## Amendment No. 323

Senate Amendment to Senate Bill No. 324	(BDR 54-701)
Proposed by: Senate Committee on Commerce, Labor and Energy	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: N	o Digest: Yes
Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage o 10, 14).	f S.B. 324 (§§ 2, 4,
ASSEMBLY ACTION Initial and Date   SENATE ACTION	Initial and Date
Adopted Lost Lost Adopted Lost	
Concurred In Not Concurred In Not	
Receded	
EXPLANATION: Matter in (1) blue bold italics is new language	
bill; (2) green bold italic underlining is new language proposed in	
(3) red strikethrough is deleted language in the original bill; (4)	/ A A
strikethrough is language proposed to be deleted in this amendr	
double underlining is deleted language in the original bill that is	s proposed to be
retained in this amendment; and (6) green bold underlining	is newly added
transitory language.	

AMI/RRY Date: 4/21/2013

S.B. No. 324—Revises provisions governing professions. (BDR 54-701)



## SENATE BILL No. 324-SENATOR HARDY

MARCH 18, 2013

JOINT SPONSOR: ASSEMBLYMAN EISEN

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions governing professions. (BDR 54-701)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

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

AN ACT relating to professions; authorizing certain qualified professionals who hold a license in another state or territory of the United States to apply for a license by endorsement to practice in this State; authorizing certain regulatory bodies to enter into a reciprocal agreement with the corresponding regulatory authority in another state or territory of the United States for the purposes of authorizing a licensee to practice concurrently in this State and another jurisdiction and regulating such licensees; authorizing a [hospital] medical facility to employ or contract with a physician to provide health care to a patient of the [hospital;] medical facility; and providing other matters properly relating thereto.

## **Legislative Counsel's Digest:**

Existing law generally provides for the regulation of professions in this State. (Title 54 of NRS) **Section 2** of this bill authorizes certain qualified professionals who are licensed in another state or territory of the United States and who are active members or veterans of, the spouse of an active member or veteran of, or the surviving spouse of a veteran of, the Armed Forces of the United States to apply for and receive a license by endorsement to practice their respective profession in this State. A person who receives a license by endorsement pursuant to section 2 is entitled to a 50 percent reduction in the fee for the initial issuance of a license or for an examination as a prerequisite to licensure. Section 3 of this bill authorizes certain regulatory bodies of this State to enter into a reciprocal agreement with the corresponding regulatory authority of another state or territory of the United States for the purposes of authorizing and regulating the practice of certain professions concurrently in this State and another jurisdiction. Sections 4, 10 and 14 of this bill authorize certain qualified physicians and certain qualified podiatrists to obtain a license by endorsement to practice in this State if the physician or podiatrist holds a valid and unrestricted license to practice in another state or territory of the United States, is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association, as applicable, and meets certain other requirements.

Section 17 of this bill authorizes a thospital medical facility to employ or contract with a physician to provide health care to a patient of the thospital medical facility. Section 17

 requires a medical facility, other than a hospital, that employs or contracts with a physician to provide health care to a patient to: (1) have credentialing and privileging standards and a process for peer review for the medical facility; and (2) have a physician or committee of physicians oversee those standards and the process for peer review.

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

**Section 1.** Chapter 622 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. 1. Notwithstanding the applicable provisions for obtaining a license pursuant to chapters 630 to 641C, inclusive, or 644 of NRS, a regulatory body may issue such a license by endorsement to an applicant if:

(a) The applicant holds a corresponding valid and unrestricted license to practice his or her respective profession in the District of Columbia or any state

or territory of the United States;

(b) III As applicable to the profession, the applicant is certified in a specialty recognized by the American Board of Medical Specialties III or the American Osteopathic Association;

(c) The applicant is an active member or veteran of, the spouse of an active member or veteran of, or the surviving spouse of a veteran of, the Armed Forces of the United States; and

(d) The regulatory body determines that the provisions of law in the state or territory in which the applicant holds a license as described in paragraph (a) are substantially equivalent to the applicable provisions of law in this State.

2. An applicant for a license by endorsement pursuant to this section must submit to the applicable regulatory body with his or her application:

(a) Proof satisfactory to the regulatory body that the applicant:

(1) Satisfies the requirements of paragraphs (a), (b) and (c) of subsection 1;

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

(3) Has not been disciplined or investigated by the corresponding regulatory authority of the state or territory in which the applicant holds a license to practice his or her respective profession; and

(4) If applicable to the profession, has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States more than once;

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

(c) Any other information required by the regulatory body in this State under whose jurisdiction the license may be issued.

3. Not later than 15 business days after receiving an application for a license by endorsement pursuant to this section, a regulatory body shall provide written notice to the applicant of any additional information required by the regulatory body to consider the application. Unless the regulatory body denies the application for good cause, the regulatory body shall approve the application and issue the license by endorsement to the applicant not later than [45]:

(a) Thirty days after receiving all the additional information required by the regulatory body to complete the application [4]; or

(b) If the regulatory body requires the applicant to submit fingerprints for the purpose of obtaining a report on the applicant's background, 10 days after receiving the report from the appropriate authority, 

→ whichever occurs last.

4. A license by endorsement may be issued at a meeting of the regulatory body or between its meetings by the chief executive officer of the regulatory body. Such an action shall be deemed to be an action of the regulatory body.

5. Notwithstanding any applicable provision of chapters 630 to 641C, inclusive, or 644 of NRS establishing a fee for any examination required as a prerequisite to licensure or for the issuance of a license, a regulatory body shall not collect from any person to whom a license by endorsement is issued pursuant to this section more than one-half of the specified fee for the examination or initial issuance of the license.

6. At any time before making a final decision on an application for a license by endorsement, a regulatory body may grant a provisional license authorizing an applicant to practice his or her respective profession in accordance with regulations adopted by the regulatory body.

7. As used in this section, "veteran" means a person who qualifies for an exemption pursuant to NRS 361.090.

Sec. 3. 1. A regulatory body that regulates a profession pursuant to chapters 630, 630A, 632 to 641C, inclusive, or 644 of NRS in this State may enter into a reciprocal agreement with the corresponding regulatory authority of the District of Columbia or any other state or territory of the United States for the purposes of:

(a) Authorizing a qualified person licensed in the profession in that state or territory to practice concurrently in this State and one or more other states or territories of the United States; and

(b) Regulating the practice of such a person.

2. A regulatory body may enter into a reciprocal agreement pursuant to subsection 1 only if the regulatory body determines that:

(a) The corresponding regulatory authority is authorized by law to enter into

such an agreement with the regulatory body; and

(b) The applicable provisions of law governing the practice of the respective profession in the state or territory on whose behalf the corresponding regulatory authority would execute the reciprocal agreement are substantially similar to the corresponding provisions of law in this State.

- 3. If the regulatory body enters into a reciprocal agreement pursuant to subsection 1, the regulatory body shall prepare an annual report before January 31 of each year outlining the progress of the regulatory body as it relates to such reciprocal agreements and shall submit the report to the Director of the Legislative Counsel Bureau for transmittal to the next session of the Legislature in odd-numbered years or to the Legislative Committee on Health Care in even-numbered years.
- **Sec. 4.** Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:
- (a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and
- (b) Is certified in a specialty recognized by the American Board of Medical Specialties.

- 2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:
  - (a) Proof satisfactory to the Board that the applicant:
    - (1) Satisfies the requirements of subsection 1;
- (2) Is a citizen of the United States or otherwise has the legal right to work in the United States;
- (3) Has not been disciplined or finvestigated been the subject of multiple investigations by the corresponding regulatory authority of the state or territory in which the applicant holds a license to practice medicine; and
- (4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States more than once;
- (b) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and
  - (c) Any other information required by the Board.
- 3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice medicine to the applicant not later than 45 days after receiving all the additional information required by the Board to complete the application.
- 4. A license by endorsement to practice medicine may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.
  - **Sec. 5.** NRS 630.160 is hereby amended to read as follows:
- 630.160 1. Every person desiring to practice medicine must, before beginning to practice, procure from the Board a license authorizing the person to practice.
- 2. Except as otherwise provided in NRS 630.1605, 630.161 and 630.258 to 630.266, inclusive, *and sections 2 and 4 of this act,* a license may be issued to any person who:
- (a) Is a citizen of the United States or is lawfully entitled to remain and work in the United States;
  - (b) Has received the degree of doctor of medicine from a medical school:
- (1) Approved by the Liaison Committee on Medical Education of the American Medical Association and Association of American Medical Colleges; or
- (2) Which provides a course of professional instruction equivalent to that provided in medical schools in the United States approved by the Liaison Committee on Medical Education;
- (c) Is currently certified by a specialty board of the American Board of Medical Specialties and who agrees to maintain the certification for the duration of the licensure, or has passed:
- (1) All parts of the examination given by the National Board of Medical Examiners;
  - (2) All parts of the Federation Licensing Examination;
  - (3) All parts of the United States Medical Licensing Examination;
- (4) All parts of a licensing examination given by any state or territory of the United States, if the applicant is certified by a specialty board of the American Board of Medical Specialties;
- (5) All parts of the examination to become a licentiate of the Medical Council of Canada; or

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prosecution pursuant to NRS 630.400; or

conditions;

(2) Administering a public reprimand; (3) Limiting the practice of the licensee;

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

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

(1) Has completed 36 months of progressive postgraduate:

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

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

(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; or

(3) Is a resident who is enrolled in a progressive postgraduate training program in the United States or Canada approved by the Board, the Accreditation Council for Graduate Medical Education or the Coordinating Council of Medical Education of the Canadian Medical Association, has completed at least 24 months of the program and has committed, in writing, to the Board that he or she will complete the program; and

(e) Passes a written or oral examination, or both, as to his or her 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

(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

(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

(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 or her 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. 6.** NRS 630.165 is hereby amended to read as follows:

- 630.165 1. Except as otherwise provided in subsection 2, an applicant for a license to practice medicine must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:
- (a) The applicant is the person named in the proof of graduation and that it was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and
- (b) The information contained in the application and any accompanying material is complete and correct.
- 2. An applicant for a license by endorsement to practice medicine pursuant to NRS 630.1605 or section 2 or 4 of this act must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:
- (a) The applicant is the person named in the license to practice medicine issued by the District of Columbia or any state or territory of the United States and that the license was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and
- (b) The information contained in the application and any accompanying material is complete and correct.
- 3. An application submitted pursuant to subsection 1 or 2 must include all information required to complete the application.
- 4. In addition to the other requirements for licensure, the Board may require such further evidence of the mental, physical, medical or other qualifications of the applicant as it considers necessary.
- 5. The applicant bears the burden of proving and documenting his or her qualifications for licensure.
  - **Sec.** 7. NRS 630.258 is hereby amended to read as follows:

630.258 1. A physician who is retired from active practice and who:

- (a) Wishes to donate his or her expertise for the medical care and treatment of persons in this State who are indigent, uninsured or unable to afford health care; or
- (b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,
- may obtain a special volunteer medical license by submitting an application to the Board pursuant to this section.

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- An application for a special volunteer medical license must be on a form provided by the Board and must include:
  - (a) Documentation of the history of medical practice of the physician;
- (b) Proof that the physician previously has been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;
- (c) Proof that the physician satisfies the requirements for licensure set forth in NRS 630.160 or the requirements for licensure by endorsement set forth in NRS 630.1605  $\stackrel{\square}{\longleftrightarrow}$  or section 2 or 4 of this act;
- (d) Acknowledgment that the practice of the physician under the special volunteer medical license will be exclusively devoted to providing medical care:
- (1) To persons in this State who are indigent, uninsured or unable to afford health care; or
- (2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and
- (e) Acknowledgment that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer medical license, except for payment by a medical facility at which the physician provides volunteer medical services of the expenses of the physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.
- If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is competent to practice medicine, the Board shall issue a special volunteer medical license to the physician.
- The initial special volunteer medical license issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance.
  - The Board shall not charge a fee for: 5.
  - (a) The review of an application for a special volunteer medical license; or
- (b) The issuance or renewal of a special volunteer medical license pursuant to this section.
- A physician who is issued a special volunteer medical license pursuant to this section and who accepts the privilege of practicing medicine in this State pursuant to the provisions of the special volunteer medical license is subject to all the provisions governing disciplinary action set forth in this chapter.
- A physician who is issued a special volunteer medical license pursuant to this section shall comply with the requirements for continuing education adopted by the Board.
  - Sec. 8. NRS 630.265 is hereby amended to read as follows:
- 630.265 1. Except as otherwise provided in Unless the Board denies such licensure pursuant to NRS 630.161 [ ] or for other good cause, the Board [may] shall issue to a qualified applicant a limited license to practice medicine as a resident physician in a graduate program approved by the Accreditation Council for Graduate Medical Education if the applicant is:
- (a) A graduate of an accredited medical school in the United States or Canada; or
- (b) A graduate of a foreign medical school and has received the standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by it.

- 2. The medical school or other institution sponsoring the program shall provide the Board with written confirmation that the applicant has been appointed to a position in the program and is a citizen of the United States or lawfully entitled to remain and work in the United States. A limited license remains valid only while the licensee is actively practicing medicine in the residency program and is legally entitled to work and remain in the United States.
- 3. The Board may issue a limited license for not more than 1 year but may renew the license if the applicant for the limited license meets the requirements set forth by the Board by regulation.
- 4. The holder of a limited license may practice medicine only in connection with his or her duties as a resident physician or under such conditions as are approved by the director of the program.
- 5. The holder of a limited license granted pursuant to this section may be disciplined by the Board at any time for any of the grounds provided in NRS 630.161 or 630.301 to 630.3065, inclusive.
  - **Sec. 9.** 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 <i>issued</i> pursuant to NRS 630.1605 or section 4 of this act	\$600
limited, restricted, authorized facility, special, special purpose or special event license	400
For renewal of a limited, restricted, authorized facility or	400
special license	400
For application for and issuance of a license as a physician	
assistant	
For biennial registration of a physician assistant	
For biennial registration of a physician	800
For application for and issuance of a license as a perfusionist or	
practitioner of respiratory care	
For biennial renewal of a license as a perfusionist	600
For biennial registration of a practitioner of respiratory care	600
For biennial registration for a physician who is on inactive	
status	400
For written verification of licensure	50
For a duplicate identification card	
For a duplicate license	50
For computer printouts or labels	500
For verification of a listing of physicians, per hour	20
For furnishing a list of new physicians	100
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- 2. In addition to the fees prescribed in subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.
- 3. The cost of any special meeting called at the request of a licensee, an institution, an organization, a state agency or an applicant for licensure must be paid for by the person or entity requesting the special meeting. Such a special meeting must not be called until the person or entity requesting it has paid a cash deposit with the Board sufficient to defray all expenses of the meeting.

- Sec. 10. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:
- Except as otherwise provided in NRS 633.315, the Board may issue a license by endorsement to practice osteopathic medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:
- (a) Holds a corresponding valid and unrestricted license to practice osteopathic medicine in the District of Columbia or any state or territory of the United States; and
- (b) Is certified in a specialty recognized by the American Board of Medical Specialties H or the American Osteopathic Association.
- 2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:
  - (a) Proof satisfactory that the applicant:
    - (1) Satisfies the requirements of subsection 1;
- (2) Is a citizen of the United States or otherwise has the legal right to work in the United States;
- (3) Has not been disciplined or investigated by the corresponding regulatory authority of the state or territory in which the applicant holds a license to practice osteopathic medicine; and
- (4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States more than once;
- (b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 633.309;
- (c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and
  - f(e) (d) Any other information required by the Board.
- Not later than 15 business days after receiving an application for a license by endorsement to practice osteopathic medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice osteopathic medicine to the applicant not later than [45]:
  (a) Forty-five days after receiving the application [4]; or
- (b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints,
- ₩ whichever occurs last.

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- 4. A license by endorsement to practice osteopathic medicine may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.
  - **Sec. 11.** NRS 633.311 is hereby amended to read as follows:
- Except as otherwise provided in NRS 633.315, NRS 633.381 to 633.419, inclusive, and sections 2 and 10 of this act, an applicant for a license to practice osteopathic medicine may be issued a license by the Board if:
  - The applicant is 21 years of age or older;
- The applicant is a citizen of the United States or is lawfully entitled to remain and work in the United States;
  - The applicant is a graduate of a school of osteopathic medicine;
  - The applicant:
- (a) Has graduated from a school of osteopathic medicine before 1995 and has completed:
  - (1) A hospital internship; or

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- (2) One year of postgraduate training that complies with the standards of intern training established by the American Osteopathic Association;
- (b) Has completed 3 years, or such other length of time as required by a specific program, of postgraduate medical education as a resident in the United States or Canada in a program approved by the Board, the Bureau of Professional Education of the American Osteopathic Association or the Accreditation Council for Graduate Medical Education; or
- (c) Is a resident who is enrolled in a postgraduate training program in this State, has completed 24 months of the program and has committed, in writing, that he or she will complete the program;
  - The applicant applies for the license as provided by law;
  - The applicant passes:
- (a) All parts of the licensing examination of the National Board of Osteopathic Medical Examiners;
- (b) All parts of the licensing examination of the Federation of State Medical Boards of the United States, Inc.:
- (c) All parts of the licensing examination of the Board, a state, territory or possession of the United States, or the District of Columbia, and is certified by a specialty board of the American Osteopathic Association or by the American Board of Medical Specialties; or
- (d) A combination of the parts of the licensing examinations specified in paragraphs (a), (b) and (c) that is approved by the Board;
  - The applicant pays the fees provided for in this chapter; and
- The applicant submits all information required to complete an application for a license.
  - NRS 633.401 is hereby amended to read as follows: Sec. 12.
- 633.401 1. [Except as otherwise provided in] Unless the Board denies such licensure pursuant to NRS 633.315 [.] or for other good cause, the Board [may] **shall** issue a special license to practice osteopathic medicine:
- (a) To authorize a person who is licensed to practice osteopathic medicine in an adjoining state to come into Nevada to care for or assist in the treatment of his or her patients in association with an osteopathic physician in this State who has primary care of the patients.
- (b) To a resident while the resident is enrolled in a postgraduate training program required pursuant to the provisions of paragraph (c) of subsection 4 of NRS 633.311.
- (c) Other than a license issued pursuant to NRS 633.419, for a specified period and for specified purposes to a person who is licensed to practice osteopathic medicine in another jurisdiction.
- For the purpose of paragraph (c) of subsection 1, the osteopathic physician must:
- (a) Hold a full and unrestricted license to practice osteopathic medicine in another state:
- (b) Not have had any disciplinary or other action taken against him or her by any state or other jurisdiction; and
- (c) Be certified by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association or their successors.
- A special license issued under this section may be renewed by the Board upon application of the licensee.
- Every person who applies for or renews a special license under this section shall pay respectively the special license fee or special license renewal fee specified in this chapter.

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- Sec. 13. NRS 633.416 is hereby amended to read as follows:
- 1. An osteopathic physician who is retired from active practice and who:
- (a) Wishes to donate his or her expertise for the medical care and treatment of persons in this State who are indigent, uninsured or unable to afford health care; or
- (b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,
- may obtain a special volunteer license to practice osteopathic medicine by submitting an application to the Board pursuant to this section.
- 2. An application for a special volunteer license to practice osteopathic medicine must be on a form provided by the Board and must include:
- (a) Documentation of the history of medical practice of the osteopathic physician;
- (b) Proof that the osteopathic physician previously has been issued an unrestricted license to practice osteopathic medicine in any state of the United States and that the osteopathic physician has never been the subject of disciplinary action by a medical board in any jurisdiction;
- (c) Proof that the osteopathic physician satisfies the requirements for licensure set forth in NRS 633.311 or the requirements for licensure by endorsement set forth in NRS 633.400 ; or section 2 or 10 of this act;
- (d) Acknowledgment that the practice of the osteopathic physician under the special volunteer license to practice osteopathic medicine will be exclusively devoted to providing medical care:
- (1) To persons in this State who are indigent, uninsured or unable to afford health care; or
- (2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and
- (e) Acknowledgment that the osteopathic physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer license to practice osteopathic medicine, except for payment by a medical facility at which the osteopathic physician provides volunteer medical services of the expenses of the osteopathic physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.
- 3. If the Board finds that the application of an osteopathic physician satisfies the requirements of subsection 2 and that the retired osteopathic physician is competent to practice osteopathic medicine, the Board shall issue a special volunteer license to practice osteopathic medicine to the osteopathic physician.
- The initial special volunteer license to practice osteopathic medicine issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance.
  - The Board shall not charge a fee for:
- (a) The review of an application for a special volunteer license to practice osteopathic medicine; or
- (b) The issuance or renewal of a special volunteer license to practice osteopathic medicine pursuant to this section.
- An osteopathic physician who is issued a special volunteer license to practice osteopathic medicine pursuant to this section and who accepts the privilege of practicing osteopathic medicine in this State pursuant to the provisions of the special volunteer license to practice osteopathic medicine is subject to all the provisions governing disciplinary action set forth in this chapter.

- 7. An osteopathic physician who is issued a special volunteer license to practice osteopathic medicine pursuant to this section shall comply with the requirements for continuing education adopted by the Board.
- **Sec. 14.** Chapter 635 of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. The Board may issue a license by endorsement to practice podiatry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:
- (a) Holds a corresponding valid and unrestricted license to practice podiatry in the District of Columbia or any state or territory of the United States; and
- (b) Is certified in a specialty recognized by the American Board of Medical Specialties.
- 2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:
  - (a) Proof satisfactory to the Board that the applicant:
    - (1) Satisfies the requirements of subsection 1;
- (2) Is a citizen of the United States or otherwise has the legal right to work in the United States;
- (3) Has not been disciplined or investigated by the corresponding regulatory authority of the state or territory in which the applicant holds a license to practice podiatry; and
- (4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States more than once;
- (b) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and
  - (c) Any other information required by the Board.
- 3. Not later than 15 business days after receiving an application for a license by endorsement to practice podiatry pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice podiatry to the applicant not later than 45 days after receiving the application.
- 4. A license by endorsement to practice podiatry may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.
  - **Sec. 15.** NRS 635.050 is hereby amended to read as follows:
- 635.050 1. Any person wishing to practice podiatry in this State must, before beginning to practice, procure from the Board a license to practice podiatry.
- 2. [A] Except as otherwise provided in section 2 or 14 of this act, a license to practice podiatry may be issued by the Board to any person who:
  - (a) Is of good moral character.
- (b) Is a citizen of the United States or is lawfully entitled to remain and work in the United States.
- (c) Has received the degree of D.P.M., Doctor of Podiatric Medicine, from an accredited school of podiatry.
  - (d) Has completed a residency approved by the Board.
- (e) Has passed the examination given by the National Board of Podiatric Medical Examiners.
- (f) Has not committed any act described in subsection 2 of NRS 635.130. For the purposes of this paragraph, an affidavit signed by the applicant stating that the applicant has not committed any act described in subsection 2 of NRS 635.130 constitutes satisfactory proof.

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- An applicant for a license to practice podiatry must submit to the Board or a committee thereof pursuant to such regulations as the Board may adopt:
  - (a) The fee for an application for a license of not more than \$600;
- (b) Proof satisfactory to the Board that the requirements of subsection 2 have been met; and
- (c) All other information required by the Board to complete an application for
- → The Board shall, by regulation, establish the fee required to be paid pursuant to this subsection.
- The Board may reject an application if it appears that the applicant's credentials are fraudulent or the applicant has practiced podiatry without a license or committed any act described in subsection 2 of NRS 635.130.
- The Board may require such further documentation or proof of qualification as it may deem proper.
  - The provisions of this section do not apply to a person who applies for:
  - (a) A limited license to practice podiatry pursuant to NRS 635.075; or
  - (b) A provisional license to practice podiatry pursuant to NRS 635.082.
  - NRS 635.065 is hereby amended to read as follows:
- 1. In addition to the other requirements for licensure set forth in 635.065 this chapter, an applicant for a license to practice podiatry in this State who has been licensed to practice podiatry in another state or the District of Columbia must submit:
  - (a) An affidavit signed by the applicant that:
- (1) Identifies each jurisdiction in which the applicant has been licensed to practice; and
- (2) States whether a disciplinary proceeding has ever been instituted against the applicant by the licensing board of that jurisdiction and, if so, the status of the proceeding; and
- (b) If the applicant is currently licensed to practice podiatry in another state or the District of Columbia, a certificate from the licensing board of that jurisdiction stating that the applicant is in good standing and no disciplinary proceedings are pending against the applicant.
- [The] Except as otherwise provided in section 2 or 14 of this act, the Board may require an applicant who has been licensed to practice podiatry in another state or the District of Columbia to:
- (a) Pass an examination prescribed by the Board concerning the provisions of this chapter and any regulations adopted pursuant thereto; or
  - (b) Submit satisfactory proof that:
- (1) The applicant maintained an active practice in another state or the District of Columbia within the 5 years immediately preceding the application;
- (2) No disciplinary proceeding has ever been instituted against the applicant by a licensing board in any jurisdiction in which he or she is licensed to practice podiatry; and
- (3) The applicant has participated in a program of continuing education that is equivalent to the program of continuing education that is required pursuant to NRS 635.115 for podiatric physicians licensed in this State.
- Sec. 17. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:
- A [hospital] medical facility may employ or contract with a physician to provide health care to a patient of the [hospital.] medical facility.
- If a medical facility, other than a hospital, employs or contracts with a physician pursuant to subsection 1, the medical facility must:

(a) Have credentialing and privileging standards and a process for peer 1 2 3 4 5 6 7 8 9 review for the medical facility; and (b) Have a physician or committee of physicians who oversee the standards and process required pursuant to paragraph (a). 3. If a <del>[hospital]</del> medical facility employs or contracts with a physician pursuant to subsection 1, the <del>[hospital]</del> medical facility shall not, by virtue of its employment of or contract with the physician, interfere with, limit or otherwise impede the ability of the physician to care for a patient in a manner consistent with the professional medical judgment of the physician. 10 [3.] 4. As used in this section [, "physician"]: (a) "Credentialing" means obtaining, verifying and assessing the qualifications of a physician to provide treatment, care or services in or for a 11 12 13 medical facility. 14 (b) "Physician" means a person licensed to practice medicine pursuant to 15 chapter 630 or 633 of NRS. 16 17

16 (c) "Privileging" means the authorizing by an appropriate authority of a physician to provide specific treatment, care or services at a medical facility subject to limits based on factors that include, without limitation, the physician's license, education, training, experience, competence, health status and specialized skill.