

Amendment No. 783

Assembly Amendment to Senate Bill No. 269 First Reprint (BDR 54-757)

Proposed by: Assembly Committee on Commerce and Labor

Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of S.B. 269 (§§ 7, 8, 12, 13, 26, 28, 29, 39, 89).

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 dashed underlining is newly added transitory language.

JRS/TMC



Date: 5/17/2009

S.B. No. 269—Makes various changes to provisions governing physicians and certain related professions. (BDR 54-757)



SENATE BILL NO. 269—SENATOR CARLTON (BY REQUEST)

MARCH 16, 2009

JOINT SPONSORS: ASSEMBLYMEN HARDY AND SMITH

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes to provisions governing physicians and certain related professions. (BDR 54-757)

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

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

AN ACT relating to professions; requiring a provider of health care to disclose the results of certain tests to a designated investigator or member of the State Board of Osteopathic Medicine; providing for the licensure of perfusionists; prohibiting a person from engaging in the practice of perfusion without a license issued by the Board of Medical Examiners; providing for the immediate suspension of a license to practice medicine upon the conviction of the holder of the license of certain violations; expanding the definition of “practice of medicine” to include the performance of an autopsy; revising other provisions governing the issuance of a license to practice medicine by the Board of Medical Examiners; authorizing any person to file with the Board a complaint against a physician, perfusionist, physician assistant or practitioner of respiratory care under certain circumstances; revising provisions governing osteopathic medicine; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

This bill makes extensive changes to existing law governing the practice of medicine and osteopathic medicine. This bill also provides for the licensing and regulation of perfusionists by the Board of Medical Examiners. A perfusionist is a medical professional who, under the order and supervision of a physician, performs various medical functions to ensure the safe management of a patient’s cardiovascular, circulatory or respiratory system or other organs during surgical and other medical procedures. **Sections 1, 3-13, 15, 16, 19-21, 24, 29, 33, 34, 39, 45, 46, 50-52, 55, 59-65, 70 and 79-85** of this bill amend various provisions of NRS to ensure that perfusionists are licensed and regulated by the Board of Medical Examiners in approximately the same manner as physicians, physician assistants and practitioners of respiratory care. (NRS 629.031, 630.003, 630.005, 630.045, 630.047, 630.120, 630.137,

630.167, 630.197, 630.268, 630.307, 630.309, 630.326, 630.329, 630.336, 630.346, 630.358, 630.366, 630.388, 630.390, 630.400, 630A.090, 632.472, 633.171, 652.210, 200.471, 200.5093, 200.50935, 372.7285, 374.731, 432B.220)

This bill also makes various changes relating to the Board of Medical Examiners and the practice of medicine. **Section 14** of this bill adds a new section to chapter 630 of NRS that provides for the immediate suspension of a license issued by the Board upon the conviction of the licensee of a felony for a violation of a federal or state law or regulation relating to his practice. **Section 17** of this bill expands the definition of "practice of medicine" to include the performance of an autopsy. (NRS 630.020) **Section 18** of this bill deletes existing provisions of law that authorize the Board to revoke a license only in accordance with certain provisions. (NRS 630.045) **Section 22** of this bill changes the fiscal year for the Board to commence on January 1 and end on December 31. (NRS 630.123) **Section 25** of this bill authorizes the Executive Director of the Board to issue subpoenas when conducting investigations for the Board. (NRS 630.140) **Sections 26-28, 30-32 and 35** of this bill make various changes concerning the requirements for the issuance of licenses by the Board, including the information required to be submitted for a license, the submission of the fingerprints of the applicant and the appeal of a denial of an application. (NRS 630.160, 630.1605, 630.167, 630.170, 630.173, 630.195, 630.200) **Sections 36-38** of this bill revise certain categories of licenses issued by the Board, including the issuance of a special volunteer medical license to a physician who participates in disaster relief operations and the issuance of an authorized facility license. (NRS 630.258, 630.261, 630.262) **Section 40** of this bill requires a person who wishes to practice respiratory care to complete an educational program for respiratory care approved by the Commission on Accreditation of Allied Health Education Programs or the Committee on Accreditation for Respiratory Care. (NRS 630.277) **Sections 41-45, 47-49, 53, 54, 57 and 58** of this bill make numerous changes concerning the investigation of complaints against licensees, the grounds for the imposition of disciplinary action and the procedures to be followed in disciplinary proceedings. (NRS 630.299, 630.306, 630.3062, 630.307, 630.311, 630.318, 630.326, 630.339, 630.342, 630.352, 630.356)

Sections 66-78 of this bill make similar changes relating to the State Board of Osteopathic Medicine and the practice of osteopathy. **Section 67** adds a new section to chapter 633 of NRS which authorizes the Board or an investigative committee of the Board to issue to a person who violates or is ~~about to violate~~ **violating** the provisions of that chapter a letter of warning, a letter of concern or a nonpunitive admonishment. **Section 68** also adds a new section to that chapter which establishes the standard of proof in disciplinary proceedings that are conducted pursuant to that chapter. **Sections 69-78** make various changes concerning unprofessional conduct, the requirements for licensure to practice osteopathic medicine, examinations, the grounds for disciplinary action and the imposition of penalties after a disciplinary proceeding. (NRS 633.131, 633.171, 633.322, 633.331, 633.411, 633.511, 633.561, 633.625, 633.651, 633.691)

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

Section 1. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by **a** specific statute:

1. "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed marriage and family therapist, chiropractor, athletic trainer, **perfusionist**, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or a licensed hospital as the employer of any such person.

2. For the purposes of NRS 629.051, 629.061 and 629.065, the term includes a facility that maintains the health care records of patients.

1 **Sec. 2.** NRS 629.069 is hereby amended to read as follows:
2 629.069 1. A provider of health care shall disclose the results of all tests
3 performed pursuant to NRS 441A.195 to:

4 (a) The person who was tested and, upon request, a member of the family of a
5 decedent who was tested;

6 (b) The law enforcement officer, correctional officer, emergency medical
7 attendant, firefighter, county coroner or medical examiner or their employee, other
8 person who is employed by an agency of criminal justice or other public employee
9 whose duties may require him to come into contact with human blood or bodily
10 fluids who filed the petition or on whose behalf the petition was filed pursuant to
11 NRS 441A.195;

12 (c) The designated health care officer for the employer of the person described
13 in paragraph (b) or, if there is no designated health care officer, the person
14 designated by the employer to document and verify possible exposure to contagious
15 diseases; ~~and~~

16 (d) If the person who was tested is incarcerated or detained, the person in
17 charge of the facility in which the person is incarcerated or detained and the chief
18 medical officer of the facility in which the person is incarcerated or detained, if any
19 ~~is~~; *and*

20 (e) *A designated investigator or member of the State Board of Osteopathic*
21 *Medicine during any period in which the Board is investigating the holder of a*
22 *license pursuant to chapter 633 of NRS.*

23 2. A provider of health care and an agent or employee of a provider of health
24 care are immune from civil liability for a disclosure made in accordance with the
25 provisions of this section.

26 **Sec. 3.** Chapter 630 of NRS is hereby amended by adding thereto the
27 provisions set forth as sections 4 to 14, inclusive, of this act.

28 **Sec. 4.** 1. *“Perfusion” means the performance of functions which are*
29 *necessary to provide for the support, treatment, measurement or supplementation*
30 *of a patient’s cardiovascular, circulatory or respiratory system or other organs, or*
31 *any combination of those activities, and to ensure the safe management of the*
32 *patient’s physiological functions by monitoring and analyzing the parameters of*
33 *the patient’s systems or organs under the order and supervision of a physician.*

34 2. *The term includes, without limitation:*

35 (a) *The use of extracorporeal circulation and any associated therapeutic and*
36 *diagnostic technologies; and*

37 (b) *The use of long-term cardiopulmonary support techniques.*

38 3. *As used in this section, “extracorporeal circulation” means the diversion*
39 *of a patient’s blood through a heart-lung bypass machine or a similar device that*
40 *assumes the functions of the patient’s heart, lungs, kidney, liver or other organs.*

41 **Sec. 5.** *“Perfusionist” means a person who is licensed to practice perfusion*
42 *by the Board.*

43 **Sec. 6.** *“Temporarily licensed perfusionist” means a person temporarily*
44 *licensed to practice perfusion by the Board pursuant to section 13 of this act.*

45 **Sec. 7.** *The Board shall adopt regulations regarding the licensure of*
46 *perfusionists, including, without limitation:*

47 1. *The criteria for licensure as a perfusionist and the standards of*
48 *professional conduct for holders of such a license;*

49 2. *The qualifications and fitness of applicants for licenses, renewal of*
50 *licenses and reciprocal licenses;*

51 3. *The requirements for any practical, oral or written examination for a*
52 *license that the Board may require pursuant to section 9 of this act, including,*
53 *without limitation, the passing grade for such an examination;*

1 4. *The fees for examination and for reinstatement of expired licenses;*
2 5. *The requirements for continuing education for the renewal of a license;*
3 6. *A code of ethics for perfusionists; and*
4 7. *The procedures for the revocation, suspension or denial of a license for a*
5 *violation of this chapter or the regulations of the Board.*

6 **Sec. 8.** *To be eligible for licensing by the Board as a perfusionist, an*
7 *applicant must:*

8 1. *Be a natural person of good moral character;*
9 2. *Submit a completed application as required by the Board by the date*
10 *established by the Board;*
11 3. *Submit any required fees by the date established by the Board;*
12 4. *Have successfully completed a perfusion education program approved by*
13 *the Board, which must:*

14 (a) *Have been approved by the Committee on Allied Health Education and*
15 *Accreditation of the American Medical Association before June 1, 1994; or*

16 (b) *Be a program that has educational standards that are at least as stringent*
17 *as those established by the Accreditation Committee-Perfusion Education and*
18 *approved by the Commission on Accreditation of Allied Health Education*
19 *Programs of the American Medical Association, or its successor;*

20 5. *Pass an examination required pursuant to section 9 of this act; and*

21 6. *Comply with any other requirements set by the Board.*

22 **Sec. 9.** *1. The Board shall use the certification examinations given by the*
23 *American Board of Cardiovascular Perfusion or its successor in determining the*
24 *qualifications for granting a license to practice perfusion.*

25 2. *The Board shall notify each applicant of the results of the examination.*

26 3. *If a person who fails the examination makes a written request, the Board*
27 *shall furnish the person with an analysis of his performance on the examination.*

28 **Sec. 10.** *The Board shall waive the examination required pursuant to*
29 *section 9 of this act for an applicant who at the time of application:*

30 1. *Is licensed as a perfusionist in another state, territory or possession of the*
31 *United States, if the requirements for licensure are substantially similar to those*
32 *required by the Board; or*

33 2. *Holds a current certificate as a certified clinical perfusionist issued by*
34 *the American Board of Cardiovascular Perfusion or its successor before October*
35 *1, 2009.*

36 **Sec. 11.** *1. The Board shall issue a license as a perfusionist to each*
37 *applicant who proves to the satisfaction of the Board that the applicant is*
38 *qualified for licensure. The license authorizes the applicant to represent himself*
39 *as a licensed perfusionist and to practice perfusion in this State subject to the*
40 *conditions and limitations of this chapter.*

41 2. *Each licensed perfusionist shall:*

42 (a) *Display his current license in a location which is accessible to the public;*

43 (b) *Keep a copy of his current license on file at any health care facility where*
44 *he provides services; and*

45 (c) *Notify the Board of any change of address in accordance with*
46 *NRS 630.254.*

47 3. *As used in this section, "health care facility" means a medical facility or*
48 *facility for the dependent licensed pursuant to chapter 449 of NRS.*

49 **Sec. 12.** *1. Each license issued pursuant to section 11 of this act expires*
50 *on July 1 of every odd-numbered year and may be renewed if, before the license*
51 *expires, the holder of the license submits to the Board:*

52 (a) *A completed application for renewal on a form prescribed by the Board;*

1 (b) Proof of his completion of the requirements for continuing education
2 prescribed by regulations adopted by the Board pursuant to section 7 of this act;
3 and

4 (c) The applicable fee for renewal of the license prescribed by the Board
5 pursuant to section 8 of this act.

6 2. A license that expires pursuant to this section not more than 2 years
7 before an application for renewal is made is automatically suspended and may be
8 reinstated only if the applicant:

9 (a) Complies with the provisions of subsection 1; and

10 (b) Submits to the Board the fees:

11 (1) For the reinstatement of an expired license, prescribed by regulations
12 adopted by the Board pursuant to section 7 of this act; and

13 (2) For each biennium that the license was expired, for the renewal of
14 the license.

15 3. If a license has been expired for more than 2 years, a person may not
16 renew or reinstate the license but must apply for a new license and submit to the
17 examination required pursuant to section 9 of this act.

18 4. The Board shall send a notice of renewal to each licensee not later than
19 60 days before his license expires. The notice must include the amount of the fee
20 for renewal of the license.

21 **Sec. 13. 1. The Board may issue a temporary license to practice perfusion**
22 **in this State to a person who has not yet completed the examination required**
23 **pursuant to section 9 of this act but who:**

24 (a) Has completed an approved perfusion education program;

25 (b) Files an application; and

26 (c) Pays the required fee.

27 2. A perfusionist shall supervise and direct a temporarily licensed
28 perfusionist at all times during which the temporarily licensed perfusionist
29 performs perfusion.

30 3. A temporary license is valid for 1 year after the date it is issued and may
31 be extended subject to regulation by the Board. The application for renewal must
32 be signed by a supervising licensed perfusionist.

33 4. If a temporarily licensed perfusionist fails any portion of the examination
34 required pursuant to section 9 of this act, he shall immediately surrender the
35 temporary license to the Board.

36 **Sec. 14. If the holder of a license that is issued or renewed pursuant to this**
37 **chapter is convicted of a felony for a violation of any federal or state law or**
38 **regulation relating to the holder's practice, the conviction operates as an**
39 **immediate suspension of the license.**

40 **Sec. 15. NRS 630.003 is hereby amended to read as follows:**

41 630.003 1. The Legislature finds and declares that:

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

45 (b) For the protection and benefit of the public, the Legislature delegates to the
46 Board of Medical Examiners the power and duty to determine the initial and
47 continuing competence of physicians, *perfusionists*, physician assistants and
48 practitioners of respiratory care who are subject to the provisions of this chapter;

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

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

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

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

Sec. 16. NRS 630.005 is hereby amended to read as follows:

630.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.007 to 630.025, inclusive, *and sections 4, 5 and 6 of this act* have the meanings ascribed to them in those sections.

Sec. 17. NRS 630.020 is hereby amended to read as follows:

630.020 "Practice of medicine" means:

1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality ~~+~~, *including, but not limited to, the performance of an autopsy.*

2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.

3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics.

4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

Sec. 18. NRS 630.045 is hereby amended to read as follows:

630.045 1. The purpose of licensing physicians, physician assistants and practitioners of respiratory care is to protect the public health and safety and the general welfare of the people of this State.

2. Any license issued pursuant to this chapter is a revocable privilege. ~~[-but the Board may revoke such a license only in accordance with the provisions of NRS 630.348.]~~

Sec. 19. NRS 630.045 is hereby amended to read as follows:

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

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

Sec. 20. NRS 630.047 is hereby amended to read as follows:

630.047 1. This chapter does not apply to:

(a) A medical officer or *perfusionist or* practitioner of respiratory care of the Armed Services or a medical officer or *perfusionist or* practitioner of respiratory care of any division or department of the United States in the discharge of his official duties;

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

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

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

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

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

(e) The practice of respiratory care by a student as part of a program of study in respiratory care that is approved by the Board, or is recognized by a national organization which is approved by the Board to review such programs, if the

1 student is enrolled in the program and provides respiratory care only under the
2 supervision of a practitioner of respiratory care;

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

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

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

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

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

15 (h) A ~~cardiopulmonary perfusionist who is under the supervision of a surgeon~~
16 ~~or an anesthesiologist;~~

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

19 ~~{(i)}~~ (i) The maintenance of medical equipment for *perfusion or* respiratory
20 care that is not attached to a patient; and

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

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

27 3. This chapter does not prohibit:

28 (a) Gratuitous services outside of a medical school or medical facility by a
29 person who is not a physician, physician assistant or practitioner of respiratory care
30 in cases of emergency.

31 (b) The domestic administration of family remedies.

32 **Sec. 21.** NRS 630.120 is hereby amended to read as follows:

33 630.120 1. The Board shall procure a seal.

34 2. All licenses issued to physicians, *perfusionists*, physician assistants and
35 practitioners of respiratory care must bear the seal of the Board and the signatures
36 of its President and Secretary-Treasurer.

37 **Sec. 22.** NRS 630.123 is hereby amended to read as follows:

38 630.123 The Board shall operate on the basis of a fiscal year commencing on
39 ~~{July}~~ *January* 1 and terminating on ~~{June 30.}~~ *December 31.*

40 **Sec. 23.** NRS 630.130 is hereby amended to read as follows:

41 630.130 1. In addition to the other powers and duties provided in this
42 chapter, the Board shall, in the interest of the public, judiciously:

43 (a) Enforce the provisions of this chapter;

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

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

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

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

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

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

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections ~~(2)~~ 3 and ~~(3)~~ 4 of NRS 630.307 and NRS 690B.250 and 690B.260; and

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

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

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

Sec. 24. NRS 630.137 is hereby amended to read as follows:

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

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

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

Sec. 25. NRS 630.140 is hereby amended to read as follows:

630.140 1. The Board may hold hearings and conduct investigations pertaining to its duties imposed under this chapter and take evidence on any such matter under inquiry before the Board. For the purposes of this chapter:

(a) Any member of the Board or other person authorized by law may administer oaths; and

(b) The Secretary-Treasurer, *Executive Director* or President of the Board or a hearing officer or the presiding member of a committee investigating a complaint may issue subpoenas to compel the attendance of witnesses and the production of books, X rays, ~~and~~ medical records and other papers ~~(2)~~ and *tangible items*. The Secretary-Treasurer, President or other officer of the Board acting on its behalf *or the Executive Director* must sign the subpoena.

2. If any person fails to comply with the subpoena, ~~[within 10 days after its issuance.]~~ the Secretary-Treasurer, *Executive Director* or President of the Board may petition the district court for an order of the court compelling compliance with the subpoena.

3. Upon such a petition, the court shall enter an order directing the person subpoenaed to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why he has not complied with the subpoena. A certified copy of the order must be served upon the person subpoenaed.

4. If it appears to the court that the subpoena was regularly issued by the Board, the court shall enter an order compelling compliance with the subpoena, and upon failure to obey the order the person shall be dealt with as for contempt of court.

1 **Sec. 26.** NRS 630.160 is hereby amended to read as follows:

2 630.160 1. Every person desiring to practice medicine must, before
3 beginning to practice, procure from the Board a license authorizing him to practice.

4 2. Except as otherwise provided in NRS 630.1605, 630.161 and 630.258 to
5 630.265, inclusive, a license may be issued to any person who:

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

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

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

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

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

17 (1) All parts of the examination given by the National Board of Medical
18 Examiners;

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

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

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

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

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

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

32 (1) Has completed 36 months of progressive postgraduate:

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

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

39 (2) Has completed at least 36 months of postgraduate education, not less
40 than 24 months of which must have been completed as a resident after receiving a
41 medical degree from a combined dental and medical degree program approved by
42 the Board; and

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

47 3. *The Board may issue a license to practice medicine after the Board*
48 *verifies, through any readily available source, that the applicant has complied*
49 *with the provisions of subsection 2. The verification may include, but is not*
50 *limited to, using the Federation Credentials Verification Service. If any*
51 *information is verified by a source other than the primary source of the*
52 *information, the Board may require subsequent verification of the information by*
53 *the primary source of the information.*

1 4. Notwithstanding any provision of this chapter to the contrary, if after
2 issuing a license to practice medicine the Board obtains information from a
3 primary or other source of information and that information differs from the
4 information provided by the applicant or otherwise received by the Board, the
5 Board may:

6 (a) Temporarily suspend the license;

7 (b) Promptly review the differing information with the Board as a whole or
8 in a committee appointed by the Board;

9 (c) Declare the license void if the Board or a committee appointed by the
10 Board determines that the information submitted by the applicant was false,
11 fraudulent or intended to deceive the Board;

12 (d) Refer the applicant to the Attorney General for possible criminal
13 prosecution pursuant to NRS 630.400; or

14 (e) If the Board temporarily suspends the license, allow the license to return
15 to active status subject to any terms and conditions specified by the Board,
16 including:

17 (1) Placing the licensee on probation for a specified period with specified
18 conditions;

19 (2) Administering a public reprimand;

20 (3) Limiting the practice of the licensee;

21 (4) Suspending the license for a specified period or until further order of
22 the Board;

23 (5) Requiring the licensee to participate in a program to correct alcohol
24 or drug dependence or any other impairment;

25 (6) Requiring supervision of the practice of the licensee;

26 (7) Imposing an administrative fine not to exceed \$5,000;

27 (8) Requiring the licensee to perform community service without
28 compensation;

29 (9) Requiring the licensee to take a physical or mental examination or an
30 examination testing his competence to practice medicine;

31 (10) Requiring the licensee to complete any training or educational
32 requirements specified by the Board; and

33 (11) Requiring the licensee to submit a corrected application, including
34 the payment of all appropriate fees and costs incident to submitting an
35 application.

36 5. If the Board determines after reviewing the differing information to
37 allow the license to remain in active status, the action of the Board is not a
38 disciplinary action and must not be reported to any national database. If the
39 Board determines after reviewing the differing information to declare the license
40 void, its action shall be deemed a disciplinary action and shall be reportable to
41 national databases.

42 Sec. 27. NRS 630.1605 is hereby amended to read as follows:

43 630.1605 1. Except as otherwise provided in NRS 630.161, the Board may
44 issue a license by endorsement to practice medicine to an applicant who has been
45 issued a license to practice medicine by the District of Columbia or any state or
46 territory of the United States if:

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

49 ~~2.~~ (b) The applicant:

50 ~~(a)~~ (1) Submits to the Board proof of passage of an examination approved by
51 the Board;

52 ~~(b)~~ (2) Submits to the Board any documentation and other proof of
53 qualifications required by the Board;

~~(3)~~ (3) 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

~~(4)~~ (4) Completes any additional requirements relating to the fitness of the applicant to practice required by the Board; and

~~(c)~~ (c) Any documentation and other proof of qualifications required by the Board is authenticated in a manner approved by the Board.

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

Sec. 28. NRS 630.167 is hereby amended to read as follows:

630.167 In addition to any other requirements set forth in this chapter, each applicant for a license to practice medicine, *to practice as a physician assistant or to practice respiratory care* shall 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. *Any fees or costs charged by the Board for this service pursuant to NRS 630.268 are not refundable.*

Sec. 29. NRS 630.167 is hereby amended to read as follows:

630.167 In addition to any other requirements set forth in this chapter, each applicant for a license to practice medicine, to practice as a *perfusionist, to practice as a physician assistant or to practice respiratory care* shall 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. Any fees or costs charged by the Board for this service pursuant to NRS 630.268 are not refundable.

Sec. 30. NRS 630.170 is hereby amended to read as follows:

630.170 In addition to the other requirements for licensure, an applicant for a license to practice medicine who is a graduate of a medical school located in the United States or Canada shall submit to the Board proof that he has received the degree of doctor of medicine from a medical school which, at the time of graduation, was accredited by the Liaison Committee on Medical Education or the Committee for the Accreditation of Canadian Medical Schools. *The proof of the degree of doctor of medicine must be submitted directly to the Board by the medical school that granted the degree. If proof of the degree is unavailable from the medical school, the Board may accept proof from any other source specified by the Board.*

Sec. 31. NRS 630.173 is hereby amended to read as follows:

630.173 1. In addition to the other requirements for licensure, an applicant for a license to practice medicine shall submit to the Board information describing:

(a) Any claims made against the applicant for malpractice ~~within the 10 years immediately preceding the date of the application for the license~~ whether or not a civil action was filed concerning the claim;

(b) Any complaints filed against the applicant with a licensing board of another state ~~within the 10 years immediately preceding the date of the application for the license~~ and any disciplinary action taken against the applicant by a licensing board of another state; and

(c) Any complaints filed against the applicant with a hospital, clinic or medical facility ~~within the 10 years immediately preceding the date of the application for the license~~ or any disciplinary action taken against the applicant by a hospital, clinic or medical facility.

2. The Board *may consider any information specified in subsection 1 that is more than 10 years old if the Board receives the information from the applicant or any other source from which the Board is verifying the information provided by the applicant.*

3. The Board may refuse to consider any information specified in subsection 1 that is more than 10 years old if the Board determines that the claim or complaint is remote or isolated and that obtaining or attempting to obtain a record relating to the information will unreasonably delay the consideration of the application.

4. The Board shall not issue a license to the applicant until it has received all the information required by this section.

Sec. 32. NRS 630.195 is hereby amended to read as follows:

630.195 1. In addition to the other requirements for licensure, an applicant for a license to practice medicine who is a graduate of a foreign medical school shall submit to the Board proof that he has received:

~~1. (a)~~ (a) The degree of doctor of medicine or its equivalent, as determined by the Board; and

~~2. (b)~~ (b) The standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that he passed the examination given by ~~the Commission.~~

2. *The proof of the degree of doctor of medicine or its equivalent must be submitted directly to the Board by the medical school that granted the degree. If proof of the degree is unavailable from the medical school that granted the degree, the Board may accept proof from any other source specified by the Board.*

Sec. 33. NRS 630.197 is hereby amended to read as follows:

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

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

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

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

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

(b) A separate form prescribed by the Board.

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

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

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

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that he is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other

1 public agency enforcing the order to determine the actions that the applicant may
2 take to satisfy the arrearage.

3 **Sec. 34.** NRS 630.197 is hereby amended to read as follows:

4 630.197 1. In addition to any other requirements set forth in this chapter, an
5 applicant for the issuance or renewal of a license to practice medicine, to practice as
6 a *perfusionist, to practice as a* physician assistant or to practice as a practitioner of
7 respiratory care shall submit to the Board the statement prescribed by the Division
8 of Welfare and Supportive Services of the Department of Health and Human
9 Services pursuant to NRS 425.520. The statement must be completed and signed by
10 the applicant.

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

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

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

15 3. A license to practice medicine, to practice as a *perfusionist, to practice as*
16 *a* physician assistant or to practice as a practitioner of respiratory care may not be
17 issued or renewed by the Board if the applicant:

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

19 (b) Indicates on the statement submitted pursuant to subsection 1 that he is
20 subject to a court order for the support of a child and is not in compliance with the
21 order or a plan approved by the district attorney or other public agency enforcing
22 the order for the repayment of the amount owed pursuant to the order.

23 4. If an applicant indicates on the statement submitted pursuant to subsection
24 1 that he is subject to a court order for the support of a child and is not in
25 compliance with the order or a plan approved by the district attorney or other public
26 agency enforcing the order for the repayment of the amount owed pursuant to the
27 order, the Board shall advise the applicant to contact the district attorney or other
28 public agency enforcing the order to determine the actions that the applicant may
29 take to satisfy the arrearage.

30 **Sec. 35.** NRS 630.200 is hereby amended to read as follows:

31 630.200 1. The Board may deny an application for a license to practice
32 medicine for any violation of the provisions of this chapter or regulations of the
33 Board.

34 2. The Board shall notify an applicant of any deficiency which prevents any
35 further action on the application or results in the denial of the application. The
36 applicant may respond in writing to the Board concerning any deficiency and, if he
37 does so, the Board shall respond in writing to the contentions of the applicant.

38 3. Any unsuccessful applicant may appeal to the [district court to review the
39 action of the] Board [if he files his appeal within 90 days [from] after the date of
40 the rejection of his application by the Board. Upon appeal, the applicant has the
41 burden to show that the action of the Board is erroneous, for unlawful.]

42 **Sec. 36.** NRS 630.258 is hereby amended to read as follows:

43 630.258 1. A physician who is retired from active practice and who
44 ~~[wishes]~~:

45 (a) *Wishes* to donate his expertise for the medical care and treatment of
46 persons in this State who are indigent, uninsured or unable to afford health care ; or

47 (b) *Wishes to provide services for any disaster relief operations conducted by*
48 *a governmental entity or nonprofit organization,*

49 *may* obtain a special volunteer medical license by submitting an application to
50 the Board pursuant to this section.

51 2. An application for a special volunteer medical license must be on a form
52 provided by the Board and must include:

53 (a) Documentation of the history of medical practice of the physician;

(b) Proof that the physician previously has been issued an unrestricted license to practice medicine in any state of the United States and that he has never been the subject of disciplinary action by a medical board in any jurisdiction;

(c) Proof that the physician satisfies the requirements for licensure set forth in NRS 630.160 or the requirements for licensure by endorsement set forth in NRS 630.1605;

(d) Acknowledgment that the practice of the physician under the special volunteer medical license will be exclusively devoted to providing medical care ~~for~~ ;

(1) To persons in this State who are indigent, uninsured or unable to afford health care; or

(2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and

(e) Acknowledgment that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer medical license, except for payment by a medical facility at which the physician provides volunteer medical services of the expenses of the physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.

3. If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is competent to practice medicine, the Board shall issue a special volunteer medical license to the physician.

4. The initial special volunteer medical license issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance.

5. The Board shall not charge a fee for:

(a) The review of an application for a special volunteer medical license; or

(b) The issuance or renewal of a special volunteer medical license pursuant to this section.

6. A physician who is issued a special volunteer medical license pursuant to this section and who accepts the privilege of practicing medicine in this State pursuant to the provisions of the special volunteer medical license is subject to all the provisions governing disciplinary action set forth in this chapter.

7. A physician who is issued a special volunteer medical license pursuant to this section shall comply with the requirements for continuing education adopted by the Board.

Sec. 37. NRS 630.261 is hereby amended to read as follows:

630.261 1. Except as otherwise provided in NRS 630.161, the Board may issue:

(a) A locum tenens license, to be effective not more than 3 months after issuance, to any physician who is licensed and in good standing in another state, who meets the requirements for licensure in this State and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician to serve as a substitute for another physician who is licensed to practice medicine in this State and who is absent from his practice for reasons deemed sufficient by the Board. A license issued pursuant to the provisions of this paragraph is not renewable.

(b) A special license to a licensed physician of another state to come into this State to care for or assist in the treatment of his own patient in association with a physician licensed in this State. A special license issued pursuant to the provisions

of this paragraph is limited to the care of a specific patient. The physician licensed in this State has the primary responsibility for the care of that patient.

(c) A restricted license for a specified period if the Board determines the applicant needs supervision or restriction.

(d) A temporary license for a specified period if the physician is licensed and in good standing in another state and meets the requirements for licensure in this State, and if the Board determines that it is necessary in order to provide medical services for a community without adequate medical care. A temporary license issued pursuant to the provisions of this paragraph is not renewable.

(e) A special purpose license to a physician who is licensed in another state to permit the use of equipment that transfers information concerning the medical condition of a patient in this State across state lines electronically, telephonically or by fiber optics. ~~if the physician:~~

~~(1) Holds a full and unrestricted license to practice medicine in that state;~~
~~(2) Has not had any disciplinary or other action taken against him by any state or other jurisdiction; and~~

~~(3) Meets the requirements set forth in paragraph (d) of subsection 2 of NRS 630.160.]~~

2. *For the purpose of paragraph (e) of subsection 1, the physician must:*

(a) Hold a full and unrestricted license to practice medicine in another state;

(b) Not have had any disciplinary or other action taken against him by any state or other jurisdiction; and

(c) Be certified by a specialty board of the American Board of Medical Specialties or its successor.

3. Except as otherwise provided in this section, the Board may renew or modify any license issued pursuant to subsection 1.

Sec. 38. NRS 630.262 is hereby amended to read as follows:

630.262 1. Except as otherwise provided in NRS 630.161, the Board may issue ~~fa-restricted~~ *an authorized facility* license to a person who intends to practice medicine in this State as a psychiatrist in a mental health center of the Division under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter.

2. A person who applies for ~~fa-restricted~~ *an authorized facility* license pursuant to this section is not required to take or pass a written examination as to his qualifications to practice medicine pursuant to paragraph (e) of subsection 2 of NRS 630.160, but the person must meet all other conditions and requirements for an unrestricted license to practice medicine pursuant to this chapter.

3. If the Board issues ~~fa-restricted~~ *an authorized facility* license pursuant to this section, the person who holds the ~~restricted~~ license may practice medicine in this State only as a psychiatrist in a mental health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter.

4. If a person who holds ~~fa-restricted~~ *an authorized facility* license issued pursuant to this section ceases to practice medicine in this State as a psychiatrist in a mental health center of the Division:

(a) The Division shall notify the Board; and

(b) Upon receipt of ~~such~~ *the* notification, the ~~restricted~~ *authorized facility* license expires automatically.

5. The Board may renew or modify ~~fa-restricted~~ *an authorized facility* license issued pursuant to this section, unless the ~~restricted~~ license has expired automatically or has been revoked.

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.

7. As used in this section:

(a) "Division" means the Division of Mental Health and Developmental Services of the Department of Health and Human Services.

(b) "Mental health center" has the meaning ascribed to it in NRS 433.144.

Sec. 39. NRS 630.268 is hereby amended to read as follows:

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

For application for and issuance of a license to practice as a physician, including a license by endorsement	\$600
For application for and issuance of a temporary, locum tenens, limited, restricted special or special purpose license	400
For renewal of a limited restricted or special license	400
For application for and issuance of a license as a physician assistant	400
For biennial registration of a physician assistant	800
For biennial registration of a physician	800
For application for and issuance of a license as a <i>perfusionist</i> or practitioner of respiratory care	400
<i>For biennial renewal of a license as a perfusionist</i>	<i>600</i>
For biennial registration of a practitioner of respiratory care	600
For biennial registration for a physician who is on inactive status \$400	
For written verification of licensure	50
For a duplicate identification card	25
For a duplicate license	50
For computer printouts or labels	500
For verification of a listing of physicians, per hour	20
For furnishing a list of new physicians	100

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

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

Sec. 40. NRS 630.277 is hereby amended to read as follows:

630.277 1. Every person who wishes to practice respiratory care in this State must:

(a) Have a high school diploma or general equivalency diploma;

(b) Complete an educational program for respiratory care which has been approved by the ~~National Board~~ *Commission on Accreditation of Allied Health Education Programs or its successor organization or the Committee on Accreditation* for Respiratory Care or its successor organization;

(c) Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the ~~National Board~~ *Commission on Accreditation of Allied Health Education Programs or its successor organization*

1 *or the Committee on Accreditation* for Respiratory Care or its successor
2 organization;

3 (d) Be certified by the ~~[National Board]~~ *Commission on Accreditation of*
4 *Allied Health Education Programs or its successor organization or the*
5 *Committee on Accreditation* for Respiratory Care or its successor organization; and

6 (e) Be licensed to practice respiratory care by the Board and have paid the
7 required fee for licensure.

8 2. Except as otherwise provided in subsection 3, a person shall not:

9 (a) Practice respiratory care; or

10 (b) Hold himself out as qualified to practice respiratory care,

11 *in this State without complying with the provisions of subsection 1.*

12 3. Any person who has completed the educational requirements set forth in
13 paragraphs (a) and (b) of subsection 1 may practice respiratory care pursuant to a
14 program of practical training as an intern in respiratory care for not more than 12
15 months after completing those educational requirements.

16 **Sec. 41.** NRS 630.299 is hereby amended to read as follows:

17 630.299 1. If the Board has reason to believe that a person has violated ~~[§]~~
18 *or is violating* ~~[for is about to violate]~~ any provision of this chapter, the Board or any
19 investigative committee of the Board may issue to the person a letter of warning, a
20 letter of concern or a nonpunitive admonishment at any time before the Board has
21 initiated any disciplinary proceedings against the person.

22 2. The issuance of such a letter or admonishment:

23 (a) Does not preclude the Board from initiating any disciplinary proceedings
24 against the person or taking any disciplinary action against the person based on any
25 conduct alleged or described in the letter or admonishment or any other conduct;
26 and

27 (b) Does not constitute a final decision of the Board and is not subject to
28 judicial review.

29 3. *In addition to any action taken pursuant to subsection 1, if the Board has*
30 *reason to believe that a person has violated* ~~[§]~~ *or is violating* ~~[for is about to~~
31 ~~violate]~~ *any provision of this chapter, the Board or any investigative committee of*
32 *the Board may negotiate a remediation agreement with the person. The*
33 *remediation agreement must include, for each violation, a statement specifying*
34 *each provision of this chapter or regulation adopted pursuant to this chapter that*
35 *the Board has reason to believe that the person has violated or is violating. The*
36 *remediation agreement must also set forth the terms and conditions specified by*
37 *the Board or an investigative committee, including, without limitation, provisions*
38 *that:*

39 (a) *Address each violation of this chapter that is at issue; and*

40 (b) *Remediate or improve the practice of the person relating to those*
41 *violations.*

42 4. *A remediation agreement, if approved by an investigative committee of*
43 *the Board, must be presented to the Board for approval. Any remediation*
44 *agreement presented to the Board pursuant to this subsection is a public record.*
45 *The Board shall ensure that all identifying information regarding each person*
46 *who is subject to the remediation agreement is removed. The remediation*
47 *agreement becomes effective immediately upon approval of the remediation*
48 *agreement by the Board. If the Board does not approve the remediation*
49 *agreement, the Board shall refer the matter to the investigative committee that*
50 *presented the remediation agreement to the Board. The investigative committee*
51 *may further proceed with the matter as it deems appropriate.*

52 5. *A remediation agreement entered into pursuant to this section does not*
53 *constitute disciplinary action against any person who is subject to the*

1 *remediation agreement and is not reportable to any national database. If the*
2 *person violates a provision of the remediation agreement, the Board or the*
3 *investigative committee of the Board with whom the remediation agreement was*
4 *negotiated may take any action it deems appropriate, including, without*
5 *limitation, initiating disciplinary proceedings against the person.*

6 **6. The Board shall adopt regulations to carry out the provisions of this**
7 **section.**

8 **Sec. 42.** NRS 630.306 is hereby amended to read as follows:

9 630.306 The following acts, among others, constitute grounds for initiating
10 disciplinary action or denying licensure:

11 1. Inability to practice medicine with reasonable skill and safety because of
12 illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any
13 other substance.

14 2. Engaging in any conduct:

15 (a) Which is intended to deceive;

16 (b) Which the Board has determined is a violation of the standards of practice
17 established by regulation of the Board; or

18 (c) Which is in violation of a regulation adopted by the State Board of
19 Pharmacy.

20 3. Administering, dispensing or prescribing any controlled substance, or any
21 dangerous drug as defined in chapter 454 of NRS, to or for himself or to others
22 except as authorized by law.

23 4. Performing, assisting or advising the injection of any substance containing
24 liquid silicone into the human body, except for the use of silicone oil to repair a
25 retinal detachment.

26 5. Practicing or offering to practice beyond the scope permitted by law or
27 performing services which the licensee knows or has reason to know that he is not
28 competent to perform ~~or~~ *or which are beyond the scope of his training.*

29 6. Performing, without first obtaining the informed consent of the patient or
30 his family, any procedure or prescribing any therapy which by the current standards
31 of the practice of medicine is experimental.

32 7. Continual failure to exercise the skill or diligence or use the methods
33 ordinarily exercised under the same circumstances by physicians in good standing
34 practicing in the same specialty or field.

35 8. Making or filing a report which the licensee or applicant knows to be false
36 or failing to file a record or report as required by law or regulation.

37 9. Failing to comply with the requirements of NRS 630.254.

38 10. Habitual intoxication from alcohol or dependency on controlled
39 substances.

40 11. Failure by a licensee or applicant to report in writing, within 30 days, any
41 disciplinary action taken against him by another state, the Federal Government or a
42 foreign country, including, without limitation, the revocation, suspension or
43 surrender of his license to practice medicine in another jurisdiction.

44 12. Failure to be found competent to practice medicine as a result of an
45 examination to determine medical competency pursuant to NRS 630.318.

46 *13. Failure by a licensee or applicant to report in writing, within 30 days,*
47 *any criminal action taken or conviction obtained against him in this State or any*
48 *other state or by the Federal Government, a branch of the Armed Forces of the*
49 *United States or any local or federal jurisdiction of a foreign country.*

50 *14. Engaging in any act that is unsafe, ~~is unsound,~~ or unprofessional ~~for~~*
51 *~~contrary to the public interest,~~ conduct in accordance with regulations adopted*
52 *by the Board.*

15. Violating a provision of a remediation agreement approved by the Board pursuant to NRS 630.299.

Sec. 43. NRS 630.3062 is hereby amended to read as follows:

630.3062 The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

2. Altering medical records of a patient.

3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.

4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.

5. Failure to comply with the requirements of NRS 630.3068.

6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board ~~to~~ *within 30 days after the date the licensee knows or has reason to know of the violation.*

Sec. 44. NRS 630.307 is hereby amended to read as follows:

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

2. Any ~~person;~~ licensee, medical school or medical facility that becomes aware that a person practicing medicine or respiratory care 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.~~ 3. Any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in ~~a physician's~~ *the privileges of a physician, physician assistant or practitioner of respiratory care* to practice ~~medicine~~ while the physician, *physician assistant or practitioner of respiratory care* is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, *physician assistant or practitioner of respiratory care* concerning the care of a patient or the competency of the physician, *physician assistant or practitioner of respiratory care* 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.~~ 4. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a physician, physician assistant or practitioner of respiratory care:

(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.

~~4.4~~ 5. On or before January 15 of each year, the clerk of each 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 physicians pursuant to paragraph (e) of subsection ~~4.3~~ 4.

Sec. 45. NRS 630.307 is hereby amended to read as follows:

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

2. Any licensee, medical school or medical facility that becomes aware that a person practicing medicine, *perfusion* or respiratory care 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.

3. Any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in the privileges of a physician, *perfusionist*, physician assistant or practitioner of respiratory care to practice while the physician, *perfusionist*, physician assistant or practitioner of respiratory care is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, *perfusionist*, physician assistant or practitioner of respiratory care concerning the care of a patient or the competency of the physician, *perfusionist*, physician assistant or practitioner of respiratory care 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.

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

(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.

5. On or before January 15 of each year, the clerk of each 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 physicians pursuant to paragraph (e) of subsection 4.

Sec. 46. NRS 630.309 is hereby amended to read as follows:

630.309 To institute a disciplinary action against a *perfusionist*, physician assistant or practitioner of respiratory care, a written complaint, specifying the charges, must be filed with the Board by:

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

2. Any member of the Board; or

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

Sec. 47. NRS 630.311 is hereby amended to read as follows:

630.311 1. A committee designated by the Board and consisting of members of the Board shall review each complaint and conduct an investigation to determine if there is a reasonable basis for the complaint. The committee must be composed of at least three members of the Board, at least one of whom is ~~qualified pursuant to subsection 2 of NRS 630.060.~~ *not a physician*. The committee may issue orders to aid its investigation including, but not limited to, compelling a physician to appear before the committee.

2. If, after conducting an investigation, the committee determines that there is a reasonable basis for the complaint and that a violation of any provision of this chapter has occurred, the committee may file a formal complaint with the Board.

3. The proceedings of the committee are confidential and are not subject to the requirements of NRS 241.020. Within 20 days after the conclusion of each meeting of the committee, the Board shall publish a summary setting forth the proceedings and determinations of the committee. The summary must not identify any person involved in the complaint that is the subject of the proceedings.

Sec. 48. NRS 630.318 is hereby amended to read as follows:

630.318 1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any physician has raised a reasonable question as to his competence to practice medicine with reasonable skill and safety to patients, or if the Board has received a report pursuant to the provisions of NRS 630.3067, 630.3068, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against a physician regarding an action or claim for malpractice or that such an action or claim against the physician has been resolved by settlement, it may order that the physician undergo a mental or physical examination or an examination testing his competence to practice medicine by physicians or other examinations designated by the Board to assist the Board or committee in determining the fitness of the physician to practice medicine.

2. For the purposes of this section:

(a) Every physician who applies for a license or who is licensed under this chapter shall be deemed to have given his consent to submit to a mental or physical examination or an examination testing his competence to practice medicine when ordered to do so in writing by the Board ~~or~~ *or an investigative committee of the Board*.

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

3. Except in extraordinary circumstances, as determined by the Board, the failure of a physician licensed under this chapter to submit to an examination when directed as provided in this section constitutes an admission of the charges against him.

1 **Sec. 49.** NRS 630.326 is hereby amended to read as follows:

2 630.326 1. *If an investigation by the Board regarding a physician,*
3 *physician assistant or practitioner of respiratory care reasonably determines that*
4 *the health, safety or welfare of the public or any patient served by the physician,*
5 *physician assistant or practitioner of respiratory care is at risk of imminent or*
6 *continued harm, the Board may summarily suspend the license of the physician,*
7 *physician assistant or practitioner of respiratory care. The order of summary*
8 *suspension may be issued by the Board, an investigative committee of the Board*
9 *or the Executive Director of the Board after consultation with the President, Vice*
10 *President or Secretary-Treasurer of the Board.*

11 2. *If the Board issues an order summarily suspending the license of a*
12 *physician, physician assistant or practitioner of respiratory care pursuant to*
13 *subsection 1, the Board shall hold a hearing regarding the matter not later than*
14 *45 days after the completion of the investigation by the Board.*

15 3. If the Board issues an order suspending the license of a physician ,
16 *physician assistant or practitioner of respiratory care* pending proceedings for
17 disciplinary action and requires the physician , *physician assistant or practitioner*
18 *of respiratory care* to submit to a mental or physical examination or an examination
19 testing his competence to practice , ~~medicine,~~ the examination must be conducted
20 and the results obtained not later than 60 days after the Board issues its order.

21 **Sec. 50.** NRS 630.326 is hereby amended to read as follows:

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

31 2. If the Board issues an order summarily suspending the license of a
32 physician, *perfusionist*, physician assistant or practitioner of respiratory care
33 pursuant to subsection 1, the Board shall hold a hearing regarding the matter not
34 later than 45 days after the completion of the investigation by the Board.

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

42 **Sec. 51.** NRS 630.329 is hereby amended to read as follows:

43 630.329 If the Board issues an order suspending the license of a physician,
44 *perfusionist*, physician assistant or practitioner of respiratory care pending
45 proceedings for disciplinary action, the court shall not stay that order.

46 **Sec. 52.** NRS 630.336 is hereby amended to read as follows:

47 630.336 1. Any deliberations conducted or vote taken by the Board or any
48 investigative committee of the Board regarding its ordering of a physician,
49 *perfusionist*, physician assistant or practitioner of respiratory care to undergo a
50 physical or mental examination or any other examination designated to assist the
51 Board or committee in determining the fitness of a physician, *perfusionist*,
52 physician assistant or practitioner of respiratory care are not subject to the
53 requirements of NRS 241.020.

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

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

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

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

(c) Any communication between:

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

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

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

5. 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 discipline are public records.

6. This section does not prevent or prohibit the Board from communicating or cooperating with any other licensing board or agency or any agency which is investigating a licensee, including a law enforcement agency. Such cooperation may include, without limitation, providing the board or agency with minutes of a closed meeting, transcripts of oral examinations and the results of oral examinations.

Sec. 53. NRS 630.339 is hereby amended to read as follows:

1. If a committee designated by the Board to conduct an investigation of a complaint decides to proceed with disciplinary action, it shall bring charges against the licensee ~~[. If charges are brought, the Board shall fix a time and place for a formal hearing.]~~ *by filing a formal complaint. The formal complaint must include a written statement setting forth the charges alleged and setting forth in concise and plain language each act or omission of the respondent upon which the charges are based. The formal complaint must be prepared with sufficient clarity to ensure that the respondent is able to prepare his defense. The formal complaint must specify any applicable law or regulation that the respondent is alleged to have violated. The formal complaint may be signed by the chairman of the investigative committee or the Executive Director of the Board acting in his official capacity.*

2. *The respondent shall file an answer to the formal complaint within 20 days after service of the complaint upon the respondent. The answer must state in concise and plain language the respondent's defenses to each charge set forth in the complaint and must admit or deny the averments stated in the complaint. If a party fails to file an answer within the time prescribed, he shall be deemed to have denied generally the allegations of the formal complaint.*

3. *Within 20 days after the filing of the answer, the parties shall hold an early case conference at which the parties and the hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:*

(a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing;

(b) Set dates:

(1) By which all documents must be exchanged;

(2) By which all prehearing motions and responses thereto must be filed;

(3) On which to hold the prehearing conference; and

(4) For any other foreseeable actions that may be required for the matter;

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;

(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and

(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

4. If the Board receives a report pursuant to subsection 5 of NRS 228.420, such a hearing must be held within 30 days after receiving the report. The Board shall notify the licensee of the charges brought against him, the time and place set for the hearing, and the possible sanctions authorized in NRS 630.352.

~~2.~~ 5. A formal hearing must be held at the time and date set at the early case conference by:

(a) The Board ~~[-a-]~~;

(b) A hearing officer ~~[-or a-]~~;

(c) A member of the Board designated by the Board or an investigative committee of the Board;

(d) A panel of ~~[-its-]~~ members of the Board designated by ~~[-the Board shall hold the formal hearing on the charges at the time and place designated in the notification-]~~ an investigative committee of the Board or the Board;

(e) A hearing officer together with not more than one member of the Board designated by an investigative committee of the Board or the Board; or

(f) A hearing officer together with a panel of members of the Board designated by an investigative committee of the Board or the Board. If the hearing is before a panel, at least one member of the ~~[-Board who is-]~~ panel must not be a physician. ~~[-must participate in this hearing-]~~

6. At any hearing at which at least one member of the Board presides, whether in combination with a hearing officer or other members of the Board, the final determinations regarding credibility, weight of evidence and whether the charges have been proven must be made by the members of the Board. If a hearing officer presides together with one or more members of the Board, the hearing officer shall:

(a) Conduct the hearing;

(b) In consultation with each member of the Board, make rulings upon any objections raised at the hearing;

(c) In consultation with each member of the Board, make rulings concerning any motions made during or after the hearing; and

(d) Within 30 days after the conclusion of the hearing, prepare and file with the Board written findings of fact and conclusions of law in accordance with the determinations made by each member of the Board.

Sec. 54. NRS 630.342 is hereby amended to read as follows:

630.342 1. Any ~~[-physician-]~~ licensee against whom the Board initiates disciplinary action pursuant to this chapter shall, within 30 days after the ~~[-physician-]~~ licensee's receipt of notification of the initiation of the disciplinary action, submit to the Board a complete set of his fingerprints and written permission

1 authorizing the Board to forward the fingerprints to the Central Repository for
2 Nevada Records of Criminal History for submission to the Federal Bureau of
3 Investigation for its report.

4 2. The willful failure of a ~~physician~~ licensee to comply with the
5 requirements of subsection 1 constitutes additional grounds for disciplinary action
6 and the revocation of the license of the ~~physician~~ licensee.

7 3. The Board has additional grounds for initiating disciplinary action against a
8 ~~physician~~ licensee if the report from the Federal Bureau of Investigation indicates
9 that the ~~physician~~ licensee has been convicted of:

10 (a) An act that is a ground for disciplinary action pursuant to NRS 630.301 to
11 630.3066, inclusive; or

12 (b) A violation of NRS 630.400.

13 **Sec. 54.5. NRS 630.346 is hereby amended to read as follows:**

14 630.346 In any disciplinary hearing:

15 1. The Board, a panel of the members of the Board and a hearing officer are
16 not bound by formal rules of evidence and a witness must not be barred from
17 testifying solely because he was or is incompetent. Any fact that is the basis of a
18 finding, conclusion or ruling must be based upon the reliable, probative and
19 substantial evidence on the whole record of the matter.

20 2. Proof of actual injury need not be established.

21 3. A certified copy of the record of a court or a licensing agency showing a
22 conviction or plea of nolo contendere or the suspension, revocation, limitation,
23 modification, denial or surrender of a license to practice medicine or respiratory
24 care is conclusive evidence of its occurrence.

25 **Sec. 55. NRS 630.346 is hereby amended to read as follows:**

26 630.346 In any disciplinary hearing:

27 1. The Board, a panel of the members of the Board and a hearing officer are
28 not bound by formal rules of evidence and a witness must not be barred from
29 testifying solely because he was or is incompetent. Any fact that is the basis of a
30 finding, conclusion or ruling must be based upon the reliable, probative and
31 substantial evidence on the whole record of the matter.

32 2. Proof of actual injury need not be established.

33 3. A certified copy of the record of a court or a licensing agency showing a
34 conviction or plea of nolo contendere or the suspension, revocation, limitation,
35 modification, denial or surrender of a license to practice medicine , *perfusion* or
36 respiratory care is conclusive evidence of its occurrence.

37 **Sec. 56. (Deleted by amendment.)**

38 **Sec. 57. NRS 630.352 is hereby amended to read as follows:**

39 630.352 1. Any member of the Board, ~~except for an advisory~~ *other than a*
40 *member of an investigative committee of the Board who participated in any*
41 *determination regarding a formal complaint in the matter or any* member serving
42 on a panel of the Board ~~at the hearing~~ *of the matter*, may participate in
43 *an adjudication to obtain* the final order of the Board. ~~If the Board, after a formal~~
44 ~~hearing, determines from a preponderance of the evidence that a violation of the~~
45 ~~provisions of this chapter or of the regulations of the Board has occurred, it shall~~
46 ~~issue and serve on the physician charged an order, in writing, containing its~~
47 ~~findings and any sanctions:~~

48 ~~— 2. At the adjudication, the Board shall consider any findings of fact and~~
49 ~~conclusions of law submitted after the hearing and shall allow:~~

50 (a) *Counsel for the Board to present a disciplinary recommendation and*
51 *argument in support of the disciplinary recommendation;*

52 (b) *The respondent or his counsel to present a disciplinary recommendation*
53 *and argument in support of the disciplinary recommendation; and*

1 (c) *The complainant in the matter to make a statement to the Board*
2 *regarding the disciplinary recommendations by the parties and to address the*
3 *effect of the respondent's conduct upon the complainant or the patient involved,*
4 *if other than the complainant.*

5 *↳ The Board may limit the time within which the parties and the complainant*
6 *may make their arguments and statements.*

7 2. *At the conclusion of the presentations of the parties and the complainant,*
8 *the Board shall deliberate and may by a majority vote impose discipline based*
9 *upon the findings of fact and conclusions of law and the presentations of the*
10 *parties and the complainant.*

11 3. *If , in the findings of fact and conclusions of law, the Board, hearing*
12 *officer or panel of the Board determines that no violation has occurred, ~~the~~ the*
13 *Board shall dismiss the charges, in writing, and notify the ~~physician~~ respondent*
14 *that the charges have been dismissed. ~~If the disciplinary proceedings were~~*
15 *instituted against the physician as a result of a complaint filed against him, the*
16 *Board may provide the physician with a copy of the complaint.*

17 ~~—3—~~ 4. Except as otherwise provided in subsection ~~4—~~ 5, if the Board finds
18 that a violation has occurred, it shall by order take one or more of the following
19 actions:

20 (a) Place the person on probation for a specified period on any of the
21 conditions specified in the order;

22 (b) Administer to him a *written* public reprimand;

23 (c) Limit his practice or exclude one or more specified branches of medicine
24 from his practice;

25 (d) Suspend his license for a specified period or until further order of the
26 Board;

27 (e) Revoke his license ; ~~to practice medicine, but only in accordance with the~~
28 ~~provisions of NRS 630.348;~~

29 (f) Require him to participate in a program to correct alcohol or drug
30 dependence or any other impairment;

31 (g) Require supervision of his practice;

32 (h) Impose a fine not to exceed \$5,000 ~~for each violation;~~

33 (i) Require him to perform community service without compensation;

34 (j) Require him to take a physical or mental examination or an examination
35 testing his competence; and

36 (k) Require him to fulfill certain training or educational requirements.

37 ~~4—~~ 5. If the Board finds that the ~~physician~~ *respondent* has violated the
38 provisions of NRS 439B.425, the Board shall suspend his license for a specified
39 period or until further order of the Board.

40 ~~5—~~ 6. The Board shall not administer a private reprimand if the Board finds
41 that a violation has occurred.

42 ~~6—~~ 7. *Within 30 days after the hearing before the Board, the Board shall*
43 *issue a final order, certified by the Secretary-Treasurer of the Board, that*
44 *imposes discipline and incorporates the findings of fact and conclusions of law*
45 *obtained from the hearing.* An order that imposes discipline and the findings of
46 fact and conclusions of law supporting that order are public records.

47 **Sec. 58.** NRS 630.356 is hereby amended to read as follows:

48 630.356 1. Any person aggrieved by a final order of the Board is entitled to
49 judicial review of the Board's order.

50 2. Every order that imposes a sanction against a licensee pursuant to
51 subsection ~~3—~~ 4 or ~~4—~~ 5 of NRS 630.352 or any regulation of the Board is effective
52 from the date the Secretary-Treasurer certifies the order until the date the order is

modified or reversed by a final judgment of the court. The court shall not stay the order of the Board pending a final determination by the court.

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

Sec. 59. NRS 630.358 is hereby amended to read as follows:

630.358 1. Any person:

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

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

(1) Suspended until further order; or

(2) Revoked,

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

2. In hearing the application, the Board:

(a) May require the person to submit to a mental or physical examination or an examination testing his competence to practice medicine , *perfusion* or respiratory care by physicians , *perfusionists* or practitioners of respiratory care, as appropriate, or other examinations it designates and submit such other evidence of changed conditions and of fitness as it deems proper;

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

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

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

4. The Board shall not restore a license unless it is satisfied that the person has complied with all of the terms and conditions set forth in the final order of the Board and that the person is capable of practicing medicine or respiratory care in a safe manner.

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

Sec. 60. NRS 630.366 is hereby amended to read as follows:

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

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

Sec. 61. NRS 630.388 is hereby amended to read as follows:

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

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

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

(c) To limit the practice of a physician, *perfusionist*, physician assistant or practitioner of respiratory care, or suspend his license to practice; ~~for~~

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

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

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

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

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

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

Sec. 62. NRS 630.390 is hereby amended to read as follows:

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

Sec. 63. NRS 630.400 is hereby amended to read as follows:

630.400 A person who:

1. Presents to the Board as his own the diploma, license or credentials of another;

2. Gives either false or forged evidence of any kind to the Board;

3. Practices medicine, *perfusion* or respiratory care under a false or assumed name or falsely personates another licensee;

4. Except as otherwise provided by a specific statute, practices medicine, *perfusion* or respiratory care without being licensed under this chapter;

5. Holds himself out as a physician assistant or uses any other term indicating or implying that he is a physician assistant without being licensed by the Board; or

6. Holds himself out as a practitioner of respiratory care or uses any other term indicating or implying that he is a practitioner of respiratory care without being licensed by the Board,

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

Sec. 64. NRS 630A.090 is hereby amended to read as follows:

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

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

(b) A medical officer of the Armed Services or a medical officer of any division or department of the United States in the discharge of his official duties.

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

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

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

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

Sec. 65. 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, **perfusionist**, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, 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 operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 426.218.

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

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

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

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

(j) 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 exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Any social worker.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the

1 facility. The superintendent, manager or other person in charge shall make a report
2 as required in subsection 1.

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

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

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

9 **Sec. 66.** Chapter 633 of NRS is hereby amended by adding thereto the
10 provisions set forth as sections 67 and 68 of this act.

11 **Sec. 67. 1. *If the Board has reason to believe that a person has violated ~~for~~***
12 ***or is violating ~~for is about to violate~~ any provision of this chapter, the Board or***
13 ***any investigative committee of the Board may issue to the person a letter of***
14 ***warning, a letter of concern or a nonpunitive admonishment at any time before***
15 ***the Board initiates any disciplinary proceedings against the person.***

16 2. The issuance of such a letter or admonishment:

17 (a) *Does not preclude the Board from initiating any disciplinary proceedings*
18 *against the person or taking any disciplinary action against the person based on*
19 *any conduct alleged or described in the letter or admonishment or any other*
20 *conduct; and*

21 (b) *Does not constitute a final decision of the Board and is not subject to*
22 *judicial review.*

23 3. *In addition to any action taken pursuant to subsection 1, if the Board has*
24 *reason to believe that a person has violated or is violating any provision of this*
25 *chapter, the Board or any investigative committee of the Board may negotiate a*
26 *remediation agreement with the person. The remediation agreement must*
27 *include, for each violation, a statement specifying each provision of this chapter*
28 *or regulation adopted pursuant to this chapter that the Board has reason to*
29 *believe that the person has violated or is violating. The remediation agreement*
30 *must also set forth the terms and conditions specified by the Board or an*
31 *investigative committee, including, without limitation, provisions that:*

32 (a) *Address each violation of this chapter that is at issue; and*

33 (b) *Remediate or improve the practice of the person relating to those*
34 *violations.*

35 4. *A remediation agreement that is negotiated by an investigative committee*
36 *of the Board must be presented to the Board for approval. Any remediation*
37 *agreement presented to the Board pursuant to this subsection is a public record.*
38 *The Board shall ensure that all identifying information regarding each person*
39 *who is subject to the remediation agreement is removed. The remediation*
40 *agreement becomes effective immediately upon approval of the remediation*
41 *agreement by the Board. If the Board does not approve the remediation*
42 *agreement, the Board shall refer the matter to the investigative committee that*
43 *presented the remediation agreement to the Board. The investigative committee*
44 *may further proceed with the matter as it deems appropriate.*

45 5. *A remediation agreement entered into pursuant to this section does not*
46 *constitute disciplinary action against any person who is subject to the*
47 *remediation agreement and is not reportable to any national database. If the*
48 *person violates a provision of the remediation agreement, the Board or the*
49 *investigative committee of the Board with whom the remediation agreement was*
50 *negotiated may take any action it deems appropriate, including, without*
51 *limitation, initiating disciplinary proceedings against the person.*

52 6. *The Board shall adopt regulations to carry out the provisions of this*
53 *section.*

1 **Sec. 68. *In any disciplinary proceedings conducted pursuant to this***
2 ***chapter, the standard of proof is a preponderance of the evidence.***

3 **Sec. 69.** NRS 633.131 is hereby amended to read as follows:

4 633.131 1. “Unprofessional conduct” includes:

5 (a) Willfully making a false or fraudulent statement or submitting a forged or
6 false document in applying for a license to practice osteopathic medicine or in
7 applying for renewal of a license to practice osteopathic medicine.

8 (b) Failure of a licensee of the practice of osteopathic medicine to designate his
9 school of practice in the professional use of his name by the term D.O., osteopathic
10 physician, doctor of osteopathy or a similar term.

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

17 (d) Employing, directly or indirectly, any suspended or unlicensed person in
18 the practice of osteopathic medicine, or the aiding or abetting of any unlicensed
19 person to practice osteopathic medicine.

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

22 (f) Engaging in any:

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

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

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

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

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

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

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

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

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

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

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

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

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

52 2. It is not unprofessional conduct:

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

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

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

Sec. 70. NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

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

(b) A medical officer of the Armed Services or a medical officer of any division or department of the United States in the discharge of his official duties.

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

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

Sec. 71. 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 ~~that~~:

1. A certificate of completion of progressive postgraduate training from the residency program where the applicant received training ~~that~~; and

2. If applicable, proof of satisfactory completion of a postgraduate training program specified in paragraph (c) of subsection 4 of NRS 633.311 within 120 days after the scheduled completion of the program.

Sec. 72. NRS 633.331 is hereby amended to read as follows:

633.331 1. Examinations ~~must~~ *may* be held ~~at least~~ once a year at the time and place fixed by the Board. The Board shall notify each applicant in writing of the examinations.

2. The examination must be fair and impartial, practical in character, and the questions must be designed to discover the applicant's fitness.

3. The Board may employ specialists and other professional consultants or examining services in conducting the examination.

4. Each member who is not licensed in any state to practice any healing art shall not participate in preparing, conducting or grading any examination required by the Board.

Sec. 73. NRS 633.411 is hereby amended to read as follows:

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

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

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

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

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

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

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

4. A special license issued under this section:

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

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

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

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

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

Sec. 74. NRS 633.511 is hereby amended to read as follows:

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

1. Unprofessional conduct.

2. Conviction of:

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

(b) A felony relating to the practice of osteopathic medicine;

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

(d) Murder, voluntary manslaughter or mayhem;

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

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

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

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

(i) Any offense involving moral turpitude.

3. The suspension of the license to practice osteopathic medicine by any other jurisdiction.

4. ~~Gross or repeated~~ **Malpractice or gross** malpractice, which may be evidenced by ~~claims~~ **a claim** of malpractice settled against a practitioner.

5. Professional incompetence.

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

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

8. **Failure to comply with the provisions of subsection 2 of NRS 633.322.**

9. **Signing a blank prescription form.**

1 *10. Attempting, directly or indirectly, by intimidation, coercion or deception,*
2 *to obtain or retain a patient or to discourage the use of a second opinion.*

3 *11. Terminating the medical care of a patient without adequate notice or*
4 *without making other arrangements for the continued care of the patient.*

5 *12. In addition to the provisions of subsection 3 of NRS 633.524, making or*
6 *filing a report which the licensee knows to be false, failing to file a record or*
7 *report that is required by law or willfully obstructing or inducing another to*
8 *obstruct the making or filing of such a record or report.*

9 **Sec. 75.** NRS 633.561 is hereby amended to read as follows:

10 633.561 1. Notwithstanding the provisions of chapter 622A of NRS, if the
11 Board or a member of the Board designated to review a complaint pursuant to NRS
12 633.541 has reason to believe that the conduct of an osteopathic physician has
13 raised a reasonable question as to his competence to practice osteopathic medicine
14 with reasonable skill and safety to patients, the Board or the member designated by
15 the Board may require the osteopathic physician to submit to a mental or physical
16 examination by physicians designated by the Board. *If the osteopathic physician*
17 *participates in a diversion program, the diversion program may exchange with*
18 *any authorized member of the staff of the Board any information concerning the*
19 *recovery and participation of the osteopathic physician in the diversion program.*
20 *As used in this subsection, "diversion program" means a program approved by*
21 *the Board to correct an osteopathic physician's alcohol or drug dependence or*
22 *any other impairment.*

23 2. For the purposes of this section:

24 (a) Every physician who is licensed under this chapter who accepts the
25 privilege of practicing osteopathic medicine in this State shall be deemed to have
26 given his consent to submit to a mental or physical examination if directed to do so
27 in writing by the Board.

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

30 3. Except in extraordinary circumstances, as determined by the Board, the
31 failure of a physician who is licensed under this chapter to submit to an
32 examination if directed as provided in this section constitutes an admission of the
33 charges against him.

34 **Sec. 76.** NRS 633.625 is hereby amended to read as follows:

35 633.625 1. Any ~~{osteopathic physician}~~ *licensee* against whom the Board
36 initiates disciplinary action pursuant to this chapter shall, within 30 days after the
37 ~~{osteopathic physician's}~~ *licensee's* receipt of notification of the initiation of the
38 disciplinary action, submit to the Board a complete set of his fingerprints and
39 written permission authorizing the Board to forward the fingerprints to the Central
40 Repository for Nevada Records of Criminal History for submission to the Federal
41 Bureau of Investigation for its report.

42 2. The willful failure of ~~{an osteopathic physician}~~ *a licensee* to comply with
43 the requirements of subsection 1 constitutes additional grounds for disciplinary
44 action and the revocation of the license of the ~~{osteopathic physician}~~ *licensee*.

45 3. The Board has additional grounds for initiating disciplinary action against
46 ~~{an osteopathic physician}~~ *a licensee* if the report from the Federal Bureau of
47 Investigation indicates that the ~~{osteopathic physician}~~ *licensee* has been convicted
48 of:

49 (a) An act that is a ground for disciplinary action pursuant to NRS 633.511; or

50 (b) A felony set forth in NRS 633.741.

51 **Sec. 77.** NRS 633.651 is hereby amended to read as follows:

52 633.651 1. If the Board finds a person guilty in a disciplinary proceeding, it
53 shall by order take one or more of the following actions:

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

(b) Administer to the person a public reprimand.

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

(d) Suspend the license of the person to practice osteopathic medicine for a specified period or until further order of the Board.

(e) Revoke the license of the person to practice osteopathic medicine.

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

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

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

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

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

➤ The order of the Board may contain ~~such~~ any other terms, provisions or conditions as the Board deems proper and which are not inconsistent with law.

2. The Board shall not administer a private reprimand.

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

Sec. 78. NRS 633.691 is hereby amended to read as follows:

633.691 In addition to any other immunity provided by the provisions of chapter 622A of NRS, the Board, a medical review panel of a hospital, a hearing officer, a panel of the Board, *an employee or volunteer of a diversion program specified in NRS 633.561*, or any person who or other organization which initiates or assists in any lawful investigation or proceeding concerning the discipline of an osteopathic physician for gross malpractice, ~~repeated~~ malpractice, professional incompetence or unprofessional conduct is immune from any civil action for such initiation or assistance or any consequential damages, if the person or organization acted without malicious intent.

Sec. 79. NRS 652.210 is hereby amended to read as follows:

652.210 1. Except as otherwise provided in subsection 2 and NRS 126.121, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a *perfusionist*, a physician 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.

2. The 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. 80. 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 *perfusionist or 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, 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, a marriage and family therapist intern, a clinical professional counselor, a clinical professional counselor intern 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) 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) 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

1 imprisonment in the state prison for a minimum term of not less than 1 year and a
2 maximum term of not more than 6 years, or by a fine of not more than \$5,000, or
3 by both fine and imprisonment.

4 **Sec. 81.** NRS 200.5093 is hereby amended to read as follows:

5 200.5093 1. Any person who is described in subsection 4 and who, in his
6 professional or occupational capacity, knows or has reasonable cause to believe that
7 an older person has been abused, neglected, exploited or isolated shall:

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

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

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

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

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

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

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

26 3. Each agency, after reducing a report to writing, shall forward a copy of the
27 report to the Aging Services Division of the Department of Health and Human
28 Services and the Unit for the Investigation and Prosecution of Crimes.

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

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

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

44 (c) A coroner.

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

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

49 (f) Every person who operates, who is employed by or who contracts to
50 provide services for an intermediary service organization as defined in NRS
51 426.218.

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

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

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

(j) 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 an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) 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, the Aging Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes 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, and a copy of any final report of an investigation must be forwarded to the Unit for the Investigation and Prosecution of Crimes within 90 days after 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.

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

Sec. 82. 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,

1 the person shall make the report to a law enforcement agency other than the one
2 alleged to have committed the act or omission.

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

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

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

18 (c) A coroner.

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

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

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

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

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

30 (i) Every social worker.

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

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

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

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

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

45 **Sec. 83.** NRS 372.7285 is hereby amended to read as follows:

46 372.7285 1. In administering the provisions of NRS 372.325, the
47 Department shall apply the exemption to the sale of a medical device to a
48 governmental entity that is exempt pursuant to that section without regard to
49 whether the person using the medical device or the governmental entity that
50 purchased the device is deemed to be the holder of title to the device if:

51 (a) The medical device was ordered or prescribed by a provider of health care,
52 within his scope of practice, for use by the person to whom it is provided;

53 (b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, *perfusionist*, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor or doctor of Oriental medicine in any form.

Sec. 84. NRS 374.731 is hereby amended to read as follows:

374.731 1. In administering the provisions of NRS 374.330, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) "Medicare" means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, *perfusionist*, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor or doctor of Oriental medicine in any form.

Sec. 85. 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 licensed pursuant to chapter 630 or 633 of NRS, *perfusionist*, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and 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 an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.

Sec. 86. Section 121 of chapter 413, Statutes of Nevada 2007, at page 1869, is hereby amended to read as follows:

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.

Sec. 87. NRS 630.175 and 630.348 are hereby repealed.

Sec. 88. Section 7 of chapter 413, Statutes of Nevada 2007, at page 1825, is hereby repealed.

Sec. 89. Notwithstanding the amendatory provisions of this act:

1. A person may be licensed as a perfusionist without complying with the provisions of section 8 of this act if the person:

(a) Is employed or otherwise working as a perfusionist on July 1, 2009;

(b) Has been operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility as his primary function for at least 6 of the 8 years immediately preceding the date of application; and

(c) Before July 1, 2010, submits to the Board of Medical Examiners:

(1) An application for a license to practice perfusion on a form provided by the Board;

(2) The required fee established by the Board for the license; and

(3) The information required pursuant to NRS 630.197, unless that section has expired by limitation and is no longer in effect.

2. If a person is employed or otherwise working as a perfusionist on July 1, 2009, but the person does not meet the qualifications to be licensed as a perfusionist

pursuant to subsection 1 or, if so qualified, fails to obtain a license as a perfusionist pursuant to subsection 1, the person:

(a) May continue to practice perfusion in this State until June 30, 2010, without holding a license to practice perfusion issued by the Board of Medical Examiners; and

(b) Must, if the person wishes to continue to practice perfusion in this State on or after July 1, 2010, hold a license to practice perfusion issued by the Board.

Sec. 90. A person who, on October 1, 2009:

1. Is the holder of a valid restricted license issued pursuant to NRS 630.262 and who is otherwise qualified to hold such a license on that date shall be deemed to hold an authorized facility license issued pursuant to that section, as amended by section 38 of this act.

2. Is the holder of a valid license as a practitioner of respiratory care pursuant to NRS 630.277 and who is otherwise qualified to practice respiratory care on that date shall be deemed to hold such a license issued pursuant to that section, as amended by section 40 of this act.

Sec. 91. 1. This section and sections 27, 86, 88 and 89 of this act become effective upon passage and approval.

2. Sections 1, 3 to 13, inclusive, 15, 16, 19, 20, 21, 24, 29, 33, 39, 45, 46, 50, 51, 52, 55, 59 to 65, inclusive, 70 and 79 to 85, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting regulations and performing any preliminary administrative tasks that are necessary to carry out the provisions of this act; and

(b) On July 1, 2010, for all other purposes.

3. Sections 2, 14, 17, 18, 22, 23, 25, 26, 28, 30, 31, 32, 35 to 38, inclusive, 40 to 44, inclusive, 47, 48, 49, 53, 54, ~~54.5~~, 57, 58, 66 to 69, inclusive, 71 to 78, inclusive, 87 and 90 of this act become effective on October 1, 2009.

4. Section 33 of this act expires by limitation on the date which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a procedure to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment of the support of one or more children,

are repealed by the Congress of the United States.

5. Section 34 of this act becomes effective on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

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

(b) Are in arrears in the payment of the support of one or more children,

are repealed by the Congress of the United States.

6. Sections 34 and 60 of this act expire by limitation on the date 2 years after the date on which the provision of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

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

- 1 (b) Are in arrears in the payment for the support of one or more children,
2 ➤ are repealed by the Congress of the United States.

**LEADLINES OF REPEALED SECTIONS OF NRS AND
TEXT OF REPEALED SECTION OF STATUTES OF NEVADA**

630.175 Reporting of certain additional information concerning application.

630.348 Standards for revocation of license.

Section 7 of chapter 413, Statutes of Nevada 2007:

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:

~~1-1~~ **(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;

(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

(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.