

REQUIRES TWO-THIRDS MAJORITY VOTE

(§§ 24, 61)

(Reprinted with amendments adopted on April 3, 2015)

FIRST REPRINT

S.B. 181

SENATE BILL NO. 181—SENATORS HARDY,
FORD, FARLEY AND ATKINSON

FEBRUARY 20, 2015

JOINT SPONSORS: ASSEMBLYMEN NELSON,
OSCARSON; AND KIRKPATRICK

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Provides for the licensure of certified anesthesiology assistants. (BDR 54-240)

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

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

AN ACT relating to anesthesiology; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; requiring anesthesiologist assistants to work under the medically direct supervision of a supervising anesthesiologist; establishing the maximum fees for the licensure of anesthesiologist assistants and the renewal or registration of such licenses; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure of physician assistants by the Board of Medical Examiners or the State Board of Osteopathic Medicine. Such physician assistants work under the supervision of a physician or an osteopathic physician. (NRS 630.273, 633.433) **Sections 8 and 46** of this bill provide for the licensure of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine. **Sections 7, 12, 45 and 50** of this bill provide that such anesthesiologist assistants must work under the medically direct supervision of a supervisory anesthesiologist. In addition, **sections 7 and 45** of this bill list the services that an anesthesiologist assistant may undertake and provide that an anesthesiologist assistant may only administer controlled substances to a patient



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with the patient's written consent. **Sections 9 and 47** of this bill require the respective Boards to adopt regulations establishing requirements for the licensure of anesthesiologist assistants. **Sections 24 and 61** of this bill establish the maximum fees for the issuance, renewal or registration of a license to practice as an anesthesiologist assistant. **Sections 25 and 69** of this bill provide for the filing of certain complaints concerning an anesthesiologist assistant to the appropriate Board. **Sections 26-34, 57 and 73-84** of this bill provide procedures for the investigation of complaints and the taking of disciplinary action by the respective Boards against an anesthesiologist assistant. **Sections 37 and 85** of this bill provide that a person who holds himself or herself out as an anesthesiologist assistant without being licensed by the appropriate Board is guilty of a category D felony.

Sections 89 and 90 of this bill provide that anesthesiologist assistants are immune from civil liability for rendering medical care in certain emergency situations. **Sections 92 and 93** of this bill require anesthesiologist assistants to report instances of suspected neglect or abuse of older persons and certain vulnerable persons.

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

Section 1. NRS 629.031 is hereby amended to read as follows:
629.031 Except as otherwise provided by a specific statute:

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

2. For the purposes of NRS 629.051, 629.061, 629.065 and 629.077, the term includes a facility that maintains the health care records of patients.

3. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:

(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and

(b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.



Sec. 2. Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 12, inclusive, of this act.

Sec. 3. *"Anesthesia services" means those services and activities related to the administration of anesthesia to a patient, including, without limitation, those services identified in subsection 1 of section 7 of this act.*

Sec. 4. *"Anesthesiologist assistant" means a person who is a graduate of an academic program approved by the Board or who, by general education, practical training and experience determined satisfactory to the Board, is qualified to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist and who has been issued a license by the Board.*

Sec. 5. *"Medically direct supervision" means that a supervising anesthesiologist is immediately available in such proximity to an anesthesiologist assistant during the performance of his or her duties that the supervising anesthesiologist is able to effectively re-establish direct contact with the patient to meet the patient's medical needs and address any urgent or emergent clinical problems.*

Sec. 6. *"Supervising anesthesiologist" means an active physician licensed and in good standing in this State who is Board certified or Board eligible as an anesthesiologist by the American Board of Anesthesiology, or its successor, and who supervises one or more anesthesiology assistants.*

Sec. 7. 1. *An anesthesiologist assistant licensed under the provisions of this chapter may perform anesthesia services within the scope of practice of a supervising anesthesiologist and under the medically direct supervision of that supervising anesthesiologist, including, without limitation:*

- (a) Obtaining a patient's preanesthetic health history;*
- (b) Performing a preanesthetic physical examination;*
- (c) Pretesting and calibrating anesthesia delivery systems and monitors and obtaining information from the systems and monitors;*
- (d) Performing monitoring techniques;*
- (e) Establishing airway interventions and performing ventilatory support;*
- (f) Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions;*
- (g) Administering anesthetic, adjuvant and accessory drugs;*
- (h) Administering blood, blood products and supportive fluids;*
- (i) Performing epidural and spinal anesthetic procedures;*
- (j) Recording postanesthetic patient progress notes;*



(k) Performing administrative duties as delegated by the supervising anesthesiologist; and

(l) Performing such other duties as authorized by the supervising anesthesiologist.

2. An anesthesiologist assistant shall not prescribe any controlled substance.

3. Before an anesthesiologist assistant administers to a patient any anesthetic agent that includes a controlled substance, the anesthesiologist assistant or supervising anesthesiologist shall:

(a) Disclose to the patient that the anesthetic agent will be administered by an anesthesiologist assistant; and

(b) Receive the patient's consent, in writing, for the anesthesiologist assistant to administer the anesthetic agent.

Sec. 8. The Board may issue a license to an applicant who is qualified under the regulations of the Board to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist. The application for a license as an anesthesiologist assistant must contain all information required by the Board to complete the application.

Sec. 9. The Board shall adopt regulations establishing the requirements for licensure as an anesthesiologist assistant, including, without limitation:

1. The required qualifications of applicants for a license;

2. The academic or educational certificates, credentials or programs of study required of applicants for a license;

3. The procedures for submitting applications for licensure;

4. The standards for review of submitted applications and procedures for the issuance of licenses;

5. The tests or examinations of applicants by the Board;

6. The duration, renewal, revocation, suspension and termination of licenses;

7. The regulation and discipline of anesthesiologist assistants, including, without limitation, the reporting of complaints, investigations of misconduct and disciplinary proceedings;

8. The medically direct supervision of an anesthesiologist assistant by a supervising anesthesiologist; and

9. Consistent with the provisions of section 7 of this act, the anesthesia services which an anesthesiologist assistant may perform.

Sec. 10. 1. An anesthesiologist assistant shall:

(a) Keep his or her license available for inspection at his or her primary place of business; and

(b) When engaged in professional duties, identify himself or herself as an anesthesiologist assistant.



2. An anesthesiologist assistant shall not bill a patient separately from his or her supervising anesthesiologist.

Sec. 11. 1. An anesthesiologist assistant licensed under the provisions of this chapter who is responding to a need for medical care created by an emergency or disaster, as declared by a governmental entity, may render emergency care that is directly related to the emergency or disaster without the supervision of a supervising anesthesiologist as required by this chapter. The provisions of this subsection apply only for the duration of the emergency or disaster.

2. A supervising anesthesiologist who supervises an anesthesiologist assistant who is rendering emergency care that is directly related to an emergency or disaster, as described in subsection 1, is not required to meet the requirements set forth in this chapter for such supervision.

Sec. 12. 1. A supervising anesthesiologist shall provide medically direct supervision to his or her anesthesiologist assistant whenever the anesthesiologist assistant is performing anesthesia services.

2. Before beginning to supervise an anesthesiologist assistant, a supervising anesthesiologist shall communicate to the anesthesiologist assistant:

(a) The scope of practice of the anesthesiologist assistant;

(b) The access to the supervising anesthesiologist that the anesthesiologist assistant will have; and

(c) Any processes for evaluation that the supervising anesthesiologist will use to evaluate the anesthesiologist assistant.

3. A supervising anesthesiologist shall not delegate to his or her anesthesiologist assistant, and the anesthesiologist assistant shall not accept, any task that is beyond the anesthesiologist assistant's capability to complete safely.

4. A supervising anesthesiologist shall not supervise more than four anesthesiologist assistants at the same time.

5. A supervising anesthesiologist may coordinate with other anesthesiologists within his or her practice group or department for the purpose of meeting any of his or her required supervisory duties. Any anesthesiologist with whom a supervisory anesthesiologist coordinates his or her supervisory duties shall be considered a joint supervisory anesthesiologist and is subject to all applicable requirements for a supervisory anesthesiologist contained within this chapter.

Sec. 13. NRS 630.003 is hereby amended to read as follows:
630.003 1. The Legislature finds and declares that:

(a) It is among the responsibilities of State Government to ensure, as far as possible, that only competent persons practice



1 medicine, perfusion , *anesthesia services* and respiratory care within
2 this State;

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

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

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

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

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

22 **Sec. 14.** NRS 630.005 is hereby amended to read as follows:

23 630.005 As used in this chapter, unless the context otherwise
24 requires, the words and terms defined in NRS 630.007 to 630.026,
25 inclusive, *and sections 3 to 6, inclusive, of this act* have the
26 meanings ascribed to them in those sections.

27 **Sec. 15.** NRS 630.021 is hereby amended to read as follows:

28 630.021 “Practice of respiratory care” includes:

29 1. Therapeutic and diagnostic use of medical gases, humidity
30 and aerosols and the maintenance of associated apparatus;

31 2. The administration of drugs and medications to the
32 cardiopulmonary system;

33 3. The provision of ventilatory assistance and control;

34 4. Postural drainage and percussion, breathing exercises and
35 other respiratory rehabilitation procedures;

36 5. Cardiopulmonary resuscitation and maintenance of natural
37 airways and the insertion and maintenance of artificial airways;

38 6. Carrying out the written orders of a physician, physician
39 assistant, *anesthesiologist assistant*, certified registered nurse
40 anesthetist or an advanced practice registered nurse relating to
41 respiratory care;

42 7. Techniques for testing to assist in diagnosis, monitoring,
43 treatment and research related to respiratory care, including the
44 measurement of ventilatory volumes, pressures and flows, collection
45 of blood and other specimens, testing of pulmonary functions and



1 hemodynamic and other related physiological monitoring of the
2 cardiopulmonary system; and

3 8. Training relating to the practice of respiratory care.

4 **Sec. 16.** NRS 630.045 is hereby amended to read as follows:

5 630.045 1. The purpose of licensing physicians,
6 perfusionists, physician assistants, *anesthesiologist assistants* and
7 practitioners of respiratory care is to protect the public health and
8 safety and the general welfare of the people of this State.

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

11 **Sec. 17.** NRS 630.047 is hereby amended to read as follows:

12 630.047 1. This chapter does not apply to:

13 (a) A medical officer or perfusionist or practitioner of
14 respiratory care of the Armed Forces or a medical officer or
15 perfusionist or practitioner of respiratory care of any division or
16 department of the United States in the discharge of his or her official
17 duties, including, without limitation, providing medical care in a
18 hospital in accordance with an agreement entered into pursuant to
19 NRS 449.2455;

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

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

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

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

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

33 (e) The practice of respiratory care by a student as part of a
34 program of study in respiratory care that is approved by the Board,
35 or is recognized by a national organization which is approved by the
36 Board to review such programs, if the student is enrolled in the
37 program and provides respiratory care only under the supervision of
38 a practitioner of respiratory care;

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

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

42 (2) Is employed by a medical facility, as defined in NRS
43 449.0151; and

44 (3) Provides respiratory care to patients who are not in a
45 critical medical condition or, in an emergency, to patients who are in



1 a critical medical condition and a practitioner of respiratory care is
2 not immediately available to provide that care and the student is
3 directed by a physician to provide respiratory care under the
4 supervision of the physician until a practitioner of respiratory care is
5 available;

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

10 (h) A person who is employed by a physician and provides
11 respiratory care or services as a perfusionist under the supervision of
12 that physician;

13 (i) The maintenance of medical equipment for perfusion ,
14 **anesthesia services** or respiratory care that is not attached to a
15 patient; and

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

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

23 3. This chapter does not prohibit:

24 (a) Gratuitous services outside of a medical school or medical
25 facility by a person who is not a physician, perfusionist, physician
26 assistant , **anesthesiologist assistant** or practitioner of respiratory
27 care in cases of emergency.

28 (b) The domestic administration of family remedies.

29 **Sec. 18.** NRS 630.120 is hereby amended to read as follows:

30 630.120 1. The Board shall procure a seal.

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

35 **Sec. 19.** NRS 630.137 is hereby amended to read as follows:

36 630.137 1. Notwithstanding any other provision of law and
37 except as otherwise provided in this section, the Board shall not
38 adopt any regulations that prohibit or have the effect of prohibiting a
39 physician, perfusionist, physician assistant , **anesthesiologist**
40 **assistant** or practitioner of respiratory care from collaborating or
41 consulting with another provider of health care.

42 2. The provisions of this section do not prevent the Board from
43 adopting regulations that prohibit a physician, perfusionist,
44 physician assistant , **anesthesiologist assistant** or practitioner of
45 respiratory care from aiding or abetting another person in the



1 unlicensed practice of medicine or the unlicensed practice of
2 perfusion, *anesthesia services* or respiratory care.

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

5 **Sec. 20.** NRS 630.167 is hereby amended to read as follows:

6 630.167 In addition to any other requirements set forth in this
7 chapter, each applicant for a license to practice medicine, to practice
8 as a perfusionist, to practice as a physician assistant, *to practice as*
9 *an anesthesiologist assistant* or to practice respiratory care shall
10 submit to the Board a complete set of fingerprints and written
11 permission authorizing the Board to forward the fingerprints to the
12 Central Repository for Nevada Records of Criminal History for
13 submission to the Federal Bureau of Investigation for its report. Any
14 fees or costs charged by the Board for this service pursuant to NRS
15 630.268 are not refundable.

16 **Sec. 21.** NRS 630.197 is hereby amended to read as follows:

17 630.197 1. In addition to any other requirements set forth in
18 this chapter:

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

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

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

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

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

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

42 (a) Fails to submit the statement required pursuant to subsection
43 1; or

44 (b) Indicates on the statement submitted pursuant to subsection
45 1 that the applicant is subject to a court order for the support of a



child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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

Sec. 22. NRS 630.198 is hereby amended to read as follows:

630.198 1. The Board shall not issue or renew a license to practice as a physician, physician assistant, *anesthesiologist assistant* or perfusionist unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

2. In addition to the attestation provided pursuant to subsection 1, a physician shall attest that any person:

- (a) Who is under the control and supervision of the physician;
- (b) Who is not licensed pursuant to this chapter; and
- (c) Whose duties involve injection practices,

↳ has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Sec. 23. NRS 630.253 is hereby amended to read as follows:

630.253 1. The Board shall, as a prerequisite for the:

- (a) Renewal of a license as a physician assistant; ~~for~~
- (b) *Renewal of a license as an anesthesiologist assistant; or*
- (c) Biennial registration of the holder of a license to practice medicine,

↳ require each holder to comply with the requirements for continuing education adopted by the Board.

2. These requirements:

(a) May provide for the completion of one or more courses of instruction relating to risk management in the performance of medical services ~~or~~ *or anesthesia services, as applicable.*

(b) Must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4



hours of instruction that includes instruction in the following subjects:

(1) An overview of acts of terrorism and weapons of mass destruction;

(2) Personal protective equipment required for acts of terrorism;

(3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(5) An overview of the information available on, and the use of, the Health Alert Network.

➤ The Board may thereafter determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

3. The Board shall encourage each holder of a license who treats or cares for persons who are more than 60 years of age to receive, as a portion of their continuing education, education in geriatrics and gerontology, including such topics as:

(a) The skills and knowledge that the licensee needs to address aging issues;

(b) Approaches to providing health care to older persons, including both didactic and clinical approaches;

(c) The biological, behavioral, social and emotional aspects of the aging process; and

(d) The importance of maintenance of function and independence for older persons.

4. The Board shall encourage each holder of a license to practice medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug.

5. A holder of a license to practice medicine may substitute not more than 2 hours of continuing education credits in pain management or addiction care for the purposes of satisfying an equivalent requirement for continuing education in ethics.

6. As used in this section:

(a) "Act of terrorism" has the meaning ascribed to it in NRS 202.4415.

(b) "Biological agent" has the meaning ascribed to it in NRS 202.442.



(c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.

(d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

(e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

Sec. 24. NRS 630.268 is hereby amended to read as follows:

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

For application for and issuance of a license to practice as a physician, including a license by endorsement	\$600
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license.....	400
For renewal of a limited, restricted, authorized facility or special license.....	400
For application for and issuance of a license as a physician assistant.....	400
For biennial registration of a physician assistant.....	800
<i>For application for and issuance of a license as an anesthesiologist assistant</i>	<i>400</i>
<i>For biennial registration of an anesthesiologist assistant.....</i>	<i>800</i>
For biennial registration of a physician	800
For application for and issuance of a license as a perfusionist or practitioner of respiratory care	400
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.....	25
For a duplicate license.....	50
For computer printouts or labels.....	500
For verification of a listing of physicians, per hour	20
For furnishing a list of new physicians.....	100

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



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

Sec. 25. NRS 630.307 is hereby amended to read as follows:

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

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

3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in the privileges of a physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care to practice while the physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care concerning the care of a patient or the competency of the physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care within 30 days after the change in privileges is made or disciplinary action is taken.

4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days after a change in the privileges of a physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care to practice that is based on:

(a) An investigation of the mental, medical or psychological competency of the physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care; or



(b) Suspected or alleged substance abuse in any form by the physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care.

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the Division of Public and Behavioral Health determines that any such facility or society failed to comply with the requirements of this subsection, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

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

(a) Is mentally ill;

(b) Is mentally incompetent;

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

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

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

↪ within 45 days after such a finding, judgment or determination is made.

7. On or before January 15 of each year, the clerk of each court shall submit to the Office of Court Administrator created pursuant to NRS 1.320 a written report compiling the information that the clerk reported during the previous year to the Board regarding physicians pursuant to paragraph (e) of subsection 6.

8. The Board shall retain all complaints filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

Sec. 26. NRS 630.309 is hereby amended to read as follows:

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

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

2. Any member of the Board; or



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

Sec. 27. 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 , *anesthesiologist 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 , *anesthesiologist assistant* or practitioner of respiratory care is at risk of imminent or continued harm, the Board may summarily suspend the license of the physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care. The order of summary suspension may be issued by the Board, an investigative committee of the Board or the Executive Director of the Board after consultation with the President, Vice President or Secretary-Treasurer of the Board.

2. If the Board issues an order summarily suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care pursuant to subsection 1, the Board shall hold a hearing regarding the matter not later than 45 days after the date on which the Board issues the order summarily suspending the license unless the Board and the licensee mutually agree to a longer period.

3. If the Board issues an order suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care pending proceedings for disciplinary action and requires the physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care 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 days after the Board issues its order.

Sec. 28. NRS 630.329 is hereby amended to read as follows:

630.329 If the Board issues an order suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order.

Sec. 29. NRS 630.336 is hereby amended to read as follows:

630.336 1. Any deliberations conducted or vote taken by the Board or any investigative committee of the Board regarding its ordering of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care to



1 undergo a physical or mental examination or any other examination
2 designated to assist the Board or committee in determining the
3 fitness of a physician, perfusionist, physician assistant ,
4 *anesthesiologist assistant* or practitioner of respiratory care are not
5 subject to the requirements of NRS 241.020.

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

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

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

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

20 (c) Any communication between:

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

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

25 4. Except as otherwise provided in subsection 5 and NRS
26 239.0115, a complaint filed with the Board pursuant to NRS
27 630.307, all documents and other information filed with the
28 complaint and all documents and other information compiled as a
29 result of an investigation conducted to determine whether to initiate
30 disciplinary action are confidential.

31 5. The formal complaint or other document filed by the Board
32 to initiate disciplinary action and all documents and information
33 considered by the Board when determining whether to impose
34 discipline are public records.

35 6. The Board shall, to the extent feasible, communicate or
36 cooperate with or provide any documents or other information to
37 any other licensing board or agency or any agency which is
38 investigating a person, including a law enforcement agency. Such
39 cooperation may include, without limitation, providing the board or
40 agency with minutes of a closed meeting, transcripts of oral
41 examinations and the results of oral examinations.

42 **Sec. 30.** NRS 630.346 is hereby amended to read as follows:

43 630.346 In any disciplinary hearing:

44 1. The Board, a panel of the members of the Board and a
45 hearing officer are not bound by formal rules of evidence and a



witness must not be barred from testifying solely because the witness was or is incompetent.

2. A finding of the Board must be supported by a preponderance of the evidence.

3. Proof of actual injury need not be established.

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

Sec. 31. NRS 630.358 is hereby amended to read as follows:

630.358 1. Any person:

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

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

(1) Suspended until further order; or

(2) Revoked,

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

2. In hearing the application, the Board:

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

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

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

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

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

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



Sec. 32. NRS 630.366 is hereby amended to read as follows:

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

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

Sec. 33. NRS 630.388 is hereby amended to read as follows:

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

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

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

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

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

(e) To enjoin the use of the title "L.P.," "T.L.P.," "licensed perfusionist," "temporarily licensed perfusionist" or any other word, combination of letters or other designation intended to imply or



1 designate a person as a perfusionist, when not licensed by the Board
2 pursuant to this chapter, unless the use is otherwise authorized by a
3 specific statute.

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

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

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

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

12 **Sec. 34.** NRS 630.390 is hereby amended to read as follows:

13 630.390 In seeking injunctive relief against any person for an
14 alleged violation of this chapter by practicing medicine, perfusion,
15 *anesthesia services* or respiratory care without a license, it is
16 sufficient to allege that the person did, upon a certain day, and in a
17 certain county of this State, engage in the practice of medicine,
18 perfusion, *anesthesia services* or respiratory care without having a
19 license to do so, without alleging any further or more particular facts
20 concerning the same.

21 **Sec. 35.** NRS 630.395 is hereby amended to read as follows:

22 630.395 Any member or agent of the Board may enter any
23 premises in this State where a person who holds a license issued
24 pursuant to the provisions of this chapter practices medicine,
25 perfusion, *anesthesia services* or respiratory care and inspect it to
26 determine whether a violation of any provision of this chapter has
27 occurred, including, without limitation, an inspection to determine
28 whether any person at the premises is practicing medicine, perfusion
29, *anesthesia services* or respiratory care without the appropriate
30 license issued pursuant to the provisions of this chapter.

31 **Sec. 36.** NRS 630.397 is hereby amended to read as follows:

32 630.397 Unless the Board determines that extenuating
33 circumstances exist, the Board shall forward to the appropriate law
34 enforcement agency any substantiated information submitted to the
35 Board concerning a person who practices or offers to practice
36 medicine, perfusion, *anesthesia services* or respiratory care without
37 the appropriate license issued pursuant to the provisions of this
38 chapter.

39 **Sec. 37.** NRS 630.400 is hereby amended to read as follows:

40 630.400 1. It is unlawful for any person to:

41 (a) Present to the Board as his or her own the diploma, license or
42 credentials of another;

43 (b) Give either false or forged evidence of any kind to the
44 Board;



(c) Practice medicine, perfusion , *anesthesia services* or respiratory care under a false or assumed name or falsely personate another licensee;

(d) Except as otherwise provided by a specific statute, practice medicine, perfusion , *anesthesia services* or respiratory care without being licensed under this chapter;

(e) Hold himself or herself out as a perfusionist or use any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;

(f) Hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant without being licensed by the Board; ~~for~~

(g) *Hold himself or herself out as an anesthesiologist assistant or use any other term indicating or implying that he or she is an anesthesiologist assistant without being licensed by the Board; or*

(h) Hold himself or herself out as a practitioner of respiratory care or use any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board.

2. Unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, a person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

↪ and shall be punished as provided in NRS 193.130.

3. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.



(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 38. NRS 630A.090 is hereby amended to read as follows:
630A.090 1. This chapter does not apply to:

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

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

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

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

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

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

Sec. 39. NRS 632.472 is hereby amended to read as follows:

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

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

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



1 a medical facility or facility for the dependent upon notification by a
2 member of the staff of the facility.

3 (c) A coroner.

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

6 (e) Any person who operates, who is employed by or who
7 contracts to provide services for an intermediary service
8 organization as defined in NRS 449.4304.

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

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

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

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

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

22 (k) Any social worker.

23 2. Every physician who, as a member of the staff of a medical
24 facility or facility for the dependent, has reason to believe that a
25 nursing assistant or medication aide - certified has engaged in
26 conduct which constitutes grounds for the denial, suspension or
27 revocation of a certificate shall notify the superintendent, manager
28 or other person in charge of the facility. The superintendent,
29 manager or other person in charge shall make a report as required in
30 subsection 1.

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

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

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

39 **Sec. 40.** Chapter 633 of NRS is hereby amended by adding
40 thereto the provisions set forth as sections 41 to 50, inclusive, of this
41 act.

42 **Sec. 41.** *"Anesthesia services" means those services and*
43 *activities related to the administration of anesthesia to a patient,*
44 *including, without limitation, those services identified in*
45 *subsection 1 of section 45 of this act.*



Sec. 42. “Anesthesiologist assistant” means a person who is a graduate of an academic program approved by the Board or who, by general education, practical training and experience determined satisfactory to the Board, is qualified to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist and who has been issued a license by the Board.

Sec. 43. “Medically direct supervision” means that a supervising anesthesiologist is immediately available in such proximity to an anesthesiologist assistant during the performance of his or her duties that the supervising anesthesiologist is able to effectively re-establish direct contact with the patient to meet the patient’s medical needs and address any urgent or emergent clinical problems.

Sec. 44. “Supervising anesthesiologist” means an active osteopathic physician licensed and in good standing in this State who is Board certified or Board eligible as an anesthesiologist by the American Board of Anesthesiology, or its successor, or the American Osteopathic Association, or its successor, and who supervises one or more anesthesiology assistants.

Sec. 45. 1. An anesthesiologist assistant licensed under the provisions of this chapter may perform anesthesia services within the scope of practice of a supervising anesthesiologist and under the medically direct supervision of that supervising anesthesiologist, including, without limitation:

- (a) Obtaining a patient’s preanesthetic health history;
- (b) Performing a preanesthetic physical examination;
- (c) Pretesting and calibrating anesthesia delivery systems and monitors and obtaining information from the systems and monitors;
- (d) Performing monitoring techniques;
- (e) Establishing airway interventions and performing ventilatory support;
- (f) Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions;
- (g) Administering anesthetic, adjuvant and accessory drugs;
- (h) Administering blood, blood products and supportive fluids;
- (i) Performing epidural and spinal anesthetic procedures;
- (j) Recording postanesthetic patient progress notes;
- (k) Performing administrative duties as delegated by the supervising anesthesiologist; and
- (l) Performing such other duties as authorized by the supervising anesthesiologist.

2. An anesthesiologist assistant shall not prescribe any controlled substance.



3. Before an anesthesiologist assistant administers to a patient any anesthetic agent that includes a controlled substance, the anesthesiologist assistant or supervising anesthesiologist shall:

(a) Disclose to the patient that the anesthetic agent will be administered by an anesthesiologist assistant; and

(b) Receive the patient's consent, in writing, for the anesthesiologist assistant to administer the anesthetic agent.

Sec. 46. The Board may issue a license to an applicant who is qualified under the regulations of the Board to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist. The application for a license as an anesthesiologist assistant must contain all information required by the Board to complete the application.

Sec. 47. The Board shall adopt regulations establishing the requirements for licensure as an anesthesiologist assistant, including, without limitation:

1. The required qualifications of applicants for a license;

2. The academic or educational certificates, credentials or programs of study required of applicants for a license;

3. The procedures for submitting applications for licensure;

4. The standards for review of submitted applications and procedures for the issuance of licenses;

5. The tests or examinations of applicants by the Board;

6. The duration, renewal, revocation, suspension and termination of licenses;

7. The regulation and discipline of anesthesiologist assistants, including, without limitation, the reporting of complaints, investigations of misconduct and disciplinary proceedings;

8. The medically direct supervision of an anesthesiologist assistant by a supervising anesthesiologist; and

9. Consistent with the provisions of section 45 of this act, the anesthesia services which an anesthesiologist assistant may perform.

Sec. 48. 1. An anesthesiologist assistant shall:

(a) Keep his or her license available for inspection at his or her primary place of business; and

(b) When engaged in professional duties, identify himself or herself as an anesthesiologist assistant.

2. An anesthesiologist assistant shall not bill a patient separately from his or her supervising anesthesiologist.

Sec. 49. 1. An anesthesiologist assistant licensed under the provisions of this chapter who is responding to a need for medical care created by an emergency or disaster, as declared by a governmental entity, may render emergency care that is directly



1 *related to the emergency or disaster without the supervision of a*
2 *supervising anesthesiologist as required by this chapter. The*
3 *provisions of this subsection apply only for the duration of the*
4 *emergency or disaster.*

5 *2. A supervising anesthesiologist who supervises an*
6 *anesthesiologist assistant who is rendering emergency care that is*
7 *directly related to an emergency or disaster, as described in*
8 *subsection 1, is not required to meet the requirements set forth in*
9 *this chapter for such supervision.*

10 **Sec. 50.** *1. A supervising anesthesiologist shall provide*
11 *medically direct supervision to his or her anesthesiologist assistant*
12 *whenever the anesthesiologist assistant is performing anesthesia*
13 *services.*

14 *2. Before beginning to supervise an anesthesiologist*
15 *assistant, a supervising anesthesiologist shall communicate to the*
16 *anesthesiologist assistant:*

17 *(a) The scope of practice of the anesthesiologist assistant;*

18 *(b) The access to the supervising anesthesiologist that the*
19 *anesthesiologist assistant will have; and*

20 *(c) Any processes for evaluation that the supervising*
21 *anesthesiologist will use to evaluate the anesthesiologist assistant.*

22 *3. A supervising anesthesiologist shall not delegate to his or*
23 *her anesthesiologist assistant, and the anesthesiologist assistant*
24 *shall not accept, any task that is beyond the anesthesiologist*
25 *assistant's capability to complete safely.*

26 *4. A supervising anesthesiologist shall not supervise more*
27 *than four anesthesiologist assistants at the same time.*

28 *5. A supervising anesthesiologist may coordinate with other*
29 *anesthesiologists within his or her practice group or department*
30 *for the purpose of meeting any of his or her required supervisory*
31 *duties. Any anesthesiologist with whom a supervisory*
32 *anesthesiologist coordinates his or her supervisory duties shall be*
33 *considered a joint supervisory anesthesiologist and is subject to all*
34 *applicable requirements for a supervisory anesthesiologist*
35 *contained within this chapter.*

36 **Sec. 51.** NRS 633.011 is hereby amended to read as follows:

37 633.011 As used in this chapter, unless the context otherwise
38 requires, the words and terms defined in NRS 633.021 to 633.131,
39 inclusive, *and sections 41 to 44, inclusive, of this act* have the
40 meanings ascribed to them in those sections.

41 **Sec. 52.** NRS 633.071 is hereby amended to read as follows:

42 633.071 "Malpractice" means failure on the part of an
43 osteopathic physician , ~~for~~ physician assistant *or anesthesiologist*
44 *assistant* to exercise the degree of care, diligence and skill ordinarily
45 exercised by osteopathic physicians , ~~for~~ physician assistants *or*



anesthesiologist assistants in good standing in the community in which he or she practices.

Sec. 53. NRS 633.131 is hereby amended to read as follows:

633.131 1. “Unprofessional conduct” includes:

(a) Willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice osteopathic medicine , ~~for~~ to practice as a physician *assistant or to practice as an anesthesiologist* assistant, or in applying for the renewal of a license to practice osteopathic medicine , ~~for~~ to practice as a physician assistant ~~for~~ *or to practice as an anesthesiologist 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 , ~~for~~ in practice as a physician assistant ~~for~~ *or in practice as an anesthesiologist assistant,* or the aiding or abetting of any unlicensed person to practice osteopathic medicine , ~~for~~ to practice as a physician assistant ~~for~~ *or to practice as an anesthesiologist 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 constitute gross or repeated malpractice or professional incompetence.

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

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



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

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

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

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

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

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

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

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

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

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

2. It is not unprofessional conduct:

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

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

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



Sec. 54. NRS 633.151 is hereby amended to read as follows:

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

Sec. 55. NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

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

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

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

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

Sec. 56. NRS 633.286 is hereby amended to read as follows:

633.286 1. 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 osteopathic physicians , ~~and~~ physician assistants *and anesthesiologist assistants* for malpractice or negligence;

(b) Information reported to the Board during the previous biennium pursuant to NRS 633.526, 633.527, subsections 3 and 6 of NRS 633.533 and NRS 690B.250 and 690B.260; and

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



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

Sec. 57. NRS 633.301 is hereby amended to read as follows:

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

2. Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the Board requesting that such documents and information be made public records.

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

4. The Board shall, to the extent feasible, communicate or cooperate with or provide any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.

Sec. 58. NRS 633.3619 is hereby amended to read as follows:

633.3619 The Board shall not issue or renew a license to practice osteopathic medicine ~~or~~ , *to practice* as a physician assistant *or to practice as an anesthesiologist assistant* unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Sec. 59. NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection 6 and NRS 633.491, every holder of a license *to practice osteopathic medicine or to practice as a physician assistant* issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

(a) Applying for renewal on forms provided by the Board;

(b) Paying the annual license renewal fee specified in this chapter;



(c) Submitting a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against the holder during the previous year;

(d) Submitting an affidavit to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board totaling a number of hours established by the Board which must not be less than 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

2. The Secretary of the Board shall notify each ~~licensee~~ *person licensed to practice osteopathic medicine or a licensee to practice as a physician assistant* of the requirements for renewal not less than 30 days before the date of renewal.

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

4. The Board shall encourage each holder of a license to practice osteopathic medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug.

5. The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of at least 2 hours of continuing education credits in ethics, pain management or addiction care.

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

Sec. 60. NRS 633.491 is hereby amended to read as follows:

633.491 1. A licensee who retires from practice is not required annually to renew his or her license after filing with the Board an affidavit stating the date on which he or she retired from



1 practice and any other evidence that the Board may require to verify
2 the retirement.

3 2. An osteopathic physician , ~~for~~ physician assistant *or*
4 *anesthesiologist assistant* who retires from practice and who desires
5 to return to practice may apply to renew his or her license by paying
6 all back annual license renewal fees from the date of retirement and
7 submitting verified evidence satisfactory to the Board that the
8 licensee has attended continuing education courses or programs
9 approved by the Board which total:

10 (a) Twenty-five hours if the licensee has been retired 1 year or
11 less.

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

14 3. A licensee who wishes to have a license placed on inactive
15 status must provide the Board with an affidavit stating the date on
16 which the licensee will cease the practice of osteopathic medicine ,
17 ~~for~~ cease to practice as a physician assistant *or cease to practice as*
18 *an anesthesiologist assistant* in Nevada and any other evidence that
19 the Board may require. The Board shall place the license of the
20 licensee on inactive status upon receipt of:

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

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

24 4. An osteopathic physician , ~~for~~ physician assistant *or*
25 *anesthesiologist assistant* whose license has been placed on inactive
26 status:

27 (a) Is not required to annually renew the license.

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

30 (c) Shall not practice osteopathic medicine , ~~for~~ practice as a
31 physician assistant *or practice as an anesthesiologist assistant* in
32 this State.

33 5. An osteopathic physician , ~~for~~ physician assistant *or*
34 *anesthesiologist assistant* whose license is on inactive status and
35 who wishes to renew his or her license to practice osteopathic
36 medicine , ~~for~~ license to practice as a physician assistant *or license*
37 *to practice as an anesthesiologist assistant* must:

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

41 (1) The year preceding the date of the application for renewal
42 of the license; and

43 (2) Each year after the date the license was placed on
44 inactive status.



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

(c) Comply with all other requirements for renewal.

Sec. 61. NRS 633.501 is hereby amended to read as follows:

633.501 1. Except as otherwise provided in subsection 2, the Board shall charge and collect fees not to exceed the following amounts:

(a) Application and initial license fee for an osteopathic physician	\$800
(b) Annual license renewal fee for an osteopathic physician	500
(c) Temporary license fee	500
(d) Special or authorized facility license fee	200
(e) Special event license fee	200
(f) Special or authorized facility license renewal fee	200
(g) Reexamination fee	200
(h) Late payment fee	300
(i) Application and initial license fee for a physician assistant	400
(j) Annual license renewal fee for a physician assistant	400
(k) <i>Application and initial license fee for an anesthesiologist assistant</i>	<i>400</i>
(l) <i>Annual license renewal fee for an anesthesiologist assistant</i>	<i>400</i>
(m) Inactive license fee	200

2. The Board may prorate the initial license fee for a new license issued pursuant to paragraph (a) , ~~(i)~~ (i) *or (k)* of subsection 1 which expires less than 6 months after the date of issuance.

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 by the person or entity requesting the special meeting. Such a special meeting must not be called until the person or entity requesting the meeting has paid a cash deposit with the Board sufficient to defray all expenses of the meeting.

Sec. 62. NRS 633.511 is hereby amended to read as follows:

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

1. Unprofessional conduct.

2. Conviction of:

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



(b) A felony relating to the practice of osteopathic medicine ,
~~for~~ practice as a physician assistant ~~or~~ *or practice as an
anesthesiologist assistant;*

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

(d) Murder, voluntary manslaughter or mayhem;

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

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

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

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

(i) Any offense involving moral turpitude.

3. The suspension of a license to practice osteopathic medicine
, ~~for~~ to practice as a physician assistant *or to practice as an
anesthesiologist assistant* by any other jurisdiction.

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

5. Professional incompetence.

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

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

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

9. Operation of a medical facility, as defined in NRS 449.0151,
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.

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

11. Signing a blank prescription form.

12. Knowingly 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 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. 63. NRS 633.512 is hereby amended to read as follows:

633.512 Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter practices osteopathic medicine ~~or~~, *practices* as a physician assistant *or practices as an anesthesiologist assistant* and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing osteopathic medicine ~~or~~, *practicing* as a physician assistant *or practicing as an anesthesiologist assistant* without the appropriate license issued pursuant to the provisions of this chapter.

Sec. 64. NRS 633.526 is hereby amended to read as follows:

633.526 1. The insurer of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* licensed under this chapter shall report to the Board:



(a) Any action for malpractice against the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* not later than 45 days after the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition.

2. The Board shall report any failure to comply with subsection 1 by an insurer licensed in this State to the Division of Insurance of the Department of Business and Industry. If, after a hearing, the Division of Insurance determines that any such insurer failed to comply with the requirements of subsection 1, the Division may impose an administrative fine of not more than \$10,000 against the insurer for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

Sec. 65. NRS 633.527 is hereby amended to read as follows:

633.527 1. An osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* shall report to the Board:

(a) Any action for malpractice against the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* not later than 45 days after the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation;

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition; and

(d) Any sanctions imposed against the osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

2. If the Board finds that an osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* has violated any provision of this section, the Board may impose a fine of not more than \$5,000 against the osteopathic physician , ~~for~~ physician



assistant *or anesthesiologist assistant* for each violation, in addition to any other fines or penalties permitted by law.

3. All reports made by an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* pursuant to this section are public records.

Sec. 66. NRS 633.528 is hereby amended to read as follows:

633.528 If the Board receives a report pursuant to the provisions of NRS 633.526, 633.527, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action or claim for malpractice or that such an action or claim against the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board shall conduct an investigation to determine whether to discipline the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

Sec. 67. NRS 633.529 is hereby amended to read as follows:

633.529 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board receives a report pursuant to the provisions of NRS 633.526, 633.527, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action or claim for malpractice, or that such an action or claim against the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board may order the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* to undergo a mental or physical examination or any other examination designated by the Board to test his or her competence to practice osteopathic medicine, ~~or~~ to practice as a physician assistant ~~or to practice as an anesthesiologist assistant~~, as applicable. An examination conducted pursuant to this subsection must be conducted by osteopathic physicians designated by the Board.

2. For the purposes of this section:

(a) An osteopathic physician, ~~or~~ physician assistant *or anesthesiologist 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 or to practice as an anesthesiologist* assistant, as applicable, pursuant to a written order by the Board.



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

Sec. 68. NRS 633.531 is hereby amended to read as follows:

633.531 1. The Board or any of its members, or a medical review panel of a hospital or medical society, which becomes aware of any conduct by an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* that may constitute grounds for initiating disciplinary action shall, and any other person who is so aware may, file a written complaint specifying the relevant facts with the Board.

2. The Board shall retain all complaints filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

Sec. 69. NRS 633.533 is hereby amended to read as follows:

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

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

3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall file a written report with the Board of any change in the privileges of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* to practice while the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* is under investigation, and the outcome of any disciplinary action taken by the facility or society against the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* concerning the care of a patient or the competency of the osteopathic physician, ~~or~~ physician *assistant or anesthesiologist* assistant, within 30 days after the change in privileges is made or disciplinary action is taken.

4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days



after a change in the privileges of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that is based on:

(a) An investigation of the mental, medical or psychological competency of the osteopathic physician , ~~or~~ physician assistant ~~;~~ *or anesthesiologist assistant;* or

(b) Suspected or alleged substance abuse in any form by the osteopathic physician , ~~or~~ physician assistant ~~;~~ *or anesthesiologist assistant.*

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the Division determines that any such facility or society failed to comply with the requirements of this subsection, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

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

(a) Is mentally ill;

(b) Is mentally incompetent;

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

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

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

↳ within 45 days after the finding, judgment or determination.

7. On or before January 15 of each year, the clerk of every court shall submit to the Office of Court Administrator created pursuant to NRS 1.320 a written report compiling the information that the clerk reported during the previous year to the Board regarding osteopathic physicians , ~~and~~ physician assistants *and anesthesiologist assistants* pursuant to paragraph (e) of subsection 6.

Sec. 70. NRS 633.542 is hereby amended to read as follows:

633.542 Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice osteopathic medicine ~~or~~ , *who practices or offers to practice* as a



physician assistant *or as an anesthesiologist assistant* without the appropriate license issued pursuant to the provisions of this chapter.

Sec. 71. NRS 633.561 is hereby amended to read as follows:

633.561 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board or a member of the Board designated to review a complaint pursuant to NRS 633.541 has reason to believe that the conduct of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* has raised a reasonable question as to his or her competence to practice osteopathic medicine, ~~or~~ to practice as a physician assistant ~~or~~ *or to practice as an anesthesiologist assistant*, as applicable, with reasonable skill and safety to patients, the Board or the member designated by the Board may require the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* to submit to a mental or physical examination conducted by physicians designated by the Board. If the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* participates in a diversion program, the diversion program may exchange with any authorized member of the staff of the Board any information concerning the recovery and participation of the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* in the diversion program. As used in this subsection, “diversion program” means a program approved by the Board to correct an osteopathic physician’s, ~~or~~ physician assistant’s *or anesthesiologist assistant’s* alcohol or drug dependence or any other impairment.

2. For the purposes of this section:

(a) An osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* who is licensed under this chapter and who accepts the privilege of practicing osteopathic medicine, ~~or~~ practicing as a physician assistant *or practicing as an anesthesiologist assistant* in this State is deemed to have given consent to submit to a mental or physical examination pursuant to a written order by the Board.

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

3. Except in extraordinary circumstances, as determined by the Board, the failure of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* who is licensed under this chapter to submit to an examination pursuant to this section constitutes an admission of the charges against the osteopathic physician, ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant*.

Sec. 72. NRS 633.571 is hereby amended to read as follows:

633.571 Notwithstanding the provisions of chapter 622A of NRS, if the Board has reason to believe that the conduct of any osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*



assistant has raised a reasonable question as to his or her competence to practice osteopathic medicine , ~~{or}~~ to practice as a physician assistant ~~{}~~ *or to practice as an anesthesiologist assistant*, as applicable, with reasonable skill and safety to patients, the Board may require the osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* to submit to an examination for the purposes of determining his or her competence to practice osteopathic medicine , ~~{or}~~ to practice as a physician assistant ~~{}~~ *or to practice as an anesthesiologist assistant*, as applicable, with reasonable skill and safety to patients.

Sec. 73. 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 *or anesthesiologist assistant* reasonably determines that the health, safety or welfare of the public or any patient served by the osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* is at risk of imminent or continued harm, the Board may summarily suspend the license of the osteopathic physician , ~~{or}~~ physician assistant ~~{}~~ *or anesthesiologist assistant*. The order of summary suspension may be issued by the Board, an investigative committee of the Board or the Executive Director of the Board after consultation with the President, Vice President or Secretary-Treasurer of the Board.

2. If the Board issues an order summarily suspending the license of an osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* pursuant to subsection 1, the Board shall hold a hearing regarding the matter not later than 45 days after the date on which the Board issues the order summarily suspending the license unless the Board and the licensee mutually agree to a longer period.

3. Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of an osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* pending a proceeding for disciplinary action and requires the osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* 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 days after the Board issues the order.

Sec. 74. NRS 633.591 is hereby amended to read as follows:

633.591 Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of an osteopathic physician , ~~{or}~~ physician assistant *or anesthesiologist assistant* pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order unless



1 the Board fails to institute and determine such proceedings as
2 promptly as the requirements for investigation of the case
3 reasonably allow.

4 **Sec. 75.** NRS 633.601 is hereby amended to read as follows:

5 633.601 1. In addition to any other remedy provided by law,
6 the Board, through an officer of the Board or the Attorney General,
7 may apply to any court of competent jurisdiction to enjoin any
8 unprofessional conduct of an osteopathic physician , ~~or~~ physician
9 assistant *or anesthesiologist assistant* which is harmful to the public
10 or to limit the practice of the osteopathic physician , ~~or~~ physician
11 assistant *or anesthesiologist assistant* or suspend his or her license
12 to practice osteopathic medicine , ~~or~~ to practice as a physician
13 assistant ~~or~~ *or to practice as an anesthesiologist assistant*, as
14 applicable, as provided in this section.

15 2. The court in a proper case may issue a temporary restraining
16 order or a preliminary injunction for such purposes:

17 (a) Without proof of actual damage sustained by any person, this
18 provision being a preventive as well as punitive measure; and

19 (b) Pending proceedings for disciplinary action by the Board.
20 Notwithstanding the provisions of chapter 622A of NRS, such
21 proceedings shall be instituted and determined as promptly as the
22 requirements for investigation of the case reasonably allow.

23 **Sec. 76.** NRS 633.631 is hereby amended to read as follows:

24 633.631 Except as otherwise provided in chapter 622A of
25 NRS:

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

38 2. Proof of service of process or publication of notice made
39 under this chapter must be filed with the Secretary of the Board and
40 must be recorded in the minutes of the Board.

41 **Sec. 77.** NRS 633.641 is hereby amended to read as follows:

42 633.641 Notwithstanding the provisions of chapter 622A of
43 NRS, in any disciplinary proceeding before the Board, a hearing
44 officer or a panel:



1 1. Proof of actual injury need not be established where the
2 formal complaint charges deceptive or unethical professional
3 conduct or medical practice harmful to the public.

4 2. A certified copy of the record of a court or a licensing
5 agency showing a conviction or the suspension or revocation of a
6 license to practice osteopathic medicine , ~~or~~ to practice as a
7 physician assistant *or to practice as an anesthesiologist assistant* is
8 conclusive evidence of its occurrence.

9 **Sec. 78.** NRS 633.651 is hereby amended to read as follows:

10 633.651 1. If the Board finds a person guilty in a disciplinary
11 proceeding, it shall by order take one or more of the following
12 actions:

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

15 (b) Administer to the person a public reprimand.

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

18 (d) Suspend the license of the person to practice osteopathic
19 medicine , ~~or~~ to practice as a physician assistant *or to practice as*
20 *an anesthesiologist assistant* for a specified period or until further
21 order of the Board.

22 (e) Revoke the license of the person to practice osteopathic
23 medicine , ~~or~~ to practice as a physician assistant ~~or~~ *or to practice*
24 *as an anesthesiologist assistant.*

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

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

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

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

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

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

36 2. The Board shall not administer a private reprimand.

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

39 **Sec. 79.** NRS 633.671 is hereby amended to read as follows:

40 633.671 1. Any person who has been placed on probation or
41 whose license has been limited, suspended or revoked by the Board
42 is entitled to judicial review of the Board's order as provided by
43 law.

44 2. Every order of the Board which limits the practice of
45 osteopathic medicine , ~~or~~ the practice of a physician assistant *or*



1 *the practice of an anesthesiologist assistant* or suspends or revokes
2 a license is effective from the date on which the order is issued by
3 the Board until the date the order is modified or reversed by a final
4 judgment of the court.

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

8 **Sec. 80.** NRS 633.681 is hereby amended to read as follows:

9 633.681 1. Any person:

10 (a) Whose practice of osteopathic medicine , ~~for~~ practice as a
11 physician assistant *or practice as an anesthesiologist assistant* has
12 been limited; or

13 (b) Whose license to practice osteopathic medicine , ~~for~~ to
14 practice as a physician assistant *or to practice as an*
15 *anesthesiologist assistant* has been:

16 (1) Suspended until further order; or

17 (2) Revoked,

18 ↗ may apply to the Board after a reasonable period for removal of
19 the limitation or suspension or may apply to the Board pursuant to
20 the provisions of chapter 622A of NRS for reinstatement of the
21 revoked license.

22 2. In hearing the application, the Board:

23 (a) May require the person to submit to a mental or physical
24 examination by physicians whom it designates and submit such
25 other evidence of changed conditions and of fitness as it deems
26 proper;

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

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

31 **Sec. 81.** NRS 633.691 is hereby amended to read as follows:

32 633.691 1. In addition to any other immunity provided by the
33 provisions of chapter 622A of NRS, the Board, a medical review
34 panel of a hospital, a hearing officer, a panel of the Board, an
35 employee or volunteer of a diversion program specified in NRS
36 633.561, or any person who or other organization which initiates or
37 assists in any lawful investigation or proceeding concerning the
38 discipline of an osteopathic physician , ~~for~~ physician assistant *or*
39 *anesthesiologist assistant* for gross malpractice, malpractice,
40 professional incompetence or unprofessional conduct is immune
41 from any civil action for such initiation or assistance or any
42 consequential damages, if the person or organization acted in good
43 faith.

44 2. The Board shall not commence an investigation, impose any
45 disciplinary action or take any other adverse action against an



osteopathic physician , ~~for~~ physician assistant *or anesthesiologist 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 , ~~for~~ to practice as a physician assistant ~~for~~ *or to practice as an anesthesiologist assistant*, or by an osteopathic physician , ~~for~~ physician assistant ~~for~~ *or anesthesiologist 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. 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;

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

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

Sec. 82. NRS 633.701 is hereby amended to read as follows:

633.701 The filing and review of a complaint and any subsequent disposition by the Board, the member designated by the Board to review a complaint pursuant to NRS 633.541 or any reviewing court do not preclude:

1. Any measure by a hospital or other institution to limit or terminate the privileges of an osteopathic physician , ~~for~~ physician assistant *or anesthesiologist assistant* according to its rules or the custom of the profession. No civil liability attaches to any such action taken without malice even if the ultimate disposition of the complaint is in favor of the osteopathic physician , ~~for~~ physician assistant ~~for~~ *or anesthesiologist assistant*.

2. Any appropriate criminal prosecution by the Attorney General or a district attorney based upon the same or other facts.

Sec. 83. NRS 633.711 is hereby amended to read as follows:

633.711 1. The Board, through an officer of the Board or the Attorney General, may maintain in any court of competent jurisdiction a suit for an injunction against any person:

(a) Practicing osteopathic medicine , ~~for~~ practicing as a physician assistant *or practicing as an anesthesiologist assistant*



without a valid license to practice osteopathic medicine , ~~for~~ to practice as a physician assistant ~~or~~ *or to practice as an anesthesiologist assistant*; or

(b) Engaging in telemedicine without a valid license pursuant to NRS 633.165.

2. An injunction issued pursuant to subsection 1:

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

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

Sec. 84. NRS 633.721 is hereby amended to read as follows:

633.721 In a criminal complaint charging any person with practicing osteopathic medicine , ~~for~~ practicing as a physician assistant *or practicing as an anesthesiologist assistant* without a valid license issued by the Board, it is sufficient to charge that the person did, upon a certain day, and in a certain county of this State, engage in such practice without having a valid license to do so, without averring any further or more particular facts concerning the violation.

Sec. 85. NRS 633.741 is hereby amended to read as follows:

633.741 1. It is unlawful for any person to:

(a) Except as otherwise provided in NRS 629.091, practice:

(1) Osteopathic medicine without a valid license to practice osteopathic medicine under this chapter;

(2) As a physician assistant without a valid license under this chapter; ~~for~~

(3) *As an anesthesiologist assistant without a valid license under this chapter; or*

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

(b) Present as his or her own the diploma, license or credentials of another;

(c) Give either false or forged evidence of any kind to the Board or any of its members in connection with an application for a license;

(d) File for record the license issued to another, falsely claiming himself or herself to be the person named in the license, or falsely claiming himself or herself to be the person entitled to the license;

(e) Practice osteopathic medicine , ~~for~~ practice as a physician assistant *or practice as an anesthesiologist assistant* under a false or assumed name or falsely personate another licensee of a like or different name;

(f) Hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician



assistant, unless the person has been licensed by the Board as provided in this chapter; ~~for~~

(g) *Hold himself or herself out as an anesthesiologist assistant or use any other term indicating or implying that he or she is an anesthesiologist assistant unless the person has been licensed by the Board as provided in this chapter; or*

(h) Supervise a person as a physician assistant *or an anesthesiologist assistant* before such person is licensed as provided in this chapter.

2. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

➡ and shall be punished as provided in NRS 193.130, unless a greater penalty is provided pursuant to NRS 200.830 or 200.840.

3. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 86. NRS 639.0125 is hereby amended to read as follows:

639.0125 “Practitioner” means:

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

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



3. An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;

4. A physician assistant *or an anesthesiologist assistant* who:

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

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

5. A physician assistant *or an anesthesiologist assistant* who:

(a) Holds a license issued by the State Board of Osteopathic Medicine; and

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

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

Sec. 87. NRS 639.1373 is hereby amended to read as follows:

639.1373 1. A physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS may, if authorized by the Board ~~to~~ *and consistent with any limitations contained within chapter 630 or 633 of NRS, as applicable,* possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices in or out of the presence of his or her supervising physician *or supervising anesthesiologist* only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant *or anesthesiologist assistant* by the Board pursuant to this section.

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



1 **assistant** can possess, administer, prescribe or dispense controlled
2 substances, or possess, administer, prescribe or dispense poisons,
3 dangerous drugs or devices.

4 3. The Board shall consider each application separately and
5 may, even though the physician assistant's **or anesthesiologist**
6 **assistant's** license issued by the Board of Medical Examiners or by
7 the State Board of Osteopathic Medicine authorizes the physician
8 assistant **or anesthesiologist assistant** to possess, administer,
9 prescribe or dispense controlled substances, or to possess,
10 administer, prescribe or dispense poisons, dangerous drugs and
11 devices:

12 (a) Refuse to issue a registration certificate;

13 (b) Issue a registration certificate limiting the authority of the
14 physician assistant **or anesthesiologist assistant** to possess,
15 administer, prescribe or dispense controlled substances, or to
16 possess, administer, prescribe or dispense poisons, dangerous drugs
17 or devices, the area in which the physician assistant **or**
18 **anesthesiologist assistant** may possess controlled substances,
19 poisons, dangerous drugs and devices, or the kind and amount of
20 controlled substances, poisons, dangerous drugs and devices; or

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

24 4. If the registration of the physician assistant **or**
25 **anesthesiologist assistant** licensed pursuant to chapter 630 or 633 of
26 NRS is suspended or revoked, the physician's controlled substance
27 registration may also be suspended or revoked.

28 5. The Board shall adopt regulations controlling the maximum
29 amount to be administered, possessed and dispensed, and the
30 storage, security, recordkeeping and transportation of controlled
31 substances and the maximum amount to be administered, possessed,
32 prescribed and dispensed and the storage, security, recordkeeping
33 and transportation of poisons, dangerous drugs and devices by
34 physician assistants **or anesthesiologist assistants** licensed pursuant
35 to chapter 630 or 633 of NRS. In the adoption of those regulations,
36 the Board shall consider, but is not limited to, the following:

37 (a) The area in which the physician assistant **or anesthesiologist**
38 **assistant** is to operate;

39 (b) The population of that area;

40 (c) The experience and training of the physician assistant ~~[-]~~ **or**
41 **anesthesiologist assistant**;

42 (d) The distance to the nearest hospital and physician; and

43 (e) The effect on the health, safety and welfare of the public.

44 6. For the purposes of this section ~~[-, the term "supervising"]~~ :



(a) “Supervising anesthesiologist” has the meaning ascribed to it in sections 6 and 44 of this act;

(b) “Supervising physician” ~~[includes a supervising osteopathic physician as defined in chapter 633 of NRS.]~~ has the meaning ascribed to it in NRS 630.025 and 633.123.

Sec. 88. NRS 652.210 is hereby amended to read as follows:

652.210 1. Except as otherwise provided in subsection 2 and NRS 126.121, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a perfusionist, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, *an anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS*, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS or a licensed dentist may manipulate a person for the collection of specimens. The persons described in this subsection may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127.

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

Sec. 89. NRS 41.504 is hereby amended to read as follows:

41.504 1. Any physician, physician assistant, *anesthesiologist assistant* or registered nurse who in good faith gives instruction or provides supervision to an emergency medical attendant, physician assistant, *anesthesiologist assistant* or registered nurse, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in giving that instruction or providing that supervision.

2. An emergency medical attendant, physician assistant, *anesthesiologist assistant*, registered nurse or licensed practical nurse who obeys an instruction given by a physician, physician assistant, *anesthesiologist assistant*, registered nurse or licensed practical nurse and thereby renders emergency care, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in rendering that emergency care.

3. As used in this section, “emergency medical attendant” means a person licensed as an attendant or certified as an emergency



1 medical technician, advanced emergency medical technician or
2 paramedic pursuant to chapter 450B of NRS.

3 **Sec. 90.** NRS 41.505 is hereby amended to read as follows:

4 41.505 1. Any person licensed under the provisions of
5 chapter 630, 632 or 633 of NRS and any person who holds an
6 equivalent license issued by another state, who renders emergency
7 care or assistance, including, without limitation, emergency
8 obstetrical care or assistance, in an emergency, gratuitously and in
9 good faith, is not liable for any civil damages as a result of any act
10 or omission, not amounting to gross negligence, by that person in
11 rendering the emergency care or assistance or as a result of any
12 failure to act, not amounting to gross negligence, to provide or
13 arrange for further medical treatment for the injured or ill person.
14 This section does not excuse a physician, physician assistant ,
15 *anesthesiologist assistant* or nurse from liability for damages
16 resulting from that person's acts or omissions which occur in a
17 licensed medical facility relative to any person with whom there is a
18 preexisting relationship as a patient.

19 2. Any person licensed under the provisions of chapter 630,
20 632 or 633 of NRS and any person who holds an equivalent license
21 issued by another state who:

22 (a) Is retired or otherwise does not practice on a full-time basis;
23 and

24 (b) Gratuitously and in good faith, renders medical care within
25 the scope of that person's license to an indigent person,

26 ➤ is not liable for any civil damages as a result of any act or
27 omission by that person, not amounting to gross negligence or
28 reckless, willful or wanton conduct, in rendering that care.

29 3. Any person licensed to practice medicine under the
30 provisions of chapter 630 or 633 of NRS or licensed to practice
31 dentistry under the provisions of chapter 631 of NRS who renders
32 care or assistance to a patient for a governmental entity or a
33 nonprofit organization is not liable for any civil damages as a result
34 of any act or omission by that person in rendering that care or
35 assistance if the care or assistance is rendered gratuitously, in good
36 faith and in a manner not amounting to gross negligence or reckless,
37 willful or wanton conduct.

38 4. As used in this section, "gratuitously" has the meaning
39 ascribed to it in NRS 41.500.

40 **Sec. 91.** NRS 200.471 is hereby amended to read as follows:

41 200.471 1. As used in this section:

42 (a) "Assault" means:

43 (1) Unlawfully attempting to use physical force against
44 another person; or



(2) Intentionally placing another person in reasonable apprehension of immediate bodily harm.

(b) "Officer" means:

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

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

(3) A member of a volunteer fire department;

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



Sec. 92. NRS 200.5093 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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



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

(c) A coroner.

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

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

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

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

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

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

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

(k) Every social worker.

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

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

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

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the



1 investigation conducted by a division, office or department, other
2 than the Aging and Disability Services Division of the Department
3 of Health and Human Services, must be forwarded within 30 days
4 after the completion of the report to the:

5 (a) Aging and Disability Services Division;

6 (b) Repository for Information Concerning Crimes Against
7 Older Persons created by NRS 179A.450; and

8 (c) Unit for the Investigation and Prosecution of Crimes.

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

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

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

21 **Sec. 93.** NRS 200.50935 is hereby amended to read as
22 follows:

23 200.50935 1. Any person who is described in subsection 3
24 and who, in a professional or occupational capacity, knows or has
25 reasonable cause to believe that a vulnerable person has been
26 abused, neglected, exploited or isolated shall:

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

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

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

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

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



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

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

14 (c) A coroner.

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

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

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

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

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

28 (i) Every social worker.

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

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

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

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



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

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

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

Sec. 95. NRS 441A.334 is hereby amended to read as follows:

441A.334 As used in this section and NRS 441A.335 and 441A.336, "provider of health care" means a physician, nurse, ~~for~~ physician assistant *or anesthesiologist assistant* licensed in accordance with state law.

Sec. 96. NRS 453.038 is hereby amended to read as follows:

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

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

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

Sec. 97. NRS 453.091 is hereby amended to read as follows:

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

2. "Manufacture" does not include the preparation, compounding, packaging or labeling of a substance by a pharmacist, physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS*, dentist, podiatric physician, advanced practice registered nurse or veterinarian:

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

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



Sec. 98. NRS 453.126 is hereby amended to read as follows:

453.126 "Practitioner" means:

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

2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.

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

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

5. A physician assistant *or anesthesiologist assistant* who:

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

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

6. A physician assistant *or anesthesiologist assistant* who:

(a) Holds a license from the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of an osteopathic physician as required by chapter 633 of NRS.

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

Sec. 99. NRS 453.371 is hereby amended to read as follows:

453.371 As used in NRS 453.371 to 453.552, inclusive:

1. *"Anesthesiologist assistant" means a person who is registered with the Board and:*

(a) Holds a license issued pursuant to section 8 of this act; or

(b) Holds a license issued pursuant to section 46 of this act.

2. "Medical intern" means a medical graduate acting as an assistant in a hospital for the purpose of clinical training.

~~2.~~ 3. "Pharmacist" means a person who holds a certificate of registration issued pursuant to NRS 639.127 and is registered with the Board.



~~[3-]~~ 4. "Physician," "dentist," "podiatric physician," "veterinarian" and "euthanasia technician" mean persons authorized by a license to practice their respective professions in this State who are registered with the Board.

~~[4-]~~ 5. "Physician assistant" means a person who is registered with the Board and:

(a) Holds a license issued pursuant to NRS 630.273; or

(b) Holds a license issued pursuant to NRS 633.433.

Sec. 100. NRS 453.375 is hereby amended to read as follows:

453.375 A controlled substance may be possessed and administered by the following persons:

1. A practitioner.

2. A registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a physician, physician assistant, *anesthesiologist assistant*, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

3. A paramedic:

(a) As authorized by regulation of:

(1) The State Board of Health in a county whose population is less than 100,000; or

(2) A county or district board of health in a county whose population is 100,000 or more; and

(b) In accordance with any applicable regulations of:

(1) The State Board of Health in a county whose population is less than 100,000;

(2) A county board of health in a county whose population is 100,000 or more; or

(3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

4. A respiratory therapist, at the direction of a physician or physician assistant.

5. A medical student, student in training to become a physician assistant, *student in training to become an anesthesiologist assistant* or student nurse in the course of his or her studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician, ~~or~~ physician assistant *or anesthesiologist assistant* and:

(a) In the presence of a physician, physician assistant, *anesthesiologist assistant* or a registered nurse; or

(b) Under the supervision of a physician, physician assistant, *anesthesiologist assistant* or a registered nurse if the student is authorized by the college or school to administer the substance outside the presence of a physician, physician assistant, *anesthesiologist assistant* or nurse.



1 ↪ A medical student or student nurse may administer a controlled
2 substance in the presence or under the supervision of a registered
3 nurse alone only if the circumstances are such that the registered
4 nurse would be authorized to administer it personally.

5 6. An ultimate user or any person whom the ultimate user
6 designates pursuant to a written agreement.

7 7. Any person designated by the head of a correctional
8 institution.

9 8. A veterinary technician at the direction of his or her
10 supervising veterinarian.

11 9. In accordance with applicable regulations of the State Board
12 of Health, an employee of a residential facility for groups, as
13 defined in NRS 449.017, pursuant to a written agreement entered
14 into by the ultimate user.

15 10. In accordance with applicable regulations of the State
16 Board of Pharmacy, an animal control officer, a wildlife biologist or
17 an employee designated by a federal, state or local governmental
18 agency whose duties include the control of domestic, wild and
19 predatory animals.

20 11. A person who is enrolled in a training program to become a
21 paramedic, respiratory therapist or veterinary technician if the
22 person possesses and administers the controlled substance in the
23 same manner and under the same conditions that apply, respectively,
24 to a paramedic, respiratory therapist or veterinary technician who
25 may possess and administer the controlled substance, and under the
26 direct supervision of a person licensed or registered to perform the
27 respective medical art or a supervisor of such a person.

28 **Sec. 101.** NRS 453.381 is hereby amended to read as follows:

29 453.381 1. In addition to the limitations imposed by NRS
30 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician
31 assistant, *anesthesiologist assistant*, dentist, advanced practice
32 registered nurse or podiatric physician may prescribe or administer
33 controlled substances only for a legitimate medical purpose and in
34 the usual course of his or her professional practice, and he or she
35 shall not prescribe, administer or dispense a controlled substance
36 listed in schedule II for himself or herself, his or her spouse or his or
37 her children except in cases of emergency.

38 2. A veterinarian, in the course of his or her professional
39 practice only, and not for use by a human being, may prescribe,
40 possess and administer controlled substances, and the veterinarian
41 may cause them to be administered by a veterinary technician under
42 the direction and supervision of the veterinarian.

43 3. A euthanasia technician, within the scope of his or her
44 license, and not for use by a human being, may possess and
45 administer sodium pentobarbital.



4. A pharmacist shall not fill an order which purports to be a prescription if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a physician, physician assistant, dentist, advanced practice registered nurse, podiatric physician or veterinarian.

5. Any person who has obtained from a physician, physician assistant, *anesthesiologist assistant*, dentist, advanced practice registered nurse, podiatric physician or veterinarian any controlled substance for administration to a patient during the absence of the physician, physician assistant, dentist, advanced practice registered nurse, podiatric physician or veterinarian shall return to him or her any unused portion of the substance when it is no longer required by the patient.

6. A manufacturer, wholesale supplier or other person legally able to furnish or sell any controlled substance listed in schedule II shall not provide samples of such a controlled substance to registrants.

7. A salesperson of any manufacturer or wholesaler of pharmaceuticals shall not possess, transport or furnish any controlled substance listed in schedule II.

8. A person shall not dispense a controlled substance in violation of a regulation adopted by the Board.

Sec. 102. NRS 453.391 is hereby amended to read as follows:

453.391 A person shall not:

1. Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, *anesthesiologist assistant*, dentist, advanced practice registered nurse, veterinarian or any other person authorized to administer, dispense or possess controlled substances.

2. While undergoing treatment and being supplied with any controlled substance or a prescription for any controlled substance from one practitioner, knowingly obtain any controlled substance or a prescription for a controlled substance from another practitioner without disclosing this fact to the second practitioner.

Sec. 103. NRS 454.213 is hereby amended to read as follows:

454.213 A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

1. A practitioner.

2. A physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician *or supervising anesthesiologist* or a licensed dental hygienist acting in the office of and under the supervision of a dentist.



3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS*, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

4. In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(a) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(b) Acting under the direction of the medical director of that agency or facility who works in this State.

5. A medication aide - certified at a designated facility under the supervision of an advanced practice registered nurse or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this subsection, “designated facility” has the meaning ascribed to it in NRS 632.0145.

6. Except as otherwise provided in subsection 7, an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(a) The State Board of Health in a county whose population is less than 100,000;

(b) A county board of health in a county whose population is 100,000 or more; or

(c) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

7. An advanced emergency medical technician or a paramedic who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.

8. A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

9. A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

10. A medical student or student nurse in the course of his or her studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician and:



1 (a) In the presence of a physician or a registered nurse; or
2 (b) Under the supervision of a physician or a registered nurse if
3 the student is authorized by the college or school to administer the
4 drug or medicine outside the presence of a physician or nurse.

5 ➡ A medical student or student nurse may administer a dangerous
6 drug in the presence or under the supervision of a registered nurse
7 alone only if the circumstances are such that the registered nurse
8 would be authorized to administer it personally.

9 11. Any person designated by the head of a correctional
10 institution.

11 12. An ultimate user or any person designated by the ultimate
12 user pursuant to a written agreement.

13 13. A nuclear medicine technologist, at the direction of a
14 physician and in accordance with any conditions established by
15 regulation of the Board.

16 14. A radiologic technologist, at the direction of a physician
17 and in accordance with any conditions established by regulation of
18 the Board.

19 15. A chiropractic physician, but only if the drug or medicine
20 is a topical drug used for cooling and stretching external tissue
21 during therapeutic treatments.

22 16. A physical therapist, but only if the drug or medicine is a
23 topical drug which is:

24 (a) Used for cooling and stretching external tissue during
25 therapeutic treatments; and

26 (b) Prescribed by a licensed physician for:

27 (1) Iontophoresis; or

28 (2) The transmission of drugs through the skin using
29 ultrasound.

30 17. In accordance with applicable regulations of the State
31 Board of Health, an employee of a residential facility for groups, as
32 defined in NRS 449.017, pursuant to a written agreement entered
33 into by the ultimate user.

34 18. A veterinary technician or a veterinary assistant at the
35 direction of his or her supervising veterinarian.

36 19. In accordance with applicable regulations of the Board, a
37 registered pharmacist who:

38 (a) Is trained in and certified to carry out standards and practices
39 for immunization programs;

40 (b) Is authorized to administer immunizations pursuant to
41 written protocols from a physician; and

42 (c) Administers immunizations in compliance with the
43 “Standards for Immunization Practices” recommended and
44 approved by the Advisory Committee on Immunization Practices of
45 the Centers for Disease Control and Prevention.



20. A registered pharmacist pursuant to written guidelines and protocols developed and approved pursuant to NRS 639.2809.

21. A person who is enrolled in a training program to become a physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS*, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, nuclear medicine technologist, radiologic technologist, physical therapist or veterinary technician if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS*, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, nuclear medicine technologist, radiologic technologist, physical therapist or veterinary technician who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

22. A medical assistant, in accordance with applicable regulations of the:

(a) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician , ~~or~~ physician assistant ~~or~~ *anesthesiologist assistant*.

(b) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician , ~~or~~ physician assistant ~~or~~ *anesthesiologist assistant*.

Sec. 104. NRS 454.215 is hereby amended to read as follows:

454.215 A dangerous drug may be dispensed by:

1. A registered pharmacist upon the legal prescription from a practitioner or to a pharmacy in a correctional institution upon the written order of the prescribing practitioner in charge;

2. A pharmacy in a correctional institution, in case of emergency, upon a written order signed by the chief medical officer;

3. A practitioner, ~~or a~~ physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

4. A registered nurse, when the nurse is engaged in the performance of any public health program approved by the Board;

5. A medical intern in the course of his or her internship;

6. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs;

7. A registered nurse employed at an institution of the Department of Corrections to an offender in that institution;



8. A registered pharmacist from an institutional pharmacy pursuant to regulations adopted by the Board; or

9. A registered nurse to a patient at a rural clinic that is designated as such pursuant to NRS 433.233 and that is operated by the Division of Public and Behavioral Health of the Department of Health and Human Services if the nurse is providing mental health services at the rural clinic,

➤ except that no person may dispense a dangerous drug in violation of a regulation adopted by the Board.

Sec. 105. NRS 454.221 is hereby amended to read as follows:

454.221 1. A person who furnishes any dangerous drug except upon the prescription of a practitioner is guilty of a category D felony and shall be punished as provided in NRS 193.130, unless the dangerous drug was obtained originally by a legal prescription.

2. The provisions of this section do not apply to the furnishing of any dangerous drug by:

(a) A practitioner to his or her patients;

(b) A physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

(c) A registered nurse while participating in a public health program approved by the Board, or an advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs;

(d) A manufacturer or wholesaler or pharmacy to each other or to a practitioner or to a laboratory under records of sales and purchases that correctly give the date, the names and addresses of the supplier and the buyer, the drug and its quantity;

(e) A hospital pharmacy or a pharmacy so designated by a county health officer in a county whose population is 100,000 or more, or by a district health officer in any county within its jurisdiction or, in the absence of either, by the Chief Medical Officer or the Chief Medical Officer's designated Medical Director of Emergency Medical Services, to a person or agency described in subsection 3 of NRS 639.268 to stock ambulances or other authorized vehicles or replenish the stock; or

(f) A pharmacy in a correctional institution to a person designated by the Director of the Department of Corrections to administer a lethal injection to a person who has been sentenced to death.

Sec. 106. 1. This act becomes effective upon passage and approval for the purpose of adopting regulations and performing any preliminary administrative tasks that are necessary to carry out the provisions of this act, and on January 1, 2016, for all other purposes.

2. Section 32 of this act expires by limitation on the date 2 years after the date on which the provision of 42 U.S.C. § 666



- 1 requiring each state to establish procedures under which the state
2 has authority to withhold or suspend, or to restrict the use of
3 professional, occupational and recreational licenses of persons who:
4 (a) Have filed to comply with a subpoena or warrant relating to
5 a proceeding to determine the paternity of a child or to establish or
6 enforce an obligation for the support of a child; or
7 (b) Are in arrears in the payment for the support of one or more
8 children,
9 ➡ are repealed by the Congress of the United States.

