

SENATE BILL NO. 408—SENATORS SPEARMAN, SEGERBLOM,
PARKS, WOODHOUSE; DENIS AND MANENDO

MARCH 17, 2015

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to naturopathic medicine.
(BDR 54-663)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to health care; regulating the practice of naturopathic medicine; creating the Board of Naturopathic Medicine and providing for its organization, powers and duties; providing for licensing, certification and disciplinary actions; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the regulation and licensure of certain professions, occupations and businesses. (Title 54 of NRS) **Sections 20-34 and 165** of this bill establish the Board of Naturopathic Medicine, provide for its organization and set forth the powers and duties of the Board. Those powers and duties, include, without limitation, determining the qualifications of applicants for various licenses and certificates relating to the practice of naturopathic medicine. **Sections 35-61 and 108** of this bill provide for the regulation and: (1) licensure of naturopathic physicians; (2) certification of naturopathic physicians as specialists; (3) certification of naturopathic assistants; (4) certification of naturopathic medical students who wish to participate in a clinical training program; and (5) certification of graduates of an approved school of naturopathic medicine who wish to participate in an internship, preceptorship or fellowship training program.

Section 12 of this bill defines "naturopathic medicine" to include acts performed without regard to whether the naturopathic physician is physically located in this State. **Sections 40-42** of this bill: (1) set forth the scope of practice of a naturopathic physician; (2) provide the authorized methods of administration of natural substances; (3) set forth the requirements a naturopathic physician must satisfy before administering intravenous therapy in his or her practice; and (4) authorize a naturopathic physician to dispense natural substances, drugs and devices, including certain controlled substances.

Sections 53-55 and 60 of this bill authorize the Board to adopt regulations governing: (1) the naturopathic medical services that may be performed by a person



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who is certified by the Board as a naturopathic assistant or to participate as a naturopathic medical student or a graduate of an approved school of naturopathic medicine in a clinical training program, internship, preceptorship or fellowship training program; and (2) naturopathic medical specialties.

Sections 62-85 of this bill establish the grounds for disciplinary action against a naturopathic physician or naturopathic assistant and the procedures for addressing complaints and taking such disciplinary action.

Sections 86-91 of this bill provide for injunctive relief, civil penalties and criminal penalties for certain violations of the provisions of this bill.

Sections 92-135 of this bill amend various provisions of existing law to ensure that naturopathic physicians and the Board of Naturopathic Medicine are licensed, as applicable, and regulated in approximately the same manner as other physicians and other boards responsible for issuing a license to a provider of health care.

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

Section 1. Title 54 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 91, inclusive, of this act.

Sec. 2. *As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 3 to 16, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Approved school of naturopathic medicine” means a school or college determined by the Board to have an educational program that meets the standards prescribed by the Council on Naturopathic Medical Education, or its successor agency, and that offers a course of study that, on successful completion results in the awarding of the degree of doctor of naturopathic medicine and whose course of study is:*

1. Accredited or a candidate for accreditation by an accrediting agency recognized by the United States Secretary of Education as a specialized accrediting agency for schools of naturopathic medicine or its successor agency; or

2. Accredited or a candidate for accreditation by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor agency.

Sec. 4. *“Board” means the Board of Naturopathic Medicine.*

Sec. 5. *“Dangerous drug” has the meaning ascribed to it in NRS 454.201.*

Sec. 6. *“Drug” has the meaning ascribed to it in NRS 453.081.*

Sec. 7. *“Gross malpractice” means malpractice where the failure to exercise the requisite degree of care, diligence or skill consists of:*



1 1. *Ministering to a patient while the naturopathic physician*
2 *or naturopathic assistant is under the influence of alcohol or any*
3 *controlled substance.*

4 2. *Gross negligence.*

5 3. *Willful disregard of established naturopathic procedures.*

6 4. *Willful and consistent use of naturopathic procedures,*
7 *services or treatment considered by naturopathic physicians in the*
8 *community to be inappropriate or unnecessary in the cases where*
9 *used.*

10 **Sec. 8.** *“Healing art” means any system, treatment,*
11 *diagnosis, prescription or practice for the ascertainment, cure,*
12 *relief, palliation, adjustment or correction of any human disease,*
13 *ailment, deformity, injury, or unhealthy or abnormal physical or*
14 *mental condition for the practice of which long periods of*
15 *specialized education and training and a degree of specialized*
16 *knowledge of an intellectual as well as physical nature are*
17 *required.*

18 **Sec. 9.** *“Malpractice” means failure on the part of a*
19 *naturopathic physician or naturopathic assistant to exercise the*
20 *degree of care, diligence and skill ordinarily exercised by*
21 *naturopathic physicians or naturopathic assistants in good*
22 *standing in the community in which he or she practices.*

23 **Sec. 10.** *“Natural substance” means a homeopathic,*
24 *botanical, nutritional or other supplement that:*

25 1. *Does not require a prescription pursuant to federal law*
26 *before it is prescribed, dispensed or otherwise furnished to a*
27 *patient; and*

28 2. *Is prescribed by a naturopathic physician to enhance*
29 *health, prevent disease or treat a medical condition diagnosed by*
30 *the naturopathic physician.*

31 **Sec. 11.** *“Naturopathic assistant” means a person who:*

32 1. *Satisfies the educational requirements prescribed by the*
33 *Board;*

34 2. *Is qualified to perform naturopathic medical services*
35 *under the supervision of a naturopathic physician; and*

36 3. *Has been issued a certificate as a naturopathic assistant by*
37 *the Board.*

38 **Sec. 12.** *“Naturopathic medicine” means:*

39 1. *A system of medicine employing accepted procedures for*
40 *diagnosis and treatment of human disorders, including the*
41 *prescribing and administering of drugs and using diet and*
42 *nutrition, including vitamins, fresh or dried herbs, minerals,*
43 *enzymes and tissue concentrates and manual manipulation,*
44 *including the physical, chemical and other properties of heat,*
45 *light, water and electricity.*



2. To perform any of the acts described in subsection 1 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics from within or outside this State or the United States.

Sec. 13. "Naturopathic physician" means a person who:

1. Is a graduate of an approved school of naturopathic medicine; and

2. Has been issued a license to practice naturopathic medicine from the Board.

Sec. 14. "Prescription drug" means:

1. A controlled substance or dangerous drug that may be dispensed to an ultimate user only pursuant to a lawful prescription; and

2. Any other substance or drug substituted for such a controlled substance or dangerous drug.

Sec. 15. "Professional incompetence" means the lack of ability safely and skillfully to practice naturopathic medicine or one or more specified branches of naturopathic medicine as a naturopathic physician, or to practice as a naturopathic assistant, as applicable, arising from:

1. Lack of knowledge or training.

2. Impaired physical or mental capability of the naturopathic physician or naturopathic assistant.

3. Indulgence in the use of alcohol or any controlled substance.

4. Any other sole or contributing cause.

Sec. 16. "Specialist" means a naturopathic physician who has successfully completed approved postdoctoral training, who is certified by a specialty board of examiners recognized by the Board and who is certified by the Board to practice a specialty pursuant to this chapter.

Sec. 17. 1. The purpose of licensing naturopathic physicians and certifying naturopathic assistants is to protect the public health and safety and the general welfare of the people of this State.

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

Sec. 18. All state and local governmental regulations relative to the reporting of births and deaths in any matter pertaining to the public health apply to naturopathic physicians with the same effect as to physicians of other schools of medicine. Such reports by naturopathic physicians must be accepted by the officers of the agency to which they are made.

Sec. 19. 1. This chapter does not apply to:



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

(b) *A medical officer of the Armed 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) *The practice of naturopathic medicine by a student who is enrolled in an approved school of naturopathic medicine if the performance of services is pursuant to a course of instruction and under the supervision of a naturopathic physician.*

(d) *Naturopathic 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 authorize a naturopathic physician to represent himself or herself as being licensed or certified by any other Board in this State unless the person holds a license or certificate issued by that Board.*

4. *This chapter does not prohibit:*

(a) *Gratuitous services of a person in case of emergency;*

(b) *The domestic administration of family remedies;*

(c) *A person who is engaged in the sale of vitamins or herbs from providing information about those products; or*

(d) *A person who is licensed, certified or otherwise authorized pursuant to the laws of this State from performing services within his or her authorized scope of practice, including, without limitation, rendering advice concerning:*

(1) *Diet and nutrition;*

(2) *Nonprescription products; and*

(3) *Vitamins, minerals, herbs, homeopathics, natural food products and their extracts and nutritional supplements.*

Sec. 20. 1. *The Board of Naturopathic Medicine is hereby created, consisting of seven members appointed by the Governor.*

2. *Four members of the Board must:*

(a) *Be naturopathic physicians licensed pursuant to this chapter, except the initial members who must be licensed as naturopathic physicians in another state;*

(b) *Be actually engaged in the practice of naturopathic medicine in this State, except the initial members who must have been so engaged in another state; and*



(c) Have been so engaged in this State for more than 3 years preceding their appointment, except the initial members who must have been so engaged in another state.

3. The remaining three members of the Board must be representatives of the general public who, in addition to satisfying the requirements of NRS 622.205:

(a) Must have a demonstrated interest in the health problems of the residents of this State; and

(b) Must not be:

(1) Licensed in any state to practice any healing art; and

(2) Actively engaged in the administration of any medical facility or facility for the dependent as defined in chapter 449 of NRS.

Sec. 21. 1. After the initial terms, the term of office of each member of the Board is 3 years. If a person is appointed to fill the unexpired term of a member which is more than 2 years, the person shall be deemed to have served a full term.

2. Upon expiration of his or her term of office, a member shall continue to serve until a person qualified under this chapter is appointed as a successor.

3. If a vacancy occurs on the Board or a member of the Board is absent from the State for a period of 6 months or more without the Board's permission, the Board shall notify the Governor and the Governor shall appoint a person qualified under this chapter to replace the member for the remainder of the unexpired term.

4. A member of the Board may be removed by the Governor for good cause. The Governor shall appoint a person qualified under this chapter to replace a removed member for the remainder of the unexpired term.

Sec. 22. Before entering upon the duties of his or her office, each member of the Board shall take:

1. The constitutional oath or affirmation of office; and

2. An oath or affirmation that the member is legally qualified to serve on the Board.

Sec. 23. 1. Each member of the Board shall comply with the provisions of NRS 281A.500.

2. Each member of the Board shall provide a copy of the acknowledgment filed pursuant to NRS 281A.500 to the Executive Director of the Board, and the Executive Director shall retain an acknowledgment provided pursuant to this section for 6 years after the date on which the acknowledgment was provided to the Executive Director.



1 **Sec. 24. 1.** *The Board shall elect from its members a*
2 *President, a Vice President and a Secretary-Treasurer, who hold*
3 *their respective offices at the pleasure of the Board.*

4 **2.** *The Secretary-Treasurer is entitled to receive a salary, in*
5 *addition to the salary paid pursuant to section 27 of this act, the*
6 *amount of which must be determined by the Board.*

7 **Sec. 25. 1.** *The Board shall employ a person as the*
8 *Executive Director of the Board.*

9 **2.** *The Executive Director serves as the chief administrative*
10 *officer of the Board at a level of compensation set by the Board.*

11 **3.** *The Executive Director is an at-will employee who serves*
12 *at the pleasure of the Board.*

13 **4.** *The Executive Director shall:*

14 **(a)** *Keep an accurate record of all proceedings of the Board;*

15 **(b)** *Maintain custody of the official seal;*

16 **(c)** *Maintain a file containing the names and addresses of each*
17 *holder of a license or certificate issued pursuant to this chapter;*

18 **(d)** *Submit to the Board each application for a license or*
19 *certificate that is filed with the Board;*

20 **(e)** *Make recommendations to the Board concerning any*
21 *legislation that may be necessary concerning the regulation of*
22 *naturopathic medicine; and*

23 **(f)** *Perform any other duties assigned by the Board.*

24 **Sec. 26. 1.** *The Board shall meet at least twice annually*
25 *and may meet at other times on the call of the President or a*
26 *majority of its members.*

27 **2.** *A majority of the Board constitutes a quorum. If there is a*
28 *quorum, a vote of the majority of the members present is all that is*
29 *necessary to transact any business before the Board.*

30 **Sec. 27. 1.** *Out of the money coming into the possession of*
31 *the Board, each member of the Board is entitled to receive, while*
32 *engaged in the business of the Board:*

33 **(a)** *A salary of not more than \$150 per day, as fixed by the*
34 *Board; and*

35 **(b)** *A per diem allowance and travel expenses at a rate fixed by*
36 *the Board. The rate must not exceed the rate provided for state*
37 *officers and employees generally.*

38 **2.** *While engaged in the business of the Board, each employee*
39 *of the Board is entitled to receive a per diem allowance and travel*
40 *expenses at a rate fixed by the Board. The rate must not exceed the*
41 *rate provided for state officers and employees generally.*

42 **3.** *Expenses of the Board and the expenses and salaries of the*
43 *members and employees of the Board must be paid from the fees*
44 *received by the Board pursuant to the provisions of this chapter.*
45 *Except as otherwise provided in subsection 6, no part of the*



1 salaries or expenses of the members of the Board may be paid out
2 of the State General Fund.

3 4. All money received by the Board must be deposited in
4 financial institutions in this State that are federally insured or
5 insured by a private insurer approved pursuant to NRS 678.755.

6 5. In a manner consistent with the provisions of chapter 622A
7 of NRS, the Board may delegate to a hearing officer or panel its
8 authority to take any disciplinary action pursuant to this chapter,
9 impose and collect administrative fines, court costs and attorney's
10 fees therefor and deposit the money therefrom in financial
11 institutions in this State that are federally insured or insured by a
12 private insurer approved pursuant to NRS 678.755.

13 6. If a hearing officer or panel is not authorized to take
14 disciplinary action pursuant to subsection 5, the Board shall
15 deposit the money collected from the imposition of administrative
16 fines, court costs and attorney's fees with the State Treasurer for
17 credit to the State General Fund. The Board may present a claim
18 to the State Board of Examiners for recommendation to the
19 Interim Finance Committee if money is needed to pay attorney's
20 fees or the costs of an investigation, or both.

21 **Sec. 28. 1. The Board shall procure a seal.**

22 2. All licenses and certificates issued by the Board must bear
23 the seal of the Board and the signatures of its President and
24 Secretary-Treasurer.

25 **Sec. 29. The Board shall operate on the basis of a fiscal year**
26 **commencing on July 1 and terminating on June 30.**

27 **Sec. 30. The Board may:**

28 1. Maintain offices in as many localities in the State as it
29 finds necessary to carry out the provisions of this chapter.

30 2. Employ attorneys, investigators, hearing officers, experts,
31 administrators and other professional consultants and clerical
32 personnel necessary to the discharge of its duties.

33 **Sec. 31. 1. In a manner consistent with the provisions of**
34 **chapter 622A of NRS, the Board may hold hearings and conduct**
35 **investigations relating to its duties under this chapter and take**
36 **evidence on any matter under inquiry before the Board. The**
37 **Secretary-Treasurer of the Board or, in the Secretary-Treasurer's**
38 **absence, any member of the Board may administer oaths to any**
39 **witness appearing before the Board. The President or Secretary-**
40 **Treasurer of the Board, but not the Executive Director acting on**
41 **his or her own behalf, may issue subpoenas to compel the**
42 **attendance of witnesses and the production of books, medical**
43 **records, X-ray photographs and other papers. The President,**
44 **Secretary-Treasurer or other officer of the Board acting on behalf**
45 **of the Board or the Executive Director must sign the subpoena.**



2. If any person fails to comply with a subpoena issued by the Board, the President, Secretary-Treasurer or Executive Director of the Board may petition the district court for an order of the court compelling compliance with the subpoena.

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

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

Sec. 32. 1. In addition to the other powers and duties provided in this chapter, the Board shall, in the interest of the public, judiciously:

(a) Enforce the provisions of this chapter;

(b) Establish by regulation:

(1) The principles of ethics to be used as the basis for determining whether conduct which does not constitute malpractice is unethical;

(2) Standards for licensure as a naturopathic physician or certification as a naturopathic assistant pursuant to this chapter;

(3) Standards for approval of clinical, internship, preceptorship and fellowship training programs;

(4) The requirements for the continuing education of a naturopathic physician, which must include, without limitation, the completion of at least 10 hours each year in pharmacotherapeutics; and

(5) Procedures for conducting examinations for licensure and certification, including, without limitation, a system of scoring for those examinations;

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

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

2. The Board may adopt regulations to carry out the provisions of this chapter.

Sec. 33. 1. The Board shall keep a record of its proceedings relating to licensing, certification 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,



1 *known place of business and residence, and the date and number*
2 *of the license or certificate of every naturopathic physician*
3 *licensed and every naturopathic assistant certified pursuant to this*
4 *chapter.*

5 2. *Except as otherwise provided in this section and NRS*
6 *239.0115, a complaint filed with the Board, all documents and*
7 *other information filed with the complaint and all documents and*
8 *other information compiled as a result of an investigation*
9 *conducted to determine whether to initiate disciplinary action*
10 *against a person are confidential, unless the person submits a*
11 *written statement to the Board requesting that such documents*
12 *and information be made public records.*

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

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

21 **Sec. 34.** *The Board may by regulation establish committees*
22 *to assist in the management of its affairs and in the investigation*
23 *of grievances.*

24 **Sec. 35.** 1. *It is unlawful for any person:*

25 (a) *To practice naturopathic medicine;*

26 (b) *To hold himself or herself out as qualified to practice*
27 *naturopathic medicine; or*

28 (c) *To use in connection with his or her name the words or*
29 *letters "N.M.D." or any other title, abbreviation or other*
30 *designation intended to imply or designate the person as a*
31 *practitioner of naturopathic medicine,*

32 *↪ in this State without first obtaining a license so to do as*
33 *provided in this chapter.*

34 2. *A naturopathic physician licensed pursuant to this chapter*
35 *who holds a degree such as doctor of medicine or doctor of*
36 *osteopathy may identify himself or herself by that degree or its*
37 *appropriate abbreviation, but unless the physician is also licensed*
38 *pursuant to chapter 630 or 633 of NRS must further identify*
39 *himself or herself by the words "practitioner of naturopathic*
40 *medicine" or the equivalent.*

41 **Sec. 36.** 1. *Every applicant for a license or certificate shall:*

42 (a) *File an application with the Board in the manner*
43 *prescribed by regulations adopted by the Board;*

44 (b) *Submit verified proof satisfactory to the Board that he or*
45 *she meets the age, citizenship and educational requirements*



1 *prescribed by this chapter and any regulations adopted pursuant*
2 *thereto; and*

3 *(c) Pay in advance to the Board the initial license or certificate*
4 *fee specified in section 60 of this act.*

5 *2. An application filed with the Board pursuant to subsection*
6 *1 must include all information required to complete the*
7 *application.*

8 *3. The Board may hold hearings and conduct investigations*
9 *into any matter related to the application and, in addition to the*
10 *proofs required by subsection 1, may take such further evidence*
11 *and require such other documents or proof of qualifications as it*
12 *deems proper.*

13 *4. The Board may reject an application if the Board*
14 *determines that any credential or information submitted by the*
15 *applicant is false, misleading, deceptive or fraudulent.*

16 **Sec. 37. 1.** *In addition to any other requirements set forth*
17 *in this chapter, an applicant for the issuance or renewal of a*
18 *license to practice naturopathic medicine or a certificate to*
19 *practice as a naturopathic assistant shall:*

20 *(a) Include the social security number of the applicant in the*
21 *application submitted to the Board.*

22 *(b) Submit to the Board the statement prescribed by the*
23 *Division of Welfare and Supportive Services of the Department of*
24 *Health and Human Services pursuant to NRS 425.520. The*
25 *statement must be completed and signed by the applicant.*

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

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

30 *(b) A separate form prescribed by the Board.*

31 *3. A license to practice naturopathic medicine or a certificate*
32 *to practice as a naturopathic assistant may not be issued or*
33 *renewed by the Board if the applicant:*

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

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

42 *4. If an applicant indicates on the statement submitted*
43 *pursuant to subsection 1 that the applicant is subject to a court*
44 *order for the support of a child and is not in compliance with the*
45 *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. 38. In addition to any other requirements set forth in this chapter, each applicant for a license or certificate, including, without limitation, a license by endorsement and a limited, temporary or restricted license, must submit to the Board:

1. A complete set of fingerprints; and
2. Written permission authorizing the Board to forward the fingerprints submitted pursuant to subsection 1 to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

Sec. 39. Except as otherwise provided in section 43 of this act, an applicant for a license to practice naturopathic medicine as a naturopathic physician may be issued such a license by the Board if the applicant:

1. Applies to the Board pursuant to section 36 of this act;
2. Pays the fee set forth in section 60 of this act;
3. Is a citizen of the United States or is lawfully entitled to remain and work in the United States;
4. Is of good moral character;
5. Is a graduate of an approved school of naturopathic medicine;
6. Has satisfactorily completed an internship, preceptorship or fellowship training program in naturopathic medicine approved by the Board;
7. Has passed all examinations required by the Board or this chapter; and
8. Meets any additional requirements established by the Board.

Sec. 40. 1. A naturopathic physician may:
(a) Order and perform physical and laboratory examinations for diagnostic purposes, including, without limitation, phlebotomy, clinical laboratory tests, orifical examinations and physiological function tests;

(b) Order diagnostic imaging studies, consistent with naturopathic training as determined by the Board;

(c) Dispense, administer, order, prescribe and furnish or perform the following:

(1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, hormones, all dietary



1 *supplements and nonprescription drugs, consistent with the routes*
2 *of administration set forth in paragraph (d);*

3 *(2) Drugs;*

4 *(3) Hot or cold hydrotherapy, naturopathic physical*
5 *medicine, electromagnetic energy, colon hydrotherapy and*
6 *therapeutic exercise;*

7 *(4) Devices, including, without limitation, therapeutic*
8 *devices, barrier contraception and durable medical equipment;*

9 *(5) Immunizations;*

10 *(6) Health education and health counseling;*

11 *(7) Repair and care for incidental and superficial*
12 *lacerations and abrasions;*

13 *(8) Removal of foreign bodies located in the superficial*
14 *tissues; and*

15 *(9) Musculoskeletal manipulation consistent with the*
16 *education and training of a naturopathic physician as determined*
17 *by the Board; and*

18 *(d) Use routes of administration that include, without*
19 *limitation, oral, nasal, auricular, ocular, rectal, vaginal,*
20 *transdermal, intradermal, subcutaneous, intravenous and*
21 *intramuscular.*

22 *2. Before a naturopathic physician may dispense a controlled*
23 *substance pursuant to subsection 1, the naturopathic physician*
24 *must register with the State Board of Pharmacy pursuant to*
25 *NRS 453.226.*

26 *3. The Board shall adopt regulations relating to intravenous*
27 *routes of administration. The regulations must identify and*
28 *exclude nutrients that are not suitable for intravenous*
29 *administration.*

30 *4. As used in this section:*

31 *(a) "Dietary supplement" has the meaning ascribed to it in 21*
32 *U.S.C. § 321.*

33 *(b) "Drug" includes, without limitation, those controlled*
34 *substances, other than narcotic controlled substances, which are*
35 *listed in schedule III, IV or V for control by the State Board of*
36 *Pharmacy pursuant to NRS 453.146. The term does not include*
37 *those controlled substances listed as schedule I or II controlled*
38 *substances for control by the State Board of Pharmacy pursuant to*
39 *NRS 453.146, except morphine, any drug that is reclassified from*
40 *schedule III to schedule II after January 1, 2016, and any*
41 *homeopathic preparations that are also controlled substances.*

42 *(c) "Nonprescription drug" has the meaning ascribed to it in*
43 *21 U.S.C. § 379aa.*

44 *(d) "Nutrient" means a substance that provides nourishment*
45 *for growth or metabolism and that:*



(1) Is manufactured and supplied for intravenous use by a manufacturer registered with the United States Food and Drug Administration; or

(2) Compounded by a pharmacy licensed pursuant to chapter 639 of NRS.

Sec. 41. 1. A naturopathic physician may administer a natural substance through the means of intramuscular, intravenous, subcutaneous and intradermal injections.

2. To qualify to administer intravenous therapy in his or her practice pursuant to this section and section 40 of this act, a naturopathic physician must submit to the Board an attestation that he or she has completed training in intravenous therapy approved by the Board. At a minimum, the training must consist of 16 hours, at least 8 of which must be at a graduate level from a school approved by the Board, and must include all of the following topics relating to intravenous therapy:

(a) Indications;

(b) Contraindications;

(c) Formularies;

(d) Emergency protocols;

(e) Osmolarity calculation;

(f) Aseptic techniques; and

(g) Proper documentation.

3. The naturopathic physician shall retain documentation of his or her training for at least 3 years after the date of the attestation described in subsection 1.

4. A naturopathic physician who uses injection or intravenous therapy must have a plan to manage adverse events, including, without limitation, sensitivity, allergy, overdose or other unintended reactions.

Sec. 42. 1. A naturopathic physician may dispense a natural substance, drug or device to a patient for a condition being diagnosed or treated by the naturopathic physician if:

(a) The naturopathic physician is certified to dispense by the Board.

(b) The natural substance, drug or device is dispensed and, if required by federal law, properly labeled with the following information:

(1) The name, address and telephone number of the dispensing naturopathic physician and a prescription number or other method of identifying the prescription;

(2) The date on which the natural substance, drug or device is dispensed;

(3) The patient's name; and



(4) The name and strength of the natural substance, drug or device, directions for proper and appropriate use and any cautionary statements for the natural substance, drug or device. If a generic drug is dispensed, the manufacturer's name must be included.

(c) The dispensing naturopathic physician enters into the patient's medical record the name and strength of the natural substance, drug or device dispensed, the date on which the natural substance, drug or device is dispensed and the therapeutic reason.

(d) The dispensing naturopathic physician keeps all prescription drugs and devices in a secured cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

2. Except in an emergency, a naturopathic physician who dispenses a natural substance, drug or device without being certified to dispense by the Board is subject to the imposition of a civil penalty by the Board of not less than \$100 and not more than \$500 for each transaction and may be prohibited from further dispensing for a period determined by the Board.

3. Before dispensing a natural substance, drug or device pursuant to this section, the treating naturopathic physician shall give the patient or the patient's legal guardian a written prescription and must inform the patient or the patient's legal guardian that the prescription may be filled by the prescribing physician or the pharmacy of the patient's choice. If the patient chooses to have the medication dispensed by the naturopathic physician, the naturopathic physician must retrieve the written prescription and place it in a prescription file kept by the naturopathic physician.

4. A naturopathic physician shall provide supervision to a registered nurse, licensed practical nurse or attendant involved in the dispensing process. For the purposes of this subsection, "supervision" means that the naturopathic physician is available by telephone.

5. This section does not prohibit a registered nurse or licensed practical nurse employed by a naturopathic physician from assisting in the delivery of natural substances, drugs and devices in accordance with this chapter.

6. The Board shall adopt regulations regarding the dispensing of a natural substance, drug or device, including the labeling, recordkeeping, storage and packaging of natural substances, drugs and devices that are consistent with the requirements of chapters 453 and 454 of NRS.

7. As used in this section:



(a) “Device” means an appliance, apparatus or instrument administered or dispensed to a patient by a naturopathic physician.

(b) “Dispense” means to deliver a natural substance, drug or device to an ultimate user, patient or subject of research by or pursuant to the lawful order of a naturopathic physician, including the prescribing by a naturopathic physician, administering, packaging, labeling or compounding necessary to prepare the natural substance, drug or device for that delivery.

(c) “Drug” includes, without limitation, those controlled substances, other than narcotic controlled substances, which are listed in schedule III, IV or V for control by the State Board of Pharmacy pursuant to NRS 453.146. The term does not include those controlled substances listed as schedule I or II controlled substances for control by the State Board of Pharmacy pursuant to NRS 453.146, except morphine, any drug that is reclassified from schedule III to schedule II after January 1, 2016, and any homeopathic preparations that are also controlled substances.

Sec. 43. 1. The Board shall not issue a license to practice naturopathic medicine or a certificate to practice as a naturopathic assistant to an applicant who has been licensed or certified to practice any type of medicine in another jurisdiction and whose license or certificate was revoked for gross medical negligence by that jurisdiction.

2. The Board may revoke the license or certificate of any person licensed or certified to practice naturopathic medicine in this State if it determines that the person had a license to practice any type of medicine in another jurisdiction which was revoked for gross medical negligence by that jurisdiction.

3. The revocation of a license or certificate to practice any type of medicine in another jurisdiction on grounds other than grounds which would constitute revocation for gross medical negligence constitutes grounds for initiating disciplinary action or denying the issuance of a license or certificate.

4. For the purposes of this section, the Board shall adopt by regulation a definition of gross medical negligence.

Sec. 44. 1. An applicant for a license to practice naturopathic medicine must pass:

(a) The Naturopathic Physicians Licensing Examination or its successor administered by the North American Board of Naturopathic Examiners; and

(b) A practical examination approved by the Board with a grade of at least 75 percent, unless a higher standard is required for passing the examination, that tests the applicant’s knowledge and understanding of:



(1) The laws and regulations of this State relating to the health and safety of the public in the practice of naturopathic medicine; and

(2) Additional subject areas which are not covered by the examination described in paragraph (a).

2. The Board may establish by regulation:

(a) The additional subject areas to be included in the practical examination; and

(b) Specific methods for the administration of the practical examination.

3. Except as otherwise provided in subsection 4, the Board shall offer the practical examination at least twice each year at the time and place established by the Board.

4. The Board may cancel a scheduled practical examination if, within 60 days before the examination, the Board has not received a request to take the examination.

5. A person who fails the practical examination described in paragraph (b) of subsection 1 may retake the examination as provided in section 45 of this act.

6. The Board may employ other professional consultants or examining services in conducting an examination pursuant to this section.

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

Sec. 45. 1. If an applicant fails in a first examination administered by the Board pursuant to section 44 of this act, the applicant may be reexamined after not less than 6 months.

2. If an applicant fails in a second examination, he or she may not be reexamined within less than 1 year after the date of the second examination, and prior thereto he or she shall furnish proof to the Board of further postgraduate study in naturopathic medicine following the second examination satisfactory to the Board.

3. Each applicant who fails an examination and who is permitted to be reexamined shall pay for each reexamination the reexamination fee prescribed by the Board.

4. If an applicant does not appear for an examination, for any reason deemed sufficient by the Board, the Board may refund a portion of the initial license fee not to exceed one-half of the fee upon the request of the applicant. An applicant is not entitled to a refund of the application and initial license fee if an applicant appears for an examination.

Sec. 46. 1. An applicant for a license to practice naturopathic medicine who is a graduate of a naturopathic



1 *medical school from an institution outside of the United States or*
2 *Canada shall submit to the Board through its Executive Director*
3 *proof that the applicant:*

4 (a) *Is a citizen of the United States, or that he or she is*
5 *lawfully entitled to remain and work in the United States;*

6 (b) *Is of good moral character;*

7 (c) *Is a graduate of an approved school of naturopathic*
8 *medicine;*

9 (d) *Has completed a clinical training program;*

10 (e) *Has completed a 2-year internship training program or*
11 *postgraduate training satisfactory to the Board;*

12 (f) *Has passed all examinations required by the Board or this*
13 *chapter; and*

14 (g) *Meets any additional requirements established by the*
15 *Board, including, without limitation, requirements established by*
16 *regulations adopted by the Board.*

17 2. *In addition to the proofs required by subsection 1, the*
18 *Board may take such further evidence and require such further*
19 *proof of the professional and moral qualifications of the applicant*
20 *as in its discretion may be deemed proper.*

21 3. *If the applicant is a diplomate of an approved specialty*
22 *board recognized by this Board, the requirements of paragraph (e)*
23 *of subsection 1 may be waived by the Board.*

24 **Sec. 47.** 1. *The Board may deny an application for a*
25 *license to practice naturopathic medicine or a certificate to*
26 *practice as a naturopathic assistant for any violation of the*
27 *provisions of this chapter or any regulations adopted pursuant*
28 *thereto.*

29 2. *The Board shall notify an applicant of any deficiency*
30 *which prevents any further action on the application or results in*
31 *the denial of the application. The applicant may respond in*
32 *writing to the Board concerning any deficiency and, if the*
33 *applicant does so, the Board shall respond in writing to the*
34 *contentions of the applicant.*

35 3. *An unsuccessful applicant may appeal to the district court*
36 *to review the action of the Board within 30 days after the date of*
37 *the rejection of the application by the Board. Upon appeal, the*
38 *applicant has the burden to show that the action of the Board is*
39 *erroneous or unlawful.*

40 4. *The Board shall maintain records pertaining to applicants*
41 *to whom licenses and certificates have been issued or denied. The*
42 *records must be open to the public and must contain:*

43 (a) *The name of each applicant.*



(b) For an applicant for a license to practice naturopathic medicine, the name of the school granting the diploma and the date of the diploma.

(c) The date of issuance or denial of the license or certificate.

(d) The business address of the applicant.

Sec. 48. 1. Except as otherwise provided in section 43 of this act, the Board may:

(a) Issue a temporary license, to be effective not more than 6 months after issuance, to any naturopathic physician who is eligible for a permanent license in this State and who also is of good moral character and reputation. The purpose of the temporary license is to enable an eligible naturopathic physician to serve as a substitute for another naturopathic physician who is licensed to practice naturopathic medicine in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A temporary license issued under the provisions of this paragraph is not renewable.

(b) Issue a special license to a licensed naturopathic physician of another state to come to Nevada to care for or assist in the treatment of his or her own patient in association with a physician licensed in this State. A special license issued under the provisions of this paragraph is limited to the care of a specific patient.

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

2. A person who is licensed pursuant to subsection 1 shall be deemed to have given consent to the revocation of the license at any time by the Board for any of the grounds provided in section 43 and 62 to 67, inclusive of this act.

Sec. 49. 1. Except as otherwise provided in section 43 of this act, the Board shall, except for good cause, issue a license by endorsement to a person who meets the requirements set forth in this section, including, without limitation, that the person has been issued a license to practice naturopathic medicine by:

(a) The District of Columbia or any state or territory of the United States; or

(b) Another country if that country requires a written examination that is substantially equivalent to the written examination required pursuant to paragraph (a) of subsection 1 of section 44 of this act.

2. To qualify for a license pursuant to this section, at the time the person files an application with the Board:

(a) The license of the applicant to practice naturopathic medicine must be in effect and unrestricted; and

(b) The applicant must:



(1) If the applicant was issued a license described in paragraph (a) of subsection 1 before January 1, 2005, provide proof:

(I) Of completion of a course of at least 60 hours in pharmacotherapeutics; and

(II) That the applicant passed an examination at the completion of the course;

(2) Be a citizen of the United States or be lawfully entitled to remain and work in the United States;

(3) Within the 3 years immediately preceding the application, have been continuously and actively engaged in:

(I) The practice of naturopathic medicine as a naturopathic physician;

(II) An internship, preceptorship or fellowship training program in naturopathic medicine approved by the Board;

(III) Postgraduate training satisfactory to the Board; or

(IV) The study of naturopathic medicine as a resident at an approved school of naturopathic medicine;

(4) Not be involved in or have pending any disciplinary action concerning a license to practice naturopathic medicine in the District of Columbia or any state or territory of the United States;

(5) Provide information on all the medical malpractice claims brought against him or her, without regard to when the claims were filed or how the claims were resolved;

(6) Pass the practical examination required pursuant to paragraph (b) of subsection 1 of section 44 of this act; and

(7) Meet all statutory requirements to obtain a license to practice naturopathic medicine in this State except that the applicant is not required to meet the requirements set forth in section 39 or 44 of this act other than passing the examination specified in subparagraph (b).

3. Any person applying for a license by endorsement pursuant to this section shall pay in advance to the Board the application and initial license fee set forth in section 60 of this act.

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

Sec. 50. The Board shall not issue or renew a license to practice naturopathic medicine 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. 51. 1. *Each holder of a license or certificate issued pursuant to this chapter shall maintain a permanent mailing address with the Board to which all communications from the Board to the holder of the license or certificate must be sent.*

2. The holder of a license or certificate shall, within 30 days after such change, notify the Board of any change to his or her permanent mailing address, name or telephone number.

3. If the holder of a license or certificate fails to notify the Board as required pursuant to subsection 2, the Board may:

(a) Impose upon the holder of the license or certificate a fine not to exceed \$250; and

(b) Initiate disciplinary action against the holder of the license or certificate as provided pursuant to subsection 2 of section 67 of this act.

4. A naturopathic physician who closes his or her office in this State shall:

(a) Notify the Board in writing of this occurrence within 14 days after the closure; and

(b) For 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the naturopathic physician's patients.

Sec. 52. *Each holder of a license or certificate issued pursuant to this chapter shall display his or her license or certificate, or a duplicate of that document issued by the Board, in a conspicuous manner at each location where the holder of the license or certificate practices.*

Sec. 53. 1. *A person who wishes to be certified as a naturopathic assistant must:*

(a) Apply to the Board and obtain a certificate pursuant to section 36 of this act;

(b) Pay the fee set forth in section 60 of this act;

(c) Have completed an educational program designed to prepare the applicant to perform naturopathic services under the supervision of a naturopathic physician; and

(d) Comply with any other requirements prescribed by the Board.

2. The Board may approve or deny an application for certification as a naturopathic assistant and shall provide notice to the applicant of its decision.

3. The Board may adopt regulations regarding the certification of a naturopathic assistant pursuant to this section, which may include, without limitation:

(a) The educational and other qualifications of applicants; and



(b) *The naturopathic medical services that such a naturopathic assistant is authorized to perform under the terms of the certificate if the services are performed:*

(1) *Under the supervision and control of a naturopathic physician; and*

(2) *Within the scope of the license of the supervising naturopathic physician;*

(c) *The tasks that the naturopathic assistant may perform, without supervision, provided that those tasks do not involve diagnosing or treating a patient's condition;*

(d) *The establishment of requirements for the continuing education of naturopathic assistants; and*

(e) *The eligibility requirements for a naturopathic physician to supervise a naturopathic assistant certified pursuant to this section.*

4. *If the naturopathic physician who is supervising a naturopathic assistant certified pursuant to this section withdraws from supervision, the certificate of the naturopathic assistant is automatically suspended.*

5. *A person shall not use the title “naturopathic assistant” or a related title, abbreviation or other designation while engaged in providing naturopathic medical services as a naturopathic assistant in this State unless that person holds a certificate issued by the Board pursuant to this section.*

Sec. 54. 1. *A student who wishes to participate in a clinical training program must:*

(a) *Apply to the Board and obtain a certificate pursuant to section 36 of this act;*

(b) *Pay the fee set forth in section 60 of this act;*

(c) *Be enrolled in an approved school of naturopathic medicine; and*

(d) *Comply with any other requirements prescribed by the Board.*

2. *The Board may approve or deny an application for a person who wishes to participate in a clinical training program and shall provide notice to the person of its decision.*

3. *A certificate issued pursuant to this section expires 1 year after its issuance. The holder of a certificate may renew the certificate in the manner provided in section 56 on or before the date that the certificate expires.*

4. *The Board may adopt regulations regarding the certification of a person pursuant to this section, which may include, without limitation:*



(a) *The naturopathic medical services that such a student is authorized to perform under the terms of the certificate if the services are performed:*

(1) *Under the supervision and control of a naturopathic physician; and*

(2) *Within the scope of the license of the supervising naturopathic physician;*

(b) *The tasks that the student may perform, without supervision, provided that those tasks do not involve diagnosing or treating a patient's condition; and*

(c) *The eligibility requirements for a naturopathic physician to supervise a student certified pursuant to this section.*

5. *If the naturopathic physician who is supervising a student pursuant to this section withdraws from supervision or if the student ceases to be enrolled in an approved school of naturopathic medicine, his or her certificate to participate in a clinical training program is automatically suspended.*

6. *A person shall not use the title "naturopathic medical student" or a related title, abbreviation or other designation while engaged in a clinical training program in this State unless that person holds a certificate issued by the Board pursuant to this section.*

Sec. 55. 1. *A person who wishes to participate in an internship, preceptorship or fellowship training program must:*

(a) *Apply to the Board and obtain a certificate pursuant to section 36 of this act;*

(b) *Pay the fee set forth in section 60 of this act;*

(c) *Be a graduate of an approved school of naturopathic medicine; and*

(d) *Comply with any other requirements prescribed by the Board.*

2. *The Board may approve or deny an application for a person who wishes to participate in an internship, preceptorship or fellowship training program and shall provide notice to the person of its decision.*

3. *The Board may adopt regulations regarding the certification of a person pursuant to this section which include, without limitation:*

(a) *The naturopathic medical services that such a person is authorized to perform under the terms of the certificate if the services are performed:*

(1) *Under the supervision and control of a naturopathic physician; and*

(2) *Within the scope of the license of the supervising naturopathic physician;*



(b) *The tasks that the person may perform, without supervision, provided that those tasks do not involve diagnosing or treating a patient's condition; and*

(c) *The eligibility requirements for a naturopathic physician to supervise a person certified pursuant to this section.*

4. *If the naturopathic physician who is supervising a person certified pursuant to this section withdraws from supervision, the certificate to participate in an internship, preceptorship or fellowship training program is automatically suspended.*

5. *A person certified pursuant to this section must not:*

(a) *Employ the naturopathic physician who supervises the person; or*

(b) *Have any financial interest in the business owned by the naturopathic physician who supervises the person.*

6. *A person shall not use the title "naturopathic intern," "naturopathic preceptee" or "naturopathic fellow" or a related title, abbreviation or other designation while engaged in an internship, preceptorship or fellowship training program in this State unless that person holds a certificate issued by the Board pursuant to this section.*

Sec. 56. 1. *Except as otherwise provided in section 58 of this act, every holder of a license or certificate issued pursuant to this chapter, except a temporary or special license or certificate, may renew the license or certificate on or before the date set forth in subsection 2 of each calendar year after its issuance by:*

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

(b) *Paying the annual renewal fee for the license or certificate as specified in this chapter;*

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

(d) *Submitting, if applicable, an affidavit to the Board that in the 12 months preceding the application for renewal the holder of the license or certificate has attended courses or programs of continuing education approved by the Board totaling a number of hours established by the Board by regulation pursuant to section 32 of this act; and*

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

2. *Every holder of:*

(a) *A license issued pursuant to this chapter, except a temporary or special license, may renew the license on or before January 1 of each year; and*



(b) Except as otherwise provided in section 54 of this act, a certificate issued pursuant to this chapter, except a temporary or special certificate, may renew the certificate on or before July 1 of each year.

3. The Secretary-Treasurer of the Board shall notify each holder of a license or certificate of the requirements for renewal not less than 30 days before the date of renewal.

Sec. 57. 1. Any holder of a license or certificate issued pursuant to this chapter who fails to pay the annual fee for renewal and submit all information required to complete the renewal after they become due must be given a period of 60 days in which to pay the renewal fee and the late payment fee set forth in section 60 of this act and submit all required information and, failing to do so, automatically forfeits the right to practice naturopathic medicine or to practice as a naturopathic assistant, as applicable, and his or her license to practice naturopathic medicine or certificate to practice as a naturopathic assistant in this State is automatically suspended.

2. The Board shall notify any holder whose license or certificate is automatically suspended pursuant to subsection 1 and send a copy of the notice to the Drug Enforcement Administration of the United States Department of Justice or its successor agency.

3. A person whose license or certificate is suspended under this section may, within 2 years after the date on which his or her license or certificate is suspended, apply to the Board for restoration of his or her license upon:

(a) Payment of all past due renewal fees and the late payment fee set forth in section 60 of this act; and

(b) Stating under oath in writing that he or she has not withheld information from the Board which if disclosed would furnish grounds for disciplinary action under this chapter.

Sec. 58. 1. A naturopathic physician or naturopathic assistant who retires from practice is not required annually to renew his or her license or certificate after filing with the Board an affidavit stating the date on which he or she retired from practice and any other evidence that the Board may require to verify the retirement.

2. A naturopathic physician or naturopathic assistant who retires from practice and who desires to return to practice may apply to renew his or her license or certificate by paying all back annual license or certificate renewal fees set forth in section 60 of this act from the date of retirement and submitting verified evidence satisfactory to the Board that he or she has attended such



1 continuing education courses or programs as are required by the
2 Board.

3 3. A naturopathic physician or naturopathic assistant who
4 wishes to have his or her license or certificate placed on inactive
5 status must provide the Board with an affidavit stating the date on
6 which the naturopathic physician or naturopathic assistant will
7 cease the practice of naturopathic medicine or cease to practice as
8 a naturopathic assistant in this State and any other evidence that
9 the Board may require. The Board shall place the license or
10 certificate of the naturopathic physician or naturopathic assistant
11 on inactive status upon receipt of:

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

13 (b) Payment of the inactive license fee prescribed by section 60
14 of this act.

15 4. A naturopathic physician or naturopathic assistant whose
16 license or certificate has been placed on inactive status:

17 (a) Is not required to annually renew the license or certificate.

18 (b) Shall annually pay the inactive license or certificate fee
19 prescribed by section 60 of this act.

20 (c) Shall not practice naturopathic medicine or practice as a
21 naturopathic assistant in this State.

22 5. A naturopathic physician or naturopathic assistant whose
23 license or certificate is on inactive status and who wishes to renew
24 his or her license or certificate to practice naturopathic medicine
25 or to practice as a naturopathic assistant must:

26 (a) Provide to the Board verified evidence satisfactory to the
27 Board of completion of the total number of hours of continuing
28 education required for:

29 (1) The year preceding the date of the application for
30 renewal of the license or certificate; and

31 (2) Each year after the date the license or certificate was
32 placed on inactive status.

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

36 (c) Comply with all other requirements for renewal.

37 **Sec. 59.** 1. A person who wishes to obtain a certificate to
38 practice naturopathic medicine as a specialist must:

39 (a) Apply to the Board pursuant to section 36 of this act;

40 (b) Pay the fee set forth in section 60 of this act;

41 (c) Hold a license to practice naturopathic medicine in this
42 State;

43 (d) Have successfully completed a postgraduate training
44 program, approved by the Board, in the specialty; and



(e) Be currently certified in the specialty by an approved specialty board recognized by the Board.

2. A certificate issued to a naturopathic physician pursuant to this section must be concurrently renewed, suspended or revoked with the naturopathic physician's license to practice naturopathic medicine.

3. The Board may adopt regulations relating to naturopathic medical specialties, including, without limitation, regulations establishing additional requirements for naturopathic physicians who wish to be certified to practice a naturopathic medical specialty.

Sec. 60. 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 a naturopathic physician \$350

(b) Application and initial authorization to dispense pursuant to section 42 of this act..... 50

(c) Application and initial certificate fee to practice naturopathic medicine as a specialist..... 350

(d) Annual license renewal fee for a naturopathic physician 300

(e) Annual renewal fee for authorization to dispense pursuant to section 42 of this act..... 50

(f) Temporary license fee..... 200

(g) Rerexamination fee..... 200

(h) Late payment fee..... 150

(i) Application and initial certificate fee for a naturopathic assistant..... 150

(j) Annual certificate renewal fee for a naturopathic assistant..... 100

(k) Application and initial certificate fee for participation by a graduate of an approved school of naturopathic medicine in an internship, preceptorship or fellowship training program 100

(l) Application and initial certificate fee for participation in a clinical training program by a student enrolled in an approved school of naturopathic medicine 100

(m) Inactive license or certificate fee..... 200

(n) Written verification of licensure or certification 10

(o) Duplicate license or certificate fee 100

2. The Board may:



(a) Prorate the initial fee for a new license or certificate issued pursuant to paragraph (a) or (i) of subsection 1 which expires less than 6 months after the date of issuance; and

(b) Waive any fees charged pursuant to paragraph (b) or (e) of subsection 1 for a naturopathic physician who practices at a community health center clinic or similar health care facility.

3. The fee for the restoration of a suspended license or certificate is twice the amount of the fee for the renewal of the license or certificate at the time of the restoration of the license or certificate.

4. In addition to the fees prescribed in subsection 1, the Board shall charge and collect:

(a) A fee in an amount equal to the sum of the amounts charged by the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for processing fingerprints; and

(b) Necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

5. The cost of any special meeting called at the request of a holder of a license or certificate, an institution, an organization, a state agency or an applicant for licensure or certification 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. 61. 1. If the holder of a license or certificate issued pursuant to this chapter wishes to surrender his or her license or certificate, the holder of the license or certificate shall submit to the Board a sworn written statement of surrender of the license or certificate and the actual license or certificate issued to him or her.

2. The expiration of a license or certificate by operation of law or by order or decision of the Board or a court, or the voluntary surrender of a license or certificate pursuant to subsection 1, does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, the holder of the license or certificate or to render a decision suspending or revoking the license or certificate.

Sec. 62. The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance or renewal of a license or certificate:

1. Unprofessional conduct as defined by the Board by regulation.

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 violation of any provision of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive, or any fraud in the administration of the provisions of chapters 616A to 617, inclusive, of NRS or in the provision of benefits for industrial insurance;

(c) Any offense involving moral turpitude; or

(d) Any offense relating to the practice or the ability to practice naturopathic medicine or the practice or the ability to practice as a naturopathic assistant.

↪ A plea of nolo contendere to any offense listed in this subsection shall be deemed a conviction.

3. The suspension, modification or limitation of a license or certificate to practice any type of medicine or to perform any type of medical services by any other jurisdiction.

4. The surrender of a license or certificate to practice any type of medicine or to perform any type of medical services or the discontinuance of the practice of medicine while under investigation by any licensing or certifying authority, medical facility, facility for the dependent, branch of the Armed Forces of the United States, insurance company, agency of the Federal Government or employer.

5. Gross or repeated malpractice, which may be evidenced by claims of malpractice settled against a naturopathic physician or naturopathic assistant.

6. Professional incompetence.

7. Failure to supervise adequately a naturopathic assistant, naturopathic medical student, or a person engaged in an internship, preceptorship or fellowship training program pursuant to any regulations adopted by the Board.

Sec. 63. The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance or renewal of a license or certificate:

1. Willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice naturopathic medicine or a certificate to practice as a naturopathic assistant.

2. Willfully representing with the purpose of obtaining compensation or other advantages for himself or herself or for any other person that a manifestly incurable disease or injury or other manifestly incurable condition can be permanently cured.

3. Obtaining, maintaining or renewing, or attempting to obtain, maintain or renew, a license to practice naturopathic



1 *medicine or a certificate to practice as a naturopathic assistant by*
2 *bribery, fraud or misrepresentation or by any false, misleading,*
3 *inaccurate or incomplete statement.*

4 4. *Advertising the practice of naturopathic medicine or*
5 *practice as a naturopathic assistant in a false, deceptive or*
6 *misleading manner.*

7 5. *Practicing or attempting to practice naturopathic medicine,*
8 *or practicing or attempting to practice as a naturopathic assistant,*
9 *under a name other than the name under which the person*
10 *practicing or attempting to practice is licensed or certified.*

11 6. *Signing a blank prescription form.*

12 7. *Influencing a patient in order to engage in sexual activity*
13 *with the patient or another person.*

14 8. *Attempting, directly or indirectly, by way of intimidation,*
15 *coercion or deception, to obtain or retain a patient or to*
16 *discourage a patient from obtaining a second opinion.*

17 9. *Terminating the medical care of a patient without giving*
18 *adequate notice or making other arrangements for the continued*
19 *care of the patient.*

20 **Sec. 64.** *The following acts, among others, constitute*
21 *grounds for initiating disciplinary action or denying the issuance*
22 *or renewal of a license:*

23 1. *Directly or indirectly receiving from any person any fee,*
24 *commission, rebate or other form of compensation which tends or*
25 *is intended to influence the naturopathic physician's objective*
26 *evaluation or treatment of a patient.*

27 2. *Dividing a fee between naturopathic physicians, unless the*
28 *patient is informed of the division of fees and the division is made*
29 *in proportion to the services personally performed and the*
30 *responsibility assumed by each naturopathic physician.*

31 3. *Charging for visits to the naturopathic physician's office*
32 *which did not occur or for services which were not rendered or*
33 *documented in the records of the patient.*

34 4. *Employing, directly or indirectly, any suspended or*
35 *unlicensed person in the practice of naturopathic medicine, or the*
36 *aiding, abetting or assisting of any unlicensed person to practice*
37 *naturopathic medicine contrary to the provisions of this chapter or*
38 *the regulations adopted pursuant thereto.*

39 5. *Advertising the services of an unlicensed person in the*
40 *practice of naturopathic medicine.*

41 6. *Delegating responsibility for the care of a patient to a*
42 *person whom the naturopathic physician knows, or has reason to*
43 *know, is not qualified to undertake that responsibility.*

44 7. *Failing to disclose to a patient any financial or other*
45 *conflict of interest affecting the care of the patient.*



Sec. 65. *The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance or renewal of a license or certificate:*

1. *Inability to practice naturopathic medicine or to practice as a naturopathic assistant, as applicable, with reasonable skill and safety because of an illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other addictive substance.*

2. *Engaging in any:*

(a) *Professional conduct which is intended to deceive or which the Board by regulation has determined is unethical.*

(b) *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.*

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

4. *Performing, assisting or advising in the injection of any liquid silicone substance into the human body.*

5. *Practicing or offering to practice beyond the scope permitted by law, or performing services which the naturopathic physician or naturopathic assistant knows or has reason to know he or she is not competent to perform.*

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

7. *Continued failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by naturopathic physicians and naturopathic assistants in good standing who practice naturopathic medicine.*

8. *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.*

Sec. 66. *The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:*

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

2. *Altering the medical records of a patient.*



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

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

5. *Failure to report any person the naturopathic physician knows, or has reason to know, is in violation of the provisions of this chapter or any regulation adopted pursuant thereto within 30 days after the date on which the naturopathic physician knew or had reason to know of the violation.*

Sec. 67. *The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance or renewal of a license or certificate:*

1. *Willful disclosure of a communication privileged under a statute or court order.*

2. *Willful failure to comply with any provision of this chapter or any regulation adopted pursuant thereto, a subpoena or an order of the Board or with any court order relating to this chapter.*

3. *Willful failure to perform any statutory or other legal obligation imposed upon a licensed naturopathic physician or a certified naturopathic assistant, as applicable.*

Sec. 68. 1. *Any person who becomes aware that a person practicing naturopathic medicine or practicing as a naturopathic assistant in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action may file a written complaint with the Board. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.*

2. *Any medical society or medical facility or facility for the dependent licensed in this State shall report to the Board the initiation and outcome of any disciplinary action against any naturopathic physician or naturopathic assistant concerning the care of a patient or the competency of the naturopathic physician or naturopathic assistant.*

3. *The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a naturopathic physician or naturopathic assistant:*

(a) *Is mentally ill;*

(b) *Is mentally incompetent;*

(c) *Has been convicted of a felony or any law relating to 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.

4. 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. 1. The Board or a committee of its members designated by the Board shall review every complaint filed with the Board and conduct an investigation to determine whether there is a reasonable basis for compelling a naturopathic physician or naturopathic assistant to take a mental or physical examination or an examination of his or her competence to practice naturopathic medicine or practice as a naturopathic assistant, as applicable.

2. If a committee is designated, it must be composed of at least three members of the Board, at least one of whom is a licensed naturopathic physician.

3. If, from the complaint or from other official records, it appears that the complaint is not frivolous and the complaint charges gross or repeated malpractice, the Board may:

(a) Retain the Attorney General to investigate the complaint; and

(b) If the Board retains the Attorney General, transmit the original complaint, together with further facts or information derived from its own review, to the Attorney General.

4. Following an investigation, the committee shall present its evaluation and recommendations to the Board. The Board shall review the committee's findings to determine whether to take any further action, but a member of the Board who participated in the investigation may not participate in this review or in any subsequent hearing or action taken by the Board.

Sec. 70. 1. If the Board retains the Attorney General pursuant to section 69 of this act, the Attorney General shall conduct an investigation of the complaint transmitted to the Attorney General to determine whether it warrants proceedings for modification, suspension or revocation of the license to practice naturopathic medicine or certificate as a naturopathic assistant. If the Attorney General determines that such further proceedings are warranted, the Attorney General shall report the results of the investigation together with a recommendation to the Board in a manner which does not violate the right of the person charged in the complaint to due process in any later hearing before the Board.

2. The Board shall promptly make a determination with respect to each complaint reported to it by the Attorney General as to what action shall be pursued. The Board shall:



(a) Dismiss the complaint; or

(b) Proceed with appropriate disciplinary action.

3. If the Board retains the Attorney General pursuant to section 69 of this act, the Attorney General may, in accordance with the provisions of NRS 228.113, charge the Board for all services relating to the investigation of a complaint.

Sec. 71. 1. If the Board or its investigative committee has reason to believe that the conduct of any naturopathic physician or naturopathic assistant has raised a reasonable question as to his or her competence to practice naturopathic medicine or practice as a naturopathic assistant, as applicable, with reasonable skill and safety to patients, it may order the naturopathic physician or naturopathic assistant to undergo:

(a) A mental or physical examination; or

(b) An examination of his or her competence to practice naturopathic medicine or practice as a naturopathic assistant, as applicable,

↳ by physicians or others designated by the Board to assist the Board in determining the fitness of the naturopathic physician to practice naturopathic medicine or the naturopathic assistant to practice as a naturopathic assistant.

2. For the purposes of this section:

(a) Every naturopathic physician who applies for a license or is licensed under this chapter and every naturopathic assistant who applies for a certificate or is certified under this chapter shall be deemed to have given consent to submit to a mental or physical examination or an examination of his or her competence to practice naturopathic medicine or practice as a naturopathic assistant, as applicable, when directed to do so in writing by the Board or an investigative committee of the Board.

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

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

Sec. 72. Notwithstanding the provisions of chapter 622A of NRS and in addition to any action taken pursuant to section 71 of this act, if the Board has reason to believe that the conduct of any naturopathic physician has raised a reasonable question as to his or her competence to practice naturopathic medicine with reasonable skill and safety to patients, the Board may require the naturopathic physician to submit to an examination for the



purposes of determining his or her competence to practice naturopathic medicine with reasonable skill and safety to patients. When such action is taken, the reasons for the action must be documented and must be available to the naturopathic physician being examined.

Sec. 73. Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of a naturopathic physician or the certificate of a naturopathic assistant pending proceedings for disciplinary action and requires the naturopathic physician or naturopathic assistant to submit to a mental or physical examination or an examination of his or her competence to practice naturopathic medicine or practice as a naturopathic assistant, as applicable, the examination must be conducted and the results obtained not later than 60 days after the Board issues its order.

Sec. 74. Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of a naturopathic physician or the certificate of a naturopathic 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 the Board fails to institute and determine such proceedings as promptly as the requirements for investigation of the case reasonably allow.

Sec. 75. 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 to:

(a) Enjoin any prohibited act or other conduct of a naturopathic physician or naturopathic assistant which is harmful to the public;

(b) Enjoin any person who is not licensed or certified pursuant to this chapter from practicing naturopathic medicine; or

(c) Limit a naturopathic physician's or naturopathic assistant's practice or suspend his or her license or certificate to practice naturopathic medicine or practice as a naturopathic assistant.

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

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

(b) Without relieving any person from criminal prosecution for engaging in the practice of naturopathic medicine without a license or for practicing as a naturopathic assistant without a certificate; and



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

Sec. 76. *Notwithstanding the provisions of chapter 622A of NRS, if the Board receives a report pursuant to subsection 5 of NRS 228.420, a disciplinary proceeding regarding the report must be commenced within 30 days after the Board receives the report.*

Sec. 77. *Except as otherwise provided in chapter 622A of NRS:*

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

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

Sec. 78. *Notwithstanding the provisions of chapter 622A of NRS, in any disciplinary hearing:*

1. *Proof of actual injury need not be established.*

2. *A certified copy of the record of a court or a licensing or certifying agency showing a conviction or plea of nolo contendere or the suspension, revocation, limitation, modification, denial or surrender of a license to practice naturopathic medicine or a certificate to practice as a naturopathic assistant is conclusive evidence of its occurrence.*

Sec. 79. 1. *Any member of the Board who was not a member of the investigative committee, if one was appointed, may participate in the final order of the Board. If the Board, after notice and a hearing as required by law, determines that a violation of the provisions of this chapter or the regulations adopted pursuant thereto has occurred, it shall issue and serve on the person charged an order, in writing, containing its findings and any sanctions imposed by the Board. If the Board determines that no violation has occurred, it shall dismiss the charges, in writing, and notify the person that the charges have been dismissed.*

2. *If the Board finds that a violation has occurred, it may by order:*

(a) *Place the person on probation for a specified period on any of the conditions specified in the order.*



(b) Administer to the person a public reprimand.

(c) Limit the practice of the person or exclude a method of treatment from the scope of his or her practice.

(d) Suspend the license or certificate of the person for a specified period or until further order of the Board.

(e) Revoke the person's license to practice naturopathic medicine or certificate to practice as a naturopathic assistant.

(f) Require the person to participate in a program to correct a dependence upon alcohol or a controlled substance, or any other impairment.

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

(h) Impose an administrative fine of not more than \$3,000 for each violation, not to exceed \$10,000.

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

(j) Require the person to take a physical or mental examination or an examination of his or her competence to practice naturopathic medicine or to practice as a naturopathic assistant, as applicable.

(k) Require the person to fulfill certain training or educational requirements.

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

3. The Board shall not administer a private reprimand.

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

Sec. 80. 1. Any person aggrieved by a final order of the Board is entitled to judicial review of the Board's order as provided by law.

2. Every order of the Board which limits the practice of naturopathic medicine or the practice of a naturopathic assistant or suspends or revokes a license or certificate is effective from the date the Secretary-Treasurer of the Board certifies the order until the date the order is modified or reversed by a final judgment of the court. The court shall not stay the order of the Board pending a final determination by the court.

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

Sec. 81. 1. Any person:

(a) Whose practice of naturopathic medicine has been limited; or

(b) Whose license to practice naturopathic medicine or certificate to practice as a naturopathic assistant has been:



(1) *Suspended until further order; or*

(2) *Revoked,*

➔ *may apply to the Board for removal of the limitation or suspension or may apply to the Board pursuant to the provisions of chapter 622A of NRS for reinstatement of the revoked license or certificate.*

2. *In hearing the application, the Board or a committee of members of the Board:*

(a) *May require the applicant to submit to a mental or physical examination or an examination of his or her competence to practice naturopathic medicine or to practice as a naturopathic assistant, as applicable, by physicians or other persons whom 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.*

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

Sec. 82. 1. *In addition to any other immunity provided by the provisions of chapter 622A of NRS:*

(a) *Any person who furnishes information to the Board, in good faith in accordance with the provisions of this chapter, concerning a person who is licensed or certified or applies for a license or certificate pursuant to this chapter is immune from civil liability for furnishing that information.*

(b) *The Board and its members, staff, counsel, investigators, experts, committees, panels, hearing officers and consultants are immune from civil liability for any decision or action taken in good faith in response to information received by the Board.*

(c) *The Board and any of its members are immune from civil liability for disseminating information concerning a person who is licensed or certified or applies for a license or certificate pursuant to this chapter to the Attorney General or any board or agency of the State, hospital, medical society, insurer, employer, patient or patient's family or law enforcement agency.*

2. *The Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a naturopathic physician or naturopathic assistant for:*

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

(b) *Cooperating with a governmental entity that is conducting an investigation, hearing or inquiry into such a violation,*



1 *including, without limitation, providing testimony concerning the*
2 *violation.*

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

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

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

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

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

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

18 **Sec. 83. 1.** *If the Board receives a copy of a court order*
19 *issued pursuant to NRS 425.540 that provides for the suspension*
20 *of all professional, occupational and recreational licenses,*
21 *certificates and permits issued to a person who is the holder of a*
22 *license to practice naturopathic medicine or a certificate to*
23 *practice as a naturopathic assistant, the Board shall deem the*
24 *license or certificate issued to that person to be suspended at the*
25 *end of the 30th day after the date on which the court order was*
26 *issued unless the Board receives a letter issued to the holder of the*
27 *license or certificate by the district attorney or other public agency*
28 *pursuant to NRS 425.550 stating that the holder of the license or*
29 *certificate has complied with the subpoena or warrant or has*
30 *satisfied the arrearage pursuant to NRS 425.560.*

31 2. *The Board shall reinstate a license to practice naturopathic*
32 *medicine or a certificate to practice as a naturopathic assistant*
33 *that has been suspended by a district court pursuant to NRS*
34 *425.540 if:*

35 (a) *The Board receives a letter issued by the district attorney or*
36 *other public agency pursuant to NRS 425.550 to the person whose*
37 *license was suspended stating that the person whose license or*
38 *certificate was suspended has complied with the subpoena or*
39 *warrant or has satisfied the arrearage pursuant to NRS 425.560;*
40 *and*

41 (b) *The person whose license or certificate was suspended pays*
42 *the fee prescribed in section 60 of this act for the restoration of a*
43 *suspended license or certificate.*

44 **Sec. 84. 1.** *Any disciplinary action taken by a hearing*
45 *officer or panel pursuant to section 27 of this act is subject to the*



1 *same procedural requirements which apply to disciplinary actions*
2 *taken by the Board, and the officer or panel has the powers and*
3 *duties given to the Board in relation thereto.*

4 2. *A decision of a hearing officer or panel relating to the*
5 *imposition of an administrative fine is a final decision in a*
6 *contested case.*

7 **Sec. 85.** *The filing and review of a complaint, its dismissal*
8 *without further action or its transmittal to the Attorney General,*
9 *and any subsequent disposition by the Board, the Attorney*
10 *General or any reviewing court do not preclude:*

11 1. *Any measure by a hospital or other institution or medical*
12 *society to limit or terminate the privileges of a naturopathic*
13 *physician or naturopathic assistant according to its rules or the*
14 *custom of the profession. No civil liability attaches to any such*
15 *action taken without malice regardless of whether the ultimate*
16 *disposition of the complaint is in favor of the naturopathic*
17 *physician or naturopathic assistant.*

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

20 **Sec. 86.** *Any member or agent of the Board may enter any*
21 *premises in this State where a person who holds a license or*
22 *certificate issued pursuant to this chapter practices naturopathic*
23 *medicine and inspect it to determine whether a violation of any*
24 *provision of this chapter has occurred, including, without*
25 *limitation, an inspection to determine whether any person at the*
26 *premises is practicing naturopathic medicine without the*
27 *appropriate license or certificate issued pursuant to this chapter.*

28 **Sec. 87.** *In a manner consistent with the provisions of*
29 *chapter 622A of NRS, the Board is authorized to prosecute all*
30 *persons who commit any act prohibited by this chapter and may*
31 *employ investigators and such other assistants as may be*
32 *necessary to carry out the provisions of this chapter and chapter*
33 *622A of NRS, but any expenses so incurred must not be paid out*
34 *of the State General Fund.*

35 **Sec. 88.** 1. *The Board through its President or Secretary-*
36 *Treasurer or the Attorney General may maintain in any court of*
37 *competent jurisdiction a suit for an injunction against any person*
38 *practicing naturopathic medicine without a license or practicing*
39 *as a naturopathic assistant without the appropriate certificate.*

40 2. *An injunction issued pursuant to subsection 1:*

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

44 (b) *Does not relieve such person from criminal prosecution for*
45 *practicing without a license or certificate.*



Sec. 89. *In seeking injunctive relief against any person for an alleged violation of this chapter by practicing naturopathic medicine without a license or practicing as a naturopathic assistant without the appropriate certificate, it is sufficient to allege that the person did, upon a certain day, and in a certain county of this State, engage in the practice of naturopathic medicine or in the practice of a naturopathic assistant without having the appropriate license or certificate to do so, without alleging any further or more particular facts concerning the matter.*

Sec. 90. *A person who:*

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

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

3. Practices naturopathic medicine or practices as a naturopathic assistant under a false or assumed name;

4. Represents that a school or college is an approved school of naturopathic medicine if the Board has not determined that the school or college is an approved school of naturopathic medicine; or

5. Violates the provisions of section 35 of this act, subsection 5 of section 53 of this act or subsection 6 of section 54 of this act, ➤ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

Sec. 91. *1. Except as otherwise provided in NRS 629.091, a person who practices naturopathic medicine or who practices as a naturopathic assistant without the appropriate license or certificate issued pursuant to this chapter is guilty of a category D 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.*

2. In addition to any other penalty prescribed by law, if the Board determines that a person is practicing naturopathic medicine without a license or practicing as a naturopathic assistant without a certificate issued pursuant to this chapter, 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 certificate 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. 92. 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, *or sections 2 to 91, inclusive, of this act*, physician 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. 93. NRS 629.053 is hereby amended to read as follows:

629.053 1. The State Board of Health and each board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C of NRS *or sections 2 to 91, inclusive, of this act* shall post on its website on the Internet, if any, a statement which discloses that:

(a) Pursuant to the provisions of subsection 7 of NRS 629.051:

(1) The health care records of a person who is less than 23 years of age may not be destroyed; and

(2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and



(b) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

2. The State Board of Health shall adopt regulations prescribing the contents of the statements required pursuant to this section.

Sec. 94. NRS 629.079 is hereby amended to read as follows:

629.079 1. If a health care licensing board determines that a complaint received by the health care licensing board concerns a matter within the jurisdiction of another health care licensing board, the health care licensing board which received the complaint shall:

(a) Except as otherwise provided in paragraph (b), refer the complaint to the other health care licensing board within 5 days after making the determination; and

(b) If the health care licensing board also determines that the complaint concerns an emergency situation, immediately refer the complaint to the other health care licensing board.

2. If a health care licensing board determines that a complaint received by the health care licensing board concerns a public health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health care licensing board shall immediately notify the appropriate health authority for the purposes of NRS 439.970.

3. A health care licensing board may refer a complaint pursuant to subsection 1 or provide notification pursuant to subsection 2 orally, electronically or in writing.

4. The provisions of subsections 1 and 2 apply to any complaint received by a health care licensing board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the health care licensing board that received the complaint and by another health care licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another health care licensing board.

5. The provisions of this section do not prevent a health care licensing board from acting upon a complaint which concerns a matter within the jurisdiction of the health care licensing board regardless of whether the health care licensing board refers the complaint pursuant to subsection 1 or provides notification based upon the complaint pursuant to subsection 2.



6. A health care licensing board or an officer or employee of the health care licensing board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

7. As used in this section:

(a) “Health care facility” means any facility licensed pursuant to chapter 449 of NRS.

(b) “Health care licensing board” means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B or 641C of NRS ~~or~~ **or sections 2 to 91, inclusive, of this act.**

(2) The Division of Public and Behavioral Health of the Department of Health and Human Services.

Sec. 95. NRS 629.091 is hereby amended to read as follows:

629.091 1. Except as otherwise provided in subsection 4, a provider of health care may authorize a person to act as a personal assistant to perform specific medical, nursing or home health care services for a person with a disability without obtaining any license required for a provider of health care or his or her assistant to perform the service if:

(a) The services to be performed are services that a person without a disability usually and customarily would personally perform without the assistance of a provider of health care;

(b) The provider of health care determines that the personal assistant has the knowledge, skill and ability to perform the services competently;

(c) The provider of health care determines that the procedures involved in providing the services are simple and the performance of such procedures by the personal assistant does not pose a substantial risk to the person with a disability;

(d) The provider of health care determines that the condition of the person with a disability is stable and predictable; and

(e) The personal assistant agrees with the provider of health care to refer the person with a disability to the provider of health care if:

(1) The condition of the person with a disability changes or a new medical condition develops;

(2) The progress or condition of the person with a disability after the provision of the service is different than expected;

(3) An emergency situation develops; or

(4) Any other situation described by the provider of health care develops.

2. A provider of health care that authorizes a personal assistant to perform certain services shall note in the medical records of the person with a disability who receives such services:



(a) The specific services that the provider of health care has authorized the personal assistant to perform; and

(b) That the requirements of this section have been satisfied.

3. After a provider of health care has authorized a personal assistant to perform specific services for a person with a disability, no further authorization or supervision by the provider is required for the continued provision of those services.

4. A personal assistant shall not:

(a) Perform services pursuant to this section for a person with a disability who resides in a medical facility.

(b) Perform any medical, nursing or home health care service for a person with a disability which is not specifically authorized by a provider of health care pursuant to subsection 1.

(c) Except if the services are provided in an educational setting, perform services for a person with a disability in the absence of the parent or guardian of, or any other person legally responsible for, the person with a disability, if the person with a disability is not able to direct his or her own services.

5. A provider of health care who determines in good faith that a personal assistant has complied with and meets the requirements of this section is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by the provider of health care in making such a determination and is not liable for any act or omission of the personal assistant.

6. As used in this section:

(a) “Guardian” means a person who has qualified as the guardian of a minor or an adult pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.

(b) “Parent” means a natural or adoptive parent whose parental rights have not been terminated.

(c) “Personal assistant” means a person who, for compensation and under the direction of:

(1) A person with a disability;

(2) A parent or guardian of, or any other person legally responsible for, a person with a disability who is under the age of 18 years; or

(3) A parent, spouse, guardian or adult child of a person with a disability who suffers from a cognitive impairment,

↳ performs services for the person with a disability to help the person with a disability maintain independence, personal hygiene and safety.

(d) “Provider of health care” means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, a dentist, a registered nurse, a licensed practical nurse, a physical therapist or an occupational therapist.



Sec. 96. NRS 629.095 is hereby amended to read as follows:

629.095 1. Except as otherwise provided in subsection 2, the Commissioner of Insurance shall develop, prescribe for use and make available a single, standardized form for use by insurers, carriers, societies, corporations, health maintenance organizations, managed care organizations, hospitals, medical facilities and other facilities that provide health care in obtaining any information related to the credentials of a provider of health care.

2. The provisions of subsection 1 do not prohibit the Commissioner of Insurance from developing, prescribing for use and making available:

(a) Appropriate variations of the form described in that subsection for use in different geographical regions of this State.

(b) Addenda or supplements to the form described in that subsection to address, until such time as a new form may be developed, prescribed for use and made available, any requirements newly imposed by the Federal Government, the State or one of its agencies, or a body that accredits hospitals, medical facilities or health care plans.

3. With respect to the form described in subsection 1, the Commissioner of Insurance shall:

(a) Hold public hearings to seek input regarding the development of the form;

(b) Develop the form in consideration of the input received pursuant to paragraph (a);

(c) Ensure that the form is developed in such a manner as to accommodate and reflect the different types of credentials applicable to different classes of providers of health care;

(d) Ensure that the form is developed in such a manner as to reflect standards of accreditation adopted by national organizations which accredit hospitals, medical facilities and health care plans; and

(e) Ensure that the form is developed to be used efficiently and is developed to be neither unduly long nor unduly voluminous.

4. As used in this section:

(a) “Carrier” has the meaning ascribed to it in NRS 689C.025.

(b) “Corporation” means a corporation operating pursuant to the provisions of chapter 695B of NRS.

(c) “Health maintenance organization” has the meaning ascribed to it in NRS 695C.030.

(d) “Insurer” means:

(1) An insurer that issues policies of individual health insurance in accordance with chapter 689A of NRS; and

(2) An insurer that issues policies of group health insurance in accordance with chapter 689B of NRS.



(e) “Managed care organization” has the meaning ascribed to it in NRS 695G.050.

(f) “Provider of health care” means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~or sections 2 to 91, inclusive, of this act.~~

(g) “Society” has the meaning ascribed to it in NRS 695A.044.

Sec. 97. NRS 629.097 is hereby amended to read as follows:

629.097 1. If the Governor must appoint to a board a person who is a member of a profession being regulated by that board, the Governor shall solicit nominees from one or more applicable professional associations in this State.

2. To the extent practicable, such an applicable professional association shall provide nominees who represent the geographic diversity of this State.

3. The Governor may appoint any qualified person to a board, without regard to whether the person is nominated pursuant to this section.

4. As used in this section, “board” refers to a board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C of NRS ~~or sections 2 to 91, inclusive, of this act.~~

Sec. 98. 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, *naturopathic medicine*, perfusion, 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. 99. NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

(a) The practice of medicine or perfusion pursuant to chapter 630 of NRS, dentistry, chiropractic, podiatry, optometry, *naturopathic medicine*, 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. 100. NRS 640.190 is hereby amended to read as follows:

640.190 This chapter does not authorize a physical therapist, whether licensed or not, to practice medicine, osteopathic medicine, homeopathic medicine, *naturopathic medicine*, chiropractic or any other form or method of healing.

Sec. 101. NRS 640A.070 is hereby amended to read as follows:

640A.070 This chapter does not apply to a person:

1. Holding a current license or certificate issued pursuant to chapter 391, 630 to 637B, inclusive, 640 or 640B to 641B, inclusive, of NRS, *or sections 2 to 91, inclusive, of this act*, who practices within the scope of that license or certificate.

2. Employed by the Federal Government who practices occupational therapy within the scope of that employment.

3. Enrolled in an educational program approved by the Board which is designed to lead to a certificate or degree in occupational therapy, if the person is designated by a title which clearly indicates that he or she is a student.

4. Obtaining the supervised fieldwork experience necessary to satisfy the requirements of subsection 3 of NRS 640A.120.



Sec. 102. NRS 640B.085 is hereby amended to read as follows:

640B.085 “Physician” means:

1. A physician licensed pursuant to chapter 630 of NRS;
2. An osteopathic physician licensed pursuant to chapter 633 of NRS;
3. A homeopathic physician licensed pursuant to chapter 630A of NRS;
4. A chiropractic physician licensed pursuant to chapter 634 of NRS; ~~for~~
5. *A naturopathic physician licensed pursuant to sections 2 to 91, inclusive, of this act; or*
6. A podiatric physician licensed pursuant to chapter 635 of NRS.

Sec. 103. NRS 640B.145 is hereby amended to read as follows:

640B.145 The provisions of this chapter do not apply to:

1. A person who is licensed pursuant to chapters 630 to 637, inclusive, or chapter 640 or 640A of NRS, *or sections 2 to 91, inclusive, of this act* when acting within the scope of that license.
2. A person who is employed by the Federal Government and engages in the practice of athletic training within the scope of that employment.
3. A person who is employed as an athletic trainer outside this State when engaging in the practice of athletic training within the scope of that employment in connection with an athletic event held in this State.

Sec. 104. NRS 640C.100 is hereby amended to read as follows:

640C.100 1. The provisions of this chapter do not apply to:

(a) A person licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 640, 640A or 640B of NRS *or sections 2 to 91, inclusive, of this act* if the massage therapy is performed in the course of the practice for which the person is licensed.

(b) A person licensed as a barber or apprentice pursuant to chapter 643 of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for a barber or apprentice pursuant to that chapter.

(c) A person licensed or registered as an aesthetician, hair designer, hair braider, cosmetologist or cosmetologist’s apprentice pursuant to chapter 644 of NRS if the person is massaging, cleansing or stimulating the scalp, face, neck or skin within the permissible scope of practice for an aesthetician, hair designer, hair braider, cosmetologist or cosmetologist’s apprentice pursuant to that chapter.



(d) A person who is an employee of an athletic department of any high school, college or university in this State and who, within the scope of that employment, practices massage therapy on athletes.

(e) Students enrolled in a school of massage therapy recognized by the Board.

(f) A person who practices massage therapy solely on members of his or her immediate family.

(g) A person who performs any activity in a licensed brothel.

2. Except as otherwise provided in subsection 3, the provisions of this chapter preempt the licensure and regulation of a massage therapist by a county, city or town, including, without limitation, conducting a criminal background investigation and examination of a massage therapist or applicant for a license to practice massage therapy.

3. The provisions of this chapter do not prohibit a county, city or town from requiring a massage therapist to obtain a license or permit to transact business within the jurisdiction of the county, city or town, if the license or permit is required of other persons, regardless of occupation or profession, who transact business within the jurisdiction of the county, city or town.

4. As used in this section, “immediate family” means persons who are related by blood, adoption or marriage, within the second degree of consanguinity or affinity.

Sec. 105. NRS 640E.090 is hereby amended to read as follows:

640E.090 1. The provisions of this chapter do not apply to:

(a) Any person who is licensed or registered in this State as a physician pursuant to chapter 630, 630A or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, dentist, nurse, dispensing optician, optometrist, occupational therapist, practitioner of respiratory care, physical therapist, podiatric physician, psychologist, marriage and family therapist, chiropractor, athletic trainer, massage therapist, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician or pharmacist who:

(1) Practices within the scope of that license or registration;

(2) Does not represent that he or she is a licensed dietitian or registered dietitian; and

(3) Provides nutrition information incidental to the practice for which he or she is licensed or registered.

(b) A student enrolled in an educational program accredited by the Commission on Accreditation for Dietetics Education of the Academy of Nutrition and Dietetics, if the student engages in the practice of dietetics under the supervision of a licensed dietitian or registered dietitian as part of that educational program.



(c) A registered dietitian employed by the Armed Forces of the United States, the United States Department of Veterans Affairs or any division or department of the Federal Government in the discharge of his or her official duties, including, without limitation, the practice of dietetics or providing nutrition services.

(d) A person who furnishes nutrition information, provides recommendations or advice concerning nutrition, or markets food, food materials or dietary supplements and provides nutrition information, recommendations or advice related to that marketing, if the person does not represent that he or she is a licensed dietitian or registered dietitian. While performing acts described in this paragraph, a person shall be deemed not to be engaged in the practice of dietetics or the providing of nutrition services.

(e) A person who provides services relating to weight loss or weight control through a program reviewed by and in consultation with a licensed dietitian or physician or a dietitian licensed or registered in another state which has equivalent licensure requirements as this State, as long as the person does not change the services or program without the approval of the person with whom he or she is consulting.

2. As used in this section, “nutrition information” means information relating to the principles of nutrition and the effect of nutrition on the human body, including, without limitation:

(a) Food preparation;

(b) Food included in a normal daily diet;

(c) Essential nutrients required by the human body and recommended amounts of essential nutrients, based on nationally established standards;

(d) The effect of nutrients on the human body and the effect of deficiencies in or excess amounts of nutrients in the human body; and

(e) Specific foods or supplements that are sources of essential nutrients.

Sec. 106. NRS 644.449 is hereby amended to read as follows:

644.449 1. If the Board determines that a complaint filed with the Board concerns a matter within the jurisdiction of another licensing board, the Board shall refer the complaint to the other licensing board within 5 days after making the determination.

2. The Board may refer a complaint pursuant to subsection 1 orally, electronically or in writing.

3. The provisions of subsection 1 apply to any complaint filed with the Board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the Board or by another licensing board; and



(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another licensing board.

4. The provisions of this section do not prevent the Board from acting upon a complaint which concerns a matter within the jurisdiction of the Board regardless of whether the Board refers the complaint pursuant to subsection 1.

5. The Board or an officer or employee of the Board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

6. As used in this section, “licensing board” means a board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C, 643, 644 or 654 of NRS ~~or~~ *sections 2 to 91, inclusive, of this act.*

Sec. 107. NRS 654.185 is hereby amended to read as follows:

654.185 1. If the Board determines that a complaint filed with the Board concerns a matter within the jurisdiction of another licensing board, the Board shall refer the complaint to the other licensing board within 5 days after making the determination.

2. The Board may refer a complaint pursuant to subsection 1 orally, electronically or in writing.

3. The provisions of subsection 1 apply to any complaint filed with the Board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the Board or by another licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another licensing board.

4. The provisions of this section do not prevent the Board from acting upon a complaint which concerns a matter within the jurisdiction of the Board regardless of whether the Board refers the complaint pursuant to subsection 1.

5. The Board or an officer or employee of the Board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions in this section.

6. As used in this section, “licensing board” means a board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C, 643, 644 or 654 of NRS ~~or~~ *sections 2 to 91, inclusive, of this act.*



Sec. 108. NRS 0.040 is hereby amended to read as follows:

0.040 1. Except as otherwise provided in subsection 2, “physician” means a person who engages in the practice of medicine, including osteopathy , ~~and~~ homeopathy ~~and~~ *naturopathy*.

2. The terms “physician,” “osteopathic physician,” “homeopathic physician,” *“naturopathic physician,”* “chiropractic physician” and “podiatric physician” are used in chapters 630, 630A, 633, 634 and 635 of NRS *and sections 2 to 91, inclusive, of this act*, in the limited senses prescribed by those chapters respectively.

Sec. 109. NRS 7.095 is hereby amended to read as follows:

7.095 1. An attorney shall not contract for or collect a fee contingent on the amount of recovery for representing a person seeking damages in connection with an action for injury or death against a provider of health care based upon professional negligence in excess of:

(a) Forty percent of the first \$50,000 recovered;

(b) Thirty-three and one-third percent of the next \$50,000 recovered;

(c) Twenty-five percent of the next \$500,000 recovered; and

(d) Fifteen percent of the amount of recovery that exceeds \$600,000.

2. The limitations set forth in subsection 1 apply to all forms of recovery, including, without limitation, settlement, arbitration and judgment.

3. For the purposes of this section, “recovered” means the net sum recovered by the plaintiff after deducting any disbursements or costs incurred in connection with the prosecution or settlement of the claim. Costs of medical care incurred by the plaintiff and general and administrative expenses incurred by the office of the attorney are not deductible disbursements or costs.

4. As used in this section:

(a) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(b) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, registered nurse, dispensing optician, optometrist, registered physical therapist, *naturopathic physician*, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine, medical laboratory director or



1 technician, licensed dietitian or a licensed hospital and its
2 employees.

3 **Sec. 110.** 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 *or sections 2 to 91, inclusive, of*
6 *this act* and any person who holds an equivalent license issued by
7 another state, who renders emergency care or assistance, including,
8 without limitation, emergency obstetrical care or assistance, in an
9 emergency, gratuitously and in good faith, is not liable for any civil
10 damages as a result of any act or omission, not amounting to gross
11 negligence, by that person in rendering the emergency care or
12 assistance or as a result of any failure to act, not amounting to gross
13 negligence, to provide or arrange for further medical treatment for
14 the injured or ill person. This section does not excuse a physician,
15 physician assistant or nurse from liability for damages resulting
16 from that person's acts or omissions which occur in a licensed
17 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 *or sections 2 to 91, inclusive, of this act* and any
21 person who holds an equivalent license 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 , *licensed to practice*
31 *naturopathic medicine under the provisions of sections 2 to 91,*
32 *inclusive, of this act* or licensed to practice dentistry under the
33 provisions of chapter 631 of NRS who renders care or assistance to
34 a patient for a governmental entity or a nonprofit organization is not
35 liable for any civil damages as a result of any act or omission by that
36 person in rendering that care or assistance if the care or assistance is
37 rendered gratuitously, in good faith and in a manner not amounting
38 to gross negligence or reckless, willful or wanton conduct.

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

41 **Sec. 111.** NRS 41.506 is hereby amended to read as follows:

42 41.506 1. Any person licensed under the provisions of
43 chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of*
44 *this act* and any person who holds an equivalent license issued by
45 another state who renders emergency obstetrical care or assistance



1 to a pregnant woman during labor or the delivery of the child is not
2 liable for any civil damages as a result of any act or omission by that
3 person in rendering that care or assistance if:

4 (a) The care or assistance is rendered in good faith and in a
5 manner not amounting to gross negligence or reckless, willful or
6 wanton conduct;

7 (b) The person has not previously provided prenatal or
8 obstetrical care to the woman; and

9 (c) The damages are reasonably related to or primarily caused
10 by a lack of prenatal care received by the woman.

11 2. A licensed medical facility in which such care or assistance
12 is rendered is not liable for any civil damages as a result of any act
13 or omission by the person in rendering that care or assistance if that
14 person is not liable for any civil damages pursuant to subsection 1
15 and the actions of the medical facility relating to the rendering of
16 that care or assistance do not amount to gross negligence or
17 reckless, willful or wanton conduct.

18 **Sec. 112.** NRS 41A.017 is hereby amended to read as follows:

19 41A.017 “Provider of health care” means a physician licensed
20 under chapter 630 or 633 of NRS, dentist, licensed nurse, dispensing
21 optician, optometrist, registered physical therapist, *naturopathic*
22 *physician*, podiatric physician, licensed psychologist, chiropractor,
23 doctor of Oriental medicine, medical laboratory director or
24 technician, licensed dietitian or a licensed hospital and its
25 employees.

26 **Sec. 113.** NRS 42.021 is hereby amended to read as follows:

27 42.021 1. In an action for injury or death against a provider
28 of health care based upon professional negligence, if the defendant
29 so elects, the defendant may introduce evidence of any amount
30 payable as a benefit to the plaintiff as a result of the injury or death
31 pursuant to the United States Social Security Act, any state or
32 federal income disability or worker’s compensation act, any health,
33 sickness or income-disability insurance, accident insurance that
34 provides health benefits or income-disability coverage, and any
35 contract or agreement of any group, organization, partnership or
36 corporation to provide, pay for or reimburse the cost of medical,
37 hospital, dental or other health care services. If the defendant elects
38 to introduce such evidence, the plaintiff may introduce evidence of
39 any amount that the plaintiff has paid or contributed to secure the
40 plaintiff’s right to any insurance benefits concerning which the
41 defendant has introduced evidence.

42 2. A source of collateral benefits introduced pursuant to
43 subsection 1 may not:

44 (a) Recover any amount against the plaintiff; or



(b) Be subrogated to the rights of the plaintiff against a defendant.

3. In an action for injury or death against a provider of health care based upon professional negligence, a district court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000 in future damages.

4. In entering a judgment ordering the payment of future damages by periodic payments pursuant to subsection 3, the court shall make a specific finding as to the dollar amount of periodic payments that will compensate the judgment creditor for such future damages. As a condition to authorizing periodic payments of future damages, the court shall require a judgment debtor who is not adequately insured to post security adequate to assure full payment of such damages awarded by the judgment. Upon termination of periodic payments of future damages, the court shall order the return of this security, or so much as remains, to the judgment debtor.

5. A judgment ordering the payment of future damages by periodic payments entered pursuant to subsection 3 must specify the recipient or recipients of the payments, the dollar amount of the payments, the interval between payments, and the number of payments or the period of time over which payments will be made. Such payments must only be subject to modification in the event of the death of the judgment creditor. Money damages awarded for loss of future earnings must not be reduced or payments terminated by reason of the death of the judgment creditor, but must be paid to persons to whom the judgment creditor owed a duty of support, as provided by law, immediately before the judgment creditor's death. In such cases, the court that rendered the original judgment may, upon petition of any party in interest, modify the judgment to award and apportion the unpaid future damages in accordance with this subsection.

6. If the court finds that the judgment debtor has exhibited a continuing pattern of failing to make the periodic payments as specified pursuant to subsection 5, the court shall find the judgment debtor in contempt of court and, in addition to the required periodic payments, shall order the judgment debtor to pay the judgment creditor all damages caused by the failure to make such periodic payments, including, but not limited to, court costs and attorney's fees.

7. Following the occurrence or expiration of all obligations specified in the periodic payment judgment, any obligation of the



judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

(a) “Future damages” includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.

(b) “Periodic payments” means the payment of money or delivery of other property to the judgment creditor at regular intervals.

(c) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.

(d) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, *naturopathic physician*, podiatric physician, licensed psychologist, chiropractor, doctor of Oriental medicine, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 114. NRS 89.050 is hereby amended to read as follows:

89.050 1. Except as otherwise provided in subsection 2, a professional entity may be organized only for the purpose of rendering one specific type of professional service and may not engage in any business other than rendering the professional service for which it was organized and services reasonably related thereto, except that a professional entity may own real and personal property appropriate to its business and may invest its money in any form of real property, securities or any other type of investment.

2. A professional entity may be organized to render a professional service relating to:

(a) Architecture, interior design, residential design, engineering and landscape architecture, or any combination thereof, and may be composed of persons:

(1) Engaged in the practice of architecture as provided in chapter 623 of NRS;

(2) Practicing as a registered interior designer as provided in chapter 623 of NRS;

(3) Engaged in the practice of residential design as provided in chapter 623 of NRS;

(4) Engaged in the practice of landscape architecture as provided in chapter 623A of NRS; and



(5) Engaged in the practice of professional engineering as provided in chapter 625 of NRS.

(b) Medicine, *naturopathic medicine*, homeopathy and osteopathy, and may be composed of persons engaged in the practice of medicine as provided in chapter 630 of NRS, persons engaged in the practice of homeopathic medicine as provided in chapter 630A of NRS and persons engaged in the practice of osteopathic medicine as provided in chapter 633 of NRS ~~and~~ *and persons engaged in the practice of naturopathic medicine as provided in sections 2 to 91, inclusive, of this act.* Such a professional entity may market and manage additional professional entities which are organized to render a professional service relating to medicine, homeopathy and osteopathy.

(c) Mental health services, and may be composed of the following persons, in any number and in any combination:

(1) Any psychologist who is licensed to practice in this State;

(2) Any social worker who holds a master's degree in social work and who is licensed by this State as a clinical social worker;

(3) Any registered nurse who is licensed to practice professional nursing in this State and who holds a master's degree in the field of psychiatric nursing;

(4) Any marriage and family therapist who is licensed by this State pursuant to chapter 641A of NRS; and

(5) Any clinical professional counselor who is licensed by this State pursuant to chapter 641A of NRS.

➤ Such a professional entity may market and manage additional professional entities which are organized to render a professional service relating to mental health services pursuant to this paragraph.

3. A professional entity may render a professional service only through its officers, managers and employees who are licensed or otherwise authorized by law to render the professional service.

Sec. 115. NRS 179.121 is hereby amended to read as follows:

179.121 1. All personal property, including, without limitation, any tool, substance, weapon, machine, computer, money or security, which is used as an instrumentality in any of the following crimes is subject to forfeiture:

(a) The commission of or attempted commission of the crime of murder, robbery, kidnapping, burglary, invasion of the home, grand larceny or theft if it is punishable as a felony;

(b) The commission of or attempted commission of any felony with the intent to commit, cause, aid, further or conceal an act of terrorism;

(c) A violation of NRS 202.445 or 202.446;

(d) The commission of any crime by a criminal gang, as defined in NRS 213.1263; or



1 (e) A violation of NRS 200.463 to 200.468, inclusive, 201.300,
2 201.320, 202.265, 202.287, 205.473 to 205.513, inclusive, 205.610
3 to 205.810, inclusive, 370.380, 370.382, 370.395, 370.405, 465.070
4 to 465.085, inclusive, 630.400, 630A.600, 631.400, 632.285,
5 632.291, 632.315, 633.741, 634.227, 634A.230, 635.167, 636.145,
6 637.090, 637A.352, 637B.290, 639.100, 639.2813, 640.169,
7 640A.230, 644.190 or 654.200 **or section 91 of this act.**

8 2. Except as otherwise provided for conveyances forfeitable
9 pursuant to NRS 453.301 or 501.3857, all conveyances, including
10 aircraft, vehicles or vessels, which are used or intended for use
11 during the commission of a felony or a violation of NRS 202.287,
12 202.300 or 465.070 to 465.085, inclusive, are subject to forfeiture
13 except that:

14 (a) A conveyance used by any person as a common carrier in the
15 transaction of business as a common carrier is not subject to
16 forfeiture under this section unless it appears that the owner or other
17 person in charge of the conveyance is a consenting party or privy to
18 the felony or violation;

19 (b) A conveyance is not subject to forfeiture under this section
20 by reason of any act or omission established by the owner thereof to
21 have been committed or omitted without the owner's knowledge,
22 consent or willful blindness;

23 (c) A conveyance is not subject to forfeiture for a violation of
24 NRS 202.300 if the firearm used in the violation of that section was
25 not loaded at the time of the violation; and

26 (d) A forfeiture of a conveyance encumbered by a bona fide
27 security interest is subject to the interest of the secured party if the
28 secured party neither had knowledge of nor consented to the felony.
29 If a conveyance is forfeited, the appropriate law enforcement agency
30 may pay the existing balance and retain the conveyance for official
31 use.

32 3. For the purposes of this section, a firearm is loaded if:

33 (a) There is a cartridge in the chamber of the firearm;

34 (b) There is a cartridge in the cylinder of the firearm, if the
35 firearm is a revolver; or

36 (c) There is a cartridge in the magazine and the magazine is in
37 the firearm or there is a cartridge in the chamber, if the firearm is a
38 semiautomatic firearm.

39 4. As used in this section, "act of terrorism" has the meaning
40 ascribed to it in NRS 202.4415.

41 **Sec. 116.** NRS 200.471 is hereby amended to read as follows:
42 200.471 1. As used in this section:

43 (a) "Assault" means:

44 (1) Unlawfully attempting to use physical force against
45 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 or a physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, an advanced practitioner of homeopathy, a homeopathic assistant, an osteopathic physician, a physician assistant licensed pursuant to chapter 633 of NRS, *a naturopathic physician, a naturopathic assistant, a naturopathic medical student, a naturopathic intern, a naturopathic preceptee, a naturopathic fellow*, 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. 117. NRS 200.5095 is hereby amended to read as follows:

200.5095 1. Reports made pursuant to NRS 200.5093, 200.50935 and 200.5094, and records and investigations relating to those reports, are confidential.

2. A person, law enforcement agency or public or private agency, institution or facility who willfully releases data or information concerning the reports and investigation of the abuse, neglect, exploitation or isolation of older persons or vulnerable persons, except:

(a) Pursuant to a criminal prosecution;

(b) Pursuant to NRS 200.50982; or

(c) To persons or agencies enumerated in subsection 3, ➤ is guilty of a misdemeanor.

3. Except as otherwise provided in subsection 2 and NRS 200.50982, data or information concerning the reports and investigations of the abuse, neglect, exploitation or isolation of an older person or a vulnerable person is available only to:

(a) A physician who is providing care to an older person or a vulnerable person who may have been abused, neglected, exploited or isolated;

(b) An agency responsible for or authorized to undertake the care, treatment and supervision of the older person or vulnerable person;

(c) A district attorney or other law enforcement official who requires the information in connection with an investigation of the abuse, neglect, exploitation or isolation of the older person or vulnerable person;

(d) A court which has determined, in camera, that public disclosure of such information is necessary for the determination of an issue before it;

(e) A person engaged in bona fide research, but the identity of the subjects of the report must remain confidential;

(f) A grand jury upon its determination that access to such records is necessary in the conduct of its official business;

(g) Any comparable authorized person or agency in another jurisdiction;

(h) A legal guardian of the older person or vulnerable person, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation or isolation of the older person or vulnerable person to the public agency is protected, and the legal guardian of the older person or vulnerable person is not the person suspected of such abuse, neglect, exploitation or isolation;

(i) If the older person or vulnerable person is deceased, the executor or administrator of his or her estate, if the identity of the



1 person who was responsible for reporting the alleged abuse, neglect,
2 exploitation or isolation of the older person or vulnerable person to
3 the public agency is protected, and the executor or administrator is
4 not the person suspected of such abuse, neglect, exploitation or
5 isolation; or

6 (j) The older person or vulnerable person named in the report as
7 allegedly being abused, neglected, exploited or isolated, if that
8 person is not legally incompetent.

9 4. If the person who is reported to have abused, neglected,
10 exploited or isolated an older person or a vulnerable person is the
11 holder of a license or certificate issued pursuant to chapters 449, 630
12 to 641B, inclusive, or 654 of NRS, *or sections 2 to 91, inclusive, of*
13 *this act*, the information contained in the report must be submitted
14 to the board that issued the license.

15 **Sec. 118.** NRS 200.810 is hereby amended to read as follows:

16 200.810 “Health care procedure” means any medical
17 procedure, other than a surgical procedure, that requires a license to
18 perform pursuant to chapters 630 to 637, inclusive, 639 or 640 of
19 NRS ~~or~~ *or sections 2 to 91, inclusive, of this act.*

20 **Sec. 119.** NRS 200.820 is hereby amended to read as follows:

21 200.820 “Surgical procedure” means any invasive medical
22 procedure where a break in the skin is created and there is contact
23 with the mucosa or any minimally invasive medical procedure
24 where a break in the skin is created or which involves manipulation
25 of the internal body cavity beyond a natural or artificial body orifice
26 which requires a license to perform pursuant to chapters 630 to 637,
27 inclusive, 639 or 640 of NRS ~~or~~ *or sections 2 to 91, inclusive, of*
28 *this act.*

29 **Sec. 120.** NRS 218G.400 is hereby amended to read as
30 follows:

31 218G.400 1. Except as otherwise provided in subsection 2,
32 each board created by the provisions of NRS 590.485 and chapters
33 623 to 625A, inclusive, 628, 630 to 644, inclusive, 648, 654 and 656
34 of NRS *and sections 2 to 91, inclusive, of this act* shall:

35 (a) If the revenue of the board from all sources is less than
36 \$75,000 for any fiscal year and, if the board is a regulatory body
37 pursuant to NRS 622.060, the board has submitted to the Director of
38 the Legislative Counsel Bureau for each quarter of that fiscal year
39 the information required by NRS 622.100, prepare a balance sheet
40 for that fiscal year on the form provided by the Legislative Auditor
41 and file the balance sheet with the Legislative Auditor and the Chief
42 of the Budget Division of the Department of Administration on or
43 before December 1 following the end of that fiscal year. The
44 Legislative Auditor shall prepare and make available a form that
45 must be used by a board to prepare such a balance sheet.



(b) If the revenue of the board from all sources is \$75,000 or more for any fiscal year, or if the board is a regulatory body pursuant to NRS 622.060 and has failed to submit to the Director of the Legislative Counsel Bureau for each quarter of that fiscal year the information required by NRS 622.100, engage the services of a certified public accountant or public accountant, or firm of either of such accountants, to audit all its fiscal records for that fiscal year and file a report of the audit with the Legislative Auditor and the Chief of the Budget Division of the Department of Administration on or before December 1 following the end of that fiscal year.

2. In lieu of preparing a balance sheet or having an audit conducted for a single fiscal year, a board may engage the services of a certified public accountant or public accountant, or firm of either of such accountants, to audit all its fiscal records for a period covering two successive fiscal years. If such an audit is conducted, the board shall file the report of the audit with the Legislative Auditor and the Chief of the Budget Division of the Department of Administration on or before December 1 following the end of the second fiscal year.

3. The cost of each audit conducted pursuant to subsection 1 or 2 must be paid by the board that is audited. Each such audit must be conducted in accordance with generally accepted auditing standards, and all financial statements must be prepared in accordance with generally accepted principles of accounting for special revenue funds.

4. Whether or not a board is required to have its fiscal records audited pursuant to subsection 1 or 2, the Legislative Auditor shall audit the fiscal records of any such board whenever directed to do so by the Legislative Commission. When the Legislative Commission directs such an audit, the Legislative Commission shall also determine who is to pay the cost of the audit.

5. A person who is a state officer or employee of a board is guilty of nonfeasance if the person:

(a) Is responsible for preparing a balance sheet or having an audit conducted pursuant to this section or is responsible for preparing or maintaining the fiscal records that are necessary to prepare a balance sheet or have an audit conducted pursuant to this section; and

(b) Knowingly fails to prepare the balance sheet or have the audit conducted pursuant to this section or knowingly fails to prepare or maintain the fiscal records that are necessary to prepare a balance sheet or have an audit conducted pursuant to this section.

6. In addition to any other remedy or penalty, a person who is guilty of nonfeasance pursuant to this section forfeits the person's state office or employment and may not be appointed to a state



1 office or position of state employment for a period of 2 years
2 following the forfeiture. The provisions of this subsection do not
3 apply to a state officer who may be removed from office only by
4 impeachment pursuant to Article 7 of the Nevada Constitution.

5 **Sec. 121.** NRS 239.010 is hereby amended to read as follows:

6 239.010 1. Except as otherwise provided in this section and
7 NRS 1.4683, 1A.110, 49.095, 62D.420, 62D.440, 62E.516,
8 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 76.160,
9 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,
10 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,
11 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,
12 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,
13 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130,
14 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057,
15 127.130, 127.140, 127.2817, 130.312, 159.044, 172.075, 172.245,
16 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801,
17 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179A.450,
18 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662,
19 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140,
20 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464,
21 217.475, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350,
22 228.270, 228.450, 228.495, 228.570, 231.069, 233.190, 237.300,
23 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140,
24 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020,
25 241.030, 242.105, 244.264, 244.335, 250.087, 250.130, 250.140,
26 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281A.350,
27 281A.440, 281A.550, 284.4068, 286.110, 287.0438, 289.025,
28 289.080, 289.387, 293.5002, 293.503, 293.558, 293B.135,
29 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070,
30 338.1379, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205,
31 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255,
32 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180, 372A.080,
33 378.290, 378.300, 379.008, 386.655, 387.626, 387.631, 388.5275,
34 388.528, 388.5315, 388.750, 391.035, 392.029, 392.147, 392.264,
35 392.271, 392.652, 392.850, 394.167, 394.1698, 394.447, 394.460,
36 394.465, 396.3295, 396.405, 396.525, 396.535, 398.403, 408.3885,
37 408.3886, 412.153, 416.070, 422.290, 422.305, 422A.320,
38 422A.350, 425.400, 427A.1236, 427A.872, 432.205, 432B.175,
39 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 433.534,
40 433A.360, 439.270, 439.840, 439B.420, 440.170, 441A.195,
41 441A.220, 441A.230, 442.330, 442.395, 445A.665, 445B.570,
42 449.209, 449.245, 449.720, 453.1545, 453.720, 453A.610,
43 453A.700, 458.055, 458.280, 459.050, 459.3866, 459.555,
44 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403,
45 463.3407, 463.790, 467.1005, 467.137, 481.063, 482.170, 482.5536,



1 483.340, 483.363, 483.800, 484E.070, 485.316, 503.452, 522.040,
2 534A.031, 561.285, 571.160, 584.583, 584.655, 598.0964,
3 598.0979, 598.098, 598A.110, 599B.090, 603.070, 603A.210,
4 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350,
5 618.341, 618.425, 622.310, 623.131, 623A.353, 624.110, 624.265,
6 624.327, 625.425, 625A.185, 628.418, 629.069, 630.133,
7 630.30665, 630.336, 630A.555, 631.368, 632.121, 632.125,
8 632.405, 633.283, 633.301, 633.524, 634.212, 634.214, 634A.185,
9 635.158, 636.107, 637.085, 637A.315, 637B.288, 638.087, 638.089,
10 639.2485, 639.570, 640.075, 640A.220, 640B.730, 640C.400,
11 640C.745, 640C.760, 640D.190, 640E.340, 641.090, 641A.191,
12 641B.170, 641C.760, 642.524, 643.189, 644.446, 645.180, 645.625,
13 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225,
14 645D.130, 645D.135, 645E.300, 645E.375, 645G.510, 645H.320,
15 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065,
16 649.067, 652.228, 654.110, 656.105, 661.115, 665.130, 665.133,
17 669.275, 669.285, 669A.310, 671.170, 673.430, 675.380, 676A.340,
18 676A.370, 677.243, 679B.122, 679B.152, 679B.159, 679B.190,
19 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.280,
20 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110,
21 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 692A.117,
22 692C.190, 692C.420, 693A.480, 693A.615, 696B.550, 703.196,
23 704B.320, 704B.325, 706.1725, 710.159, 711.600, *and section 33*

24 *of this act*, sections 35, 38 and 41 of chapter 478, Statutes of
25 Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013
26 and unless otherwise declared by law to be confidential, all public
27 books and public records of a governmental entity must be open at
28 all times during office hours to inspection by any person, and may
29 be fully copied or an abstract or memorandum may be prepared
30 from those public books and public records. Any such copies,
31 abstracts or memoranda may be used to supply the general public
32 with copies, abstracts or memoranda of the records or may be used
33 in any other way to the advantage of the governmental entity or of
34 the general public. This section does not supersede or in any manner
35 affect the federal laws governing copyrights or enlarge, diminish or
36 affect in any other manner the rights of a person in any written book
37 or record which is copyrighted pursuant to federal law.

38 2. A governmental entity may not reject a book or record
39 which is copyrighted solely because it is copyrighted.

40 3. A governmental entity that has legal custody or control of a
41 public book or record shall not deny a request made pursuant to
42 subsection 1 to inspect or copy or receive a copy of a public book or
43 record on the basis that the requested public book or record contains
44 information that is confidential if the governmental entity can
45 redact, delete, conceal or separate the confidential information from



1 the information included in the public book or record that is not
2 otherwise confidential.

3 4. A person may request a copy of a public record in any
4 medium in which the public record is readily available. An officer,
5 employee or agent of a governmental entity who has legal custody
6 or control of a public record:

7 (a) Shall not refuse to provide a copy of that public record in a
8 readily available medium because the officer, employee or agent has
9 already prepared or would prefer to provide the copy in a different
10 medium.

11 (b) Except as otherwise provided in NRS 239.030, shall, upon
12 request, prepare the copy of the public record and shall not require
13 the person who has requested the copy to prepare the copy himself
14 or herself.

15 **Sec. 122.** NRS 284.013 is hereby amended to read as follows:

16 284.013 1. Except as otherwise provided in subsection 4, this
17 chapter does not apply to:

18 (a) Agencies, bureaus, commissions, officers or personnel in the
19 Legislative Department or the Judicial Department of State
20 Government, including the Commission on Judicial Discipline;

21 (b) Any person who is employed by a board, commission,
22 committee or council created in chapters 590, 623 to 625A,
23 inclusive, 628, 630 to 644, inclusive, 648, 652, 654 and 656 of NRS
24 ***and sections 2 to 91, inclusive, of this act;*** or

25 (c) Officers or employees of any agency of the Executive
26 Department of the State Government who are exempted by specific
27 statute.

28 2. Except as otherwise provided in subsection 3, the terms and
29 conditions of employment of all persons referred to in subsection 1,
30 including salaries not prescribed by law and leaves of absence,
31 including, without limitation, annual leave and sick and disability
32 leave, must be fixed by the appointing or employing authority
33 within the limits of legislative appropriations or authorizations.

34 3. Except as otherwise provided in this subsection, leaves of
35 absence prescribed pursuant to subsection 2 must not be of lesser
36 duration than those provided for other state officers and employees
37 pursuant to the provisions of this chapter. The provisions of this
38 subsection do not govern the Legislative Commission with respect
39 to the personnel of the Legislative Counsel Bureau.

40 4. Any board, commission, committee or council created in
41 chapters 590, 623 to 625A, inclusive, 628, 630 to 644, inclusive,
42 648, 652, 654 and 656 of NRS ***and sections 2 to 91, inclusive, of***
43 ***this act*** which contracts for the services of a person, shall require the
44 contract for those services to be in writing. The contract must be



approved by the State Board of Examiners before those services may be provided.

Sec. 123. NRS 288.140 is hereby amended to read as follows:

288.140 1. It is the right of every local government employee, subject to the limitations provided in subsections 3 and 4, to join any employee organization of the employee's choice or to refrain from joining any employee organization. A local government employer shall not discriminate in any way among its employees on account of membership or nonmembership in an employee organization.

2. The recognition of an employee organization for negotiation, pursuant to this chapter, does not preclude any local government employee who is not a member of that employee organization from acting for himself or herself with respect to any condition of his or her employment, but any action taken on a request or in adjustment of a grievance shall be consistent with the terms of an applicable negotiated agreement, if any.

3. A police officer, sheriff, deputy sheriff or other law enforcement officer may be a member of an employee organization only if such employee organization is composed exclusively of law enforcement officers.

4. The following persons may not be a member of an employee organization:

(a) A supervisory employee described in paragraph (b) of subsection 1 of NRS 288.075, including but not limited to appointed officials and department heads who are primarily responsible for formulating and administering management, policy and programs.

(b) A doctor or physician who is employed by a local government employer.

(c) Except as otherwise provided in this paragraph, an attorney who is employed by a local government employer and who is assigned to a civil law division, department or agency. The provisions of this paragraph do not apply with respect to an attorney for the duration of a collective bargaining agreement to which the attorney is a party as of July 1, 2011.

5. As used in this section, "doctor or physician" means a doctor, physician, homeopathic physician, osteopathic physician, chiropractic physician, practitioner of Oriental medicine, *naturopathic physician*, podiatric physician or practitioner of optometry, as those terms are defined or used, respectively, in NRS 630.014, 630A.050, 633.091, chapter 634 of NRS, chapter 634A of NRS, chapter 635 of NRS or chapter 636 of NRS ~~or section 13 of this act.~~



1 **Sec. 124.** NRS 353.005 is hereby amended to read as follows:
2 353.005 Except as otherwise provided in NRS 353.007, the
3 provisions of this chapter do not apply to boards created by the
4 provisions of NRS 590.485 and chapters 623 to 625A, inclusive,
5 628, 630 to 644, inclusive, 648, 654 and 656 of NRS *and sections 2*
6 *to 91, inclusive, of this act* and the officers and employees of those
7 boards.

8 **Sec. 125.** NRS 353A.020 is hereby amended to read as
9 follows:

10 353A.020 1. The Director, in consultation with the
11 Committee and Legislative Auditor, shall adopt a uniform system of
12 internal accounting and administrative control for agencies. The
13 elements of the system must include, without limitation:

14 (a) A plan of organization which provides for a segregation of
15 duties appropriate to safeguard the assets of the agency;

16 (b) A plan which limits access to assets of the agency to persons
17 who need the assets to perform their assigned duties;

18 (c) Procedures for authorizations and recordkeeping which
19 effectively control accounting of assets, liabilities, revenues and
20 expenses;

21 (d) A system of practices to be followed in the performance of
22 the duties and functions of each agency; and

23 (e) An effective system of internal review.

24 2. The Director, in consultation with the Committee and
25 Legislative Auditor, may modify the system whenever the Director
26 considers it necessary.

27 3. Each agency shall develop written procedures to carry out
28 the system of internal accounting and administrative control adopted
29 pursuant to this section.

30 4. For the purposes of this section, “agency” does not include:

31 (a) A board created by the provisions of NRS 590.485 and
32 chapters 623 to 625A, inclusive, 628, 630 to 644, inclusive, 648,
33 654 and 656 of NRS ~~H~~ *and sections 2 to 91, inclusive, of this act.*

34 (b) The Nevada System of Higher Education.

35 (c) The Public Employees’ Retirement System.

36 (d) The Housing Division of the Department of Business and
37 Industry.

38 (e) The Colorado River Commission of Nevada.

39 **Sec. 126.** NRS 353A.025 is hereby amended to read as
40 follows:

41 353A.025 1. The head of each agency shall periodically
42 review the agency’s system of internal accounting and
43 administrative control to determine whether it is in compliance with
44 the uniform system of internal accounting and administrative control
45 for agencies adopted pursuant to subsection 1 of NRS 353A.020.



2. On or before July 1 of each even-numbered year, the head of each agency shall report to the Director whether the agency's system of internal accounting and administrative control is in compliance with the uniform system adopted pursuant to subsection 1 of NRS 353A.020. The reports must be made available for inspection by the members of the Legislature.

3. For the purposes of this section, "agency" does not include:

(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644, inclusive, 648, 654 and 656 of NRS ~~§~~ *and sections 2 to 91, inclusive, of this act.*

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

4. The Director shall, on or before the first Monday in February of each odd-numbered year, submit a report on the status of internal accounting and administrative controls in agencies to the:

(a) Director of the Legislative Counsel Bureau for transmittal to the:

(1) Senate Standing Committee on Finance; and

(2) Assembly Standing Committee on Ways and Means;

(b) Governor; and

(c) Legislative Auditor.

5. The report submitted by the Director pursuant to subsection 4 must include, without limitation:

(a) The identification of each agency that has not complied with the requirements of subsections 1 and 2;

(b) The identification of each agency that does not have an effective method for reviewing its system of internal accounting and administrative control; and

(c) The identification of each agency that has weaknesses in its system of internal accounting and administrative control, and the extent and types of such weaknesses.

Sec. 127. NRS 353A.045 is hereby amended to read as follows:

353A.045 The Administrator shall:

1. Report to the Director.

2. Develop long-term and annual work plans to be based on the results of periodic documented risk assessments. The annual work plan must list the agencies to which the Division will provide training and assistance and be submitted to the Director for approval. Such agencies must not include:



(a) A board created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644, inclusive, 648, 654 and 656 of NRS ~~H~~ *and sections 2 to 91, inclusive, of this act.*

(b) The Nevada System of Higher Education.

(c) The Public Employees' Retirement System.

(d) The Housing Division of the Department of Business and Industry.

(e) The Colorado River Commission of Nevada.

3. Provide a copy of the approved annual work plan to the Legislative Auditor.

4. In consultation with the Director, prepare a plan for auditing executive branch agencies for each fiscal year and present the plan to the Committee for its review and approval. Each plan for auditing must:

(a) State the agencies which will be audited, the proposed scope and assignment of those audits and the related resources which will be used for those audits; and

(b) Ensure that the internal accounting, administrative controls and financial management of each agency are reviewed periodically.

5. Perform the audits of the programs and activities of the agencies in accordance with the plan approved pursuant to subsection 5 of NRS 353A.038 and prepare audit reports of his or her findings.

6. Review each agency that is audited pursuant to subsection 5 and advise those agencies concerning internal accounting, administrative controls and financial management.

7. Submit to each agency that is audited pursuant to subsection 5 analyses, appraisals and recommendations concerning:

(a) The adequacy of the internal accounting and administrative controls of the agency; and

(b) The efficiency and effectiveness of the management of the agency.

8. Report any possible abuses, illegal actions, errors, omissions and conflicts of interest of which the Division becomes aware during the performance of an audit.

9. Adopt the standards of The Institute of Internal Auditors for conducting and reporting on internal audits.

10. Consult with the Legislative Auditor concerning the plan for auditing and the scope of audits to avoid duplication of effort and undue disruption of the functions of agencies that are audited pursuant to subsection 5.

11. Appoint a Manager of Internal Controls.



Sec. 128. NRS 372.7285 is hereby amended to read as follows:

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

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

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

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

2. As used in this section:

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

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

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 129. NRS 374.731 is hereby amended to read as follows:

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

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

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



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

2. As used in this section:

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

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

(c) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractor, licensed dietitian or doctor of Oriental medicine in any form.

Sec. 130. NRS 396.903 is hereby amended to read as follows:

396.903 1. The University of Nevada School of Medicine may authorize the Nevada Health Service Corps to administer a program under which money for loans is repaid on behalf of a practitioner for each year he or she practices in an area of Nevada in which a shortage of that type of practitioner exists, as determined by the Nevada Office of Rural Health within the University of Nevada School of Medicine and the Nevada Health Service Corps.

2. To qualify for the program, a practitioner required to be licensed pursuant to the provisions of chapter 630, 630A, 633 or 634 of NRS *or sections 2 to 91, inclusive, of this act* must have completed his or her primary care residency and hold an active license issued pursuant to chapter 630, 630A, 633 or 634 of NRS *or sections 2 to 91, inclusive, of this act*. All other practitioners must have completed training in a certified program and have an active license, certification or registration from the State of Nevada.

Sec. 131. NRS 432B.220 is hereby amended to read as follows:

432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:



(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

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

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

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

(a) A person providing services licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B or 641C of NRS ~~§~~ **or sections 2 to 91, inclusive, of this act.**

(b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other



1 person in charge of such a medical facility upon notification of
2 suspected abuse or neglect of a child by a member of the staff of the
3 medical facility.

4 (c) A coroner.

5 (d) A member of the clergy, practitioner of Christian Science or
6 religious healer, unless the person has acquired the knowledge of the
7 abuse or neglect from the offender during a confession.

8 (e) A person working in a school who is licensed or endorsed
9 pursuant to chapter 391 or 641B of NRS.

10 (f) Any person who maintains or is employed by a facility or
11 establishment that provides care for children, children's camp or
12 other public or private facility, institution or agency furnishing care
13 to a child.

14 (g) Any person licensed pursuant to chapter 424 of NRS to
15 conduct a foster home.

16 (h) Any officer or employee of a law enforcement agency or an
17 adult or juvenile probation officer.

18 (i) Except as otherwise provided in NRS 432B.225, an attorney.

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

23 (k) Any person who is employed by or serves as a volunteer for
24 a youth shelter. As used in this paragraph, "youth shelter" has the
25 meaning ascribed to it in NRS 244.427.

26 (l) Any adult person who is employed by an entity that provides
27 organized activities for children.

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

29 6. If a person who is required to make a report pursuant to
30 subsection 1 knows or has reasonable cause to believe that a child
31 has died as a result of abuse or neglect, the person shall, as soon as
32 reasonably practicable, report this belief to an agency which
33 provides child welfare services or a law enforcement agency. If such
34 a report is made to a law enforcement agency, the law enforcement
35 agency shall notify an agency which provides child welfare services
36 and the appropriate medical examiner or coroner of the report. If
37 such a report is made to an agency which provides child welfare
38 services, the agency which provides child welfare services shall
39 notify the appropriate medical examiner or coroner of the report.
40 The medical examiner or coroner who is notified of a report
41 pursuant to this subsection shall investigate the report and submit
42 his or her written findings to the appropriate agency which provides
43 child welfare services, the appropriate district attorney and a law
44 enforcement agency. The written findings must include, if



1 obtainable, the information required pursuant to the provisions of
2 subsection 2 of NRS 432B.230.

3 7. The agency, board, bureau, commission, department,
4 division or political subdivision of the State responsible for the
5 licensure, certification or endorsement of a person who is described
6 in subsection 4 and who is required in his or her professional or
7 occupational capacity to be licensed, certified or endorsed in this
8 State shall, at the time of initial licensure, certification or
9 endorsement:

10 (a) Inform the person, in writing or by electronic
11 communication, of his or her duty as a mandatory reporter pursuant
12 to this section;

13 (b) Obtain a written acknowledgment or electronic record from
14 the person that he or she has been informed of his or her duty
15 pursuant to this section; and

16 (c) Maintain a copy of the written acknowledgment or electronic
17 record for as long as the person is licensed, certified or endorsed in
18 this State.

19 8. The employer of a person who is described in subsection 4
20 and who is not required in his or her professional or occupational
21 capacity to be licensed, certified or endorsed in this State must, upon
22 initial employment of the person:

23 (a) Inform the person, in writing or by electronic
24 communication, of his or her duty as a mandatory reporter pursuant
25 to this section;

26 (b) Obtain a written acknowledgment or electronic record from
27 the person that he or she has been informed of his or her duty
28 pursuant to this section; and

29 (c) Maintain a copy of the written acknowledgment or electronic
30 record for as long as the person is employed by the employer.

31 **Sec. 132.** NRS 439A.0195 is hereby amended to read as
32 follows:

33 439A.0195 “Practitioner” means a physician licensed under
34 chapter 630, 630A or 633 of NRS, *or sections 2 to 91, inclusive, of*
35 *this act*, dentist, licensed nurse, dispensing optician, optometrist,
36 registered physical therapist, podiatric physician, licensed
37 psychologist, chiropractor, doctor of Oriental medicine in any form,
38 medical laboratory director or technician, pharmacist or other person
39 whose principal occupation is the provision of services for health.

40 **Sec. 133.** NRS 439B.225 is hereby amended to read as
41 follows:

42 439B.225 1. As used in this section, “licensing board” means
43 any division or board empowered to adopt standards for the issuance
44 or renewal of licenses, permits or certificates of registration
45 pursuant to NRS 435.3305 to 435.339, inclusive, chapter 449, 625A,



630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639, 640, 640A, 640D, 641, 641A, 641B, 641C, 652 or 654 of NRS **or sections 2 to 91, inclusive, of this act.**

2. The Committee shall review each regulation that a licensing board proposes or adopts that relates to standards for the issuance or renewal of licenses, permits or certificates of registration issued to a person or facility regulated by the board, giving consideration to:

(a) Any oral or written comment made or submitted to it by members of the public or by persons or facilities affected by the regulation;

(b) The effect of the regulation on the cost of health care in this State;

(c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and

(d) Any other related factor the Committee deems appropriate.

3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.

4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.

Sec. 134. NRS 454.361 is hereby amended to read as follows:

454.361 A conviction of the violation of any of the provisions of NRS 454.181 to 454.371, inclusive, constitutes grounds for the suspension or revocation of any license issued to such person pursuant to the provisions of chapters 630, 631, 633, 635, 636, 638 or 639 of NRS **or sections 2 to 91, inclusive, of this act.**

Sec. 135. NRS 608.0116 is hereby amended to read as follows:

608.0116 "Professional" means pertaining to:

1. An employee who is licensed or certified by the State of Nevada for and engaged in the practice of law or any of the professions regulated by chapters 623 to 645, inclusive, 645G and 656A of NRS **and sections 2 to 91, inclusive, of this act.**

2. A creative professional as described in 29 C.F.R. § 541.302 who is not an employee of a contractor as that term is defined in NRS 624.020.

Sec. 136. NRS 679B.440 is hereby amended to read as follows:

679B.440 1. The Commissioner may require that reports submitted pursuant to NRS 679B.430 include, without limitation, information regarding:

(a) Liability insurance provided to:



(1) Governmental agencies and political subdivisions of this State, reported separately for:

(I) Cities and towns;

(II) School districts; and

(III) Other political subdivisions;

(2) Public officers;

(3) Establishments where alcoholic beverages are sold;

(4) Facilities for the care of children;

(5) Labor, fraternal or religious organizations; and

(6) Officers or directors of organizations formed pursuant to title 7 of NRS, reported separately for nonprofit entities and entities organized for profit;

(b) Liability insurance for:

(1) Defective products;

(2) Medical or dental malpractice of:

(I) A practitioner licensed pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637A, 637B, 639 or 640 of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act;*

(II) A hospital or other health care facility; or

(III) Any related corporate entity.

(3) Malpractice of attorneys;

(4) Malpractice of architects and engineers; and

(5) Errors and omissions by other professionally qualified persons;

(c) Vehicle insurance, reported separately for:

(1) Private vehicles;

(2) Commercial vehicles;

(3) Liability insurance; and

(4) Insurance for property damage;

(d) Workers' compensation insurance; and

(e) In addition to any information provided pursuant to subparagraph (2) of paragraph (b) or NRS 690B.260, a policy of insurance for medical malpractice. As used in this paragraph, "policy of insurance for medical malpractice" has the meaning ascribed to it in NRS 679B.144.

2. The Commissioner may require that the report include, without limitation, information specifically pertaining to this State or to an insurer in its entirety, in the aggregate or by type of insurance, and for a previous or current year, regarding:

(a) Premiums directly written;

(b) Premiums directly earned;

(c) Number of policies issued;

(d) Net investment income, using appropriate estimates when necessary;

(e) Losses paid;



- (f) Losses incurred;
- (g) Loss reserves, including:
 - (1) Losses unpaid on reported claims; and
 - (2) Losses unpaid on incurred but not reported claims;
- (h) Number of claims, including:
 - (1) Claims paid; and
 - (2) Claims that have arisen but are unpaid;
- (i) Expenses for adjustment of losses, including allocated and unallocated losses;
- (j) Net underwriting gain or loss;
- (k) Net operation gain or loss, including net investment income; and

- (l) Any other information requested by the Commissioner.
- 3. The Commissioner may also obtain, based upon an insurer in its entirety, information regarding:
 - (a) Recoverable federal income tax;
 - (b) Net unrealized capital gain or loss; and
 - (c) All other expenses not included in subsection 2.

Sec. 137. NRS 686B.030 is hereby amended to read as follows:

686B.030 1. Except as otherwise provided in subsection 2 and NRS 686B.125, the provisions of NRS 686B.010 to 686B.1799, inclusive, apply to all kinds and lines of direct insurance written on risks or operations in this State by any insurer authorized to do business in this State, except:

- (a) Ocean marine insurance;
- (b) Contracts issued by fraternal benefit societies;
- (c) Life insurance and credit life insurance;
- (d) Variable and fixed annuities;
- (e) Credit accident and health insurance;
- (f) Property insurance for business and commercial risks;
- (g) Casualty insurance for business and commercial risks other than insurance covering the liability of a practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act;*
- (h) Surety insurance;
- (i) Health insurance offered through a group health plan maintained by a large employer; and
- (j) Credit involuntary unemployment insurance.

2. The exclusions set forth in paragraphs (f) and (g) of subsection 1 extend only to issues related to the determination or approval of premium rates.



Sec. 138. NRS 686B.040 is hereby amended to read as follows:

686B.040 1. Except as otherwise provided in subsection 2, the Commissioner may by rule exempt any person or class of persons or any market segment from any or all of the provisions of NRS 686B.010 to 686B.1799, inclusive, if and to the extent that the Commissioner finds their application unnecessary to achieve the purposes of those sections.

2. The Commissioner may not, by rule or otherwise, exempt an insurer from the provisions of NRS 686B.010 to 686B.1799, inclusive, with regard to insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* for a breach of the practitioner's professional duty toward a patient.

Sec. 139. NRS 686B.070 is hereby amended to read as follows:

686B.070 1. Every authorized insurer and every rate service organization licensed under NRS 686B.140 which has been designated by any insurer for the filing of rates under subsection 2 of NRS 686B.090 shall file with the Commissioner all:

- (a) Rates and proposed increases thereto;
- (b) Forms of policies to which the rates apply;
- (c) Supplementary rate information; and
- (d) Changes and amendments thereof,

↪ made by it for use in this state.

2. A filing made pursuant to this section must include a proposed effective date and must be filed not less than 30 days before that proposed effective date, except that a filing for a proposed increase or decrease in a rate may include a request that the Commissioner authorize an effective date that is earlier than the proposed effective date.

3. If an insurer makes a filing for a proposed increase in a rate for insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* for a breach of the practitioner's professional duty toward a patient, the insurer shall not include in the filing any component that is directly or indirectly related to the following:

(a) Capital losses, diminished cash flow from any dividends, interest or other investment returns, or any other financial loss that is materially outside of the claims experience of the professional liability insurance industry, as determined by the Commissioner.

(b) Losses that are the result of any criminal or fraudulent activities of a director, officer or employee of the insurer.

↪ If the Commissioner determines that a filing includes any such component, the Commissioner shall, pursuant to NRS 686B.110,



1 disapprove the proposed increase, in whole or in part, to the extent
2 that the proposed increase relies upon such a component.

3 4. If an insurer makes a filing for a proposed increase in a rate
4 for a health benefit plan, as that term is defined in NRS 687B.470,
5 the filing must include a unified rate review template, a written
6 description justifying the rate increase and any rate filing
7 documentation.

8 5. As used in this section, “rate filing documentation,” “unified
9 rate review template” and “written description justifying the rate
10 increase” have the meanings ascribed in 45 C.F.R. § 154.215.

11 **Sec. 140.** NRS 686B.115 is hereby amended to read as
12 follows:

13 686B.115 1. Any hearing held by the Commissioner to
14 determine whether rates comply with the provisions of NRS
15 686B.010 to 686B.1799, inclusive, must be open to members of the
16 public.

17 2. All costs for transcripts prepared pursuant to such a hearing
18 must be paid by the insurer requesting the hearing.

19 3. At any hearing which is held by the Commissioner to
20 determine whether rates comply with the provisions of NRS
21 686B.010 to 686B.1799, inclusive, and which involves rates for
22 insurance covering the liability of a practitioner licensed pursuant to
23 chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive,*
24 *of this act* for a breach of the practitioner’s professional duty toward
25 a patient, if a person is not otherwise authorized pursuant to this title
26 to become a party to the hearing by intervention, the person is
27 entitled to provide testimony at the hearing if, not later than 2 days
28 before the date set for the hearing, the person files with the
29 Commissioner a written statement which states:

30 (a) The name and title of the person;

31 (b) The interest of the person in the hearing; and

32 (c) A brief summary describing the purpose of the testimony the
33 person will offer at the hearing.

34 4. If a person provides testimony at a hearing in accordance
35 with subsection 3:

36 (a) The Commissioner may, if the Commissioner finds it
37 necessary to preserve order, prevent inordinate delay or protect the
38 rights of the parties at the hearing, place reasonable limitations on
39 the duration of the testimony and prohibit the person from providing
40 testimony that is not relevant to the issues raised at the hearing.

41 (b) The Commissioner shall consider all relevant testimony
42 provided by the person at the hearing in determining whether the
43 rates comply with the provisions of NRS 686B.010 to 686B.1799,
44 inclusive.



Sec. 141. NRS 686B.117 is hereby amended to read as follows:

686B.117 If a filing made with the Commissioner pursuant to paragraph (a) of subsection 1 of NRS 686B.070 pertains to insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* for a breach of the practitioner's professional duty toward a patient, any interested person, and any association of persons or organization whose members may be affected, may intervene as a matter of right in any hearing or other proceeding conducted to determine whether the applicable rate or proposed increase thereto:

1. Complies with the standards set forth in NRS 686B.050 and subsection 3 of NRS 686B.070.

2. Should be approved or disapproved.

Sec. 142. NRS 689A.035 is hereby amended to read as follows:

689A.035 1. An insurer shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the



1 provider's practice, specified in paragraph (a) within 7 days after
2 receiving the request.

3 5. As used in this section, "provider of health care" means a
4 provider of health care who is licensed pursuant to chapter 630, 631,
5 632 or 633 of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act.*

6 **Sec. 143.** NRS 689A.04033 is hereby amended to read as
7 follows:

8 689A.04033 1. A policy of health insurance must provide
9 coverage for medical treatment which a policyholder or subscriber
10 receives as part of a clinical trial or study if:

11 (a) The medical treatment is provided in a Phase I, Phase II,
12 Phase III or Phase IV study or clinical trial for the treatment of
13 cancer or in a Phase II, Phase III or Phase IV study or clinical trial
14 for the treatment of chronic fatigue syndrome;

15 (b) The clinical trial or study is approved by:

16 (1) An agency of the National Institutes of Health as set forth
17 in 42 U.S.C. § 281(b);

18 (2) A cooperative group;

19 (3) The Food and Drug Administration as an application for
20 a new investigational drug;

21 (4) The United States Department of Veterans Affairs; or

22 (5) The United States Department of Defense;

23 (c) In the case of:

24 (1) A Phase I clinical trial or study for the treatment of
25 cancer, the medical treatment is provided at a facility authorized to
26 conduct Phase I clinical trials or studies for the treatment of cancer;
27 or

28 (2) A Phase II, Phase III or Phase IV study or clinical trial
29 for the treatment of cancer or chronic fatigue syndrome, the medical
30 treatment is provided by a provider of health care and the facility
31 and personnel for the clinical trial or study have the experience and
32 training to provide the treatment in a capable manner;

33 (d) There is no medical treatment available which is considered
34 a more appropriate alternative medical treatment than the medical
35 treatment provided in the clinical trial or study;

36 (e) There is a reasonable expectation based on clinical data that
37 the medical treatment provided in the clinical trial or study will be at
38 least as effective as any other medical treatment;

39 (f) The clinical trial or study is conducted in this State; and

40 (g) The policyholder or subscriber has signed, before
41 participating in the clinical trial or study, a statement of consent
42 indicating that the policyholder or subscriber has been informed of,
43 without limitation:

44 (1) The procedure to be undertaken;

45 (2) Alternative methods of treatment; and



(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the policyholder or subscriber.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the policy of health insurance.

(c) The cost of any routine health care services that would otherwise be covered under the policy of health insurance for a policyholder or subscriber participating in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the policyholder or subscriber is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the policyholder or subscriber during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the policyholder or subscriber during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 689A.04036, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the insurer has contracted for such services. If the insurer has not contracted for the provision of such services, the insurer shall pay the provider the rate of reimbursement that is paid to other providers with whom the insurer has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to a policyholder or subscriber is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the policyholder or subscriber.

4. The coverage for medical treatment required by this section does not include:



(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the policyholder's or subscriber's policy of health insurance, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the policyholder or subscriber during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the policyholder or subscriber.

(h) Any costs for the management of research relating to the clinical trial or study.

5. An insurer who delivers or issues for delivery a policy of health insurance specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the policyholder or subscriber, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. An insurer who delivers or issues for delivery a policy specified in subsection 1 shall:

(a) Include in the disclosure required pursuant to NRS 689A.390 notice to each policyholder and subscriber under the policy of the availability of the benefits required by this section.

(b) Provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

7. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2006, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

8. An insurer who delivers or issues for delivery a policy specified in subsection 1 is immune from liability for:



(a) Any injury to a policyholder or subscriber caused by:

(1) Any medical treatment provided to the policyholder or subscriber in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the policyholder or subscriber in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of a policyholder's or subscriber's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the "Policies and Guidelines Relating to the Cancer Center Support Grant" published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) "Provider of health care" means:

(1) A hospital; or



(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~§~~ *or sections 2 to 91, inclusive, of this act.*

Sec. 144. NRS 689B.015 is hereby amended to read as follows:

689B.015 1. An insurer that issues a policy of group health insurance shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~§~~ *or sections 2 to 91, inclusive, of this act.*

Sec. 145. NRS 689B.0306 is hereby amended to read as follows:

689B.0306 1. A policy of group health insurance must provide coverage for medical treatment which a person insured under the group policy receives as part of a clinical trial or study if:



(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The insured has signed, before participating in the clinical trial or study, a statement of consent indicating that the insured has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and

(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the insured person.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a



1 Phase II, Phase III or Phase IV clinical trial or study or as a result of
2 any complication arising out of the medical treatment provided in a
3 Phase II, Phase III or Phase IV clinical trial or study, to the extent
4 that such health care services would otherwise be covered under the
5 policy of group health insurance.

6 (c) The cost of any routine health care services that would
7 otherwise be covered under the policy of group health insurance for
8 an insured participating in a Phase I clinical trial or study.

9 (d) The initial consultation to determine whether the insured is
10 eligible to participate in the clinical trial or study.

11 (e) Health care services required for the clinically appropriate
12 monitoring of the insured during a Phase II, Phase III or Phase IV
13 clinical trial or study.

14 (f) Health care services which are required for the clinically
15 appropriate monitoring of the insured during a Phase I clinical trial
16 or study and which are not directly related to the clinical trial or
17 study.

18 ➤ Except as otherwise provided in NRS 689B.0303, the services
19 provided pursuant to paragraphs (b), (c), (e) and (f) must be covered
20 only if the services are provided by a provider with whom the
21 insurer has contracted for such services. If the insurer has not
22 contracted for the provision of such services, the insurer shall pay
23 the provider the rate of reimbursement that is paid to other providers
24 with whom the insurer has contracted for similar services and the
25 provider shall accept that rate of reimbursement as payment in full.

26 3. Particular medical treatment described in subsection 2 and
27 provided to a person insured under the group policy is not required
28 to be covered pursuant to this section if that particular medical
29 treatment is provided by the sponsor of the clinical trial or study free
30 of charge to the person insured under the group policy.

31 4. The coverage for medical treatment required by this section
32 does not include:

33 (a) Any portion of the clinical trial or study that is customarily
34 paid for by a government or a biotechnical, pharmaceutical or
35 medical industry.

36 (b) Coverage for a drug or device described in paragraph (a) of
37 subsection 2 which is paid for by the manufacturer, distributor or
38 provider of the drug or device.

39 (c) Health care services that are specifically excluded from
40 coverage under the insured's policy of group health insurance,
41 regardless of whether such services are provided under the clinical
42 trial or study.

43 (d) Health care services that are customarily provided by the
44 sponsors of the clinical trial or study free of charge to the
45 participants in the trial or study.



(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the insured during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the insured.

(h) Any costs for the management of research relating to the clinical trial or study.

5. An insurer who delivers or issues for delivery a policy of group health insurance specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the insured, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. An insurer who delivers or issues for delivery a policy of group health insurance specified in subsection 1 shall:

(a) Include in the disclosure required pursuant to NRS 689B.027 notice to each group policyholder of the availability of the benefits required by this section.

(b) Provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

7. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2006, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

8. An insurer who delivers or issues for delivery a policy of group health insurance specified in subsection 1 is immune from liability for:

(a) Any injury to the insured caused by:

(1) Any medical treatment provided to the insured in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the insured in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an insured's participation in a clinical trial or study described in this section.

9. As used in this section:



(a) “Cooperative group” means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

- (1) The Clinical Trials Cooperative Group Program; and
- (2) The Community Clinical Oncology Program.

(b) “Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer” means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the “Policies and Guidelines Relating to the Cancer Center Support Grant” published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) “Provider of health care” means:

(1) A hospital; or

(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act.*

Sec. 146. NRS 689C.435 is hereby amended to read as follows:

689C.435 1. A carrier serving small employers and a carrier that offers a contract to a voluntary purchasing group shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the carrier to its insureds.

2. A carrier specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the carrier uses the form prescribed by the Commissioner pursuant



1 to NRS 629.095 to obtain any information related to the credentials
2 of the provider of health care.

3 3. A contract between a carrier specified in subsection 1 and a
4 provider of health care may be modified:

5 (a) At any time pursuant to a written agreement executed by
6 both parties.

7 (b) Except as otherwise provided in this paragraph, by the
8 carrier upon giving to the provider 45 days' written notice of the
9 modification of the carrier's schedule of payments, including any
10 changes to the fee schedule applicable to the provider's practice. If
11 the provider fails to object in writing to the modification within the
12 45 day period, the modification becomes effective at the end of that
13 period. If the provider objects in writing to the modification within
14 the 45 day period, the modification must not become effective
15 unless agreed to by both parties as described in paragraph (a).

16 4. If a carrier specified in subsection 1 contracts with a
17 provider of health care to provide health care to an insured, the
18 carrier shall:

19 (a) If requested by the provider of health care at the time the
20 contract is made, submit to the provider of health care the schedule
21 of payments applicable to the provider of health care; or

22 (b) If requested by the provider of health care at any other time,
23 submit to the provider of health care the schedule of payments,
24 including any changes to the fee schedule applicable to the
25 provider's practice, specified in paragraph (a) within 7 days after
26 receiving the request.

27 5. As used in this section, "provider of health care" means a
28 provider of health care who is licensed pursuant to chapter 630, 631,
29 632 or 633 of NRS ~~H~~ *or sections 2 to 91, inclusive, of this act.*

30 **Sec. 147.** NRS 690B.250 is hereby amended to read as
31 follows:

32 690B.250 Except as more is required in NRS 630.3067 and
33 633.526:

34 1. Each insurer which issues a policy of insurance covering the
35 liability of a practitioner licensed pursuant to chapters 630 to 640,
36 inclusive, of NRS *and sections 2 to 91, inclusive, of this act* for a
37 breach of his or her professional duty toward a patient shall report to
38 the board which licensed the practitioner within 45 days each
39 settlement or award made or judgment rendered by reason of a
40 claim, if the settlement, award or judgment is for more than \$5,000,
41 giving the name and address of the claimant and the practitioner and
42 the circumstances of the case.

43 2. A practitioner licensed pursuant to chapters 630 to 640,
44 inclusive, of NRS *and sections 2 to 91, inclusive, of this act* who
45 does not have insurance covering liability for a breach of his or her



professional duty toward a patient shall report to the board which issued the practitioner's license within 45 days of each settlement or award made or judgment rendered by reason of a claim, if the settlement, award or judgment is for more than \$5,000, giving the practitioner's name and address, the name and address of the claimant and the circumstances of the case.

3. These reports are public records and must be made available for public inspection within a reasonable time after they are received by the licensing board.

Sec. 148. NRS 690B.270 is hereby amended to read as follows:

690B.270 If an insurer declines to issue to a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* a policy of professional liability insurance, the insurer shall, upon the request of the practitioner, disclose to the practitioner the reasons the insurer declined to issue the policy.

Sec. 149. NRS 690B.280 is hereby amended to read as follows:

690B.280 If an insurer, for a policy of professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, sets the premium for the policy for the practitioner at a rate that is higher than the standard rate of the insurer for the applicable type of policy and specialty of the practitioner, the insurer shall, upon the request of the practitioner, disclose the reasons the insurer set the premium for the policy at the higher rate.

Sec. 150. NRS 690B.290 is hereby amended to read as follows:

690B.290 If an insurer offers to issue a claims-made policy to a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, the insurer shall:

1. Offer to issue an extended reporting endorsement to the practitioner; and

2. Disclose to the practitioner the cost formula that the insurer uses to determine the premium for the extended reporting endorsement. The cost formula must be based on:

(a) An amount that is not more than twice the amount of the premium for the claims-made policy at the time of the termination of that policy; and

(b) The rates filed by the insurer and approved by the Commissioner.



Sec. 151. NRS 690B.300 is hereby amended to read as follows:

690B.300 1. Except as otherwise provided in this section, if an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year, the insurer shall not set the premium for the policy at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year if the difference in rates is based in whole or in part upon the number of babies delivered per year by the practitioner.

2. If an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year, the insurer may set the premium for the policy at a rate that is different, based in whole or in part upon the number of babies delivered per year by the practitioner, from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year if the insurer:

(a) Bases the difference upon actuarial and loss experience data available to the insurer; and

(b) Obtains the approval of the Commissioner for the difference in rates.

3. The provisions of this section do not prohibit an insurer from setting the premium for a policy of professional liability insurance issued to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* who delivers one or more babies per year if the difference in rates is based solely upon factors other than the number of babies delivered per year by the practitioner.

Sec. 152. NRS 690B.310 is hereby amended to read as follows:

690B.310 1. If an agreement settles a claim or action against a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* for a breach of his or her professional duty toward a patient, the following terms of the agreement must not be made confidential:

(a) The names of the parties;



(b) The date of the incidents or events giving rise to the claim or action;

(c) The nature of the claim or action as set forth in the complaint and the answer that is filed with the district court; and

(d) The effective date of the agreement.

2. Any provision of an agreement to settle a claim or action that conflicts with this section is void.

Sec. 153. NRS 690B.320 is hereby amended to read as follows:

690B.320 1. If an insurer offers to issue a claims-made policy to a practitioner licensed pursuant to chapters 630 to 640, inclusive, of NRS, *and sections 2 to 91, inclusive, of this act*, the insurer shall:

(a) Offer to issue to the practitioner an extended reporting endorsement without a time limitation for reporting a claim.

(b) Disclose to the practitioner the premium for the extended reporting endorsement and the cost formula that the insurer uses to determine the premium for the extended reporting endorsement.

(c) Disclose to the practitioner the portion of the premium attributable to funding the extended reporting endorsement offered at no additional cost to the practitioner in the event of the practitioner's death, disability or retirement, if such a benefit is offered.

(d) Disclose to the practitioner the vesting requirements for the extended reporting endorsement offered at no additional cost to the practitioner in the event of the practitioner's death or retirement, if such a benefit is offered. If such a benefit is not offered, the absence of such a benefit must be disclosed.

(e) Include, as part of the insurance contract, language which must be approved by the Commissioner and which must be substantially similar to the following:

If we adopt any revision that would broaden the coverage under this policy without any additional premium either within the policy period or within 60 days before the policy period, the broadened coverage will immediately apply to this policy.

2. The disclosures required by subsection 1 must be made as part of the offer and acceptance at the inception of the policy and again at each renewal in the form of an endorsement attached to the insurance contract and approved by the Commissioner.

3. The requirements set forth in this section are in addition to the requirements set forth in NRS 690B.290.



Sec. 154. NRS 690B.340 is hereby amended to read as follows:

690B.340 If a settlement or judgment exceeds the limits of the coverage provided by a policy of professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, the Commissioner shall review the settlement or judgment. If the Commissioner finds, after notice and a hearing, or upon waiver of hearing by the insurer, that the insurer who issued the policy violated any provision of this Code with regard to the settlement or judgment, any combination of such settlements or judgments, or any proceedings related thereto, the Commissioner may suspend, limit or revoke the insurer's certificate of authority.

Sec. 155. NRS 690B.350 is hereby amended to read as follows:

690B.350 1. Except as otherwise provided in this section, if an insurer intends to cancel, terminate or otherwise not renew all policies of professional liability insurance that it has issued to any class, type or specialty of practitioner licensed pursuant to chapter 630, 631 or 633 of NRS, *or sections 2 to 91, inclusive, of this act*, the insurer must provide 120 days' notice of its intended action to the Commissioner and the practitioners before its intended action becomes effective.

2. If an insurer intends to cancel, terminate or otherwise not renew a specific policy of professional liability insurance that it has issued to a practitioner who is practicing in one or more of the essential medical specialties designated by the Commissioner:

(a) The insurer must provide 120 days' notice to the practitioner before its intended action becomes effective; and

(b) The Commissioner may require the insurer to delay its intended action for a period of not more than 60 days if the Commissioner determines that a replacement policy is not readily available to the practitioner.

3. If an insurer intends to cancel, terminate or otherwise not renew all policies of professional liability insurance that it has issued to practitioners who are practicing in one or more of the essential medical specialties designated by the Commissioner:

(a) The insurer must provide 120 days' notice of its intended action to the Commissioner and the practitioners before its intended action becomes effective; and

(b) The Commissioner may require the insurer to delay its intended action for a period of not more than 60 days if the Commissioner determines that replacement policies are not readily available to the practitioners.

4. On or before April 1 of each year, the Commissioner shall:



(a) Determine whether there are any medical specialties in this State which are essential as a matter of public policy and which must be protected pursuant to this section from certain adverse actions relating to professional liability insurance that may impair the availability of those essential medical specialties to the residents of this State; and

(b) Make a list containing the essential medical specialties designated by the Commissioner and provide the list to each insurer that issues policies of professional liability insurance to practitioners who are practicing in one or more of the essential medical specialties.

5. The Commissioner may adopt any regulations that are necessary to carry out the provisions of this section.

6. Until the Commissioner determines which, if any, medical specialties are to be designated as essential medical specialties, the following medical specialties shall be deemed to be essential medical specialties for the purposes of this section:

(a) Emergency medicine.

(b) Neurosurgery.

(c) Obstetrics and gynecology.

(d) Orthopedic surgery.

(e) Pediatrics.

(f) Trauma surgery.

Sec. 156. NRS 690B.360 is hereby amended to read as follows:

690B.360 1. The Commissioner shall collect all information which is pertinent to monitoring whether an insurer that issues professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* is complying with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive. Such information must include, without limitation:

(a) The amount of gross premiums collected with regard to each medical specialty;

(b) Information relating to loss ratios;

(c) Information reported pursuant to NRS 690B.250; and

(d) Information reported pursuant to NRS 679B.430 and 679B.440.

2. In addition to the information collected pursuant to subsection 1, the Commissioner may request any additional information from an insurer:

(a) Whose rates and credit utilization are materially different from other insurers in the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* in this State;



(b) Whose credit utilization shows a substantial change from the previous year; or

(c) Whose information collected pursuant to subsection 1 indicates a potentially adverse trend.

3. If the Commissioner requests additional information from an insurer pursuant to subsection 2, the Commissioner shall:

(a) Determine whether the additional information offers a reasonable explanation for the results described in paragraphs (a), (b) or (c) of subsection 2; and

(b) Take any steps permitted by law that are necessary and appropriate to assure the ongoing stability of the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* in this State.

4. On an ongoing basis, the Commissioner shall:

(a) Analyze and evaluate the information collected pursuant to this section to determine trends in and measure the health of the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or sections 2 to 91, inclusive, of this act* in this State; and

(b) Prepare and submit a report of the Commissioner's findings and recommendations to the Director of the Legislative Counsel Bureau for transmittal to members of the Legislature on or before November 15 of each year.

Sec. 157. NRS 695A.095 is hereby amended to read as follows:

695A.095 1. A society shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the society to its insureds.

2. A society shall not contract with a provider of health care to provide health care to an insured unless the society uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a society and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the society upon giving to the provider 45 days' written notice of the modification of the society's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within



1 the 45-day period, the modification must not become effective
2 unless agreed to by both parties as described in paragraph (a).

3 4. If a society contracts with a provider of health care to
4 provide health care to an insured, the society shall:

5 (a) If requested by the provider of health care at the time the
6 contract is made, submit to the provider of health care the schedule
7 of payments applicable to the provider of health care; or

8 (b) If requested by the provider of health care at any other time,
9 submit to the provider of health care the schedule of payments,
10 including any changes to the fee schedule applicable to the
11 provider's practice, specified in paragraph (a) within 7 days after
12 receiving the request.

13 5. As used in this section, "provider of health care" means a
14 provider of health care who is licensed pursuant to chapter 630, 631,
15 632 or 633 of NRS ~~H~~ *or sections 2 to 91, inclusive, of this act.*

16 **Sec. 158.** NRS 695B.035 is hereby amended to read as
17 follows:

18 695B.035 1. A corporation subject to the provisions of this
19 chapter shall not charge a provider of health care a fee to include the
20 name of the provider on a list of providers of health care given by
21 the corporation to its insureds.

22 2. A corporation specified in subsection 1 shall not contract
23 with a provider of health care to provide health care to an insured
24 unless the corporation uses the form prescribed by the
25 Commissioner pursuant to NRS 629.095 to obtain any information
26 related to the credentials of the provider of health care.

27 3. A contract between a corporation specified in subsection 1
28 and a provider of health care may be modified:

29 (a) At any time pursuant to a written agreement executed by
30 both parties.

31 (b) Except as otherwise provided in this paragraph, by the
32 corporation upon giving to the provider 45 days' written notice of
33 the modification of the corporation's schedule of payments,
34 including any changes to the fee schedule applicable to the
35 provider's practice. If the provider fails to object in writing to the
36 modification within the 45-day period, the modification becomes
37 effective at the end of that period. If the provider objects in writing
38 to the modification within the 45-day period, the modification must
39 not become effective unless agreed to by both parties as described in
40 paragraph (a).

41 4. If a corporation specified in subsection 1 contracts with a
42 provider of health care to provide health care to an insured, the
43 corporation shall:



(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act.*

Sec. 159. NRS 695B.1903 is hereby amended to read as follows:

695B.1903 1. A policy of health insurance issued by a medical services corporation must provide coverage for medical treatment which a person insured under the policy receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;



(f) The clinical trial or study is conducted in this State; and
(g) The insured has signed, before participating in the clinical trial or study, a statement of consent indicating that the insured has been informed of, without limitation:

- (1) The procedure to be undertaken;
- (2) Alternative methods of treatment; and
- (3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the insured person.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the policy of health insurance.

(c) The cost of any routine health care services that would otherwise be covered under the policy of health insurance for an insured participating in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the insured is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the insured during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the insured during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 695B.1901, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the medical services corporation has contracted for such services. If the medical services corporation has not contracted for the provision of such services, the medical services corporation shall pay the provider the rate of reimbursement that is paid to other providers with whom the medical services corporation has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.



3. Particular medical treatment described in subsection 2 and provided to a person insured under the policy is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the person insured under the policy.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the insured's policy of health insurance, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the insured during the trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the insured.

(h) Any costs for the management of research relating to the clinical trial or study.

5. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the insured, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 shall:

(a) Include in the disclosure required pursuant to NRS 695B.172 notice to each person insured under the policy of the availability of the benefits required by this section.

(b) Provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.



7. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2006, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

8. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 is immune from liability for:

(a) Any injury to the insured caused by:

(1) Any medical treatment provided to the insured in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the insured in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an insured's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the "Policies and Guidelines Relating to the Cancer Center Support Grant" published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that



1 facilitates research and analysis in proteomics, genomics and
2 pharmacokinetics;

3 (6) Is capable of gathering, maintaining and reporting
4 electronic data; and

5 (7) Is capable of responding to audits instituted by federal
6 and state agencies.

7 (c) “Provider of health care” means:

8 (1) A hospital; or

9 (2) A person licensed pursuant to chapter 630, 631 or 633 of
10 NRS ~~H~~ *or sections 2 to 91, inclusive, of this act.*

11 **Sec. 160.** NRS 695C.125 is hereby amended to read as
12 follows:

13 695C.125 1. A health maintenance organization shall not
14 contract with a provider of health care to provide health care to an
15 insured unless the health maintenance organization uses the form
16 prescribed by the Commissioner pursuant to NRS 629.095 to obtain
17 any information related to the credentials of the provider of health
18 care.

19 2. A contract between a health maintenance organization and a
20 provider of health care may be modified:

21 (a) At any time pursuant to a written agreement executed by
22 both parties.

23 (b) Except as otherwise provided in this paragraph, by the health
24 maintenance organization upon giving to the provider 45 days’
25 written notice of the modification of the health maintenance
26 organization’s schedule of payments, including any changes to the
27 fee schedule applicable to the provider’s practice. If the provider
28 fails to object in writing to the modification within the 45-day
29 period, the modification becomes effective at the end of that period.
30 If the provider objects in writing to the modification within the 45-
31 day period, the modification must not become effective unless
32 agreed to by both parties as described in paragraph (a).

33 3. If a health maintenance organization contracts with a
34 provider of health care to provide health care to an enrollee, the
35 health maintenance organization shall:

36 (a) If requested by the provider of health care at the time the
37 contract is made, submit to the provider of health care the schedule
38 of payments applicable to the provider of health care; or

39 (b) If requested by the provider of health care at any other time,
40 submit to the provider of health care the schedule of payments,
41 including any changes to the fee schedule applicable to the
42 provider’s practice, specified in paragraph (a) within 7 days after
43 receiving the request.



4. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~H~~ *or sections 2 to 91, inclusive, of this act.*

Sec. 161. NRS 695C.1693 is hereby amended to read as follows:

695C.1693 1. Except as otherwise provided in NRS 695C.050, a health care plan issued by a health maintenance organization must provide coverage for medical treatment which an enrollee receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The enrollee has signed, before participating in the clinical trial or study, a statement of consent indicating that the enrollee has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and



(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the enrollee.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the health care plan.

(c) The cost of any routine health care services that would otherwise be covered under the health care plan for an enrollee in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the enrollee is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the enrollee during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the enrollee during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 695C.1691, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the health maintenance organization has contracted for such services. If the health maintenance organization has not contracted for the provision of such services, the health maintenance organization shall pay the provider the rate of reimbursement that is paid to other providers with whom the health maintenance organization has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to an enrollee is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the enrollee.

4. The coverage for medical treatment required by this section does not include:



(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the enrollee's health care plan, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the enrollee during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the enrollee.

(h) Any costs for the management of research relating to the clinical trial or study.

5. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the enrollee, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 shall provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the plan.

7. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2006, has the legal effect of including the coverage required by this section, and any provision of the plan that conflicts with this section is void.

8. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 is immune from liability for:

(a) Any injury to an enrollee caused by:



(1) Any medical treatment provided to the enrollee in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the enrollee in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an enrollee's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the "Policies and Guidelines Relating to the Cancer Center Support Grant" published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) "Provider of health care" means:

(1) A hospital; or

(2) A person licensed pursuant to chapter 630, 631 or 633 of

NRS ~~H~~ or sections 2 to 91, inclusive, of this act.



Sec. 162. NRS 695G.173 is hereby amended to read as follows:

695G.173 1. A health care plan issued by a managed care organization must provide coverage for medical treatment which a person insured under the plan receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The insured has signed, before participating in the clinical trial or study, a statement of consent indicating that the insured has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and

(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:



(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the insured.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the health care plan.

(c) The cost of any routine health care services that would otherwise be covered under the health care plan for an insured in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the insured is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the insured during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the insured during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 695G.164, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the managed care organization has contracted for such services. If the managed care organization has not contracted for the provision of such services, the managed care organization shall pay the provider the rate of reimbursement that is paid to other providers with whom the managed care organization has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to a person insured under the plan is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the person insured under the plan.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.



(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the insured's health care plan, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the insured during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the insured.

(h) Any costs for the management of research relating to the clinical trial or study.

5. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the insured, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 shall provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the plan.

7. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2006, has the legal effect of including the coverage required by this section, and any provision of the plan that conflicts with this section is void.

8. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 is immune from liability for:

(a) Any injury to an insured caused by:

(1) Any medical treatment provided to the insured in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical



1 treatment to the insured in connection with his or her participation in
2 a clinical trial or study described in this section.

3 (b) Any adverse or unanticipated outcome arising out of an
4 insured's participation in a clinical trial or study described in this
5 section.

6 9. As used in this section:

7 (a) "Cooperative group" means a network of facilities that
8 collaborate on research projects and has established a peer review
9 program approved by the National Institutes of Health. The term
10 includes:

11 (1) The Clinical Trials Cooperative Group Program; and

12 (2) The Community Clinical Oncology Program.

13 (b) "Facility authorized to conduct Phase I clinical trials or
14 studies for the treatment of cancer" means a facility or an affiliate of
15 a facility that:

16 (1) Has in place a Phase I program which permits only
17 selective participation in the program and which uses clear-cut
18 criteria to determine eligibility for participation in the program;

19 (2) Operates a protocol review and monitoring system which
20 conforms to the standards set forth in the "Policies and Guidelines
21 Relating to the Cancer Center Support Grant" published by the
22 Cancer Centers Branch of the National Cancer Institute;

23 (3) Employs at least two researchers and at least one of those
24 researchers receives funding from a federal grant;

25 (4) Employs at least three clinical investigators who have
26 experience working in Phase I clinical trials or studies conducted at
27 a facility designated as a comprehensive cancer center by the
28 National Cancer Institute;

29 (5) Possesses specialized resources for use in Phase I clinical
30 trials or studies, including, without limitation, equipment that
31 facilitates research and analysis in proteomics, genomics and
32 pharmacokinetics;

33 (6) Is capable of gathering, maintaining and reporting
34 electronic data; and

35 (7) Is capable of responding to audits instituted by federal
36 and state agencies.

37 (c) "Provider of health care" means:

38 (1) A hospital; or

39 (2) A person licensed pursuant to chapter 630, 631 or 633 of
40 NRS ~~or sections 2 to 91, inclusive, of this act.~~

41 **Sec. 163.** NRS 695G.430 is hereby amended to read as
42 follows:

43 695G.430 1. A managed care organization shall not contract
44 with a provider of health care to provide health care to an insured
45 unless the managed care organization uses the form prescribed by



1 the Commissioner pursuant to NRS 629.095 to obtain any
2 information related to the credentials of the provider of health care.

3 2. A contract between a managed care organization and a
4 provider of health care may be modified:

5 (a) At any time pursuant to a written agreement executed by
6 both parties.

7 (b) Except as otherwise provided in this paragraph, by the
8 managed care organization upon giving to the provider 45 days'
9 written notice of the modification of the managed care
10 organization's schedule of payments, including any changes to the
11 fee schedule applicable to the provider's practice. If the provider
12 fails to object in writing to the modification within the 45-day
13 period, the modification becomes effective at the end of that period.
14 If the provider objects in writing to the modification within the 45-
15 day period, the modification must not become effective unless
16 agreed to by both parties as described in paragraph (a).

17 3. If a managed care organization contracts with a provider of
18 health care to provide health care services pursuant to chapter 689A,
19 689B, 689C, 695A, 695B or 695C of NRS, the managed care
20 organization shall:

21 (a) If requested by the provider of health care at the time the
22 contract is made, submit to the provider of health care the schedule
23 of payments applicable to the provider of health care; or

24 (b) If requested by the provider of health care at any other time,
25 submit to the provider of health care the schedule of payments,
26 including any changes to the fee schedule applicable to the
27 provider's practice, specified in paragraph (a) within 7 days after
28 receiving the request.

29 4. As used in this section, "provider of health care" means a
30 provider of health care who is licensed pursuant to chapter 630, 631,
31 632 or 633 of NRS ~~or~~ *or sections 2 to 91, inclusive, of this act.*

32 **Sec. 164.** Section 37 of this act is hereby amended to read as
33 follows:

34 Sec. 37. 1. In addition to any other requirements set
35 forth in this chapter, an applicant for the issuance or renewal
36 of a license to practice naturopathic medicine or a certificate
37 to practice as a naturopathic assistant shall ~~be~~

38 ~~—(a) Include the social security number of the applicant in~~
39 ~~the application submitted to the Board.~~

40 ~~—(b) Submit~~ *submit* to the Board the statement prescribed
41 by the Division of Welfare and Supportive Services of the
42 Department of Health and Human Services pursuant to NRS
43 425.520. The statement must be completed and signed by the
44 applicant.



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

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

(b) A separate form prescribed by the Board.

3. A license to practice naturopathic medicine or a certificate to practice as a naturopathic assistant may not be issued or renewed by the Board if the applicant:

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

(b) Indicates on the statement submitted pursuant to subsection 1 that 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. 165. On or before January 1, 2016, the Governor shall appoint to the Board of Naturopathic Medicine created by section 20 of this act:

1. Of the members to be appointed pursuant to subsection 2 of section 20 of this act:

(a) One member whose term expires on June 30, 2017;

(b) One member whose term expires on June 30, 2018; and

(c) Two members whose term expires on June 30, 2019; and

2. Of the members to be appointed pursuant to subsection 3 of section 20 of this act:

(a) One member whose term expires on June 30, 2017;

(b) One member whose term expires on June 30, 2018; and

(c) One member whose term expires on June 30, 2019.

Sec. 166. 1. This section and sections 1 to 163, inclusive, and 165 of this act become effective:

(a) Upon passage and approval for the purposes of appointing members of the Board of Naturopathic Medicine created by section 20 of this act, adopting regulations and performing any other



1 preparatory administrative tasks that are necessary to carry out the
2 provisions of this act; and

3 (b) On January 1, 2016, for all other purposes.

4 2. Section 164 of this act becomes effective on the date on
5 which the provisions of 42 U.S.C. § 666 requiring each state to
6 establish procedures under which the state has authority to withhold
7 or suspend, or to restrict the use of professional, occupational and
8 recreational licenses of persons who:

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

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

14 ➤ are repealed by the Congress of the United States.

15 3. Sections 37, 83 and 164 of this act expire by limitation 2
16 years after the date on which the provisions of 42 U.S.C. § 666
17 requiring each state to establish procedures under which the state
18 has authority to withhold or suspend, or to restrict the use of
19 professional, occupational and recreational licenses of persons who:

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

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

25 ➤ are repealed by the Congress of the United States.

