

ASSEMBLY BILL NO. 227—COMMITTEE
ON COMMERCE AND LABOR

MARCH 5, 2015

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing the practice of medicine. (BDR 54-412)

FISCAL NOTE: Effect on Local Government: No.
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; revising provisions governing certain reporting requirements for the Board of Medical Examiners; revising provisions governing the maintenance of the Internet website maintained by the Board of Medical Examiners; revising the requirements for licensure by the Board of Medical Examiners; revising provisions governing certain examinations to determine the competency of a physician, osteopathic physician or physician assistant; revising provisions governing disciplinary action or the denial of licensure by the Board of Medical Examiners or the State Board of Osteopathic Medicine; revising provisions governing the summary suspension of a license by the Board of Medical Examiners or the State Board of Osteopathic Medicine; revising certain procedural provisions governing the filing of a formal complaint against a licensee by the Board of Medical Examiners or the State Board of Osteopathic Medicine; revising provisions authorizing the Board of Medical Examiners and the State Board of Osteopathic Medicine to make service of process on a licensee; subjecting licensees of the Board of Medical Examiners and the State Board of Osteopathic Medicine to disciplinary and administrative action for self-reporting a violation of a law, rule or regulation; providing penalties; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

Existing law generally provides for the licensure and regulation of physicians, physician assistants, perfusionists and practitioners of respiratory care by the Board of Medical Examiners and of osteopathic physicians and physician assistants by the State Board of Osteopathic Medicine. Existing law further prescribes the powers and duties of each board. (Chapters 630 and 633 of NRS)

Existing law requires the Board of Medical Examiners to submit to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Legislature a biennial report compiling disciplinary action taken by the Board in the previous biennium against any physician for malpractice or negligence. (NRS 630.130) **Section 1** of this bill requires the Board to include in the biennial report any disciplinary action taken against a physician assistant, perfusionist or practitioner of respiratory care for malpractice or negligence.

Existing law provides for the maintenance of an Internet website by the Board of Medical Examiners. (NRS 630.144) **Section 2** of this bill requires a member or employee of the Board to submit certain information which is proposed for placement on the Internet website to the Executive Director and the Board for approval before placing the information on the Internet website.

Existing law establishes the requirements for licensure by the Board of Medical Examiners and further authorizes the Board to waive certain requirements for licensure under certain circumstances. (NRS 630.160, 630.263, 630.264) **Sections 3, 5 and 6** of this bill authorize the Board to issue a license to certain qualified applicants who have received education or training in a program approved by the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada.

Existing law authorizes the Board of Medical Examiners and the State Board of Osteopathic Medicine to require a licensee to take an examination to test medical competency under certain circumstances. (NRS 630.257, 630.318, 633.529) **Section 4** of this bill authorizes the Board of Medical Examiners to require a licensee to take the examination if the licensee has not engaged in the practice of medicine for a period of more than 24 consecutive months. **Sections 12 and 22** of this bill authorize the Board of Medical Examiners and the State Board of Osteopathic Medicine, or an investigative committee of the respective Board, to require a physician, osteopathic physician or physician assistant to undergo an examination to test the competency of the licensee to practice medicine or osteopathic medicine, respectively. **Sections 12 and 22** further provide that the testimony or reports of the person conducting the examination are not privileged communications.

Existing law provides that certain acts committed by a person licensed by the Board of Medical Examiners or the State Board of Osteopathic Medicine constitute grounds for disciplinary action or denial of licensure by the respective board or criminal prosecution. (NRS 630.306-630.3065, 630.30665, 630.342, 633.041, 633.131, 633.511, 633.524, 633.625) **Sections 8-11, 15, 18-21 and 24** of this bill revise these provisions as they relate to the state of mind required for the specified acts to constitute grounds for disciplinary action or prosecution, as applicable.

Sections 13 and 23 of this bill revise provisions relating to the summary suspension of the license of a physician, perfusionist, physician assistant or practitioner of respiratory care by the Board of Medical Examiners, or the license of an osteopathic physician or physician assistant by the State Board of Osteopathic Medicine, pending the conclusion of a hearing to consider a formal complaint against the licensee. (NRS 630.326, 633.581) **Sections 13 and 23** also require the respective Board to reinstate the license of the licensee under certain circumstances.

Existing law establishes the procedure by which a formal complaint against a physician, perfusionist, physician assistant or practitioner of respiratory care is filed and reviewed by the Board of Medical Examiners. (NRS 630.339) **Section 14** of



this bill: (1) authorizes the legal counsel for the Board of Medical Examiners to sign a formal complaint; (2) authorizes rather than requires a respondent to file an answer to a formal complaint; and (3) authorizes the Board or an investigative committee of the Board to proceed with adjudicating the complaint if a respondent fails timely to file an answer.

Existing law provides the manner in which the Board of Medical Examiners and the State Board of Osteopathic Medicine may make service of process upon a licensee. (NRS 630.344, 633.631) **Sections 16 and 25** of this bill authorize the Presidents of the Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively, to cause notice of certain actions to be published in certain newspapers if personal service on a licensee cannot be made. **Sections 16 and 25** further authorize the respective Board to make service of process on a licensee electronically if the licensee consents to electronic service of process in writing.

Sections 17 and 26 of this bill authorize the Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively, to take administrative or disciplinary action against a licensee for disclosing to or cooperating with a governmental entity with respect to a violation of any law, rule or regulation by the licensee. (NRS 630.364, 633.691)

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

Section 1. NRS 630.130 is hereby amended to read as follows:
630.130 1. In addition to the other powers and duties provided in this chapter, the Board shall, in the interest of the public, judiciously:

(a) Enforce the provisions of this chapter;
(b) Establish by regulation standards for licensure under this chapter;

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

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

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

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

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

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and 6 of NRS 630.307 and NRS 690B.250 and 690B.260; and



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

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

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

Sec. 2. NRS 630.144 is hereby amended to read as follows:

630.144 1. The Board shall maintain a website on the Internet or its successor.

2. Except as otherwise provided in this section, *a member or employee of* the Board ~~{and its members and employees}~~ shall not place any information on the *Internet* website maintained by the Board ~~{unless}~~ *without the approval of the Executive Director and the Board . {}* *A member or employee of the Board shall submit any information proposed to be placed on the Internet website to the Executive Director for approval. Upon approving the proposal, the Executive Director shall present the proposal to the Board for approval at {a regular} its next regularly scheduled meeting . {}* ~~approves the placement of the information on the website.}~~

3. The Board shall place on ~~{the}~~ *its Internet* website, without having to approve the placement at a meeting:

(a) Each application form for the issuance or renewal of a license issued by the Board pursuant to this chapter.

(b) A list of questions that are frequently asked concerning the processes of the Board and the answers to those questions.

(c) An alphabetical list, by last name, of each physician and a brief description of each disciplinary action, if any, taken against the physician, in this State and elsewhere, which relates to the practice of medicine and which is noted in the records of the Board. The Board shall include, as part of the list on the *Internet* website, the name of each physician whose license has been revoked by the Board. The Board shall make the list on the *Internet* website easily accessible and user friendly for the public.

(d) All financial reports received by the Board.

(e) All financial reports prepared by the Board.

(f) Any other information *that the Board is* required to ~~{be placed}~~ *place* on ~~{the}~~ *its Internet* website ~~{by}~~ *pursuant to* any other provision of law.



Sec. 3. 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, 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

(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;}~~ , the *Royal College of Physicians and Surgeons of Canada, the Collège*



des médecins du Québec or the College of Family Physicians of Canada; 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 ~~for the Coordinating Council of Medical Education of the Canadian Medical Association,~~ *the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada,* 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 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 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. 4. NRS 630.257 is hereby amended to read as follows:

630.257 If a licensee does not *engage in the* practice ~~allopathic~~ of medicine for a period of more than ~~121~~ 24 consecutive months, the Board may require the licensee to take the same examination to test medical competency as that given to applicants for a license.

Sec. 5. NRS 630.263 is hereby amended to read as follows:

630.263 1. If the Governor determines that there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty within this State, the Governor may declare that a state of critical medical need exists for that medical specialty. The Governor may, but is not required to, limit such a declaration to one or more geographic areas within this State.



2. In determining whether there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty, the Governor may consider, without limitation:

(a) Any statistical data analyzing the number of physicians who are practicing the medical specialty in relation to the total population of this State or any geographic area within this State;

(b) The demand within this State or any geographic area within this State for the types of services provided by the medical specialty; and

(c) Any other factors relating to the medical specialty that may adversely affect the delivery of health care within this State or any geographic area within this State.

3. If the Governor makes a declaration pursuant to this section, the Board may waive the requirements of paragraph (d) of subsection 2 of NRS 630.160 for an applicant if the applicant:

(a) Intends to practice medicine in one or more of the medical specialties designated by the Governor in the declaration and, if the Governor has limited the declaration to one or more geographic areas within this State, in one or more of those geographic areas;

(b) Has completed at least 1 year of training as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education ~~for the Coordinating Council of Medical Education of the Canadian Medical Association,~~ *the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada*, respectively;

(c) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(d) Meets all other conditions and requirements for a license to practice medicine.

4. Any license issued pursuant to this section is a restricted license, and the person who holds the restricted license may practice medicine in this State only in the medical specialties and geographic areas for which the restricted license is issued.

5. Any person who holds a restricted license issued pursuant to this section and who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all statutory requirements for licensure in effect at the time of application except the requirements of paragraph (d) of subsection 2 of NRS 630.160.



Sec. 6. NRS 630.264 is hereby amended to read as follows:

630.264 1. A board of county commissioners may petition the Board of Medical Examiners to waive the requirements of paragraph (d) of subsection 2 of NRS 630.160 for any applicant intending to practice medicine in a medically underserved area of that county as that term is defined by regulation by the Board of Medical Examiners. The Board of Medical Examiners may waive that requirement and issue a license if the applicant:

(a) Has completed at least 1 year of training as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education ~~for the Coordinating Council of Medical Education of the Canadian Medical Association,~~ *the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada*, respectively;

(b) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(c) Meets all other conditions and requirements for a license to practice medicine.

2. Any person licensed pursuant to subsection 1 must be issued a license to practice medicine in this State restricted to practice in the medically underserved area of the county which petitioned for the waiver only. A person may apply to the Board of Medical Examiners for renewal of that restricted license every 2 years after being licensed.

3. Any person holding a restricted license pursuant to subsection 1 who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all statutory requirements for licensure in effect at the time of application except the requirements of paragraph (d) of subsection 2 of NRS 630.160.

Sec. 7. NRS 630.277 is hereby amended to read as follows:

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

(a) Have:

(1) A high school diploma; or

(2) A general equivalency diploma or an equivalent document;

(b) Complete an educational program for respiratory care which has been approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the



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

3 (c) Pass the examination as an entry-level or advanced
4 practitioner of respiratory care administered by the National Board
5 for Respiratory Care or its successor organization;

6 (d) Be certified by the National Board for Respiratory Care or
7 its successor organization; and

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

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

12 (a) Practice respiratory care; or

13 (b) Hold himself or herself out as qualified to practice
14 respiratory care,

15 ➔ in this State without complying with the provisions of
16 subsection 1.

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

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

23 630.306 The following acts, among others, constitute grounds
24 for initiating disciplinary action or denying licensure:

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

28 2. Engaging in any conduct:

29 (a) Which is intended to deceive;

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

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

34 3. Administering, dispensing or prescribing any controlled
35 substance, or any dangerous drug as defined in chapter 454 of NRS,
36 to or for himself or herself or to others except as authorized by law.

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

40 5. Practicing or offering to practice beyond the scope permitted
41 by law or performing services which the licensee knows or has
42 reason to know that he or she is not competent to perform or which
43 are beyond the scope of his or her training.

44 6. Performing, without first obtaining the informed consent of
45 the patient or the patient's 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. Habitual intoxication from alcohol or dependency on controlled substances.

9. 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.

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

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

12. Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, 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.

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

14. Operation of a medical facility at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

➤ This subsection applies to an owner or other principal responsible for the operation of the facility.

15. Failure to comply with the requirements of NRS 630.373.

16. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

17. Knowingly *or willfully* procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(b) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or



(c) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.

18. Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

Sec. 9. 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 **knowingly or** willfully obstructing or inducing another to obstruct such filing.

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

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

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

Sec. 10. NRS 630.3065 is hereby amended to read as follows:

630.3065 The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. ~~[Willful disclosure of]~~ **Knowingly or willfully disclosing** a communication privileged pursuant to a statute or court order.

2. ~~[Willful failure]~~ **Knowingly or willfully failing** to comply with:

(a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

(b) A court order relating to this chapter; or

(c) A provision of this chapter.

3. ~~[Willful failure]~~ **Knowingly or willfully failing** to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410.

Sec. 11. NRS 630.30665 is hereby amended to read as follows:

630.30665 1. The Board shall require each holder of a license to practice medicine to submit to the Board, on a form provided by the Board, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:



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

(b) Outside of this State.

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

3. Each holder of a license to practice medicine shall submit the reports required pursuant to subsections 1 and 2:

(a) At the time the holder of a license renews his or her license; and

(b) Whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly **or willfully** filing false information in a report constitutes grounds for initiating disciplinary action pursuant to subsection 9 of NRS 630.306.

4. In addition to the reports required pursuant to subsections 1 and 2, the Board shall require each holder of a license to practice medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.

5. The Board shall:

(a) Collect and maintain reports received pursuant to subsections 1, 2 and 4;

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

(c) Submit to the Division of Public and Behavioral Health a copy of the report submitted pursuant to subsection 1. The Division shall maintain the confidentiality of such reports in accordance with subsection 6.

6. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1, 2 or 4 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

7. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to relieve the patient's anxiety or pain, if the medication is not given in



1 a dosage that is sufficient to induce in a patient a controlled state of
2 depressed consciousness or unconsciousness similar to general
3 anesthesia, deep sedation or conscious sedation.

4 8. In addition to any other remedy or penalty, if a holder of a
5 license to practice medicine fails to submit a report or knowingly **or**
6 **willfully** files false information in a report submitted pursuant to this
7 section, the Board may, after providing the holder of a license to
8 practice medicine with notice and opportunity for a hearing, impose
9 against the holder of a license to practice medicine an administrative
10 penalty for each such violation. The Board shall establish by
11 regulation a sliding scale based on the severity of the violation to
12 determine the amount of the administrative penalty to be imposed
13 against the holder of the license pursuant to this subsection. The
14 regulations must include standards for determining the severity of
15 the violation and may provide for a more severe penalty for multiple
16 violations.

17 9. As used in this section:

18 (a) “Conscious sedation” has the meaning ascribed to it in
19 NRS 449.436.

20 (b) “Deep sedation” has the meaning ascribed to it in
21 NRS 449.437.

22 (c) “General anesthesia” has the meaning ascribed to it in
23 NRS 449.438.

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

29 **Sec. 12.** NRS 630.318 is hereby amended to read as follows:

30 630.318 1. If the Board or any investigative committee of the
31 Board has reason to believe that the conduct of any physician has
32 raised a reasonable question as to his or her competence to practice
33 medicine with reasonable skill and safety to patients, or if the Board
34 has received a report pursuant to the provisions of NRS 630.3067,
35 630.3068, 690B.250 or 690B.260 indicating that a judgment has
36 been rendered or an award has been made against a physician
37 regarding an action or claim for malpractice or that such an action or
38 claim against the physician has been resolved by settlement, ~~the~~ **the**
39 **Board or committee** may order that the physician undergo a mental
40 or physical examination, ~~for~~ an examination testing his or her
41 competence to practice medicine ~~by physicians~~ or **any** other
42 ~~examinations~~ **examination** designated by the Board to assist the
43 Board or committee in determining the fitness of the physician to
44 practice medicine.

45 2. For the purposes of this section:



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

(b) The testimony or reports of ~~the examining physicians~~ *a person who conducts an examination of a physician on behalf of the Board or an investigative committee of the Board pursuant to this section* are not privileged communications.

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

Sec. 13. NRS 630.326 is hereby amended to read as follows:

630.326 1. If an investigation by the Board regarding a physician, perfusionist, physician assistant or practitioner of respiratory care reasonably determines that the health, safety or welfare of the public or any patient served by the ~~physician, perfusionist, physician assistant or practitioner of respiratory care~~ *licensee* is at risk of imminent or continued harm, the Board may summarily suspend the license of the ~~physician, perfusionist, physician assistant or practitioner of respiratory care~~ *licensee pending the conclusion of a hearing to consider a formal complaint against the licensee.* The order of summary suspension may be issued *only* by the Board ~~or~~ *or* an investigative committee of the Board . ~~for the Executive Director of the Board after consultation with the President, Vice President or Secretary-Treasurer of the Board.~~

2. If the Board *or an investigative committee of the Board* issues an order summarily suspending the license of a physician, perfusionist, physician assistant or practitioner of respiratory care pursuant to subsection 1, the Board shall hold a hearing ~~regarding the matter~~ not later than ~~45~~ *60* days after the date on which the ~~Board issues the order summarily suspending the license~~ *order is issued*, unless the Board and the licensee mutually agree to a longer period ~~;~~ *, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board shall reinstate the license of the licensee.*

3. If the Board *or an investigative committee of the Board* issues an order *summarily* suspending the license of a ~~physician, perfusionist, physician assistant or practitioner of respiratory care pending proceedings for disciplinary action~~ *licensee pursuant to*



subsection 1 and *the Board* requires the ~~{physician, perfusionist, physician assistant or practitioner of respiratory care}~~ *licensee* to submit to a mental or physical examination or an examination testing his or her competence to practice, the examination must be conducted and the results obtained not later than ~~{60}~~ *30* days after the ~~{Board issues its}~~ order ~~{-}~~ *is issued*.

Sec. 14. NRS 630.339 is hereby amended to read as follows:

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

2. The respondent ~~{shall}~~ *may* file an answer to the formal complaint within 20 days after service of the complaint upon the respondent. ~~{The}~~ *An* answer must state in concise and plain language the respondent's defenses to each charge set forth in the complaint and must admit or deny the averments stated in the complaint. If a party fails to file an answer within the time prescribed, the party shall be deemed to have denied generally the allegations of the formal complaint ~~{-}~~ *and the Board or an investigative committee of the Board may proceed pursuant to this section in the same manner as if the answer were timely filed*.

3. Within 20 days after the filing of ~~{the}~~ *an* answer ~~{-}~~ *or 20 days after the date on which an answer is due, whichever is earlier*, the parties shall hold an early case conference at which the parties and ~~{the}~~ *a* hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:

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

(b) Set dates:

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

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



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

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

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

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

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

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

(a) The Board;

(b) A hearing officer;

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

(d) A panel of members of the Board designated by an investigative committee of the Board or the Board;

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

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

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

(a) Conduct the hearing;

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

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

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



Sec. 15. NRS 630.342 is hereby amended to read as follows:

630.342 1. Any licensee against whom the Board initiates disciplinary action pursuant to this chapter shall, within 30 days after the licensee's receipt of notification of the initiation of the disciplinary action, submit to the Board a complete set of 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.

2. The **knowing or** willful failure of a licensee to comply with the requirements of subsection 1 constitutes additional grounds for disciplinary action and the revocation of the license of the licensee.

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

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

(b) A violation of NRS 630.400.

Sec. 16. NRS 630.344 is hereby amended to read as follows:

630.344 1. Except as otherwise provided in subsection 2, service of process under this chapter must be made on a licensee personally, or by registered or certified mail with return receipt requested addressed to the licensee at his or her last known address. If personal service cannot be made and if notice by mail is returned undelivered, the **President or** Secretary-Treasurer of the Board shall cause notice to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the licensee or, if no newspaper is published in that county, then in a newspaper widely distributed in that county.

2. In lieu of the methods of service of process set forth in subsection 1, if the Board obtains written consent from the licensee, service of process under this chapter may be made by electronic mail on ~~the licensee who engages in the practice of medicine as described in subsection 3 of NRS 630.020.~~ **at an electronic mail address designated by the licensee in the written consent.**

3. Proof of service of process or publication of notice made under this chapter must be filed with the Board and **may be** recorded in the minutes of the Board.

Sec. 17. NRS 630.364 is hereby amended to read as follows:

630.364 1. Any person or organization who furnishes information concerning an applicant for a license or a licensee in good faith in accordance with the provisions of this chapter is immune from any civil action for furnishing that information.

2. The Board and any of its members and its staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing



officers, consultants and the employees or volunteers of a diversion program are immune from any civil liability for:

(a) Any decision or action taken in good faith in response to information acquired by the Board.

(b) Disseminating information concerning an applicant for a license or a licensee to other boards or agencies of the State, the Attorney General, any hospitals, medical societies, insurers, employers, patients and their families or any law enforcement agency.

3. ~~[The]~~ *Except as otherwise provided in subsection 4, the Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a physician for:*

(a) Disclosing to a governmental entity a violation of any law, rule or regulation by an applicant for a license to practice medicine or by a physician; or

(b) Cooperating with a governmental entity that is conducting an investigation, hearing or inquiry into such a violation, including, without limitation, providing testimony concerning the violation.

4. *A physician who discloses information to or cooperates with a governmental entity pursuant to subsection 3 with respect to the violation of any law, rule or regulation by the physician is subject to investigation and any other administrative or disciplinary action by the Board under the provisions of this chapter for such violation.*

5. As used in this section:

(a) “Diversion program” means a program approved by the Board to correct a licensee’s alcohol or drug dependence or any other impairment.

(b) “Governmental entity” includes, without limitation:

(1) A federal, state or local officer, employee, agency, department, division, bureau, board, commission, council, authority or other subdivision or entity of a public employer;

(2) A federal, state or local employee, committee, member or commission of the Legislative Branch of Government;

(3) A federal, state or local representative, member or employee of a legislative body or a county, town, village or any other political subdivision or civil division of the State;

(4) A federal, state or local law enforcement agency or prosecutorial office, or any member or employee thereof, or police or peace officer; and

(5) A federal, state or local judiciary, or any member or employee thereof, or grand or petit jury.



Sec. 18. NRS 633.041 is hereby amended to read as follows:

633.041 “Gross malpractice” means malpractice where the failure to exercise the requisite degree of care, diligence or skill consists of:

1. Performing surgery upon or otherwise ministering to a patient while the osteopathic physician is under the influence of alcohol or any controlled substance;

2. Gross negligence;

3. ~~[Willful]~~ **Knowing or willful** disregard of established medical procedures; or

4. ~~[Willful]~~ **Knowing or willful** and consistent use of medical procedures, services or treatment considered by osteopathic physicians in the community to be inappropriate or unnecessary in the cases where used.

Sec. 19. NRS 633.131 is hereby amended to read as follows:

633.131 1. “Unprofessional conduct” includes:

(a) ~~[Willfully]~~ **Knowingly or willfully** making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice osteopathic medicine or to practice as a physician assistant, or in applying for the renewal of a license to practice osteopathic medicine or to practice as a physician assistant.

(b) Failure of a person who is licensed to practice osteopathic medicine to identify himself or herself professionally by using the term D.O., osteopathic physician, doctor of osteopathy or a similar term.

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

(d) Employing, directly or indirectly, any suspended or unlicensed person in the practice of osteopathic medicine or in practice as a physician assistant, or the aiding or abetting of any unlicensed person to practice osteopathic medicine or to practice as a physician assistant.

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

(f) Engaging in any:

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

(2) Medical practice harmful to the public or any conduct detrimental to the public health, safety or morals which does not



1 constitute gross or repeated malpractice or professional
2 incompetence.

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

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

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

12 (j) ~~{Willful disclosure of}~~ **Knowingly or willfully disclosing** a
13 communication privileged pursuant to a statute or court order.

14 (k) ~~{Willful disobedience of the}~~ **Knowingly or willfully**
15 **disobeying** regulations of the State Board of Health, the State Board
16 of Pharmacy or the State Board of Osteopathic Medicine.

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

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

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

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

27 (p) Failure of a licensee to file a record or report as required by
28 law, or **knowingly or** willfully obstructing or inducing any person to
29 obstruct such filing.

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

32 (r) Providing false, misleading or deceptive information to the
33 Board in connection with an investigation conducted by the Board.

34 2. It is not unprofessional conduct:

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

43 (b) For two or more persons holding valid licenses to practice
44 osteopathic medicine issued pursuant to this chapter to receive
45 adequate compensation for concurrently rendering professional care



1 to a patient and dividing a fee if the patient has full knowledge of
2 this division and if the division is made in proportion to the services
3 performed and the responsibility assumed by each person; or

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

8 **Sec. 20.** NRS 633.511 is hereby amended to read as follows:

9 633.511 The grounds for initiating disciplinary action pursuant
10 to this chapter are:

11 1. Unprofessional conduct.

12 2. Conviction of:

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

16 (b) A felony relating to the practice of osteopathic medicine or
17 practice as a physician assistant;

18 (c) A violation of any of the provisions of NRS 616D.200,
19 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

20 (d) Murder, voluntary manslaughter or mayhem;

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

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

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

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

28 (i) Any offense involving moral turpitude.

29 3. The suspension of a license to practice osteopathic medicine
30 or to practice as a physician assistant by any other jurisdiction.

31 4. Malpractice or gross malpractice, which may be evidenced
32 by a claim of malpractice settled against a licensee.

33 5. Professional incompetence.

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

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

37 8. Failure to comply with the provisions of NRS 633.694.

38 9. Operation of a medical facility, as defined in NRS 449.0151,
39 at any time during which:

40 (a) The license of the facility is suspended or revoked; or

41 (b) An act or omission occurs which results in the suspension or
42 revocation of the license pursuant to NRS 449.160.

43 ➤ This subsection applies to an owner or other principal responsible
44 for the operation of the facility.



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

11. Signing a blank prescription form.

12. Knowingly *or willfully* procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(b) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(c) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.

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

14. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

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

16. 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.

17. Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, 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.

18. Engaging in any act that is unsafe in accordance with regulations adopted by the Board.

19. Failure to comply with the provisions of NRS 633.165.

20. Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

Sec. 21. NRS 633.524 is hereby amended to read as follows:

633.524 1. The Board shall require each holder of a license to practice osteopathic medicine issued pursuant to this chapter to



submit to the Board, on a form provided by the Board, and in the format required by the Board by regulation, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

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

(b) Outside of this State.

2. In addition to the report required pursuant to subsection 1, the Board shall require each holder of a license to practice osteopathic medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1. The report must be submitted in the manner prescribed by the Board which must be substantially similar to the manner prescribed by the State Board of Health for reporting information pursuant to NRS 439.835.

3. Each holder of a license to practice osteopathic medicine shall submit the reports required pursuant to subsections 1 and 2:

(a) At the time the holder of the license renews his or her license; and

(b) Whether or not the holder of the license performed any surgery described in subsection 1. Failure to submit a report or knowingly **or willfully** filing false information in a report constitutes grounds for initiating disciplinary action pursuant to NRS 633.511.

4. In addition to the reports required pursuant to subsections 1 and 2, the Board shall require each holder of a license to practice osteopathic medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.

5. The Board shall:

(a) Collect and maintain reports received pursuant to subsections 1, 2 and 4;

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

(c) Submit to the Division of Public and Behavioral Health a copy of the report submitted pursuant to subsection 1. The Division shall maintain the confidentiality of such reports in accordance with subsection 6.

6. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1, 2 or 4 is confidential, not subject



1 to subpoena or discovery, and not subject to inspection by the
2 general public.

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

9 8. In addition to any other remedy or penalty, if a holder of a
10 license to practice osteopathic medicine fails to submit a report or
11 knowingly **or willfully** files false information in a report submitted
12 pursuant to this section, the Board may, after providing the holder of
13 a license to practice osteopathic medicine with notice and
14 opportunity for a hearing, impose against the holder of a license an
15 administrative penalty for each such violation. The Board shall
16 establish by regulation a sliding scale based on the severity of the
17 violation to determine the amount of the administrative penalty to be
18 imposed against the holder of the license to practice osteopathic
19 medicine. The regulations must include standards for determining
20 the severity of the violation and may provide for a more severe
21 penalty for multiple violations.

22 9. As used in this section:

23 (a) "Conscious sedation" has the meaning ascribed to it in
24 NRS 449.436.

25 (b) "Deep sedation" has the meaning ascribed to it in
26 NRS 449.437.

27 (c) "General anesthesia" has the meaning ascribed to it in
28 NRS 449.438.

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

34 **Sec. 22.** NRS 633.529 is hereby amended to read as follows:

35 633.529 1. Notwithstanding the provisions of chapter 622A
36 of NRS, if the Board **or an investigative committee of the Board**
37 receives a report pursuant to the provisions of NRS 633.526,
38 633.527, 690B.250 or 690B.260 indicating that a judgment has been
39 rendered or an award has been made against an osteopathic
40 physician or physician assistant regarding an action or claim for
41 malpractice, or that such an action or claim against the osteopathic
42 physician or physician assistant has been resolved by settlement, the
43 Board **or committee** may order the osteopathic physician or
44 physician assistant to undergo a mental or physical examination or
45 any other examination designated by the Board to test his or her



competence to practice osteopathic medicine or to practice as a physician assistant, as applicable. An examination conducted pursuant to this subsection must be conducted by ~~osteopathic physicians~~ *a person* designated by the Board.

2. For the purposes of this section:

(a) An osteopathic physician or physician assistant who applies for a license or who holds a license under this chapter is deemed to have given consent to submit to a mental or physical examination or an examination testing his or her competence to practice osteopathic medicine or to practice as a physician assistant, as applicable, pursuant to a written order by the Board.

(b) The testimony or reports of ~~the examining osteopathic physician~~ *a person who conducts an examination of an osteopathic physician or physician assistant on behalf of the Board pursuant to this section* are not privileged communications.

Sec. 23. NRS 633.581 is hereby amended to read as follows:

633.581 1. If an investigation by the Board of an osteopathic physician or physician assistant reasonably determines that the health, safety or welfare of the public or any patient served by the osteopathic physician or physician assistant is at risk of imminent or continued harm, the Board may summarily suspend the license of the ~~osteopathic physician or physician assistant~~ *licensee pending the conclusion of a hearing to consider a formal complaint against the licensee*. The order of summary suspension may be issued *only* by the Board ~~or~~ *or* an investigative committee of the Board . ~~for the Executive Director of the Board after consultation with the President, Vice President or Secretary-Treasurer of the Board.~~

2. If the Board *or an investigative committee of the Board* issues an order summarily suspending the license of ~~an osteopathic physician or physician assistant~~ *a licensee* pursuant to subsection 1, the Board shall hold a hearing ~~regarding the matter~~ not later than ~~45~~ *60* days after the date on which the ~~Board issues the order summarily suspending the license~~ *order is issued*, unless the Board and the licensee mutually agree to a longer period ~~or~~ *, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board shall reinstate the license of the licensee.*

3. Notwithstanding the provisions of chapter 622A of NRS, if the Board *or an investigative committee of the Board* issues an order summarily suspending the license of an osteopathic physician or physician assistant ~~pending a proceeding for disciplinary action~~



pursuant to subsection 1 and *the Board* requires the ~~osteopathic physician or physician assistant~~ licensee to submit to a mental or physical examination or a medical competency examination, the examination must be conducted and the results must be obtained not later than ~~60~~ 30 days after the ~~Board issues the~~ order ~~[-]~~ *is issued.*

Sec. 24. NRS 633.625 is hereby amended to read as follows:

633.625 1. Any licensee against whom the Board initiates disciplinary action pursuant to this chapter shall, within 30 days after the licensee's receipt of notification of the initiation of the disciplinary action, submit to the Board a complete set of 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.

2. The *knowing or* willful failure of a licensee to comply with the requirements of subsection 1 constitutes additional grounds for disciplinary action and the revocation of the license of the licensee.

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

(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. 25. NRS 633.631 is hereby amended to read as follows:

633.631 Except as otherwise provided in *subsection 2 and* chapter 622A of NRS:

1. Service of process made under this chapter must be either personal or by registered or certified mail with return receipt requested, addressed to the osteopathic physician or physician assistant at his or her last known address, as indicated in the records of the Board. If personal service cannot be made and if mail notice is returned undelivered, the *President or* Secretary of the Board shall cause a notice of hearing to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the osteopathic physician or physician assistant or, if no newspaper is published in that county, in a newspaper widely distributed in that county.

2. *In lieu of the methods of service of process set forth in subsection 1, if the Board obtains written consent from the osteopathic physician or physician assistant, service of process under this chapter may be made by electronic mail on the licensee at an electronic mail address designated by the licensee in the written consent.*



3. Proof of service of process or publication of notice made under this chapter must be filed with the Secretary of the Board and ~~must~~ *may* be recorded in the minutes of the Board.

Sec. 26. NRS 633.691 is hereby amended to read as follows:

633.691 1. 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 or physician assistant for gross malpractice, 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 in good faith.

2. ~~The~~ *Except as otherwise provided in subsection 3, the* Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against an osteopathic physician or physician assistant for:

(a) Disclosing to a governmental entity a violation of a law, rule or regulation by an applicant for a license to practice osteopathic medicine or to practice as a physician assistant, or by an osteopathic physician or physician assistant; or

(b) Cooperating with a governmental entity that is conducting an investigation, hearing or inquiry into such a violation, including, without limitation, providing testimony concerning the violation.

3. *An osteopathic physician or physician assistant who discloses information to or cooperates with a governmental entity pursuant to subsection 2 with respect to the violation of any law, rule or regulation by the osteopathic physician or physician assistant is subject to investigation and any other administrative or disciplinary action by the Board under the provisions of this chapter for such violation.*

4. As used in this section, “governmental entity” includes, without limitation:

(a) A federal, state or local officer, employee, agency, department, division, bureau, board, commission, council, authority or other subdivision or entity of a public employer;

(b) A federal, state or local employee, committee, member or commission of the Legislative Branch of Government;

(c) A federal, state or local representative, member or employee of a legislative body or a county, town, village or any other political subdivision or civil division of the State;



1 (d) A federal, state or local law enforcement agency or
2 prosecutorial office, or any member or employee thereof, or police
3 or peace officer; and

4 (e) A federal, state or local judiciary, or any member or
5 employee thereof, or grand or petit jury.

6 **Sec. 27.** The provisions of subsection 1 of NRS 218D.380 do
7 not apply to any provision of this act which adds or revises a
8 requirement to submit a report to the Legislature.

