

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 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



55 proceeding. (NRS 633.131, 633.171, 633.322, 633.331, 633.411, 633.511, 633.561,
56 633.625, 633.651, 633.691)

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

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

2 629.031 Except as otherwise provided by **a** specific statute:

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

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

14 **Sec. 2.** NRS 629.069 is hereby amended to read as follows:

15 629.069 1. A provider of health care shall disclose the results
16 of all tests performed pursuant to NRS 441A.195 to:

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

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

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

30 (d) If the person who was tested is incarcerated or detained, the
31 person in charge of the facility in which the person is incarcerated or
32 detained and the chief medical officer of the facility in which the
33 person is incarcerated or detained, if any ~~H~~; **and**

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



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

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

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

2. The term includes, without limitation:

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

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

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

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

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

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

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

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

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

4. The fees for examination and for reinstatement of expired licenses;

5. The requirements for continuing education for the renewal of a license;

6. A code of ethics for perfusionists; and

7. The procedures for the revocation, suspension or denial of a license for a violation of this chapter or the regulations of the Board.



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

- 3 1. *Be a natural person of good moral character;*
- 4 2. *Submit a completed application as required by the Board*
5 *by the date established by the Board;*
- 6 3. *Submit any required fees by the date established by the*
7 *Board;*
- 8 4. *Have successfully completed a perfusion education*
9 *program approved by the Board, which must:*
 - 10 (a) *Have been approved by the Committee on Allied Health*
11 *Education and Accreditation of the American Medical Association*
12 *before June 1, 1994; or*
 - 13 (b) *Be a program that has educational standards that are at*
14 *least as stringent as those established by the Accreditation*
15 *Committee-Perfusion Education and approved by the Commission*
16 *on Accreditation of Allied Health Education Programs of the*
17 *American Medical Association, or its successor;*
- 18 5. *Pass an examination required pursuant to section 9 of this*
19 *act; and*
- 20 6. *Comply with any other requirements set by the Board.*

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

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

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

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

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

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

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



2. Each licensed perfusionist shall:
- (a) Display his current license in a location which is accessible to the public;
 - (b) Keep a copy of his current license on file at any health care facility where he provides services; and
 - (c) Notify the Board of any change of address in accordance with NRS 630.254.

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

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

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

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

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

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

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

(b) Submits to the Board the fees:

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

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

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

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

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

(a) Has completed an approved perfusion education program;

(b) Files an application; and



(c) Pays the required fee.

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

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

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

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

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

630.003 1. The Legislature finds and declares that:

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

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

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

(d) The Board must ensure that unfit physicians, *perfusionists*, physician assistants and practitioners of respiratory care are removed from the medical 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.



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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 ~~H~~, **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;



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

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

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

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

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

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

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

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

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

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

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 outside of a medical school or medical facility by a person who is not a physician, physician assistant or practitioner of respiratory care in cases of emergency.

(b) The domestic administration of family remedies.



1 **Sec. 21.** NRS 630.120 is hereby amended to read as follows:
2 630.120 1. The Board shall procure a seal.

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

7 **Sec. 22.** NRS 630.123 is hereby amended to read as follows:
8 630.123 The Board shall operate on the basis of a fiscal year
9 commencing on ~~July~~ *January* 1 and terminating on ~~June 30~~ *December 31*.
10

11 **Sec. 23.** NRS 630.130 is hereby amended to read as follows:
12 630.130 1. In addition to the other powers and duties
13 provided in this chapter, the Board shall, in the interest of the public,
14 judiciously:

15 (a) Enforce the provisions of this chapter;

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

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

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

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

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

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

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

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

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

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



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

2 630.137 1. Notwithstanding any other provision of law and
3 except as otherwise provided in this section, the Board shall not
4 adopt any regulations that prohibit or have the effect of prohibiting a
5 physician, **perfusionist**, physician assistant or practitioner of
6 respiratory care from collaborating or consulting with another
7 provider of health care.

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

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

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

16 630.140 1. The Board may hold hearings and conduct
17 investigations pertaining to its duties imposed under this chapter and
18 take evidence on any such matter under inquiry before the Board.
19 For the purposes of this chapter:

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

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

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

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

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



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- 1 **Sec. 26.** NRS 630.160 is hereby amended to read as follows:
2 630.160 1. Every person desiring to practice medicine must,
3 before beginning to practice, procure from the Board a license
4 authorizing him to practice.
5 2. Except as otherwise provided in NRS 630.1605, 630.161
6 and 630.258 to 630.265, inclusive, a license may be issued to any
7 person who:
8 (a) Is a citizen of the United States or is lawfully entitled to
9 remain and work in the United States;
10 (b) Has received the degree of doctor of medicine from a
11 medical school:
12 (1) Approved by the Liaison Committee on Medical
13 Education of the American Medical Association and Association of
14 American Medical Colleges; or
15 (2) Which provides a course of professional instruction
16 equivalent to that provided in medical schools in the United States
17 approved by the Liaison Committee on Medical Education;
18 (c) Is currently certified by a specialty board of the American
19 Board of Medical Specialties and who agrees to maintain the
20 certification for the duration of his licensure, or has passed:
21 (1) All parts of the examination given by the National Board
22 of Medical Examiners;
23 (2) All parts of the Federation Licensing Examination;
24 (3) All parts of the United States Medical Licensing
25 Examination;
26 (4) All parts of a licensing examination given by any state or
27 territory of the United States, if the applicant is certified by a
28 specialty board of the American Board of Medical Specialties;
29 (5) All parts of the examination to become a licentiate of the
30 Medical Council of Canada; or
31 (6) Any combination of the examinations specified in
32 subparagraphs (1), (2) and (3) that the Board determines to be
33 sufficient;
34 (d) Is currently certified by a specialty board of the American
35 Board of Medical Specialties in the specialty of emergency
36 medicine, preventive medicine or family practice and who agrees to
37 maintain certification in at least one of these specialties for the
38 duration of his licensure, or:
39 (1) Has completed 36 months of progressive postgraduate:
40 (I) Education as a resident in the United States or Canada
41 in a program approved by the Board, the Accreditation Council for
42 Graduate Medical Education or the Coordinating Council of
43 Medical Education of the Canadian Medical Association; or



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

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

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

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

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

(a) Temporarily suspend the license;

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

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

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

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

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

(2) Administering a public reprimand;

(3) Limiting the practice of the licensee;

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(c)~~ (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

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

~~(3)~~ (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*



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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, 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 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 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:

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

~~1-2~~ (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 ~~1-1~~ *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



1 Welfare and Supportive Services of the Department of Health and
2 Human Services pursuant to NRS 425.520. The statement must be
3 completed and signed by the applicant.

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

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

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

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

13 (a) Fails to submit the statement required pursuant to subsection
14 1; or

15 (b) Indicates on the statement submitted pursuant to subsection
16 1 that he is subject to a court order for the support of a child and is
17 not in compliance with the order or a plan approved by the district
18 attorney or other public agency enforcing the order for the
19 repayment of the amount owed pursuant to the order.

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

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

29 630.197 1. In addition to any other requirements set forth in
30 this chapter, an applicant for the issuance or renewal of a license to
31 practice medicine, to practice as a *perfusionist*, *to practice as a*
32 physician assistant or to practice as a practitioner of respiratory care
33 shall submit to the Board the statement prescribed by the Division of
34 Welfare and Supportive Services of the Department of Health and
35 Human Services pursuant to NRS 425.520. The statement must be
36 completed and signed by the applicant.

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

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

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

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



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1 (a) Fails to submit the statement required pursuant to subsection
2 1; or

3 (b) Indicates on the statement submitted pursuant to subsection
4 1 that he is subject to a court order for the support of a child and is
5 not in compliance with the order or a plan approved by the district
6 attorney or other public agency enforcing the order for the
7 repayment of the amount owed pursuant to the order.

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

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

17 630.200 1. The Board may deny an application for a license
18 to practice medicine for any violation of the provisions of this
19 chapter or regulations of the Board.

20 2. The Board shall notify an applicant of any deficiency which
21 prevents any further action on the application or results in the denial
22 of the application. The applicant may respond in writing to the
23 Board concerning any deficiency and, if he does so, the Board shall
24 respond in writing to the contentions of the applicant.

25 3. Any unsuccessful applicant may appeal to the ~~district court~~
26 ~~to review the action of the~~ Board ~~if~~ if he files his appeal within 90
27 days ~~from~~ after the date of the rejection of his application by the
28 Board. Upon appeal, the applicant has the burden to show that the
29 action of the Board is erroneous. ~~for unlawful.~~

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

31 630.258 1. A physician who is retired from active practice
32 and who ~~wishes~~ :

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

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

38 ↪ may obtain a special volunteer medical license by submitting an
39 application to the Board pursuant to this section.

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

42 (a) Documentation of the history of medical practice of the
43 physician;

44 (b) Proof that the physician previously has been issued an
45 unrestricted license to practice medicine in any state of the United



1 States and that he has never been the subject of disciplinary action
2 by a medical board in any jurisdiction;

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

6 (d) Acknowledgment that the practice of the physician under the
7 special volunteer medical license will be exclusively devoted to
8 providing medical care ~~to~~ :

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

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

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

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

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

29 5. The Board shall not charge a fee for:

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

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

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

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

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

43 630.261 1. Except as otherwise provided in NRS 630.161,
44 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 ~~{a-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 ~~{a-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 ~~{a-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 ~~{a-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 ~~{a-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



1	For application for and issuance of a temporary,	
2	locum tenens, limited, restricted, special or	
3	special purpose license.....	\$400
4	For renewal of a limited restricted or special	
5	license	400
6	For application for and issuance of a license as a	
7	physician assistant.....	400
8	For biennial registration of a physician assistant	800
9	For biennial registration of a physician.....	800
10	For application for and issuance of a license as a	
11	perfusionist or practitioner of respiratory care.....	400
12	For biennial renewal of a license as a perfusionist	600
13	For biennial registration of a practitioner of	
14	respiratory care.....	600
15	For biennial registration for a physician who is on	
16	inactive status.....	400
17	For written verification of licensure.....	50
18	For a duplicate identification card.....	25
19	For a duplicate license.....	50
20	For computer printouts or labels	500
21	For verification of a listing of physicians, per hour	20
22	For furnishing a list of new physicians	100
23		

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

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

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

35 630.277 1. Every person who wishes to practice respiratory
36 care in this State must:

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

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

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



Programs or its successor organization or the Committee on Accreditation for Respiratory Care or its successor organization;

(d) Be certified 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; and

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

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

(a) Practice respiratory care; or

(b) Hold himself out as qualified to practice respiratory care, in this State without complying with the provisions of subsection 1.

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

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

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

2. The issuance of such a letter or admonishment:

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

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

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

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



1 (b) Remediate or improve the practice of the person relating to
2 those violations.

3 4. A remediation agreement, if approved by an investigative
4 committee of the Board, must be presented to the Board for
5 approval. Any remediation agreement presented to the Board
6 pursuant to this subsection is a public record. The Board shall
7 ensure that all identifying information regarding each person who
8 is subject to the remediation agreement is removed. The
9 remediation agreement becomes effective immediately upon
10 approval of the remediation agreement by the Board. If the Board
11 does not approve the remediation agreement, the Board shall refer
12 the matter to the investigative committee that presented the
13 remediation agreement to the Board. The investigative committee
14 may further proceed with the matter as it deems appropriate.

15 5. A remediation agreement entered into pursuant to this
16 section does not constitute disciplinary action against any person
17 who is subject to the remediation agreement and is not reportable
18 to any national database. If the person violates a provision of the
19 remediation agreement, the Board or the investigative committee
20 of the Board with whom the remediation agreement was
21 negotiated may take any action it deems appropriate, including,
22 without limitation, initiating disciplinary proceedings against the
23 person.

24 6. The Board shall adopt regulations to carry out the
25 provisions of this section.

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

27 630.306 The following acts, among others, constitute grounds
28 for initiating disciplinary action or denying licensure:

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

32 2. Engaging in any conduct:

33 (a) Which is intended to deceive;

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

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

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

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

44 5. Practicing or offering to practice beyond the scope permitted
45 by law or performing services which the licensee knows or has



reason to know that he is not competent to perform **H or which are beyond the scope of his training.**

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

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

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

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

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

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

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

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

14. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted 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.



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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 ~~[-]~~ *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;



- 1 (b) Is mentally incompetent;
- 2 (c) Has been convicted of a felony or any law governing
- 3 controlled substances or dangerous drugs;
- 4 (d) Is guilty of abuse or fraud under any state or federal program
- 5 providing medical assistance; or
- 6 (e) Is liable for damages for malpractice or negligence,
- 7 ➤ within 45 days after such a finding, judgment or determination is
- 8 made.

9 ~~14.1~~ 5. On or before January 15 of each year, the clerk of each
10 court shall submit to the Office of Court Administrator created
11 pursuant to NRS 1.320 a written report compiling the information
12 that the clerk reported during the previous year to the Board
13 regarding physicians pursuant to paragraph (e) of subsection ~~13.1~~ 4.

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

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

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

30 3. Any hospital, clinic or other medical facility licensed in this
31 State, or medical society, shall report to the Board any change in the
32 privileges of a physician, **perfusionist**, physician assistant or
33 practitioner of respiratory care to practice while the physician,
34 **perfusionist**, physician assistant or practitioner of respiratory care is
35 under investigation and the outcome of any disciplinary action taken
36 by that facility or society against the physician, **perfusionist**,
37 physician assistant or practitioner of respiratory care concerning the
38 care of a patient or the competency of the physician, **perfusionist**,
39 physician assistant or practitioner of respiratory care within 30 days
40 after the change in privileges is made or disciplinary action is taken.
41 The Board shall report any failure to comply with this subsection by
42 a hospital, clinic or other medical facility licensed in this State to the
43 Health Division of the Department of Health and Human Services.
44 If, after a hearing, the Health Division determines that any such
45 facility or society failed to comply with the requirements of this



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1 subsection, the Division may impose an administrative fine of not
2 more than \$10,000 against the facility or society for each such
3 failure to report. If the administrative fine is not paid when due, the
4 fine must be recovered in a civil action brought by the Attorney
5 General on behalf of the Division.

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

10 (a) Is mentally ill;

11 (b) Is mentally incompetent;

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

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

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

17 ➔ within 45 days after such a finding, judgment or determination is
18 made.

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

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

25 630.309 To institute a disciplinary action against a
26 **perfusionist**, physician assistant or practitioner of respiratory care, a
27 written complaint, specifying the charges, must be filed with the
28 Board by:

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

31 2. Any member of the Board; or

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

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

36 630.311 1. A committee designated by the Board and
37 consisting of members of the Board shall review each complaint and
38 conduct an investigation to determine if there is a reasonable basis
39 for the complaint. The committee must be composed of at least three
40 members of the Board, at least one of whom is ~~qualified pursuant to~~
41 ~~subsection 2 of NRS 630.060.]~~ **not a physician.** The committee may
42 issue orders to aid its investigation including, but not limited to,
43 compelling a physician to appear before the committee.

44 2. If, after conducting an investigation, the committee
45 determines that there is a reasonable basis for the complaint and that



1 a violation of any provision of this chapter has occurred, the
2 committee may file a formal complaint with the Board.

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

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

11 630.318 1. If the Board or any investigative committee of the
12 Board has reason to believe that the conduct of any physician has
13 raised a reasonable question as to his competence to practice
14 medicine with reasonable skill and safety to patients, or if the Board
15 has received a report pursuant to the provisions of NRS 630.3067,
16 630.3068, 690B.250 or 690B.260 indicating that a judgment has
17 been rendered or an award has been made against a physician
18 regarding an action or claim for malpractice or that such an action or
19 claim against the physician has been resolved by settlement, it may
20 order that the physician undergo a mental or physical examination
21 or an examination testing his competence to practice medicine by
22 physicians or other examinations designated by the Board to assist
23 the Board or committee in determining the fitness of the physician
24 to practice medicine.

25 2. For the purposes of this section:

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

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

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

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

39 630.326 1. ***If an investigation by the Board regarding a***
40 ***physician, physician assistant or practitioner of respiratory care***
41 ***reasonably determines that the health, safety or welfare of the***
42 ***public or any patient served by the physician, physician assistant***
43 ***or practitioner of respiratory care is at risk of imminent or***
44 ***continued harm, the Board may summarily suspend the license of***
45 ***the physician, physician assistant or practitioner of respiratory***



1 *care. The order of summary suspension may be issued by the*
2 *Board, an investigative committee of the Board or the Executive*
3 *Director of the Board after consultation with the President, Vice*
4 *President or Secretary-Treasurer of the Board.*

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

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

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

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

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

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



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1 **Sec. 51.** NRS 630.329 is hereby amended to read as follows:
2 630.329 If the Board issues an order suspending the license of
3 a physician, **perfusionist**, physician assistant or practitioner of
4 respiratory care pending proceedings for disciplinary action, the
5 court shall not stay that order.

6 **Sec. 52.** NRS 630.336 is hereby amended to read as follows:
7 630.336 1. Any deliberations conducted or vote taken by the
8 Board or any investigative committee of the Board regarding its
9 ordering of a physician, **perfusionist**, physician assistant or
10 practitioner of respiratory care to undergo a physical or mental
11 examination or any other examination designated to assist the Board
12 or committee in determining the fitness of a physician, **perfusionist**,
13 physician assistant or practitioner of respiratory care are not subject
14 to the requirements of NRS 241.020.

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

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

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

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

28 (c) Any communication between:

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

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

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

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

43 6. This section does not prevent or prohibit the Board from
44 communicating or cooperating with any other licensing board or
45 agency or any agency which is investigating a licensee, including a



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

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

6 630.339 1. If a committee designated by the Board to
7 conduct an investigation of a complaint decides to proceed with
8 disciplinary action, it shall bring charges against the licensee ~~[- If~~
9 ~~charges are brought, the Board shall fix a time and place for a~~
10 ~~formal hearing.]~~ by filing a formal complaint. The formal
11 complaint must include a written statement setting forth the
12 charges alleged and setting forth in concise and plain language
13 each act or omission of the respondent upon which the charges
14 are based. The formal complaint must be prepared with sufficient
15 clarity to ensure that the respondent is able to prepare his defense.
16 The formal complaint must specify any applicable law or
17 regulation that the respondent is alleged to have violated. The
18 formal complaint may be signed by the chairman of the
19 investigative committee or the Executive Director of the Board
20 acting in his official capacity.

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

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

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

37 (b) Set dates:

- 38 (1) By which all documents must be exchanged;
39 (2) By which all prehearing motions and responses thereto
40 must be filed;
41 (3) On which to hold the prehearing conference; and
42 (4) For any other foreseeable actions that may be required
43 for the matter;

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



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

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

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

10 ~~{2-}~~ 5. A formal hearing must be held at the time and date set
11 at the early case conference by:

12 (a) The Board ~~{-a-}~~;

13 (b) A hearing officer ~~{or a-}~~;

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

16 (d) A panel of ~~{its}~~ members of the Board designated by ~~{the~~
17 ~~Board shall hold the formal hearing on the charges at the time and~~
18 ~~place designated in the notification.}~~ an investigative committee of
19 the Board or the Board;

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

23 (f) A hearing officer together with a panel of members of the
24 Board designated by an investigative committee of the Board or
25 the Board. If the hearing is before a panel, at least one member of
26 the ~~{Board who is}~~ panel must not be a physician . ~~{must participate~~
27 ~~in this hearing.}~~

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

35 (a) Conduct the hearing;

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

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

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



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

2 630.342 1. Any ~~{physician}~~ **licensee** against whom the Board
3 initiates disciplinary action pursuant to this chapter shall, within 30
4 days after the ~~{physician's}~~ **licensee's** receipt of notification of the
5 initiation of the disciplinary action, submit to the Board a complete
6 set of his fingerprints and written permission authorizing the Board
7 to forward the fingerprints to the Central Repository for Nevada
8 Records of Criminal History for submission to the Federal Bureau
9 of Investigation for its report.

10 2. The willful failure of a ~~{physician}~~ **licensee** to comply with
11 the requirements of subsection 1 constitutes additional grounds for
12 disciplinary action and the revocation of the license of the
13 ~~{physician}~~ **licensee**.

14 3. The Board has additional grounds for initiating disciplinary
15 action against a ~~{physician}~~ **licensee** if the report from the Federal
16 Bureau of Investigation indicates that the ~~{physician}~~ **licensee** has
17 been convicted of:

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

20 (b) A violation of NRS 630.400.

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

22 630.346 In any disciplinary hearing:

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

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

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

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

36 630.346 In any disciplinary hearing:

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

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

44 3. A certified copy of the record of a court or a licensing
45 agency showing a conviction or plea of nolo contendere or the



suspension, revocation, limitation, modification, denial or surrender of a license to practice medicine , *perfusion* or respiratory care is conclusive evidence of its occurrence.

Sec. 56. (Deleted by amendment.)

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

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

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

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

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

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

↪ The Board may limit the time within which the parties and the complainant may make their arguments and statements.

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

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



1 ~~—3.1~~ 4. Except as otherwise provided in subsection ~~[4.1]~~ 5, if the
2 Board finds that a violation has occurred, it shall by order take one
3 or more of the following actions:

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

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

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

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

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

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

15 (g) Require supervision of his practice;

16 (h) Impose a fine not to exceed \$5,000 ~~[1]~~ **for each violation;**

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

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

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

23 ~~[4.1]~~ 5. If the Board finds that the ~~[physician]~~ **respondent** has
24 violated the provisions of NRS 439B.425, the Board shall suspend
25 his license for a specified period or until further order of the Board.

26 ~~[5.1]~~ 6. The Board shall not administer a private reprimand if
27 the Board finds that a violation has occurred.

28 ~~[6.1]~~ 7. ***Within 30 days after the hearing before the Board, the***
29 ***Board shall issue a final order, certified by the Secretary-***
30 ***Treasurer of the Board, that imposes discipline and incorporates***
31 ***the findings of fact and conclusions of law obtained from the***
32 ***hearing.*** An order that imposes discipline and the findings of fact
33 and conclusions of law supporting that order are public records.

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

35 630.356 1. Any person aggrieved by a final order of the
36 Board is entitled to judicial review of the Board's order.

37 2. Every order that imposes a sanction against a licensee
38 pursuant to subsection ~~[3]~~ 4 or ~~[4]~~ 5 of NRS 630.352 or any
39 regulation of the Board is effective from the date the Secretary-
40 Treasurer certifies the order until the date the order is modified or
41 reversed by a final judgment of the court. The court shall not stay
42 the order of the Board pending a final determination by the court.

43 3. The district court shall give a petition for judicial review of
44 the Board's order priority over other civil matters which are not
45 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.



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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



1 in the practice of medicine , **perfusion** or respiratory care without
2 having a license to do so, without alleging any further or more
3 particular facts concerning the same.

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

5 630.400 A person who:

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

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

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

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

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

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

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

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

24 630A.090 1. This chapter does not apply to:

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

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

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

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

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

39 3. This chapter does not prohibit:

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

41 (b) The domestic administration of family remedies.

42 4. This chapter does not authorize a homeopathic physician to
43 practice medicine, including allopathic medicine, except as
44 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 facility.



1 The superintendent, manager or other person in charge shall make a
2 report 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
5 provisions of this chapter to the Executive Director of the Board
6 pursuant to this section is immune from civil liability for reporting
7 the violation.

8 5. As used in this section, “agency to provide personal care
9 services in the home” has the meaning ascribed to it in
10 NRS 449.0021.

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

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

19 **2. *The issuance of such a letter or admonishment:***

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

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

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

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

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

41 **4. *A remediation agreement that is negotiated by an***
42 ***investigative committee of the Board must be presented to the***
43 ***Board for approval. Any remediation agreement presented to the***
44 ***Board pursuant to this subsection is a public record. The Board***
45 ***shall ensure that all identifying information regarding each***



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1 *person who is subject to the remediation agreement is removed.*
2 *The remediation agreement becomes effective immediately upon*
3 *approval of the remediation agreement by the Board. If the Board*
4 *does not approve the remediation agreement, the Board shall refer*
5 *the matter to the investigative committee that presented the*
6 *remediation agreement to the Board. The investigative committee*
7 *may further proceed with the matter as it deems appropriate.*

8 *5. A remediation agreement entered into pursuant to this*
9 *section does not constitute disciplinary action against any person*
10 *who is subject to the remediation agreement and is not reportable*
11 *to any national database. If the person violates a provision of the*
12 *remediation agreement, the Board or the investigative committee*
13 *of the Board with whom the remediation agreement was*
14 *negotiated may take any action it deems appropriate, including,*
15 *without limitation, initiating disciplinary proceedings against the*
16 *person.*

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

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

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

23 633.131 1. “Unprofessional conduct” includes:

24 (a) Willfully making a false or fraudulent statement or
25 submitting a forged or false document in applying for a license to
26 practice osteopathic medicine or in applying for renewal of a license
27 to practice osteopathic medicine.

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

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

39 (d) Employing, directly or indirectly, any suspended or
40 unlicensed person in the practice of osteopathic medicine, or the
41 aiding or abetting of any unlicensed person to practice osteopathic
42 medicine.

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



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- 1 (f) Engaging in any:
2 (1) Professional conduct which is intended to deceive or
3 which the Board by regulation has determined is unethical; or
4 (2) Medical practice harmful to the public or any conduct
5 detrimental to the public health, safety or morals which does not
6 constitute gross or repeated malpractice or professional
7 incompetence.
8 (g) Administering, dispensing or prescribing any controlled
9 substance or any dangerous drug as defined in chapter 454 of NRS,
10 otherwise than in the course of legitimate professional practice or as
11 authorized by law.
12 (h) Habitual drunkenness or habitual addiction to the use of a
13 controlled substance.
14 (i) Performing, assisting in or advising an unlawful abortion or
15 the injection of any liquid silicone substance into the human body ~~or~~
16 *, other than the use of silicone oil to repair a retinal detachment.*
17 (j) Willful disclosure of a communication privileged pursuant to
18 a statute or court order.
19 (k) Willful disobedience of the regulations of the State Board of
20 Health, the State Board of Pharmacy or the State Board of
21 Osteopathic Medicine.
22 (l) Violating or attempting to violate, directly or indirectly, or
23 assisting in or abetting the violation of or conspiring to violate any
24 prohibition made in this chapter.
25 (m) Failure of a licensee to maintain timely, legible, accurate
26 and complete medical records relating to the diagnosis, treatment
27 and care of a patient.
28 (n) Making alterations to the medical records of a patient that
29 the licensee knows to be false.
30 (o) Making or filing a report which the licensee knows to be
31 false.
32 (p) Failure of a licensee to file a record or report as required by
33 law, or willfully obstructing or inducing any person to obstruct such
34 filing.
35 (q) Failure of a licensee to make medical records of a patient
36 available for inspection and copying as provided by NRS 629.061.
37 2. It is not unprofessional conduct:
38 (a) For persons holding valid licenses to practice osteopathic
39 medicine issued pursuant to this chapter to practice osteopathic
40 medicine in partnership under a partnership agreement or in a
41 corporation or an association authorized by law, or to pool, share,
42 divide or apportion the fees and money received by them or by
43 the partnership, corporation or association in accordance with the
44 partnership agreement or the policies of the board of directors of the
45 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 ~~the~~ :

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



- 1 **Sec. 74.** NRS 633.511 is hereby amended to read as follows:
2 633.511 The grounds for initiating disciplinary action pursuant
3 to this chapter are:
4 1. Unprofessional conduct.
5 2. Conviction of:
6 (a) A violation of any federal or state law regulating the
7 possession, distribution or use of any controlled substance or any
8 dangerous drug as defined in chapter 454 of NRS;
9 (b) A felony relating to the practice of osteopathic medicine;
10 (c) A violation of any of the provisions of NRS 616D.200,
11 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;
12 (d) Murder, voluntary manslaughter or mayhem;
13 (e) Any felony involving the use of a firearm or other deadly
14 weapon;
15 (f) Assault with intent to kill or to commit sexual assault or
16 mayhem;
17 (g) Sexual assault, statutory sexual seduction, incest, lewdness,
18 indecent exposure or any other sexually related crime;
19 (h) Abuse or neglect of a child or contributory delinquency; or
20 (i) Any offense involving moral turpitude.
21 3. The suspension of the license to practice osteopathic
22 medicine by any other jurisdiction.
23 4. ~~{Gross or repeated}~~ *Malpractice or gross* malpractice, which
24 may be evidenced by ~~{claims}~~ *a claim* of malpractice settled against
25 a practitioner.
26 5. Professional incompetence.
27 6. Failure to comply with the requirements of NRS 633.527.
28 7. Failure to comply with the requirements of subsection 3 of
29 NRS 633.471.
30 8. *Failure to comply with the provisions of subsection 2 of*
31 *NRS 633.322.*
32 9. *Signing a blank prescription form.*
33 10. *Attempting, directly or indirectly, by intimidation,*
34 *coercion or deception, to obtain or retain a patient or to*
35 *discourage the use of a second opinion.*
36 11. *Terminating the medical care of a patient without*
37 *adequate notice or without making other arrangements for the*
38 *continued care of the patient.*
39 12. *In addition to the provisions of subsection 3 of NRS*
40 *633.524, making or filing a report which the licensee knows to be*
41 *false, failing to file a record or report that is required by law or*
42 *willfully obstructing or inducing another to obstruct the making or*
43 *filing of such a record or report.*



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

2 633.561 1. Notwithstanding the provisions of chapter 622A
3 of NRS, if the Board or a member of the Board designated to review
4 a complaint pursuant to NRS 633.541 has reason to believe that the
5 conduct of an osteopathic physician has raised a reasonable question
6 as to his competence to practice osteopathic medicine with
7 reasonable skill and safety to patients, the Board or the member
8 designated by the Board may require the osteopathic physician to
9 submit to a mental or physical examination by physicians designated
10 by the Board. *If the osteopathic physician participates in a*
11 *diversion program, the diversion program may exchange with any*
12 *authorized member of the staff of the Board any information*
13 *concerning the recovery and participation of the osteopathic*
14 *physician in the diversion program. As used in this subsection,*
15 *“diversion program” means a program approved by the Board to*
16 *correct an osteopathic physician’s alcohol or drug dependence or*
17 *any other impairment.*

18 2. For the purposes of this section:

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

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

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

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

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

38 2. The willful failure of ~~an osteopathic physician~~ *a licensee*
39 to comply with the requirements of subsection 1 constitutes
40 additional grounds for disciplinary action and the revocation of the
41 license of the ~~osteopathic physician~~ *licensee*.

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



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

(b) A felony set forth in NRS 633.741.

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

633.651 1. If the Board finds a person guilty in a disciplinary proceeding, it 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



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1 optometrist, a licensed practical nurse, a registered nurse, a
2 **perfusionist**, a physician assistant licensed pursuant to chapter 630
3 or 633 of NRS, a certified intermediate emergency medical
4 technician, a certified advanced emergency medical technician, a
5 practitioner of respiratory care licensed pursuant to chapter 630 of
6 NRS or a licensed dentist may manipulate a person for the collection
7 of specimens.

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

11 **Sec. 80.** NRS 200.471 is hereby amended to read as follows:

12 200.471 1. As used in this section:

13 (a) “Assault” means intentionally placing another person in
14 reasonable apprehension of immediate bodily harm.

15 (b) “Officer” means:

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

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

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

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

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

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

29 (c) “Provider of health care” means a physician, a **perfusionist**
30 **or a** physician assistant licensed pursuant to chapter 630 of NRS, a
31 practitioner of respiratory care, a homeopathic physician, an
32 advanced practitioner of homeopathy, a homeopathic assistant, an
33 osteopathic physician, a physician assistant licensed pursuant to
34 chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a
35 physical therapist, a medical laboratory technician, an optometrist, a
36 chiropractor, a chiropractor’s assistant, a doctor of Oriental
37 medicine, a nurse, a student nurse, a certified nursing assistant, a
38 nursing assistant trainee, a dentist, a dental hygienist, a pharmacist,
39 an intern pharmacist, an attendant on an ambulance or air
40 ambulance, a psychologist, a social worker, a marriage and family
41 therapist, a marriage and family therapist intern, a clinical
42 professional counselor, a clinical professional counselor intern and
43 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
2 than 1 year and a maximum term of not more than 6 years, or by a
3 fine of not more than \$5,000, or 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
6 who, in his professional or occupational capacity, knows or has
7 reasonable cause to believe that an older person has been abused,
8 neglected, exploited or isolated shall:

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

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

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

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

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

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

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

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

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

36 (a) Every physician, dentist, dental hygienist, chiropractor,
37 optometrist, podiatric physician, medical examiner, resident, intern,
38 professional or practical nurse, physician assistant licensed pursuant
39 to chapter 630 or 633 of NRS, **perfusionist**, psychiatrist,
40 psychologist, marriage and family therapist, clinical professional
41 counselor, clinical alcohol and drug abuse counselor, alcohol and
42 drug abuse counselor, athletic trainer, driver of an ambulance,
43 advanced emergency medical technician or other person providing
44 medical services licensed or certified to practice in this State, who



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1 examines, attends or treats an older person who appears to have
2 been abused, neglected, exploited or isolated.

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

9 (c) A coroner.

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

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

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

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

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

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

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

29 (k) Every social worker.

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

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

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



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1 7. A division, office or department which receives a report
2 pursuant to this section shall cause the investigation of the report to
3 commence within 3 working days. A copy of the final report of the
4 investigation conducted by a division, office or department, other
5 than the Aging Services Division of the Department of Health and
6 Human Services, must be forwarded to the Aging Services Division
7 within 90 days after the completion of the report, and a copy of any
8 final report of an investigation must be forwarded to the Unit for the
9 Investigation and Prosecution of Crimes within 90 days after
10 completion of the report.

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

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

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

22 **Sec. 82.** NRS 200.50935 is hereby amended to read as
23 follows:

24 200.50935 1. Any person who is described in subsection 3
25 and who, in his professional or occupational capacity, knows or has
26 reasonable cause to believe that a vulnerable person has been
27 abused, neglected, exploited or isolated shall:

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

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

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

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

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



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

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

14 (c) A coroner.

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

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

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

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

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

28 (i) Every social worker.

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

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

32 5. If a person who is required to make a report pursuant to
33 subsection 1 knows or has reasonable cause to believe that a
34 vulnerable person has died as a result of abuse, neglect or isolation,
35 the person shall, as soon as reasonably practicable, report this belief
36 to the appropriate medical examiner or coroner, who shall
37 investigate the cause of death of the vulnerable person and submit to
38 the appropriate local law enforcement agencies and the appropriate
39 prosecuting attorney his written findings. The written findings must
40 include the information required pursuant to the provisions of NRS
41 200.5094, when possible.

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



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

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

372.7285 1. In administering the provisions of NRS 372.325, 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. 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.



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(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.



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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

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

↪ are repealed by the Congress of the United States.



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

~~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.

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