, 59-62, 65-68, 73, 75, 77, 78 and 80-83~~ **Section 1** of this bill ~~create~~ **establishes** new requirements related to selecting such persons if they are members of the profession being regulated by a board. Specifically, each applicable professional association is required to provide a list of nominees to the Governor for vacant positions on such boards. The Governor may, but is not required to, appoint a person from the list.

Existing law provides certain special types of licenses that the Board of Medical Examiners may issue. (NRS 630.258-630.265) **Section 3** of this bill provides a new type of license for a foreign expert physician.

Existing law provides for certain persons to receive a license by endorsement to practice medicine. (NRS 630.1605) **Section 7** of this bill revises the requirements for such a license.

Existing law provides that each holder of a license to practice medicine or osteopathic medicine is required to report annually certain information concerning

surgeries. (NRS 630.30665, 633.524) Sections 7.5 and 54 of this act require a separate report of certain sentinel events and provide for an administrative penalty to be imposed if the holder of the license fails to file the report or knowingly files false information in a report.

Existing law provides certain requirements and the procedures for creating requirements for schools and courses of professional nursing. (NRS 632.430-632.470) Section 11 of this bill provides for the various requirements for nursing instructors in clinical practice.

~~Existing law provides requirements for licensing and certification related to the practice of nursing. (NRS 632.300-632.345) Section 12 of this bill enacts the Nurse Licensure Compact, which allows for multistate licensure privileges for nurses in states which are parties to the compact. Section 14 of this bill requires the State Board of Nursing to adopt any regulations necessary for the implementation of the Nurse Licensure Compact.~~

~~Existing law provides various requirements regarding the handling of information related to certain conditions, limitations or restrictions placed on a license or certificate related to the practice of nursing. (NRS 632.307) Section 19 of this bill clarifies compliance with the information requirements of the Nurse Licensure Compact.~~

~~Existing law provides exemptions to the requirement that nursing must be practiced in connection with a valid state license. (NRS 632.340) Section 20 of this bill adds the multistate licensure privilege granted pursuant to the Nurse Licensure Compact to those exemptions.~~

~~Existing law provides confidentiality requirements related to investigations by the State Board of Nursing. (NRS 632.405) Section 21 of this bill clarifies that such confidentiality requirements do not affect the information requirements of the Nurse Licensure Compact.~~

Existing law provides certain types of special licenses that the State Board of Osteopathic Medicine may issue. (NRS 633.401-633.411) Section 24 of this bill provides a new type of license for a foreign expert osteopathic physician. Section 25 of this bill provides a new type of license by endorsement to practice osteopathic medicine.

Existing law provides for the certification of osteopathic physician's assistants by the State Board of Osteopathic Medicine. (NRS 633.101, 633.431, 633.441, 633.451) Section 37 of this bill changes the title of "osteopathic physician's assistant" to "physician assistant." Sections 29 and 30 of this bill provide for the licensure, rather than certification, of such physician assistants. Sections 16, 17, 22, 36, 37, 39, 40, 43, 49, 53, 55, 58, 69, 71 and 84-118 of this bill amend various statutes in accordance with these changes.

Existing law provides requirements for the licensing of dispensing opticians. (NRS 637.090-637.140) Section 64 of this bill provides a new type of license for a person with an out-of-state license as a dispensing optician.

Existing law provides for the creation of the State Board of Physical Therapy Examiners. (NRS 640.030) Section 74 of this bill provides for the election of officers for that Board.

Section 119 of this bill repeals certain statutes, including, without limitation, NRS 632.450 which requires that the minimum length for a course of instruction in nursing is 2 years.

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

Section 1. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

1. *If the Governor must appoint to a board a person who is a member of a profession being regulated by that board, the Governor shall solicit nominees from one or more applicable professional associations in this State.*

2. *To the extent practicable, such an applicable professional association shall provide nominees who represent the geographic diversity of this State.*

3. *The Governor may appoint any qualified person to a board, without regard to whether the person is nominated pursuant to this section.*

4. As used in this section, "board" refers to a board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C.

Sec. 2. Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth as sections 3, ~~and~~ 4 and 5 of this act.

Sec. 3. 1. Except as otherwise provided in NRS 630.161, the Board may issue a restricted license to a person who:

- (a) Is a graduate of a foreign medical school;
- (b) Teaches, researches or practices medicine outside the United States;
- (c) Is a recognized medical expert; and
- (d) Intends to teach, research or practice clinical medicine at a medical research facility or medical school in this State.

2. ~~Such a person must:~~
~~(a) Submit to the Board any documentation and other proof of qualifications required by the Board; and~~
~~(b) Meet all of the statutory requirements for licensure to practice medicine in effect at the time of application except for the requirements set forth in NRS 630.160.~~

~~3.~~ A person who applies for a restricted license is not required to take or pass a written examination concerning his qualifications to practice medicine, but the person must satisfy the requirements for a restricted license set forth in regulations adopted by the Board.

3. A person who holds a restricted license issued pursuant to this section may practice medicine in this State only in accordance with the terms and restrictions established by the Board.

4. If a person who holds a restricted license issued pursuant to this section ceases to teach, research or practice clinical medicine in this State at the medical research facility or medical school where he is employed:

(a) The medical research facility or medical school, as applicable, shall notify the Board; and

(b) Upon receipt of such notification, the restricted license expires automatically.

~~4.~~ 5. The Board may renew or modify a restricted license issued pursuant to this section, unless the restricted license has expired automatically or has been revoked.

~~5.~~ 6. The provisions of this section do not limit the authority of the Board to issue a restricted license to an applicant in accordance with any other provision of this chapter.

Sec. 4. ~~[A member of the Board described pursuant to subsection 1 of NRS 630.060 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 5. A private nonprofit medical school that is licensed by the Commission on Postsecondary Education and approved by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges may, notwithstanding any provision of law to the contrary:

1. Operate as a corporation or other business organization or association with ownership or control shared by persons licensed pursuant to this chapter and persons not licensed pursuant to this chapter;

2. Operate a clinic in conjunction with the school which is staffed by physicians or osteopathic physicians who are:

(a) Licensed pursuant to this chapter or chapter 633 of NRS, respectively; and

1 (b) *Members of the faculty of the school; and*
2 3. *Retain all or a portion of the money generated by a clinic described in*
3 *subsection 2, including, without limitation, any professional income generated by*
4 *a physician or osteopathic physician staffing the clinic.*

5 Sec. 5.5. **NRS 630.130 is hereby amended to read as follows:**

6 630.130 1. In addition to the other powers and duties provided in this
7 chapter, the Board shall, in the interest of the public, judiciously:

8 (a) Enforce the provisions of this chapter;

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

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

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

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

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

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

21 (b) Information reported to the Board during the previous biennium pursuant to
22 NRS ~~630.30665~~, 630.3067, 630.3068, subsections 2 and 3 of NRS 630.307 and
23 NRS 690B.250 and 690B.260 ~~;~~ and

24 (c) Information reported to the Board during the previous biennium
25 pursuant to NRS 630.30665, including, without limitation, the number and types
26 of surgeries performed by each holder of a license to practice medicine and the
27 occurrence of sentinel events arising from such surgeries, if any.

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

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

32 Sec. 6. NRS 630.160 is hereby amended to read as follows:

33 630.160 1. Every person desiring to practice medicine must, before
34 beginning to practice, procure from the Board a license authorizing him to practice.

35 2. Except as otherwise provided in NRS 630.1605, 630.161 and 630.258 to
36 630.265, inclusive, *and section 3 of this act*, a license may be issued to any person
37 who:

38 (a) Is a citizen of the United States or is lawfully entitled to remain and work in
39 the United States;

40 (b) Has received the degree of doctor of medicine from a medical school:

41 (1) Approved by the Liaison Committee on Medical Education of the
42 American Medical Association and Association of American Medical Colleges; or

43 (2) Which provides a course of professional instruction equivalent to that
44 provided in medical schools in the United States approved by the Liaison
45 Committee on Medical Education;

46 (c) Is currently certified by a specialty board of the American Board of
47 Medical Specialties and who agrees to maintain such certification for the duration
48 of his licensure, or has passed:

49 (1) All parts of the examination given by the National Board of Medical
50 Examiners;

51 (2) All parts of the Federation Licensing Examination;

52 (3) All parts of the United States Medical Licensing Examination;

(4) All parts of a licensing examination given by any state or territory of the United States, if the applicant is certified by a specialty board of the American Board of Medical Specialties;

(5) All parts of the examination to become a licentiate of the Medical Council of Canada; or

(6) Any combination of the examinations specified in subparagraphs (1), (2) and (3) that the Board determines to be sufficient;

(d) Is currently certified by a specialty board of the American Board of Medical Specialties in the specialty of emergency medicine, preventive medicine or family practice and who agrees to maintain certification in at least one of these specialties for the duration of his licensure, or:

(1) Has completed 36 months of progressive postgraduate:

(I) Education as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education or the Coordinating Council of Medical Education of the Canadian Medical Association; or

(II) Fellowship training in the United States or Canada approved by the Board or the Accreditation Council for Graduate Medical Education; or

(2) Has completed at least 36 months of postgraduate education, not less than 24 months of such postgraduate education must be as a resident after receiving a medical degree from a combined dental and medical degree program approved by the Board; and

(e) Passes a written or oral examination, or both, as to his qualifications to practice medicine and provides the Board with a description of the clinical program completed demonstrating that the applicant's clinical training met the requirements of paragraph (b).

Sec. 7. NRS 630.1605 is hereby amended to read as follows:

630.1605 *1.* Except as otherwise provided in NRS 630.161, the Board ~~{may}~~ *shall, except for good cause,* issue a license by endorsement to practice medicine to an applicant who has been issued a license to practice medicine by the District of Columbia or any state or territory of the United States if:

~~{1.}~~ *(a)* At the time the applicant files his application with the Board, the license is in effect ~~1;~~

~~2. The applicant:~~

~~— (a) Submits to the Board proof of passage of an examination approved by the Board;~~

~~— (b) Submits to the Board any documentation and other proof of qualifications required by the Board;~~

~~— (c) Meets all of the statutory requirements for licensure to practice medicine in effect at the time of application except for the requirements set forth in NRS 630.160; and~~

~~— (d) Completes any additional requirements relating to the fitness of the applicant to practice required by the Board; and~~

~~3. Any documentation and other proof of qualifications required by the Board is authenticated in a manner approved by the Board.] and unrestricted; and~~

(b) The applicant:

(1) Is currently certified by a specialty board of the American Board of Medical Specialties and was certified or recertified within the past 10 years;

(2) Has had no adverse actions reported to the National Practitioner Data Bank within the past 10 years;

(3) Has been continuously and actively engaged in the practice of medicine within his specialty for the past 5 years;

(4) *Is not involved in and does not have pending any disciplinary action concerning his license to practice medicine in the District of Columbia or any state or territory of the United States; ~~and~~*

(5) *Provides information on all the medical malpractice claims brought against him, without regard to when the claims were filed or how the claims were resolved ~~and~~; and*

(6) Meets all statutory requirements to obtain a license to practice medicine in this State except that the applicant is not required to meet the requirements set forth in NRS 630.160.

2. *A license by endorsement may be issued at a meeting of the Board or between its meetings by its President and Executive Director. Such an action shall be deemed to be an action of the Board.*

Sec. 7.5. **NRS 630.30665 is hereby amended to read as follows:**

630.30665 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 ~~and~~

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

~~(2)~~ (b) Outside of this State. ~~and~~

~~(b) Reporting~~

2. *In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice medicine to submit a report annually to the Board concerning the occurrence of any sentinel event arising from any ~~such~~ surgery ~~as~~ described in subsection 1. The report must be submitted in the manner prescribed by the Board which must be substantially similar to the manner prescribed by the Administrator of the Health Division of the Department of Health and Human Services for reporting information pursuant to NRS 439.835.*

~~3.~~ *Each holder of a license to practice medicine shall submit the report required pursuant to subsections 1 and 2 whether or not he performed any surgery described in subsection 1. Failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action ~~pursuant to subsection 8 of NRS 630.306.~~*

~~4.~~ 4. 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.

~~5.~~ 5. A report received pursuant to subsection 1 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

~~6.~~ 6. 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.

~~7.~~ 7. *In addition to any other remedy or penalty, if a holder of a license to practice medicine fails to submit a report or knowingly files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice medicine with notice and opportunity for a hearing, impose against the holder of a license to practice medicine an administrative penalty for each such violation. The Board shall establish by regulation a sliding*

scale based on the severity of the violation to determine the amount of the administrative penalty to be imposed against the holder of the license pursuant to this subsection. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

8. 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. 8. [Chapter 630A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to subsection 1 of NRS 630A.110 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

~~Sec. 9. [Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to paragraph (a) or (c) of subsection 1 of NRS 631.130 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 10. Chapter 632 of NRS is hereby amended by adding thereto the provisions set forth as sections 11 to 14, inclusive, of this act.

Sec. 11. 1. An accredited or approved school of nursing, practical nursing or professional nursing may hire as an instructor for clinical practice a person who holds a bachelor's degree in nursing and has at least 5 years of nursing experience in patient care.

2. As used in this section, "instructor for clinical practice" means a registered nurse whose primary role is educating prelicensure nursing students in a skills laboratory or practice site.

~~Sec. 12. [A member of the Board described pursuant to paragraph (a), (b) or (c) of subsection 1 of NRS 632.030 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 13. ~~[The Nurse Licensure Compact is hereby ratified, enacted into law and entered into with all jurisdictions legally joining in the Compact, in substantially the form set forth in this section]~~

Nurse Licensure Compact

ARTICLE I. Findings and Declaration of Purpose

~~(a) The party states find that:~~

~~(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.~~

~~(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.~~

~~(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.~~

~~(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.~~

~~(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.~~

~~(b) The general purposes of this Compact are to:~~

~~(1) Facilitate the states' responsibility to protect the public's health and safety.~~

~~(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.~~

~~(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions.~~

~~(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction.~~

~~(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.~~

ARTICLE II. Definitions

~~As used in this Compact:~~

~~(a) "Adverse action" means a home or remote state action.~~

~~(b) "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.~~

~~(c) "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.~~

~~(d) "Current significant investigative information" means:~~

~~(1) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or~~

~~(2) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.~~

~~(e) "Home state" means the party state which is the nurse's primary state of residence.~~

~~(f) "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.~~

~~(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.~~

~~(h) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.~~

~~(i) "Nurse" means a registered nurse or licensed practical vocational nurse, as those terms are defined by each party's state practice laws.~~

~~(j) "Party state" means any state that has adopted this Compact.~~

~~(k) "Remote state" means a party state, other than the home state, where the patient is located at the time nursing care is provided or, in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.~~

~~(l) "Remote state action" means any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state, and cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.~~

~~(m) "State" means a state, territory or possession of the United States, and the District of Columbia.~~

~~(n) "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.~~

~~ARTICLE III. General Provisions and Jurisdiction~~

~~(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.~~

~~(b) Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.~~

~~(c) Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.~~

~~(d) This Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.~~

~~(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.~~

~~ARTICLE IV. Applications for Licensure in a Party State~~

~~(a) Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege and whether any other adverse action by any state has been taken against the license.~~

~~(b) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.~~

~~(c) A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.~~

~~(d) When a nurse changes primary state of residence by:~~

~~(1) Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid.~~

~~(2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state.~~

~~(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.~~

~~ARTICLE V. Adverse Actions~~

~~In addition to the General Provisions described in Article III, the following provisions apply:~~

~~(a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The~~

~~administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.~~

~~(b) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.~~

~~(c) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.~~

~~(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.~~

~~(e) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.~~

~~(f) Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.~~

ARTICLE VI. Additional Authorities Invested in Party State Nurse Licensing Boards

~~Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:~~

~~(a) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.~~

~~(b) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.~~

~~(c) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state.~~

~~(d) Promulgate uniform rules and regulations as provided for in Article VIII(e).~~

ARTICLE VII. Coordinated Licensure Information System

~~(a) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical~~

~~vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.~~

~~—(b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.~~

~~—(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.~~

~~—(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.~~

~~—(e) Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.~~

~~—(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.~~

~~—(g) The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.~~

~~ARTICLE VIII. Compact Administration and Interchange of Information~~

~~—(a) The head of the nurse licensing board, or his designee, of each party state shall be the administrator of this Compact for his state.~~

~~—(b) The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data and disclosable alternative program participation information to facilitate the administration of this Compact.~~

~~—(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI(d).~~

~~ARTICLE IX. Immunity~~

~~No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this Compact. Good faith in this Article shall not include willful misconduct, gross negligence or recklessness.~~

~~ARTICLE X. Entry into Force, Withdrawal and Amendment~~

~~—(a) This Compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw~~

~~from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 6 months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.~~

~~—(b) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the Compact of any report of adverse action occurring prior to the withdrawal.~~

~~—(c) Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this Compact.~~

~~—(d) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.~~

~~ARTICLE XI. Construction and Severability~~

~~—(a) This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any state party thereto, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.~~

~~—(b) In the event party states find a need for settling disputes arising under this Compact:~~

~~—(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the home state, an individual appointed by the Compact administrator in the remote state(s) involved and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.~~

~~—(2) The decision of a majority of the arbitrators shall be final and binding.} (Deleted by amendment.)~~

~~Sec. 14. {The Board shall adopt any regulations necessary for the implementation of the Nurse Licensure Compact enacted pursuant to section 13 of this act, including, without limitation, any regulations which interpret any parts of the interstate compact that require interpretation and which are necessary for its implementation.} (Deleted by amendment.)~~

Sec. 15. NRS 632.0126 is hereby amended to read as follows:

632.0126 “Approved school of nursing” means a school of nursing that is approved by the Board as meeting the standards for nursing education established by the Board pursuant to NRS 632.430 to 632.470, inclusive **§**, and **section 11 of this act.**

Sec. 16. NRS 632.017 is hereby amended to read as follows:

632.017 “Practice of practical nursing” means the performance of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, an advanced practitioner of nursing, a licensed physician, a **licensed** physician assistant **§** **licensed pursuant to chapter 630 or 633 of NRS**, a licensed dentist or a licensed podiatric physician, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

1 **Sec. 17.** NRS 632.018 is hereby amended to read as follows:

2 632.018 “Practice of professional nursing” means the performance of any act
3 in the observation, care and counsel of the ill, injured or infirm, in the maintenance
4 of health or prevention of illness of others, in the supervision and teaching of other
5 personnel, in the administration of medications and treatments as prescribed by an
6 advanced practitioner of nursing, a licensed physician, a ~~licensed~~ physician
7 assistant ~~+~~ **licensed pursuant to chapter 630 or 633 of NRS**, a licensed dentist or a
8 licensed podiatric physician, requiring substantial specialized judgment and skill
9 based on knowledge and application of the principles of biological, physical and
10 social science, but does not include acts of medical diagnosis or prescription of
11 therapeutic or corrective measures.

12 **Sec. 18.** NRS 632.030 is hereby amended to read as follows:

13 632.030 1. The Governor shall appoint:

14 (a) Three registered nurses who are graduates of an accredited school of
15 nursing, are licensed as professional nurses in the State of Nevada and have been
16 actively engaged in nursing for at least 5 years preceding the appointment.

17 (b) One practical nurse who is a graduate of an accredited school of practical
18 nursing, is licensed as a practical nurse in this State and has been actively engaged
19 in nursing for at least 5 years preceding the appointment.

20 (c) One nursing assistant who is certified pursuant to the provisions of this
21 chapter.

22 (d) One member who represents the interests of persons or agencies that
23 regularly provide health care to patients who are indigent, uninsured or unable to
24 afford health care. This member may be licensed under the provisions of this
25 chapter.

26 (e) One member who is a representative of the general public. This member
27 must not be:

28 (1) A licensed practical nurse, a registered nurse, a nursing assistant or an
29 advanced practitioner of nursing; or

30 (2) The spouse or the parent or child, by blood, marriage or adoption, of a
31 licensed practical nurse, a registered nurse, a nursing assistant or an advanced
32 practitioner of nursing.

33 2. Each member of the Board must be:

34 (a) A citizen of the United States; and

35 (b) A resident of the State of Nevada who has resided in this State for not less
36 than 2 years.

37 3. A representative of the general public may not:

38 (a) Have a fiduciary obligation to a hospital or other health agency;

39 (b) Have a material financial interest in the rendering of health services; or

40 (c) Be employed in the administration of health activities or the performance of
41 health services.

42 4. The members appointed to the Board pursuant to paragraphs (a) and (b) of
43 subsection 1 must be selected to provide the broadest representation of the various
44 activities, responsibilities and types of service within the practice of nursing and
45 related areas, which may include, without limitation, experience:

46 (a) In administration.

47 (b) In education.

48 (c) As an advanced practitioner of nursing.

49 (d) In an agency or clinic whose primary purpose is to provide medical
50 assistance to persons of low and moderate incomes.

51 (e) In a licensed medical facility.

52 5. Each member of the Board shall serve a term of 4 years. If a vacancy
53 occurs during a member’s term, the Governor shall appoint a person qualified under

1 this ~~[section]~~ *chapter* to replace that member for the remainder of the unexpired
2 term.

3 6. No member of the Board may serve more than two consecutive terms. For
4 the purposes of this subsection, service of 2 or more years in filling an unexpired
5 term constitutes a term.

6 **Sec. 19.** ~~[NRS 632.307 is hereby amended to read as follows:]~~

7 ~~632.307 1. The Board may place any condition, limitation or restriction on
8 any license or certificate issued pursuant to this chapter if the Board determines that
9 such action is necessary to protect the public health, safety or welfare.~~

10 ~~2. [The] Except as otherwise provided by the Nurse Licensure Compact
11 enacted pursuant to section 13 of this act, the Board shall not report any condition,
12 limitation or restriction placed on a license or certificate issued pursuant to this
13 section to the National Council of State Boards of Nursing Disciplinary Data Bank
14 or any other repository which records disciplinary action taken against licensees or
15 holders of certificates, unless the licensee or holder of the certificate fails to comply
16 with the condition, limitation or restriction placed on the license or certificate. The
17 Board may, upon request, report any such information to an agency of another state
18 which regulates the practice of nursing.~~

19 ~~3. The Board may modify any condition, limitation or restriction placed on a
20 license or certificate issued pursuant to this section if the Board determines it is
21 necessary to protect the public health, safety or welfare.~~

22 ~~4. Any condition, limitation or restriction placed on a license or certificate
23 issued pursuant to this section shall not be deemed to be disciplinary action taken
24 pursuant to NRS 632.325.] (Deleted by amendment.)~~

25 **Sec. 20.** ~~[NRS 632.340 is hereby amended to read as follows:]~~

26 ~~632.340 The provisions of NRS 632.315 do not prohibit~~

27 ~~1. Gratuitous nursing by friends or by members of the family of a patient.~~

28 ~~2. The incidental care of the sick by domestic servants or persons primarily
29 employed as housekeepers as long as they do not practice nursing within the
30 meaning of this chapter.~~

31 ~~3. Nursing assistance in the case of an emergency.~~

32 ~~4. The practice of nursing by students enrolled in accredited schools of
33 nursing or by graduates of those schools or courses pending the results of the first
34 licensing examination scheduled by the Board following graduation. A student or
35 graduate may not work as a nursing assistant unless he is certified to practice as a
36 nursing assistant pursuant to the provisions of this chapter.~~

37 ~~5. The practice of nursing in this State by any legally qualified nurse or
38 nursing assistant of another state whose engagement requires him to accompany
39 and care for a patient temporarily residing in this State during the period of one
40 such engagement, not to exceed 6 months, if the person does not represent or hold
41 himself out as a nurse licensed to practice in this State or as a nursing assistant who
42 holds a certificate to practice in this State.~~

43 ~~6. The practice of any legally qualified nurse of another state who is
44 employed by the United States Government, or any bureau, division or agency
45 thereof, while in the discharge of his official duties in this State.~~

46 ~~7. Nonmedical nursing for the care of the sick, with or without compensation,
47 if done by the adherents of, or in connection with, the practice of the religious
48 tenets of any well-recognized church or religious denomination, if that nursing does
49 not amount to the practice of practical or professional nursing as defined in NRS
50 632.017 and 632.018, respectively.~~

51 ~~8. A personal assistant from performing services for a person with a disability
52 pursuant to NRS 629.091.~~

53 ~~9. A natural person from providing supported living arrangement services if~~

~~(a) That person has been issued a certificate pursuant to NRS 435.3305 to 435.339, inclusive, and the regulations adopted pursuant to NRS 435.3305 to 435.339, inclusive; or~~

~~(b) That person is employed or retained as an independent contractor by a partnership, firm, corporation or association, state or local government or agency thereof that has been issued a certificate pursuant to NRS 435.3305 to 435.339, inclusive, and the regulations adopted pursuant to NRS 435.3305 to 435.339, inclusive.~~

~~As used in this subsection, "supported living arrangement services" has the meaning ascribed to it in NRS 435.3315.~~

~~10. The practice of nursing pursuant to the Nurse Licensure Compact enacted pursuant to section 13 of this act.} (Deleted by amendment.)~~

Sec. 21. ~~[NRS 632.405 is hereby amended to read as follows:~~

~~632.405 1. Except as otherwise provided in this section, any records or information obtained during the course of an investigation by the Board and any record of the investigation are confidential.~~

~~2. The complaint or other document filed by the Board to initiate disciplinary action and all documents and information considered by the Board when determining whether to impose disciplinary action are public records.~~

~~3. This section does not prevent or prohibit the Board from communicating or cooperating with another licensing Board or any agency that is investigating a licensee, including a law enforcement agency.~~

~~4. This section does not prevent or prohibit the Board from acting pursuant to the Nurse Licensure Compact enacted pursuant to section 13 of this act.} (Deleted by amendment.)~~

Sec. 22. NRS 632.472 is hereby amended to read as follows:

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

(a) Any physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, physician assistant ~~or licensed pursuant to chapter 630 or 633 of NRS~~, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State.

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

(c) A coroner.

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

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

(f) Any employee of the Department of Health and Human Services.

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

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

(i) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or

1 exploitation of an older person and refers them to persons and agencies where their
2 requests and needs can be met.

3 (j) Any social worker.

4 2. Every physician who, as a member of the staff of a medical facility or
5 facility for the dependent, has reason to believe that a nursing assistant has engaged
6 in conduct which constitutes grounds for the denial, suspension or revocation of a
7 certificate shall notify the superintendent, manager or other person in charge of the
8 facility. The superintendent, manager or other person in charge shall make a report
9 as required in subsection 1.

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

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

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

16 **Sec. 23.** Chapter 633 of NRS is hereby amended by adding thereto the
17 provisions set forth as sections 24 to 35, inclusive, of this act.

18 **Sec. 24. 1. *Except as otherwise provided in NRS 633.315, the Board may***
19 ***issue a special license to a person who:***

20 ***(a) Is a graduate of a foreign school which teaches osteopathic medicine;***

21 ***(b) Teaches, researches or practices osteopathic medicine outside the United***
22 ***States;***

23 ***(c) Is a recognized expert in osteopathic medicine; and***

24 ***(d) Intends to teach, research or practice clinical osteopathic medicine at a***
25 ***medical research facility or school of osteopathic medicine in this State.***

26 **~~2. Such a person must:~~**

27 **~~(a) Submit to the Board any documentation and other proof of qualifications~~**
28 **~~required by the Board; and~~**

29 **~~(b) Meet all of the statutory requirements for licensure to practice~~**
30 **~~osteopathic medicine in effect at the time of application except for the~~**
31 **~~requirements set forth in NRS 633.315.~~**

32 **3. A person who applies for a special license is not required to take or pass**
33 **a written examination concerning his qualifications to practice osteopathic**
34 **medicine, but the person must satisfy the requirements for a special license set**
35 **forth in regulations adopted by the Board.**

36 **3. A person who holds a special license issued pursuant to this section may**
37 **practice osteopathic medicine in this State only in accordance with the terms and**
38 **restrictions established by the Board.**

39 **4. If a person who holds a special license issued pursuant to this section**
40 **ceases to teach, research or practice clinical osteopathic medicine in this State at**
41 **the medical research facility or school of osteopathic medicine where he is**
42 **employed:**

43 **(a) The medical research facility or school of osteopathic medicine, as**
44 **applicable, shall notify the Board; and**

45 **(b) Upon receipt of such notification, the special license expires**
46 **automatically.**

47 **~~4. 5.~~ The Board may renew or modify a special license issued pursuant to**
48 **this section, unless the special license has expired automatically or has been**
49 **revoked.**

50 **~~5. 6.~~ The provisions of this section do not limit the authority of the Board**
51 **to issue a special license to an applicant in accordance with any other provision**
52 **of this chapter.**

1 **Sec. 25. 1.** *Except as otherwise provided in NRS 633.315, the Board shall,*
2 *except for good cause, issue a license by endorsement to a person who has been*
3 *issued a license to practice osteopathic medicine by the District of Columbia or*
4 *any state or territory of the United States if:*

5 (a) *At the time the person files his application with the Board, the license is*
6 *in effect and unrestricted; and*

7 (b) *The applicant:*

8 (1) *Is currently certified by either a specialty board of the American*
9 *Board of Medical Specialties or a specialty board of the American Osteopathic*
10 *Association, and was certified or recertified within the past 10 years;*

11 (2) *Has had no adverse actions reported to the National Practitioner*
12 *Data Bank within the past ~~10~~ 5 years;*

13 (3) *Has been continuously and actively engaged in the practice of*
14 *osteopathic medicine within his specialty for the past 5 years;*

15 (4) *Is not involved in and does not have pending any disciplinary action*
16 *concerning his license to practice osteopathic medicine in the District of*
17 *Columbia or any state or territory of the United States; ~~and~~*

18 (5) *Provides information on all the medical malpractice claims brought*
19 *against him, without regard to when the claims were filed or how the claims were*
20 *resolved ~~by~~; and*

21 (6) *Meets all statutory requirements to obtain a license to practice*
22 *osteopathic medicine in this State except that the applicant is not required to meet*
23 *the requirements set forth in NRS 633.311.*

24 2. *Any person applying for a license pursuant to this section shall pay in*
25 *advance to the Board the application and initial license fee specified in this*
26 *chapter.*

27 3. *A license by endorsement may be issued at a meeting of the Board or*
28 *between its meetings by its President and Executive Director. Such action shall be*
29 *deemed to be an action of the Board.*

30 **Sec. 26.** ~~*A member of the Board described pursuant to subsection 1 of*~~
31 ~~*NRS 633.191 must be selected pursuant to section 1 of this act in addition to any*~~
32 ~~*other requirements of this chapter.*~~ (Deleted by amendment.)

33 **Sec. 27.** *A private nonprofit school of osteopathic medicine that is licensed*
34 *by the Commission on Postsecondary Education and approved by the American*
35 *Osteopathic Association's Commission on College Accreditation may,*
36 *notwithstanding any provision of law to the contrary:*

37 1. *Operate as a corporation or other business organization or association*
38 *with ownership or control shared by persons licensed pursuant to this chapter*
39 *and persons not licensed pursuant to this chapter;*

40 2. *Operate a clinic in conjunction with the school which is staffed by*
41 *osteopathic physicians or physicians who are:*

42 (a) *Licensed pursuant to this chapter or chapter 630 of NRS, respectively;*
43 *and*

44 (b) *Members of the faculty of the school; and*

45 3. *Retain all or a portion of the money generated by a clinic described in*
46 *subsection 2, including, without limitation, any professional income generated by*
47 *an osteopathic physician or physician staffing the clinic.*

48 **Sec. 28. 1.** *A physician assistant may perform such medical services as:*

49 (a) *He is authorized to perform by his supervising osteopathic physician; and*

50 (b) *Are within his supervising osteopathic physician's scope of practice.*

51 2. *The Board and supervising osteopathic physician shall limit the authority*
52 *of a physician assistant to prescribe controlled substances to those schedules of*

1 *controlled substances that the supervising osteopathic physician is authorized to*
2 *prescribe pursuant to state and federal law.*

3 **Sec. 29.** *The Board may issue a license as a physician assistant to an*
4 *applicant who is qualified under the regulations of the Board to perform medical*
5 *services under the supervision of a supervising osteopathic physician. The*
6 *application for a license as a physician assistant must include all information*
7 *required to complete the application.*

8 **Sec. 30.** *The Board shall adopt regulations regarding the licensure of a*
9 *physician assistant, including, without limitation:*

- 10 1. *The educational and other qualifications of applicants.*
- 11 2. *The required academic program for applicants.*
- 12 3. *The procedures for applications for and the issuance of licenses.*
- 13 4. *The tests or examinations of applicants by the Board.*
- 14 5. *The medical services which a physician assistant may perform, except*
15 *that he may not perform osteopathic manipulative therapy or those specific*
16 *functions and duties delegated or restricted by law to persons licensed as dentists,*
17 *chiropractors, doctors of Oriental medicine, podiatric physicians, optometrists*
18 *and hearing aid specialists under chapters 631, 634, 634A, 635, 636 and 637A,*
19 *respectively, of NRS.*

20 6. *The duration, renewal and termination of licenses.*

21 7. *The grounds and procedures respecting disciplinary actions against*
22 *physician assistants.*

23 8. *The supervision of medical services of a physician assistant by a*
24 *supervising osteopathic physician.*

25 **Sec. 31.** 1. *A physician assistant shall:*

26 (a) *Keep his license available for inspection at his primary place of business;*
27 *and*

28 (b) *When engaged in his professional duties, identify himself as a physician*
29 *assistant.*

30 2. *A physician assistant shall not bill a patient separately from his*
31 *supervising osteopathic physician.*

32 **Sec. 32.** 1. *An osteopathic physician may at any time refuse to act as a*
33 *supervising osteopathic physician for a physician assistant.*

34 2. *A condition, stipulation or provision in a contract or other agreement*
35 *which:*

36 (a) *Requires an osteopathic physician to act as a supervising osteopathic*
37 *physician for a physician assistant;*

38 (b) *Penalizes an osteopathic physician for refusing to act as a supervising*
39 *osteopathic physician for a physician assistant; or*

40 (c) *Limits a supervising osteopathic physician's authority with regard to any*
41 *protocol, standing order or delegation of authority applicable to a physician*
42 *assistant supervised by the osteopathic physician,*

43 *is against public policy and is void.*

44 **Sec. 33.** *An osteopathic physician who does not normally provide care to*
45 *patients may not be a supervising osteopathic physician.*

46 **Sec. 34.** 1. *A supervising osteopathic physician shall provide supervision*
47 *to his physician assistant continuously whenever the physician assistant is*
48 *performing his professional duties.*

49 2. *Except as otherwise provided in subsection 3, a supervising osteopathic*
50 *physician may provide supervision to his physician assistant in person or by*
51 *telecommunication. When providing supervision by telecommunication, a*
52 *supervising osteopathic physician may be at a different site than the physician*
53 *assistant.*

3. A supervising osteopathic physician shall provide supervision to his physician assistant in person at all times during the first 30 days that the supervising osteopathic physician supervises the physician assistant. After the first 30 days, the supervising osteopathic physician shall not regularly maintain the physician assistant at a different site than the supervising osteopathic physician. The provisions of this subsection do not apply to a federally qualified health center.

4. Before beginning to supervise a physician assistant, a supervising osteopathic physician must communicate to the physician assistant:

- (a) The scope of practice of the physician assistant;
- (b) The access to the supervising osteopathic physician that the physician assistant will have; and
- (c) Any processes for evaluation that the supervising osteopathic physician will use to evaluate the physician assistant.

5. A supervising osteopathic physician shall not delegate to his physician assistant, and his physician assistant shall not accept, a task that is beyond the physician assistant's capability to complete safely.

6. As used in this section, "federally qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

Sec. 35. 1. A physician assistant licensed under the provisions of this chapter who is responding to a need for medical care created by an emergency or disaster, as declared by an applicable governmental entity, may render emergency care that is directly related to the emergency or disaster without the supervision of an osteopathic physician, as required by this chapter. The provisions of this subsection apply only for the duration of the emergency or disaster.

2. An osteopathic physician who supervises a physician assistant who is rendering emergency care that is directly related to an emergency or disaster, as described in subsection 1, shall not be required to meet the requirements set forth in this chapter for such supervision.

Sec. 36. NRS 633.031 is hereby amended to read as follows:
633.031 ~~["Employing"]~~ "Supervising osteopathic physician" means an osteopathic physician *who is* licensed in this State ~~[who employs]~~, *is in good standing with the Board* and supervises ~~[an osteopathic physician's]~~ a physician assistant with Board approval.

Sec. 37. NRS 633.101 is hereby amended to read as follows:
633.101 "Physician assistant" means a person who is *a graduate of an academic program* approved by the Board *or who, by general education, practical training and experience determined to be satisfactory by the Board, is qualified* to perform medical services under the supervision of *a supervising* osteopathic physician *and who has been issued a license by the Board.*

Sec. 38. NRS 633.131 is hereby amended to read as follows:
633.131 1. "Unprofessional conduct" includes:
(a) Willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice osteopathic medicine or in applying for renewal of a license to practice osteopathic medicine.
(b) Failure of a licensee *of the practice of osteopathic medicine* to designate his school of practice in the professional use of his name by the term D.O., osteopathic physician, doctor of osteopathy or a similar term.
(c) Directly or indirectly giving to or receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation for sending, referring or otherwise inducing a person to communicate with an osteopathic physician in his professional capacity or for any professional

1 services not actually and personally rendered, except as otherwise provided in
2 subsection 2.

3 (d) Employing, directly or indirectly, any suspended or unlicensed person in
4 the practice of osteopathic medicine, or the aiding or abetting of any unlicensed
5 person to practice osteopathic medicine.

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

8 (f) Engaging in any:

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

11 (2) Medical practice harmful to the public or any conduct detrimental to
12 the public health, safety or morals which does not constitute gross or repeated
13 malpractice or professional incompetence.

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

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

19 (i) Performing, assisting in or advising an unlawful abortion or the injection of
20 any liquid silicone substance into the human body.

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

23 (k) Willful disobedience of the regulations of the State Board of Health, the
24 State Board of Pharmacy or the State Board of Osteopathic Medicine.

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

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

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

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

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

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

37 2. It is not unprofessional conduct:

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

44 (b) For two or more persons holding valid licenses *to practice osteopathic*
45 *medicine* issued pursuant to this chapter to receive adequate compensation for
46 concurrently rendering professional care to a patient and dividing a fee if the patient
47 has full knowledge of this division and if the division is made in proportion to the
48 services performed and the responsibility assumed by each; or

49 (c) For a person licensed *to practice osteopathic medicine* pursuant to the
50 provisions of this chapter to form an association or other business relationship with
51 an optometrist pursuant to the provisions of NRS 636.373.

1 **Sec. 39.** NRS 633.151 is hereby amended to read as follows:

2 633.151 The purpose of licensing osteopathic physicians and ~~osteopathic~~
3 ~~physicians~~ **physician** assistants is to protect the public health and safety and the
4 general welfare of the people of this State. Any license issued pursuant to this
5 chapter is a revocable privilege and a holder of such a license does not acquire
6 thereby any vested right.

7 **Sec. 39.5. NRS 633.286 is hereby amended to read as follows:**

8 633.286 1. On or before February 15 of each odd-numbered year, the Board
9 shall submit to the Governor and to the Director of the Legislative Counsel Bureau
10 for transmittal to the next regular session of the Legislature a written report
11 compiling:

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

14 (b) Information reported to the Board during the previous biennium pursuant to
15 NRS ~~633.524~~ 633.526, 633.527, subsections 2 and 3 of NRS 633.533 and NRS
16 690B.250 and 690B.260 ~~;~~ **and**

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

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

23 **Sec. 40.** NRS 633.301 is hereby amended to read as follows:

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

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

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

40 4. The provisions of this section do not prohibit the Board from
41 communicating or cooperating with or providing any documents or other
42 information to any other licensing board or any other agency that is investigating a
43 person, including, without limitation, a law enforcement agency.

44 **Sec. 41.** NRS 633.321 is hereby amended to read as follows:

45 633.321 1. Every applicant for a license shall:

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

48 (b) Submit verified proof satisfactory to the Board that he meets ~~the~~ **any** age,
49 citizenship and educational requirements prescribed by this chapter; and

50 (c) Pay in advance to the Board the application and initial license fee specified
51 in this chapter.

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

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

4. The Board may reject an application if it appears that any credential submitted is false.

Sec. 42. NRS 633.322 is hereby amended to read as follows:

633.322 In addition to the other requirements for licensure ~~[to practice osteopathic medicine]~~, an applicant shall cause to be submitted to the Board a certificate of completion of progressive postgraduate training from the residency program where the applicant received training.

Sec. 43. NRS 633.328 is hereby amended to read as follows:

633.328 In addition to any other requirements set forth in this chapter, each applicant for a license ~~[to practice osteopathic medicine]~~ except a temporary or special license, ~~[for each osteopathic physician's assistant for whom an application to employ an osteopathic physician's assistant is submitted to the Board]~~ must submit to the Board a complete set of his fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

Sec. 44. NRS 633.371 is hereby amended to read as follows:

633.371 Every license *to practice osteopathic medicine* must be displayed in the office or place of business or employment of its holder.

Sec. 45. NRS 633.391 is hereby amended to read as follows:

633.391 1. The Board may issue a temporary license *to practice osteopathic medicine in order* to authorize a person who is qualified to practice osteopathic medicine in this State to serve as a substitute for ~~[any]~~ :

(a) A physician licensed pursuant to chapter 630 of NRS; or

(b) An osteopathic physician licensed pursuant to chapter 633 of NRS,

~~who is absent from his practice.~~

2. Each applicant for such a license shall pay the temporary license fee specified in this chapter.

3. A temporary license *to practice osteopathic medicine* is valid for not more than 6 months after issuance and is not renewable.

Sec. 46. NRS 633.401 is hereby amended to read as follows:

633.401 1. Except as otherwise provided in NRS 633.315, the Board may issue a special license ~~[to practice osteopathic medicine]~~:

(a) To authorize a person who is licensed to practice osteopathic medicine in an adjoining state to come into Nevada to care for or assist in the treatment of his patients in association with an osteopathic physician in this State who has primary care of the patients.

(b) To a resident while he is enrolled in a postgraduate training program required pursuant to the provisions of paragraph (c) of subsection 4 of NRS 633.311.

(c) For a specified period and for specified purposes to a person who is licensed to practice osteopathic medicine in another jurisdiction.

2. A special license issued under this section may be renewed by the Board upon application of the licensee.

3. Every person who applies for or renews a special license under this section shall pay respectively the special license fee or special license renewal fee specified in this chapter.

1 **Sec. 47.** NRS 633.411 is hereby amended to read as follows:

2 633.411 1. Except as otherwise provided in NRS 633.315, the Board may
3 issue a special license *to practice osteopathic medicine* to a person qualified under
4 this section to authorize him to serve:

5 (a) As a resident medical officer in any hospital in Nevada. A person issued
6 such a license shall practice osteopathic medicine only within the confines of the
7 hospital specified in the license and under the supervision of the regular medical
8 staff of that hospital.

9 (b) As a professional employee of the State of Nevada or of the United States.
10 A person issued such a license shall practice osteopathic medicine only within the
11 scope of his employment and under the supervision of the appropriate state or
12 federal medical agency.

13 2. An applicant for a special license under this section must:

14 (a) Be a graduate of a school of osteopathic medicine and have completed a
15 hospital internship.

16 (b) Pay the special license fee specified in this chapter.

17 3. The Board shall not issue a license under subsection 1 unless it has
18 received a letter from a hospital in Nevada or from the appropriate state or federal
19 medical agency requesting issuance of the special license to the applicant.

20 4. A special license issued under this section:

21 (a) Must be issued at a meeting of the Board or between its meetings by its
22 President and Secretary subject to approval at the next meeting of the Board.

23 (b) Is valid for a period not exceeding 1 year, as determined by the Board.

24 (c) May be renewed by the Board upon application and payment by the
25 licensee of the special license renewal fee specified in this chapter.

26 (d) Does not entitle the licensee to engage in the private practice of osteopathic
27 medicine.

28 5. The issuance of a special license under this section does not obligate the
29 Board to grant any regular license to practice osteopathic medicine.

30 **Sec. 48.** NRS 633.421 is hereby amended to read as follows:

31 633.421 Each license *to practice osteopathic medicine* issued by the Board:

32 1. Shall bear a seal adopted by the Board and the signatures of its President
33 and Secretary; and

34 2. Authorizes the holder to practice osteopathic medicine so long as it is kept
35 in force by appropriate renewal and is not revoked or suspended.

36 **Sec. 49.** NRS 633.466 is hereby amended to read as follows:

37 633.466 1. ~~[An osteopathic physician's]~~ *A physician* assistant may ~~[, under~~
38 ~~his certificate,]~~ be supervised by a physician licensed to practice medicine in this
39 State *pursuant to chapter 630 of NRS* in place of his ~~[employing]~~ *supervising*
40 osteopathic physician if:

41 (a) The ~~[osteopathic physician's]~~ *physician* assistant works in a geographical
42 area where he can be conveniently supervised only by *such* a physician; *and*

43 (b) The ~~[osteopathic physician's assistant remains in the employ of his~~
44 ~~employing osteopathic physician;~~

45 ~~—(c) The employing]~~ *supervising* osteopathic physician and the physician
46 *licensed pursuant to chapter 630 of NRS* agree to the arrangement. ~~[, and]~~

47 ~~[(d) The Board of Osteopathic Medicine and the Board of Medical Examiners~~
48 ~~approve it;]~~

49 2. ~~[For the purposes of chapter 630 of NRS, an osteopathic physician's]~~ *A*
50 *physician* assistant so supervised is not a ~~[physician's]~~ *physician* assistant *for the*
51 *purposes of chapter 630 of NRS* solely because of that supervision. ~~[and continues~~
52 ~~to practice osteopathic medicine;]~~

3. The *State Board of Osteopathic Medicine* shall adopt jointly with the Board of Medical Examiners regulations necessary to administer the provisions of this section.

Sec. 50. NRS 633.471 is hereby amended to read as follows:

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

- (a) Applying for renewal on forms provided by the Board;
- (b) Paying the annual license renewal fee specified in this chapter;
- (c) Submitting a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against him during the previous year;
- (d) Submitting an affidavit to the Board that in the year preceding the application for renewal he has attended courses or programs of continuing education approved by the Board totaling a number of hours established by the Board which must not be less than 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

2. The Secretary of the Board shall notify each licensee *of the practice of osteopathic medicine* of the requirements for renewal not less than 30 days before the date of renewal.

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education annually from no fewer than one-third of the applicants for renewal of a license ~~to~~ *to practice osteopathic medicine*. Upon a request from the Board, an applicant for renewal of a license *to practice osteopathic medicine* shall submit verified evidence satisfactory to the Board that in the year preceding the application for renewal he attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

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

Sec. 51. NRS 633.481 is hereby amended to read as follows:

633.481 1. Except as otherwise provided in subsection 2, if a licensee *of the practice of osteopathic medicine* fails to comply with the requirements of NRS 633.471 within 30 days after the renewal date, the Board shall give 30 days' notice of failure to renew and of revocation of *the* license by certified mail to the licensee at his last address registered with the Board. If the license is not renewed before the expiration of the 30 days' notice, the license is automatically revoked without any further notice or a hearing and the Board shall file a copy of the notice with the Drug Enforcement Administration of the United States Department of Justice or its successor agency.

2. A licensee *of the practice of osteopathic medicine* who fails to meet the continuing education requirements for license renewal may apply to the Board for a waiver of the requirements. The Board may grant a waiver for that year only if it finds that the failure is due to the licensee's disability, military service or absence from the United States, or to circumstances beyond the control of the licensee which are deemed by the Board to excuse the failure.

3. A person whose license is revoked under this section may apply to the Board for restoration of his license upon:

- (a) Payment of all past due renewal fees and the late payment fee specified in this chapter;

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

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

(d) Submitting all information required to complete the restoration of his license.

Sec. 52. NRS 633.491 is hereby amended to read as follows:

633.491 1. A licensee *of the practice of osteopathic medicine* who retires from ~~the practice of osteopathic medicine~~ *such practice* need not annually renew his license after he files with the Board an affidavit stating the date on which he retired from practice and such other facts to verify his retirement as the Board deems necessary.

2. A retired licensee *of the practice of osteopathic medicine* who desires to return to practice may apply to renew his license by paying all back annual license renewal fees from the date of retirement and submitting verified evidence satisfactory to the Board that he has attended continuing education courses or programs approved by the Board which total:

(a) Twenty-five hours if he has been retired 1 year or less.

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

3. A licensee *of the practice of osteopathic medicine* who wishes to have his license placed on inactive status must provide the Board with an affidavit stating the date on which he will cease the practice of osteopathic medicine in Nevada and any other facts that the Board may require. The Board shall place the license of the licensee on inactive status upon receipt of:

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

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

4. A licensee *of the practice of osteopathic medicine* whose license has been placed on inactive status:

(a) Need not annually renew his license.

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

(c) Shall not engage in the practice of osteopathic medicine in this State.

5. A licensee *of the practice of osteopathic medicine* whose license is on inactive status and who wishes to renew his license to practice osteopathic medicine must:

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

(1) The year preceding the date of the application for renewal of the license to practice osteopathic medicine; and

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

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

(c) Comply with all other requirements for renewal.

Sec. 53. NRS 633.501 is hereby amended to read as follows:

633.501 The Board shall charge and collect fees not to exceed the following amounts:

- | | |
|--|-------|
| 1. Application and initial license fee <i>for an osteopathic physician</i> | \$800 |
| 2. Annual license renewal fee <i>for an osteopathic physician</i> | 500 |
| 3. Temporary license fee | 500 |

1	4. Special license fee.....	200
2	5. Special license renewal fee	200
3	6. Reexamination fee	200
4	7. Late payment fee.....	300
5	8. {For a certificate as an osteopathic physician's} <i>Application and</i>	
6	<i>initial license fee for a physician</i> assistant.....	{500} 400
7	9. {Renewal of a certificate as an osteopathic physician's} <i>Annual</i>	
8	<i>license renewal fee for a physician</i> assistant.....	{300} 400
9	10. {For an application to employ an osteopathic physician's	
10	assistant—500	
11	—11— Inactive license fee	200

Sec. 54. NRS 633.524 is hereby amended to read as follows:

633.524 1. The Board shall require each holder of a license *to practice osteopathic medicine* 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 ~~to~~

~~—(a) Stating—~~ *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)}~~ *(a)* At a medical facility as that term is defined in NRS 449.0151; or

~~{(2)}~~ *(b)* Outside of this State. ~~to~~ *and*

~~—(b) Reporting—~~

2. In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice osteopathic medicine to submit a report annually to the Board concerning the occurrence of any sentinel event arising from any ~~such~~ surgery ~~to~~

~~—2—~~ *described in subsection 1. The report must be submitted in the manner prescribed by the Board which must be substantially similar to the manner prescribed by the Administrator of the Health Division of the Department of Health and Human Services for reporting information pursuant to NRS 439.835.*

3. Each holder of a license to practice osteopathic medicine shall submit the report required pursuant to subsections 1 and 2 whether or not he performed any surgery described in subsection 1. Failure to submit a report or knowingly filing false information in a report constitutes grounds for initiating disciplinary action. ~~to~~ *pursuant to NRS 633.511.*

~~{2}~~ *4.* 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}~~ *5.* 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}~~ *6.* 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}~~ *7. In addition to any other remedy or penalty, if a holder of a license to practice osteopathic medicine fails to submit a report or knowingly files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice osteopathic medicine with notice and opportunity for a hearing, impose against the holder of a license an administrative penalty for each such violation. The Board shall establish by*

regulation a sliding scale based on the severity of the violation to determine the amount of the administrative penalty to be imposed against the holder of the license to practice osteopathic medicine. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

8. 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. 55. NRS 633.533 is hereby amended to read as follows:

633.533 1. Any person, medical school or medical facility that becomes aware that a person practicing osteopathic medicine in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.

2. Any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in an osteopathic physician's privileges to practice osteopathic medicine while the osteopathic physician is under investigation and the outcome of any disciplinary action taken by that facility or society against the osteopathic physician concerning the care of a patient or the competency of the osteopathic physician within 30 days after the change in privileges is made or disciplinary action is taken. The Board shall report any failure to comply with this subsection by a hospital, clinic or other medical facility licensed in this State to the Health Division of the Department of Health and Human Services. If, after a hearing, the Health Division determines that any such facility or society failed to comply with the requirements of this subsection, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

3. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that an osteopathic physician or ~~osteopathic physician-s~~ **physician** assistant:

(a) Is mentally ill;

(b) Is mentally incompetent;

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

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

(e) Is liable for damages for malpractice or negligence,
➤ within 45 days after such a finding, judgment or determination is made.

4. On or before January 15 of each year, the clerk of every court shall submit to the Office of Court Administrator created pursuant to NRS 1.320 a written report compiling the information that the clerk reported during the previous year to the Board regarding osteopathic physicians pursuant to paragraph (e) of subsection 3.

Sec. 56. NRS 633.711 is hereby amended to read as follows:

633.711 1. The Board through its President or Secretary or the Attorney General may maintain in any court of competent jurisdiction a suit for an injunction against any person practicing osteopathic medicine without a license *to practice osteopathic medicine* valid under this chapter.

2. Such an injunction:

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

(b) Shall not relieve such person from criminal prosecution for practicing without *such* a license.

Sec. 57. NRS 633.721 is hereby amended to read as follows:

633.721 In a criminal complaint charging any person with practicing osteopathic medicine without a license ~~{ } to practice osteopathic medicine,~~ it is sufficient to charge that he did, upon a certain day, and in a certain county of this State, engage in the practice of osteopathic medicine without having a valid license to do so, without averring any further or more particular facts concerning the violation.

Sec. 58. NRS 633.741 is hereby amended to read as follows:

633.741 A person who:

1. Except as otherwise provided in NRS 629.091, practices osteopathic medicine:

(a) Without a license *to practice osteopathic medicine* valid under this chapter;
or

(b) Beyond the limitations ordered upon his practice by the Board or the court;

2. Presents as his own the diploma, license or credentials of another;

3. Gives either false or forged evidence of any kind to the Board or any of its members in connection with an application for a license ; ~~{or an application to employ an osteopathic physician's assistant;}~~

4. Files for record the license issued to another, falsely claiming himself to be the person named in the license, or falsely claiming himself to be the person entitled to the license;

5. Practices osteopathic medicine under a false or assumed name or falsely personates another licensee of a like or different name;

6. Holds himself out as ~~{an osteopathic physician's}~~ *a physician* assistant or who uses any other term indicating or implying that he is ~~{an osteopathic physician's}~~ *a physician* assistant, unless he has been ~~{approved}~~ *licensed* by the Board ~~{ }~~ as provided in this chapter; or

7. ~~{Employs}~~ *Supervises* a person as ~~{an osteopathic physician's}~~ *a physician* assistant before such ~~{employment is approved}~~ *person is licensed* as provided in this chapter,

➤ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

1 **Sec. 59.** ~~[Chapter 634 of NRS is hereby amended by adding thereto a new~~
2 ~~section to read as follows:~~

3 ~~*A member of the Board described pursuant to paragraph (a) of subsection 2*~~
4 ~~*of NRS 634.020 must be selected pursuant to section 1 of this act in addition to*~~
5 ~~*any other requirements of this chapter.*~~ (Deleted by amendment.)

6 **Sec. 60.** ~~[Chapter 634A of NRS is hereby amended by adding thereto a new~~
7 ~~section to read as follows:~~

8 ~~*A member of the Board described pursuant to subsection 1 of NRS 634A.040*~~
9 ~~*must be selected pursuant to section 1 of this act in addition to any other*~~
10 ~~*requirements of this chapter.*~~ (Deleted by amendment.)

11 **Sec. 61.** ~~[Chapter 625 of NRS is hereby amended by adding thereto a new~~
12 ~~section to read as follows:~~

13 ~~*A member of the Board described pursuant to paragraph (a) of subsection 2*~~
14 ~~*of NRS 635.020 must be selected pursuant to section 1 of this act in addition to*~~
15 ~~*any other requirements of this chapter.*~~ (Deleted by amendment.)

16 **Sec. 62.** ~~[Chapter 636 of NRS is hereby amended by adding thereto a new~~
17 ~~section to read as follows:~~

18 ~~*A member of the Board described pursuant to paragraph (a) of subsection 1*~~
19 ~~*of NRS 636.035 must be selected pursuant to section 1 of this act in addition to*~~
20 ~~*any other requirements of this chapter.*~~ (Deleted by amendment.)

21 **Sec. 63.** Chapter 637 of NRS is hereby amended by adding thereto the
22 provisions set forth as sections 64 and 65 of this act.

23 **Sec. 64. 1. The Board shall issue a special license as a dispensing**
24 **optician to an applicant who:**

- 25 (a) Is at least 18 years of age;
26 (b) Is of good moral character;
27 (c) Is a citizen of the United States or is lawfully entitled to remain and work
28 in the United States;
29 (d) Is a graduate of an accredited high school or its equivalent;
30 (e) Has passed the National Opticianry Competency Examination of the
31 American Board of Opticianry;
32 (f) Is currently certified by the American Board of Opticianry;
33 (g) Has passed the Contact Lens Registry Examination of the National
34 Contact Lens Examiners;
35 (h) Is currently certified by the National Contact Lens Examiners;
36 (i) Has passed an examination, if one exists, which is based solely on the
37 provisions of this chapter and chapter 637 of NAC and is administered by the
38 Board; and
39 (j) Has either:

- 40 (1) An active license as a dispensing optician issued by the District of
41 Columbia or any state or territory of the United States; or
42 (2) Not less than 5 years of experience as a dispensing optician.

43 2. A person practicing ophthalmic dispensing pursuant to a special license
44 as provided in this section is subject to the provisions of this chapter in the same
45 manner as a person practicing ophthalmic dispensing pursuant to a license
46 issued pursuant to NRS 637.120, including, without limitation, the provisions of
47 this chapter governing the renewal, inactivity or reactivation of a license.

48 **Sec. 65.** ~~*A member of the Board described pursuant to paragraph (a) of*~~
49 ~~*subsection 2 of NRS 637.030 must be selected pursuant to section 1 of this act in*~~
50 ~~*addition to any other requirements of this chapter.*~~ (Deleted by amendment.)

1 **Sec. 66.** ~~[Chapter 637A of NRS is hereby amended by adding thereto a new~~
2 ~~section to read as follows:~~

3 ~~— A member of the Board described pursuant to paragraph (c) of subsection 1~~
4 ~~of NRS 637A.035 must be selected pursuant to section 1 of this act in addition to~~
5 ~~any other requirements of this chapter.] (Deleted by amendment.)~~

6 **Sec. 67.** ~~[Chapter 637B of NRS is hereby amended by adding thereto a new~~
7 ~~section to read as follows:~~

8 ~~— A member of the Board described pursuant to paragraph (a) or (b) of~~
9 ~~subsection 2 of NRS 637B.100 must be selected pursuant to section 1 of this act~~
10 ~~in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

11 **Sec. 68.** ~~[Chapter 639 of NRS is hereby amended by adding thereto a new~~
12 ~~section to read as follows:~~

13 ~~— A member of the Board described pursuant to paragraph (a) of subsection 1~~
14 ~~of NRS 639.030 must be selected pursuant to section 1 of this act in addition to~~
15 ~~any other requirements of this chapter.] (Deleted by amendment.)~~

16 **Sec. 69.** NRS 639.0125 is hereby amended to read as follows:

17 639.0125 “Practitioner” means:

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

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

23 3. An advanced practitioner of nursing who has been authorized to prescribe
24 controlled substances, poisons, dangerous drugs and devices;

25 4. A physician assistant who:

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

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

30 5. ~~[An osteopathic physician’s.]~~ A physician assistant who:

31 (a) Holds a ~~[certificate]~~ *license* issued by the State Board of Osteopathic
32 Medicine; and

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

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

40 **Sec. 70.** NRS 639.030 is hereby amended to read as follows:

41 639.030 1. The Governor shall appoint:

42 (a) Six members who are registered pharmacists in the State of Nevada, are
43 actively engaged in the practice of pharmacy in the State of Nevada and have had at
44 least 5 years’ experience as registered pharmacists preceding the appointment.

45 (b) One member who is a representative of the general public and is not related
46 to a pharmacist registered in the State of Nevada by consanguinity or affinity within
47 the third degree.

48 2. Appointments of registered pharmacists must be representative of the
49 practice of pharmacy.

50 3. Within 30 days after his appointment, each member of the Board shall take
51 and subscribe an oath to discharge faithfully and impartially the duties prescribed
52 by this chapter.

4. After the initial terms, the members of the Board must be appointed to terms of 3 years. A person may not serve as a member of the Board for more than three consecutive terms. If a vacancy occurs during a member's term, the Governor shall appoint a person qualified under this ~~section~~ *chapter* to replace that member for the remainder of the unexpired term.

5. The Governor shall remove from the Board any member, after a hearing, for neglect of duty or other just cause.

Sec. 71. NRS 639.1373 is hereby amended to read as follows:

639.1373 1. A physician assistant *licensed pursuant to chapter 630 or 633 of NRS* ~~for an osteopathic physician's assistant~~ may, if authorized by the Board, possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices in or out of the presence of his supervising physician only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant ~~for osteopathic physician's assistant, as appropriate,~~ by the Board pursuant to this section.

2. Each physician assistant *licensed pursuant to chapter 630 or 633 of NRS* ~~and osteopathic physician's assistant~~ who is authorized by his physician assistant's license issued by the Board of Medical Examiners or ~~certificate issued~~ by the State Board of Osteopathic Medicine, *respectively*, to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices must apply for and obtain a registration certificate from the Board, pay a fee to be set by regulations adopted by the Board and pass an examination administered by the Board on the law relating to pharmacy before he can possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices.

3. The Board shall consider each application separately and may, even though the physician assistant's license issued by the Board of Medical Examiners or ~~the osteopathic physician's assistant's certificate issued~~ by the State Board of Osteopathic Medicine authorizes the physician assistant ~~for osteopathic physician's assistant, as appropriate,~~ to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs and devices:

(a) Refuse to issue a registration certificate;

(b) Issue a registration certificate limiting the authority of the physician assistant ~~for osteopathic physician's assistant, as appropriate,~~ to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices, the area in which the physician assistant ~~for osteopathic physician's assistant~~ may possess controlled substances, poisons, dangerous drugs and devices, or the kind and amount of controlled substances, poisons, dangerous drugs and devices; or

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

4. If the registration of the physician assistant ~~for osteopathic physician's assistant~~ *licensed pursuant to chapter 630 or 633 of NRS* is suspended or revoked, the physician's controlled substance registration may also be suspended or revoked.

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

recordkeeping and transportation of poisons, dangerous drugs and devices by physician assistants ~~and osteopathic physicians' assistants.~~ *licensed pursuant to chapter 630 or 633 of NRS.* In the adoption of those regulations, the Board shall consider, but is not limited to, the following:

- (a) The area in which the physician assistant ~~for osteopathic physician's assistant~~ is to operate;
- (b) The population of that area;
- (c) The experience and training of the physician assistant ; ~~for osteopathic physician's assistant;~~
- (d) The distance to the nearest hospital and physician; and
- (e) The effect on the health, safety and welfare of the public.

6. For the purposes of this section, the term "supervising physician" includes ~~an employing~~ *a supervising* osteopathic physician as defined in chapter 633 of NRS.

Sec. 72. Chapter 640 of NRS is hereby amended by adding thereto the provisions set forth as sections 73 and 74 of this act.

Sec. 73. ~~[A member of the Board described pursuant to paragraph (a) of subsection 2 of NRS 640.030 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 74. *The Board shall elect a Chairman and other officers from among its members.*

Sec. 75. ~~[Chapter 640A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to paragraph (b) or (c) of subsection 2 of NRS 640A.080 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 76. NRS 640A.080 is hereby amended to read as follows:

640A.080 1. The Board of Occupational Therapy, consisting of five members appointed by the Governor, is hereby created.

2. The Governor shall appoint to the Board:

(a) One member who is a representative of the general public. This member must not be:

- (1) An occupational therapist or an occupational therapy assistant; or
- (2) The spouse or the parent or child, by blood, marriage or adoption, of an occupational therapist or an occupational therapy assistant.

(b) One member who is an occupational therapist or occupational therapy assistant.

(c) Three members who are occupational therapists.

3. Each member of the Board must be a resident of Nevada. An occupational therapist or occupational therapy assistant appointed to the Board must:

(a) Have practiced, taught or conducted research in occupational therapy for the 5 years immediately preceding his appointment; and

(b) Except for the initial members, hold a license issued pursuant to this chapter.

4. No member of the Board may serve more than two consecutive terms.

5. If a vacancy occurs during a member's term, the Governor shall appoint a person qualified under this ~~[section]~~ *chapter* to replace that member for the remainder of the unexpired term.

Sec. 77. ~~[NRS 640B.180 is hereby amended to read as follows:~~

~~— 640B.180 [1. For the appointment of any member to the Board pursuant to paragraph (a) of subsection 2 of NRS 640B.170, the Nevada Athletic Trainers Association, or its successor organization, shall, at least 30 days before the beginning of a term of a member of the Board, or within 30 days after a position on~~

1 ~~the Board becomes vacant, submit to the Governor the names of not less than three~~
2 ~~persons or more than five persons who are qualified for membership on the Board~~
3 ~~for each such position. The Governor shall appoint new members or fill a vacancy~~
4 ~~from the list, or request a new list.~~

5 ~~2. For the appointment of a member to the Board pursuant to paragraph (b) of~~
6 ~~subsection 2 of NRS 640B.170, the Nevada Physical Therapists Association, or its~~
7 ~~successor organization, and the Nevada Athletic Trainers Association, or its~~
8 ~~successor organization, shall, at least 30 days before the beginning of a term of a~~
9 ~~member of the Board, or within 30 days after a position on the Board becomes~~
10 ~~vacant, jointly prepare and submit to the Governor a list of the names of not less~~
11 ~~than three persons or more than five persons who are qualified for membership on~~
12 ~~the Board for that position. The Governor shall appoint a new member or fill a~~
13 ~~vacancy from the list, or request a new list.~~

14 ~~3. If the Nevada Athletic Trainers Association or the Nevada Physical~~
15 ~~Therapists Association, or the successor of any such organization, fails to submit~~
16 ~~nominations for a position on the Board within the periods prescribed in this~~
17 ~~section, the Governor may appoint any qualified person.] A member of the Board~~
18 ~~described pursuant to paragraph (a) or (b) of subsection 2 of NRS 640B.170 must~~
19 ~~be selected pursuant to section 1 of this act in addition to any other requirements~~
20 ~~of this chapter.] (Deleted by amendment.)~~

21 **Sec. 78.** ~~[Chapter 640C of NRS is hereby amended by adding thereto a new~~
22 ~~section to read as follows:~~

23 ~~A member of the Board described pursuant to paragraph (a) of subsection 2~~
24 ~~of NRS 640C.150 must be selected pursuant to section 1 of this act in addition to~~
25 ~~any other requirements of this chapter.] (Deleted by amendment.)~~

26 **Sec. 79.** NRS 640C.150 is hereby amended to read as follows:

27 640C.150 1. The Board of Massage Therapists is hereby created. The Board
28 consists of seven members appointed pursuant to this ~~[section]~~ *chapter* and one
29 nonvoting advisory member appointed pursuant to NRS 640C.160.

30 2. The Governor shall appoint to the Board seven members as follows:

31 (a) Six members who:

32 (1) Are licensed to practice massage therapy in this State; and

33 (2) Have engaged in the practice of massage therapy for the 2 years
34 immediately preceding their appointment.

35 ➤ Of the six members appointed pursuant to this paragraph, three members must be
36 residents of Clark County, two members must be residents of Washoe County and
37 one member must be a resident of a county other than Clark County or Washoe
38 County.

39 (b) One member who is a member of the general public. This member must not
40 be:

41 (1) A massage therapist; or

42 (2) The spouse or the parent or child, by blood, marriage or adoption, of a
43 massage therapist.

44 3. ~~[The Governor may, in making his appointments to the Board pursuant to~~
45 ~~paragraph (a) of subsection 2, consider for appointment to the Board a person~~
46 ~~recommended to him by any person or group.~~

47 ~~4.]~~ The members who are appointed to the Board pursuant to paragraph (a) of
48 subsection 2 must continue to practice massage therapy in this State while they are
49 members of the Board.

50 ~~5.]~~ 4. After the initial terms, the term of each member of the Board is 4
51 years. A member may continue in office until the appointment of a successor.

52 ~~6.]~~ 5. A member of the Board may not serve more than two consecutive
53 terms. A former member of the Board is eligible for reappointment to the Board if

that person has not served on the Board during the 4 years immediately preceding the reappointment.

~~[7.]~~ 6. A vacancy must be filled by appointment for the unexpired term in the same manner as the original appointment.

~~[8.]~~ 7. The Governor may remove any member of the Board for incompetence, neglect of duty, moral turpitude or misfeasance, malfeasance or nonfeasance in office.

Sec. 80. ~~[Chapter 641 of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to paragraph (a) of subsection 1 of NRS 641.040 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 81. ~~[Chapter 641A of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to paragraph (a) of subsection 1 of NRS 641A.100 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 82. ~~[Chapter 641B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to subsection 2 of NRS 641B.100 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 83. ~~[Chapter 641C of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~— A member of the Board described pursuant to paragraph (a), (b) or (c) of subsection 2 of NRS 641C.150 must be selected pursuant to section 1 of this act in addition to any other requirements of this chapter.] (Deleted by amendment.)~~

Sec. 84. NRS 652.210 is hereby amended to read as follows:

652.210 No person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a ~~licensed~~ physician assistant ~~[a certified osteopathic physician's assistant,]~~ **licensed pursuant to chapter 630 or 633 of NRS,** a certified intermediate emergency medical technician, a certified advanced emergency medical technician, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS or a licensed dentist may manipulate a person for the collection of specimens, except that technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures.

Sec. 85. NRS 200.471 is hereby amended to read as follows:

200.471 1. As used in this section:

(a) "Assault" means intentionally placing another person in reasonable apprehension of immediate bodily harm.

(b) "Officer" means:

(1) A person who possesses some or all of the powers of a peace officer;
(2) A person employed in a full-time salaried occupation of fire fighting for the benefit or safety of the public;

(3) A member of a volunteer fire department;

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

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

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

(c) "Provider of health care" means a physician, a physician assistant ~~licensed pursuant to chapter 630 of NRS,~~ a practitioner of respiratory care, a homeopathic physician, an advanced practitioner of homeopathy, a homeopathic assistant, an osteopathic physician, ~~an osteopathic physician's assistant,~~ a physician assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractor, a chiropractor's assistant, a doctor of Oriental medicine, a nurse, a student nurse, a certified nursing assistant, a nursing assistant trainee, a dentist, a dental hygienist, a pharmacist, an intern pharmacist, an attendant on an ambulance or air ambulance, a psychologist, a social worker, a marriage and family therapist and an emergency medical technician.

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

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

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

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

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

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

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

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

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

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

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

1 **Sec. 86.** NRS 200.5093 is hereby amended to read as follows:

2 200.5093 1. Any person who is described in subsection 4 and who, in his
3 professional or occupational capacity, knows or has reasonable cause to believe that
4 an older person has been abused, neglected, exploited or isolated shall:

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

7 (1) The local office of the Aging Services Division of the Department of
8 Health and Human Services;

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

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

12 (4) A toll-free telephone service designated by the Aging Services Division
13 of the Department of Health and Human Services; and

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

17 2. If a person who is required to make a report pursuant to subsection 1 knows
18 or has reasonable cause to believe that the abuse, neglect, exploitation or isolation
19 of the older person involves an act or omission of the Aging Services Division,
20 another division of the Department of Health and Human Services or a law
21 enforcement agency, the person shall make the report to an agency other than the
22 one alleged to have committed the act or omission.

23 3. Each agency, after reducing a report to writing, shall forward a copy of the
24 report to the Aging Services Division of the Department of Health and Human
25 Services.

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

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

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

40 (c) A coroner.

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

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

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

46 (g) Any employee of a law enforcement agency or a county's office for
47 protective services or an adult or juvenile probation officer.

48 (h) Any person who maintains or is employed by a facility or establishment
49 that provides care for older persons.

50 (i) Any person who maintains, is employed by or serves as a volunteer for an
51 agency or service which advises persons regarding the abuse, neglect, exploitation
52 or isolation of an older person and refers them to persons and agencies where their
53 requests and needs can be met.

(j) Every social worker.

(k) Any person who owns or is employed by a funeral home or mortuary.

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

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person has died as a result of abuse, neglect or isolation, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney and the Aging Services Division of the Department of Health and Human Services his written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging Services Division of the Department of Health and Human Services, must be forwarded to the Aging Services Division within 90 days after the completion of the report.

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

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

Sec. 87. NRS 200.50935 is hereby amended to read as follows:

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

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

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

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

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

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant ~~§~~ *licensed pursuant to chapter 630 or 633 of NRS*, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, athletic trainer, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats a vulnerable person who appears to have been abused, neglected, exploited or isolated.

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

(c) A coroner.

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

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

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

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

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

(i) Every social worker.

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

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

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

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

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

Sec. 88. NRS 244.1605 is hereby amended to read as follows:

244.1605 The boards of county commissioners may:

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

2. Provide a full-time or part-time staff for the facilities which may include a physician, a ~~licensed~~ physician assistant ~~(-)~~ *licensed pursuant to chapter 630 or 633 of NRS*, a registered nurse or a licensed practical nurse, a certified emergency medical technician and such other personnel as the board deems necessary or appropriate to ensure adequate staffing commensurate with the needs of the area in which the facility is located.

3. Fix the charges for the medical and nursing care and medicine furnished by the facility to those who are able to pay for them, and to provide that care and medicine free of charge to those persons who qualify as medical indigents under the county's criteria of eligibility for medical care.

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

Sec. 89. NRS 244.3821 is hereby amended to read as follows:

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

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

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

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

Sec. 90. NRS 397.0617 is hereby amended to read as follows:

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

2. The three Nevada State Commissioners, acting jointly, may require a student who is certified to study to practice in a profession which could benefit a medically underserved area of this State, as that term is defined by the Officer of Rural Health of the University of Nevada School of Medicine, to practice in such an area or to practice in an area designated by the Secretary of Health and Human Services:

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

(b) Pursuant to 42 U.S.C. § 254e, as a health professional shortage area, as a condition to receiving a support fee.

3. If a person agrees to practice in a medically underserved area of this State pursuant to subsection 2 for at least 2 years, the three Nevada State Commissioners, acting jointly, may forgive the portion of the support fee designated as the loan of the person.

4. If a person returns to this State but does not practice in a medically underserved area of this State pursuant to subsection 2 for at least 2 years, the three Nevada State Commissioners, acting jointly, shall assess a default charge in an amount not less than three times the portion of the support fee designated as the loan of the person, plus interest.

5. As used in this section, a "profession which could benefit a medically underserved area of this State" includes, without limitation, dentistry, physical therapy, pharmacy and practicing as a physician assistant ~~licensed~~ pursuant to chapter 630 or 633 of NRS.

Sec. 91. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

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

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of his home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

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

(a) A physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant ~~H~~ *licensed pursuant to chapter 630 or 633 of NRS*, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, clinical social worker, athletic trainer, advanced emergency medical technician or other person providing medical services licensed or certified in this State.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of suspected abuse or neglect of a child by a member of the staff of the hospital.

(c) A coroner.

(d) A clergyman, practitioner of Christian Science or religious healer, unless he has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A social worker and an administrator, teacher, librarian or counselor of a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed to conduct a foster home.

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

(i) An attorney, unless he has acquired the knowledge of the abuse or neglect from a client who is or may be accused of the abuse or neglect.

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

(k) Any person who is employed by or serves as a volunteer for an approved youth shelter. As used in this paragraph, "approved youth shelter" has the meaning ascribed to it in NRS 244.422.

(l) Any adult person who is employed by an entity that provides organized activities for children.

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

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the report and submit to an agency which provides child welfare services his written findings. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

Sec. 92. NRS 433A.165 is hereby amended to read as follows:

433A.165 1. Before an allegedly mentally ill person may be transported to a public or private mental health facility pursuant to NRS 433A.160, the person must:

(a) First be examined by a licensed physician or physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or an advanced practitioner of nursing to determine whether the person has a medical problem, other than a psychiatric problem, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.

2. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

3. The cost of the examination must be paid by the county in which the allegedly mentally ill person resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the allegedly mentally ill person or, on his behalf, by his insurer or by a state or federal program of medical assistance.

4. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;

(b) The estate of that person; or

(c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

5. The cost of treatment, including hospitalization, for an indigent must be paid pursuant to NRS 428.010 by the county in which the allegedly mentally ill person resides.

6. The Division shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

(a) Define "emergency services or care" as that term is used in this section; and

(b) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 93. NRS 440.415 is hereby amended to read as follows:

440.415 1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or physician assistant or the registered nurses or physician assistants employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.

2. Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:

- (a) Be a written order entered on the chart of the patient;
- (b) State the name of the registered nurse or nurses or physician assistant or assistants authorized to make the pronouncement of death; and
- (c) Be signed and dated by the physician.

3. If the patient is in a medical facility or under the care of a program for hospice care, the physician may authorize the registered nurses or physician assistants employed by the facility or program to make pronouncements of death without specifying the name of each nurse or physician assistant, as applicable.

4. If a pronouncement of death is made by a registered nurse or physician assistant, the physician who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.

5. If a patient in a medical facility is pronounced dead by a registered nurse or physician assistant employed by the facility, the registered nurse or physician assistant may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician if the physician or the medical director or chief of the medical staff of the facility has authorized the release in writing.

6. The Board may adopt regulations concerning the authorization of a registered nurse or physician assistant to make pronouncements of death.

7. As used in this section:

(a) "Medical facility" means:

- (1) A facility for skilled nursing as defined in NRS 449.0039;
- (2) A facility for hospice care as defined in NRS 449.0033;
- (3) A hospital as defined in NRS 449.012;
- (4) An agency to provide nursing in the home as defined in NRS 449.0015;

or

- (5) A facility for intermediate care as defined in NRS 449.0038.

(b) "Physician assistant" means a person who holds a license as a physician assistant pursuant to chapter 630 *or* 633 of NRS. ~~for a certificate as an osteopathic physician's assistant pursuant to chapter 633 of NRS.~~

(c) "Program for hospice care" means a program for hospice care licensed pursuant to chapter 449 of NRS.

(d) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

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

441A.110 "Provider of health care" means a physician, nurse ~~[- physician assistant]~~ or veterinarian licensed in accordance with state law ~~[-]~~ *or a physician assistant licensed pursuant to chapter 630 or 633 of NRS.*

Sec. 95. NRS 441A.540 is hereby amended to read as follows:

441A.540 1. If a person infected with or exposed to a communicable disease is voluntarily isolated or quarantined in a public or private medical facility, the facility shall not change the status of the person to an emergency isolation or quarantine unless, before the change in status is made:

(a) The facility provides:

(1) An application to a health authority for an emergency isolation or quarantine pursuant to NRS 441A.560; and

(2) The certificate of a health authority, physician, ~~[licensed]~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse to a health authority pursuant to NRS 441A.570; or

(b) The facility receives an order for isolation or quarantine issued by a health authority.

2. A person whose status is changed to an emergency isolation or quarantine pursuant to subsection 1:

(a) Must not be detained in excess of 48 hours after the change in status is made, unless within that period a written petition is filed by a health authority with the clerk of the district court pursuant to NRS 441A.600; and

(b) May, immediately after his status is changed, seek an injunction or other appropriate process in district court challenging his detention.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

4. Nothing in this section limits the actions that a public or private medical facility may take to prevent or limit the transmission of communicable diseases within the medical facility, including, without limitation, practices for the control of infections.

Sec. 96. NRS 441A.560 is hereby amended to read as follows:

441A.560 1. An application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected with or exposed to a communicable disease may only be made by another health authority, a physician, a ~~licensed~~ physician assistant ~~()~~ *licensed pursuant to chapter 630 or 633 of NRS*, a registered nurse or a medical facility by submitting the certificate required by NRS 441A.570. Within its jurisdiction, upon application or on its own, subject to the provisions of NRS 441A.500 to 441A.720, inclusive, a health authority may:

(a) Pursuant to its own order and without a warrant:

(1) Take a person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease into custody in any safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment; and

(2) Transport the person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose, or arrange for the person or group of persons to be transported for that purpose by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Transportation Services Authority; or

(III) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

only if the health authority acting in good faith has, based upon personal observation, its own epidemiological investigation or an epidemiological investigation by another health authority, a physician, a ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or a registered nurse as stated in a certificate submitted pursuant to NRS 441A.570, if such a certificate was submitted, of the person or group of persons alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of members of the public who have not been infected with or exposed to the communicable disease.

(b) Petition a district court for an emergency order requiring:

(1) Any health authority or peace officer to take a person or group of persons alleged to have been infected with or exposed to a communicable disease into custody to allow the health authority to investigate, file and prosecute a petition for the involuntary court-ordered isolation or quarantine of the person or group of persons alleged to have been infected with or exposed to a communicable disease in the manner set forth in NRS 441A.500 to 441A.720, inclusive; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport, in accordance with such court order, the person or group of persons alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose.

2. The district court may issue an emergency order for isolation or quarantine pursuant to paragraph (b) of subsection 1:

(a) Only for the time deemed necessary by the court to allow a health authority to investigate, file and prosecute each petition for involuntary court-ordered isolation or quarantine pursuant to NRS 441A.500 to 441A.720, inclusive; and

(b) Only if it is satisfied that there is probable cause to believe that the person or group of persons alleged to have been infected with or exposed to a communicable disease has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of the public.

Sec. 97. NRS 441A.570 is hereby amended to read as follows:

441A.570 A health authority shall not accept an application for an emergency isolation or quarantine under NRS 441A.560 unless that application is accompanied by a certificate of another health authority or a physician, ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse stating that he has examined the person or group of persons alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person or group of persons alleged to have been infected with or exposed to a communicable disease and that he has concluded that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of the public. The certificate required by this section may be obtained from a physician, ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse who is employed by the public or private medical facility in which the person or group of persons is admitted or detained and from the facility from which the application is made.

Sec. 98. NRS 441A.580 is hereby amended to read as follows:

441A.580 1. No application or certificate authorized under NRS 441A.560 or 441A.570 may be considered if made by a person on behalf of a medical facility or by a health authority, physician, ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse who is related by blood or marriage to the person alleged to have been infected with or exposed to a communicable disease, or who is financially interested, in a manner that would be prohibited pursuant to NRS 439B.425 if the application or certificate were deemed a referral, in a medical facility in which the person alleged to have been infected with or exposed to a communicable disease is to be detained.

2. No application or certificate of any health authority or person authorized under NRS 441A.560 or 441A.570 may be considered unless it is based on personal observation, examination or epidemiological investigation of the person or group of persons alleged to have been infected with or exposed to a communicable disease made by such health authority or person not more than 72 hours before the making

of the application or certificate. The certificate must set forth in detail the facts and reasons on which the health authority or person who submitted the certificate pursuant to NRS 441A.570 based his opinions and conclusions.

Sec. 99. NRS 441A.600 is hereby amended to read as follows:

441A.600 A proceeding for an involuntary court-ordered isolation or quarantine of any person in this State may be commenced by a health authority filing a petition with the clerk of the district court of the county where the person is to be isolated or quarantined. The petition may be pled in the alternative for both isolation and quarantine, if required by developing or changing facts, and must be accompanied:

1. By a certificate of a health authority or a physician, a ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or a registered nurse stating that he has examined the person alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease and has concluded that the person has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; or

2. By a sworn written statement by the health authority that:

(a) The health authority has, based upon its personal observation of the person alleged to have been infected with or exposed to a communicable disease, or its epidemiological investigation of the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person has been infected with or exposed to a communicable disease and, that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; and

(b) The person alleged to have been infected with or exposed to a communicable disease has refused to submit to voluntary isolation or quarantine, examination, testing, or treatment known to control or resolve the transmission of the communicable disease.

Sec. 100. NRS 441A.610 is hereby amended to read as follows:

441A.610 In addition to the requirements of NRS 441A.600, a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered isolation or quarantine of a person pursuant to NRS 441A.540 or 441A.550 must include a certified copy of:

1. If an application for an order of emergency isolation or quarantine of the person was made pursuant to NRS 441A.560, the application for the emergency isolation or quarantine of the person made to the petitioning health authority pursuant to NRS 441A.560; and

2. A petition executed by a health authority, including, without limitation, a sworn statement that:

(a) The health authority or a physician, ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse who submitted a certificate pursuant to NRS 441A.570, if such a certificate was submitted, has examined the person alleged to have been infected with or exposed to a communicable disease;

(b) In the opinion of the health authority, there is a reasonable degree of certainty that the person alleged to have been infected with or exposed to a communicable disease is currently capable of transmitting the disease, or is likely to become capable of transmitting the disease in the near future;

(c) Based on either the health authority's personal observation of the person alleged to have been infected with or exposed to the communicable disease or the health authority's epidemiological investigation of the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to the communicable disease, and on other facts set forth in the petition, the person likely poses an immediate threat to the health of the public; and

(d) In the opinion of the health authority, involuntary isolation or quarantine of the person alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, residence or other safe location is necessary to prevent the person from immediately threatening the health of the public.

Sec. 101. NRS 441A.630 is hereby amended to read as follows:

441A.630 1. After the filing of a petition to commence proceedings for the involuntary court-ordered isolation or quarantine of a person pursuant to NRS 441A.600 or 441A.610, the court shall promptly cause two or more physicians or ~~licensed~~ physician assistants ~~licensed pursuant to chapter 630 or 633 of NRS,~~ at least one of whom must always be a physician, to either examine the person alleged to have been infected with or exposed to a communicable disease or assess the likelihood that the person alleged to have been infected with or exposed to a communicable disease has been so infected or exposed.

2. To conduct the examination or assessment of a person who is not being detained at a public or private medical facility, residence or other safe location under emergency isolation or quarantine pursuant to the emergency order of a health authority or court made pursuant to NRS 441A.550 or 441A.560, the court may order a peace officer to take the person into protective custody and transport him to a public or private medical facility, residence or other safe location where he may be detained until a hearing is held upon the petition.

3. If the person is being detained at his home or other place of residence under an emergency order of a health authority or court pursuant to NRS 441A.550 or 441A.560, he may be allowed to remain in his home or other place of residence pending an ordered assessment, examination or examinations and to return to his home or other place of residence upon completion of the assessment, examination or examinations if such remaining or returning would not constitute an immediate threat to others residing in his home or place of residence.

4. Each physician and ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* who examines or assesses a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to NRS 441A.620, submit to the court in writing a summary of his findings and evaluation regarding the person alleged to have been infected with or exposed to a communicable disease.

Sec. 102. NRS 441A.640 is hereby amended to read as follows:

441A.640 1. The Health Division shall establish such evaluation teams as are necessary to aid the courts under NRS 441A.630 and 441A.700.

2. Each team must be composed of at least two physicians, or at least one physician and one physician assistant ~~licensed pursuant to chapter 630 or 633 of NRS.~~

3. Fees for the evaluations must be established and collected as set forth in NRS 441A.650.

Sec. 103. NRS 441A.670 is hereby amended to read as follows:

441A.670 In proceedings for involuntary court-ordered isolation or quarantine, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to have been infected with or exposed to a

communicable disease and the certificates, if any, of a health authority or a physician, ~~licensed~~ physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or registered nurse accompanying the petition.

Sec. 104. NRS 441A.720 is hereby amended to read as follows:

441A.720 When any involuntary court isolation or quarantine is ordered under the provisions of NRS 441A.500 to 441A.720, inclusive, the involuntarily isolated or quarantined person, together with the court orders, any certificates of the health authorities, physicians, ~~licensed~~ physician assistants *licensed pursuant to chapter 630 or 633 of NRS* or registered nurses, the written summary of the evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the appropriate county who must be ordered to:

1. Transport the person; or

2. Arrange for the person to be transported by:

(a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Transportation Services Authority; or

(b) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS, to the appropriate public or private medical facility, residence or other safe location.

Sec. 105. NRS 442.003 is hereby amended to read as follows:

442.003 As used in this chapter, unless the context requires otherwise:

1. "Advisory Board" means the Advisory Board on Maternal and Child Health.

2. "Department" means the Department of Health and Human Services.

3. "Director" means the Director of the Department.

4. "Fetal alcohol syndrome" includes fetal alcohol effects.

5. "Health Division" means the Health Division of the Department.

6. "Obstetric center" has the meaning ascribed to it in NRS 449.0155.

7. "Provider of health care or other services" means:

(a) An alcohol and drug abuse counselor who is licensed or certified pursuant to chapter 641C of NRS;

(b) A physician or a physician assistant who is licensed pursuant to chapter 630 or ~~an osteopathic physician who is licensed pursuant to chapter~~ 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) A licensed nurse;

(d) A licensed psychologist;

(e) A licensed marriage and family therapist;

(f) A licensed social worker; or

(g) The holder of a certificate of registration as a pharmacist.

Sec. 106. NRS 442.119 is hereby amended to read as follows:

442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context otherwise requires:

1. "Health officer" includes a local health officer, a city health officer, a county health officer and a district health officer.

2. "Medicaid" has the meaning ascribed to it in NRS 439B.120.

3. "Medicare" has the meaning ascribed to it in NRS 439B.130.

4. "Provider of prenatal care" means:

(a) A physician who is licensed in this State and certified in obstetrics and gynecology, family practice, general practice or general surgery.

(b) A certified nurse midwife who is licensed by the State Board of Nursing.

(c) An advanced practitioner of nursing who has specialized skills and training in obstetrics or family nursing.

(d) A physician assistant *licensed pursuant to chapter 630 or 633 of NRS* who has specialized skills and training in obstetrics or family practice.

Sec. 107. NRS 449.0175 is hereby amended to read as follows:

449.0175 “Rural clinic” means a facility located in an area that is not designated as an urban area by the Bureau of the Census, where medical services are provided by a physician assistant *licensed pursuant to chapter 630 or 633 of NRS* or an advanced practitioner of nursing under the supervision of a licensed physician.

Sec. 108. NRS 453.038 is hereby amended to read as follows:

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

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

2. Under emergency treatment in a hospital by a physician, advanced practitioner of nursing, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant *licensed pursuant to chapter 630 or 633 of NRS*, advanced practitioner of nursing, dentist or podiatric physician authorizing the administration of a drug to the patient.

Sec. 109. NRS 453.091 is hereby amended to read as follows:

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

2. “Manufacture” does not include the preparation, compounding, packaging or labeling of a substance by a pharmacist, physician, physician assistant *licensed pursuant to chapter 630 or 633 of NRS*, dentist, podiatric physician, advanced practitioner of nursing or veterinarian:

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

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

Sec. 110. NRS 453.126 is hereby amended to read as follows:

453.126 “Practitioner” means:

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

2. An advanced practitioner of nursing who holds a certificate from the State Board of Nursing and a certificate from the State Board of Pharmacy authorizing him to dispense or to prescribe and dispense controlled substances.

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

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

5. A physician assistant who:

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

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

6. ~~[An osteopathic physician's]~~ A physician assistant who:

(a) Holds a ~~[certificate]~~ license from the State Board of Osteopathic Medicine; and

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

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

Sec. 111. NRS 453.128 is hereby amended to read as follows:

453.128 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, ~~[osteopathic physician's assistant,]~~ physician assistant ~~[,]~~ licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practitioner of nursing or veterinarian, or his agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

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

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

Sec. 112. NRS 453.226 is hereby amended to read as follows:

453.226 1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations.

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, to dispense or conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive:

(a) An agent or employee of a registered dispenser of a controlled substance if he is acting in the usual course of his business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, ~~[osteopathic physician's assistant,]~~ physician assistant ~~[,]~~ licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practitioner of nursing, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:

(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and

(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

Sec. 113. NRS 453.336 is hereby amended to read as follows:

453.336 1. A person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, ~~osteopathic physician's assistant,~~ physician assistant ~~+~~ **licensed pursuant to chapter 630 or 633 of NRS**, dentist, podiatric physician, optometrist, advanced practitioner of nursing or veterinarian while acting in the course of his professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive.

2. Except as otherwise provided in subsections 3 and 4 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385, 453.339 or 453.3395, a person who violates this section shall be punished:

(a) For the first or second offense, if the controlled substance is listed in schedule I, II, III or IV, for a category E felony as provided in NRS 193.130.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I, II, III or IV, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) For the first offense, if the controlled substance is listed in schedule V, for a category E felony as provided in NRS 193.130.

(d) For a second or subsequent offense, if the controlled substance is listed in schedule V, for a category D felony as provided in NRS 193.130.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

4. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of 1 ounce or less of marijuana:

(a) For the first offense, is guilty of a misdemeanor and shall be:

(1) Punished by a fine of not more than \$600; or

(2) Examined by an approved facility for the treatment of abuse of drugs to determine whether he is a drug addict and is likely to be rehabilitated through treatment and, if the examination reveals that he is a drug addict and is likely to be rehabilitated through treatment, assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(b) For the second offense, is guilty of a misdemeanor and shall be:

(1) Punished by a fine of not more than \$1,000; or

(2) Assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(c) For the third offense, is guilty of a gross misdemeanor and shall be punished as provided in NRS 193.140.

(d) For a fourth or subsequent offense, is guilty of a category E felony and shall be punished as provided in NRS 193.130.

5. As used in this section, "controlled substance" includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.

Sec. 114. NRS 453.371 is hereby amended to read as follows:

453.371 As used in NRS 453.371 to 453.552, inclusive:

1. "Advanced practitioner of nursing" means a person who holds a certificate of recognition granted pursuant to NRS 632.237 and is registered with the Board.

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

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

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

5. "Physician assistant" means a person who is registered with the Board and:

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

(b) Holds a ~~certificate~~ *license* issued pursuant to ~~NRS 633.451~~ *section 29 of this act*.

Sec. 115. NRS 454.213 is hereby amended to read as follows:

454.213 A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

1. A practitioner.

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

3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant ~~or~~ *licensed pursuant to chapter 630 or 633 of NRS*, dentist, podiatric physician or advanced practitioner of nursing, or pursuant to a chart order, for administration to a patient at another location.

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

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

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

5. An intermediate emergency medical technician or an advanced emergency medical technician, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

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

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

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

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

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

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

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

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

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

12 9. Any person designated by the head of a correctional institution.

13 10. An ultimate user or any person designated by the ultimate user pursuant to
14 a written agreement.

15 11. A nuclear medicine technologist, at the direction of a physician and in
16 accordance with any conditions established by regulation of the Board.

17 12. A radiologic technologist, at the direction of a physician and in
18 accordance with any conditions established by regulation of the Board.

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

21 14. A physical therapist, but only if the drug or medicine is a topical drug
22 which is:

23 (a) Used for cooling and stretching external tissue during therapeutic
24 treatments; and

25 (b) Prescribed by a licensed physician for:

26 (1) Iontophoresis; or

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

28 15. In accordance with applicable regulations of the State Board of Health, an
29 employee of a residential facility for groups, as defined in NRS 449.017, pursuant
30 to a written agreement entered into by the ultimate user.

31 16. A veterinary technician at the direction of his supervising veterinarian.

32 17. In accordance with applicable regulations of the Board, a registered
33 pharmacist who:

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

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

38 (c) Administers immunizations in compliance with the "Standards of
39 Immunization Practices" recommended and approved by the United States Public
40 Health Service Advisory Committee on Immunization Practices.

41 18. A person who is enrolled in a training program to become a physician
42 assistant **☞ licensed pursuant to chapter 630 or 633 of NRS**, dental hygienist,
43 intermediate emergency medical technician, advanced emergency medical
44 technician, respiratory therapist, dialysis technician, nuclear medicine technologist,
45 radiologic technologist, physical therapist or veterinary technician if the person
46 possesses and administers the drug or medicine in the same manner and under the
47 same conditions that apply, respectively, to a physician assistant **☞ licensed**
48 **pursuant to chapter 630 or 633 of NRS**, dental hygienist, intermediate emergency
49 medical technician, advanced emergency medical technician, respiratory therapist,
50 dialysis technician, nuclear medicine technologist, radiologic technologist, physical
51 therapist or veterinary technician who may possess and administer the drug or
52 medicine, and under the direct supervision of a person licensed or registered to
53 perform the respective medical art or a supervisor of such a person.

1 **Sec. 116.** NRS 454.215 is hereby amended to read as follows:

2 454.215 A dangerous drug may be dispensed by:

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

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

8 3. A practitioner, or a physician assistant *licensed pursuant to chapter 630 or*
9 *633 of NRS* if authorized by the Board;

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

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

13 6. An advanced practitioner of nursing who holds a certificate from the State
14 Board of Nursing and a certificate from the State Board of Pharmacy permitting
15 him to dispense dangerous drugs;

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

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

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

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

26 **Sec. 117.** NRS 454.221 is hereby amended to read as follows:

27 454.221 1. A person who furnishes any dangerous drug except upon the
28 prescription of a practitioner is guilty of a category D felony and shall be punished
29 as provided in NRS 193.130, unless the dangerous drug was obtained originally by
30 a legal prescription.

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

33 (a) A practitioner to his patients;

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

36 (c) A registered nurse while participating in a public health program approved
37 by the Board, or an advanced practitioner of nursing who holds a certificate from
38 the State Board of Nursing and a certificate from the State Board of Pharmacy
39 permitting him to dispense dangerous drugs;

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

43 (e) A hospital pharmacy or a pharmacy so designated by a county health
44 officer in a county whose population is 100,000 or more, or by a district health
45 officer in any county within its jurisdiction or, in the absence of either, by the State
46 Health Officer or his designated Medical Director of Emergency Medical Services,
47 to a person or agency described in subsection 3 of NRS 639.268 to stock
48 ambulances or other authorized vehicles or replenish the stock; or

49 (f) A pharmacy in a correctional institution to a person designated by the
50 Director of the Department of Corrections to administer a lethal injection to a
51 person who has been sentenced to death.

Sec. 118. NRS 484.393 is hereby amended to read as follows:
484.393 1. The results of any blood test administered under the provisions of NRS 484.383 or 484.391 are not admissible in any hearing or criminal action arising out of acts alleged to have been committed by a person who was driving or in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance or who was engaging in any other conduct prohibited by NRS 484.379, 484.3795 or 484.37955 unless:

(a) The blood tested was withdrawn by a person, other than an arresting officer, who:

(1) Is a physician, physician assistant ~~or~~ *licensed pursuant to chapter 630 or 633 of NRS*, registered nurse, licensed practical nurse, emergency medical technician or a phlebotomist, technician, technologist or assistant employed in a medical laboratory; or

(2) Has special knowledge, skill, experience, training and education in withdrawing blood in a medically acceptable manner, including, without limitation, a person qualified as an expert on that subject in a court of competent jurisdiction or a person who has completed a course of instruction described in subsection 2 of NRS 652.127; and

(b) The test was performed on whole blood, except if the sample was clotted when it was received by the laboratory, the test may be performed on blood serum or plasma.

2. The limitation contained in paragraph (a) of subsection 1 does not apply to the taking of a chemical test of the urine, breath or other bodily substance.

3. No person listed in paragraph (a) of subsection 1 incurs any civil or criminal liability as a result of the administering of a blood test when requested by a police officer or the person to be tested to administer the test.

Sec. 119. NRS 632.450, 633.431, 633.441, 633.451 , ~~and~~ 633.461 and **640B.180** are hereby repealed.

Sec. 120. A certificate for an osteopathic physician's assistant that is current and valid on December 31, 2007, shall, on January 1, 2008, be deemed to be a license issued pursuant to section 29 of this act.

Sec. 121. 1. This act becomes effective:

(a) Upon passage and approval for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2008, for all other purposes.

2. The amendatory provisions of section 7 of this act expire by limitation on January 1, 2012.

3. Sections 11 and 25 of this act expire by limitation on January 1, 2012.

LEADLINES OF REPEALED SECTIONS

632.450 Schools of professional nursing: Minimum length of course of instruction.

633.431 Osteopathic physicians' assistants: Training programs and standards.

633.441 Osteopathic physicians' assistants: Application to employ assistant.

633.451 Osteopathic physicians' assistants: Approval of application to employ assistant; issuance and renewal of certificate.

633.461 Osteopathic physician's assistant: Scope of authorized activities.
640B.180 Professional associations to submit lists of persons qualified for membership on Board.

