

Amendment No. 128

Senate Amendment to Senate Bill No. 210	(BDR 54-155)
Proposed by: Senate Committee on Commerce, Labor and Energy	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	
Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of S.B. 210 (§ 25).	

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

EWR/JWP



Date: 4/18/2017

S.B. No. 210—Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-155)



SENATE BILL NO. 210—SENATORS KIECKHEFER,
FORD AND GANSERT

FEBRUARY 27, 2017

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-155)

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

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

AN ACT relating to anesthesiology; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners ; ~~and the State Board of Osteopathic Medicine;~~ requiring an anesthesiologist assistant to work under the supervision of a supervising anesthesiologist except when rendering certain emergency care; authorizing an anesthesiologist assistant to perform certain tasks; authorizing the Board of Medical Examiners ~~and the State Board of Osteopathic Medicine;~~ to ~~establish~~ **impose** fees for the licensure of anesthesiologist assistants and the renewal of such licenses; exempting an anesthesiologist assistant from civil liability in certain circumstances; requiring an anesthesiologist assistant to report instances of neglect or abuse of older and vulnerable persons; authorizing the Nevada members of the Western Interstate Commission for Higher Education to take certain actions with regard to an anesthesiologist assistant who receives financial assistance from the program administered by the Nevada Office of the Commission; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure of physician assistants by the Board of Medical Examiners ~~and the State Board of Osteopathic Medicine-Physician assistants~~ **who** work under the supervision of a ~~physician or an osteopathic~~ physician. (NRS 630.273) ~~Sections 8 and 44~~ of this bill ~~provide~~ **provides** for the licensure of anesthesiologist assistants by the Board ~~of Medical Examiners and the State Board of Osteopathic Medicine~~ **and prescribes the qualifications necessary for licensure.** ~~Sections 26, 27, 57 and 58~~ of this bill extend to anesthesiologist assistants the provisions of existing law that authorize the issuance of a license by endorsement to a physician assistant who is licensed in another state and meets certain other requirements. (NRS 630.2751, 630.2752) ~~Sections 7, 11 and 12~~ **and 12, 43, 47 and 48** of this bill provide that an anesthesiologist assistant must work under the supervision of a supervisory anesthesiologist, except when rendering emergency care directly related to an emergency or disaster. ~~Sections 9 and 45~~ of this bill ~~require~~ **requires** the ~~respective Boards~~ **Board** to adopt regulations establishing requirements for the licensure of anesthesiologist assistants. ~~Sections 25 and 63~~ of this bill ~~authorize the Boards to establish fees~~ **prescribes the maximum fee that the Board may charge** for the issuance and renewal of a license to practice as an anesthesiologist assistant.

~~Sections 7 and 43~~ of this bill ~~list~~ **lists** the services that an anesthesiologist assistant may perform and provide that an anesthesiologist assistant may only administer controlled substances to a patient with the patient's written consent. ~~Sections 88, 105 and 112 of this bill include an anesthesiologist assistant in the definition of "practitioner" for the purpose of existing law relating to controlled substances and other drugs.~~ ~~Sections 109, 103, 104 and 106~~ **108 and 113** of this bill make conforming changes.

~~Sections 28 and 74~~ **Section 28** of this bill ~~provide~~ **provides** for the filing of certain complaints concerning an anesthesiologist assistant to the ~~appropriate~~ Board. ~~Sections 26, 34, 54 and 64~~ **and 34, 54 and 64** of this bill provide procedures for the investigation of complaints and the imposition of disciplinary action by the ~~respective Boards~~ **Board** against an anesthesiologist assistant. ~~Sections 35 and 87~~ of this bill ~~provide~~ **provides** that a person who holds himself or herself out as an anesthesiologist assistant without being licensed by the ~~appropriate~~ Board is guilty of a category **C or D** felony.

Sections 1, 93, 94, 101 and 102 of this bill include an anesthesiologist in the definition of the term "provider of health care" for certain purposes. **Section 37** of this bill requires an anesthesiologist assistant to report to the Executive Director of the State Board of Nursing any conduct of a licensee of that Board or holder of a certificate issued by that Board which violates provisions governing nursing. **Sections 91 and 92** of this bill provide that an anesthesiologist assistant is immune from civil liability for rendering medical care in certain emergency situations. **Sections 95 and 96** of this bill require an anesthesiologist assistant to report instances of suspected neglect or abuse of older persons and certain vulnerable persons.

Section 100 of this bill authorizes the Nevada members of the Western Interstate Commission for Higher Education to require an anesthesiologist assistant to serve in an area with a shortage of health professionals as a condition of receiving financial assistance from the program administered by the Nevada Office of the Commission.

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

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

629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means:

- (a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;
- (b) A physician assistant;
- (c) **An anesthesiologist assistant;**
- (d) A dentist;
- ~~(d)~~ **(e)** A licensed nurse;

~~(f)~~ (f) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;

~~(g)~~ (g) A dispensing optician;

~~(h)~~ (h) An optometrist;

~~(i)~~ (i) A speech-language pathologist;

~~(j)~~ (j) An audiologist;

~~(k)~~ (k) A practitioner of respiratory care;

~~(l)~~ (l) A registered physical therapist;

~~(m)~~ (m) An occupational therapist;

~~(n)~~ (n) A podiatric physician;

~~(o)~~ (o) A licensed psychologist;

~~(p)~~ (p) A licensed marriage and family therapist;

~~(q)~~ (q) A licensed clinical professional counselor;

~~(r)~~ (r) A music therapist;

~~(s)~~ (s) A chiropractor;

~~(t)~~ (t) An athletic trainer;

~~(u)~~ (u) A perfusionist;

~~(v)~~ (v) A doctor of Oriental medicine in any form;

~~(w)~~ (w) A medical laboratory director or technician;

~~(x)~~ (x) A pharmacist;

~~(y)~~ (y) A licensed dietitian;

~~(z)~~ (z) An associate in social work, a social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

~~(aa)~~ (aa) An alcohol and drug abuse counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

~~(bb)~~ (bb) An alcohol and drug abuse counselor or a clinical alcohol and drug abuse counselor who is licensed pursuant to chapter 641C of NRS; or

~~(cc)~~ (cc) A medical facility as the employer of any person specified in this subsection.

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

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

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

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

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

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

Sec. 4. *"Anesthesiologist assistant" means a person who* ~~1.~~

~~1. Is a graduate of an academic program approved by the Board or, by general education, practical training and experience determined satisfactory to the Board, is qualified to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist; and~~

~~2. Has~~ *has been issued a license by the Board* ~~1.~~ *pursuant to section 8 of this act.*

Sec. 5. *"Medically direct supervision" means that a supervising anesthesiologist is immediately available in such proximity to an anesthesiologist assistant during the performance of his or her duties that the supervising*

1 *anesthesiologist is able effectively to re-establish direct contact with the patient to*
2 *meet the medical needs of the patient and address any urgent or emergent clinical*
3 *problems.*

4 **Sec. 6.** *“Supervising anesthesiologist” means an active physician licensed*
5 *and in good standing in this State who is Board certified or meets the standards*
6 *to be Board certified as an anesthesiologist by the American Board of*
7 *Anesthesiology, or its successor, and who supervises one or more anesthesiology*
8 *assistants.*

9 **Sec. 7.** *1. An anesthesiologist assistant licensed under the provisions of*
10 *this chapter may perform anesthesia services in accordance with the regulations*
11 *adopted by the Board, within the scope of practice of a supervising*
12 *anesthesiologist and under the medically direct supervision of that supervising*
13 *anesthesiologist in any appropriate setting, including, without limitation, an*
14 *intensive care unit or pain clinic. Such anesthesia services include, without*
15 *limitation:*

16 *(a) Obtaining a preanesthetic health history for the patient, performing a*
17 *preanesthetic physical examination of the patient and recording relevant data;*

18 *(b) Conducting laboratory and other related studies, including , without*
19 *limitation, taking blood samples;*

20 *(c) Inserting invasive monitoring modalities, including , without limitation,*
21 *arterial and venous lines and pulmonary artery catheterization, as delegated by*
22 *the supervising anesthesiologist;*

23 *(d) ~~Administering~~ Subject to the limitations of NRS 453.375, administering*
24 *anesthetic agents and controlled substances, including, without limitation,*
25 *induction agents and adjunctive treatment, maintaining and altering the levels of*
26 *anesthesia and providing continuity of anesthetic care into and during the*
27 *postoperative recovery period;*

28 *(e) Establishing airway interventions and performing ventilatory support;*

29 *(f) Applying and interpreting advanced monitoring techniques;*

30 *(g) Using advanced life-support techniques, including, without limitation,*
31 *high-frequency ventilation and intraarterial cardiovascular assist devices;*

32 *(h) Making postanesthesia rounds, recording patient progress notes,*
33 *compiling and recording summaries of cases and transcribing standard and*
34 *specific orders;*

35 *(i) Evaluating and treating life-threatening situations, including, without*
36 *limitation, through the use of cardiopulmonary resuscitation, using established*
37 *protocols;*

38 *(j) Training and supervising personnel in calibrating, troubleshooting and*
39 *using patient monitors;*

40 *(k) Performing administrative duties, including, without limitation,*
41 *managing patient records, coding and billing for procedures and managing*
42 *personnel;*

43 *(l) Participating in the clinical instruction of others; and*

44 *(m) Performing and monitoring the administration of regional anesthesia,*
45 *including, without limitation, spinal, epidural, intravenous regional, local*
46 *infiltration, nerve blocks and other special techniques.*

47 **2.** *An anesthesiologist assistant shall not prescribe any controlled substance*
48 *~~+~~ or any dangerous drug as defined in chapter 454 of NRS.*

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

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

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

Sec. 8. 1. The Board may issue a license as an anesthesiologist assistant to an applicant who ~~is qualified under the regulations~~ :

(a) Is at least 18 years of age;

(b) Has successfully completed a medically-based anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization;

(c) Has passed a certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(d) Is certified by the National Commission for Certification of Anesthesiologist Assistants or a successor organization; and

(e) Meets the qualifications prescribed by regulation of the Board to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist.

2. An application for ~~such~~ a license as an anesthesiologist assistant must contain all information required by the Board to complete the application.

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

1. The required qualifications of applicants for a license;

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

3. The procedures for submitting applications for licensure;

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

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

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

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

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

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

Sec. 10. 1. An anesthesiologist assistant shall:

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

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

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

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

2. A supervising anesthesiologist who supervises an anesthesiologist assistant who is rendering emergency care that is directly related to an emergency

1 *or disaster, as described in subsection 1, is not required to meet the requirements*
2 *set forth in this chapter for such supervision.*

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

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

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

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

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

13 3. *A supervising anesthesiologist shall not delegate to his or her*
14 *anesthesiologist assistant, and the anesthesiologist assistant shall not accept, any*
15 *task that is beyond the capability of the anesthesiologist assistant to complete*
16 *safely.*

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

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

26 **Sec. 13.** NRS 630.003 is hereby amended to read as follows:

27 630.003 1. The Legislature finds and declares that:

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

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

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

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

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

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

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

47 630.005 As used in this chapter, unless the context otherwise requires, the
48 words and terms defined in NRS 630.007 to 630.026, inclusive, *and sections 3 to 6,*
49 *inclusive, of this act* have the meanings ascribed to them in those sections.

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

51 630.021 "Practice of respiratory care" includes:

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

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

3. The provision of ventilatory assistance and control;

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

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

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

7. Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and

8. Training relating to the practice of respiratory care.

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

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

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

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

630.047 1. This chapter does not apply to:

(a) A medical officer or perfusionist or practitioner of respiratory care of the Armed Forces or a medical officer or perfusionist or practitioner of respiratory care of any division or department of the United States in the discharge of his 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;

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

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

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

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

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

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

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

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

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

(3) Provides respiratory care to patients who are not in a critical medical condition or, in an emergency, to patients who are in a critical medical condition and a practitioner of respiratory care is not immediately available to provide that

care and the student is directed by a physician to provide respiratory care under the supervision of the physician until a practitioner of respiratory care is available;

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

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

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

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

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

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

630.120 1. The Board shall procure a seal.

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

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

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

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

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

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

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

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

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

(a) An applicant for the issuance of a license to practice medicine, to practice as a perfusionist, to practice as a physician assistant, *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care shall

1 include the social security number of the applicant in the application submitted to
2 the Board.

3 (b) An applicant for the issuance or renewal of a license to practice medicine,
4 to practice as a perfusionist, to practice as a physician assistant, *to practice as an*
5 *anesthesiologist assistant* or to practice as a practitioner of respiratory care shall
6 submit to the Board the statement prescribed by the Division of Welfare and
7 Supportive Services of the Department of Health and Human Services pursuant to
8 NRS 425.520. The statement must be completed and signed by the applicant.

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

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

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

13 3. A license to practice medicine, to practice as a perfusionist, to practice as a
14 physician assistant, *to practice as an anesthesiologist assistant* or to practice as a
15 practitioner of respiratory care may not be issued or renewed by the Board if the
16 applicant:

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

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

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

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

31 630.198 1. The Board shall not issue or renew a license to practice as a
32 physician, physician assistant, *anesthesiologist assistant* or perfusionist unless the
33 applicant for issuance or renewal of the license attests to knowledge of and
34 compliance with the guidelines of the Centers for Disease Control and Prevention
35 concerning the prevention of transmission of infectious agents through safe and
36 appropriate injection practices.

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

39 (a) Who is under the control and supervision of the physician;

40 (b) Who is not licensed pursuant to this chapter; and

41 (c) Whose duties involve injection practices,

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

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

46 630.253 1. The Board shall, as a prerequisite for the:

47 (a) Renewal of a license as a physician assistant; ~~for~~

48 (b) *Renewal of a license as an anesthesiologist assistant; or*

49 (c) Biennial registration of the holder of a license to practice medicine,

50 ➤ require each holder to submit evidence of compliance with the requirements for
51 continuing education as set forth in regulations adopted by the Board.

52 2. These requirements:

1 (a) May provide for the completion of one or more courses of instruction
2 relating to risk management in the performance of medical services.

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

- 7 (1) An overview of acts of terrorism and weapons of mass destruction;
8 (2) Personal protective equipment required for acts of terrorism;
9 (3) Common symptoms and methods of treatment associated with exposure
10 to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
11 (4) Syndromic surveillance and reporting procedures for acts of terrorism
12 that involve biological agents; and
13 (5) An overview of the information available on, and the use of, the Health
14 Alert Network.

15 (c) Must provide for the completion by a holder of a license to practice
16 medicine who is a psychiatrist of a course of instruction that provides at least 2
17 hours of instruction on clinically-based suicide prevention and awareness.

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

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

- 26 (a) The skills and knowledge that the licensee needs to address aging issues;
27 (b) Approaches to providing health care to older persons, including both
28 didactic and clinical approaches;
29 (c) The biological, behavioral, social and emotional aspects of the aging
30 process; and
31 (d) The importance of maintenance of function and independence for older
32 persons.

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

39 5. The Board shall encourage each holder of a license to practice medicine,
40 other than a psychiatrist, to receive as a portion of his or her continuing education
41 training concerning suicide, including, without limitation, such topics as:

- 42 (a) The skills and knowledge that the licensee needs to detect behaviors that
43 may lead to suicide, including, without limitation, post-traumatic stress disorder;
44 (b) Approaches to engaging other professionals in suicide intervention; and
45 (c) The detection of suicidal thoughts and ideations and the prevention of
46 suicide.

47 6. A holder of a license to practice medicine may substitute not more than 2
48 hours of continuing education credits in the detection of suicidal thoughts and
49 ideations, and the intervention and prevention of suicide, pain management or
50 addiction care for the purposes of satisfying an equivalent requirement for
51 continuing education in ethics.

52 7. As used in this section:

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

- (b) "Biological agent" has the meaning ascribed to it in NRS 202.442.
 (c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.
 (d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.
 (e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

Sec. 24. ~~NRS 630.2535 is hereby amended to read as follows:~~
~~630.2535 The Board may, by regulation, require each physician, [or]~~
~~physician assistant or anesthesiologist assistant who is registered to dispense~~
~~controlled substances pursuant to NRS 452.231 to complete at least 1 hour of~~
~~training relating specifically to the misuse and abuse of controlled substances~~
~~during each period of licensure. Any licensee may use such training to satisfy 1~~
~~hour of any continuing education requirement established by the Board.] (Deleted~~
~~by amendment.)~~

Sec. 25. NRS 630.268 is hereby amended to read as follows:
 630.268 1. ~~The [Except as otherwise provided in this section, the]~~ Board
 shall charge and collect not more than the following fees:

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

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees prescribed in subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

3. The cost of any special meeting called at the request of a licensee, an institution, an organization, a state agency or an applicant for licensure must be paid for by the person or entity requesting the special meeting. Such a special

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

4. If an applicant submits an application for a license by endorsement pursuant to:

(a) NRS 630.1607, and the applicant is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

(b) NRS 630.2752, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

5. If an applicant submits an application for a license by endorsement pursuant to NRS 630.1606 or 630.2751, as applicable, the Board shall charge and collect not more than the fee specified in subsection 1 ~~for prescribed by regulation of the Board, as applicable,~~ for the application for and initial issuance of a license.

~~6. The Board may prescribe by regulation and collect fees for the issuance and renewal of a license as an anesthesiologist assistant and for the biennial registration of an anesthesiologist assistant.~~

Sec. 26. NRS 630.2751 is hereby amended to read as follows:

630.2751 1. The Board may issue a license by endorsement to practice as a physician assistant *or anesthesiologist assistant* to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice as a physician assistant *or anesthesiologist assistant* in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties *H if the applicant is seeking to practice as a physician assistant, or is certified by the National Commission for Certification of Anesthesiologist Assistants if the applicant is seeking to practice as an anesthesiologist assistant.*

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

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

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

(3) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a physician assistant *H or anesthesiologist assistant;* and

(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;

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

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice as a physician assistant *or anesthesiologist assistant* pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the

1 application and issue a license by endorsement to practice as a physician assistant
2 *or anesthesiologist assistant* to the applicant not later than:

3 (a) Forty-five days after receiving the application; or

4 (b) Ten days after the Board receives a report on the applicant's background
5 based on the submission of the applicant's fingerprints,

6 ➤ whichever occurs later.

7 4. A license by endorsement to practice as a physician assistant *or*
8 *anesthesiologist assistant* may be issued at a meeting of the Board or between its
9 meetings by the President and Executive Director of the Board. Such an action shall
10 be deemed to be an action of the Board.

11 **Sec. 27.** NRS 630.2752 is hereby amended to read as follows:

12 630.2752 1. The Board may issue a license by endorsement to practice as a
13 physician assistant *or anesthesiologist assistant* to an applicant who meets the
14 requirements set forth in this section. An applicant may submit to the Board an
15 application for such a license if the applicant:

16 (a) Holds a corresponding valid and unrestricted license to practice as a
17 physician assistant *or anesthesiologist assistant* in the District of Columbia or any
18 state or territory of the United States;

19 (b) Is certified in a specialty recognized by the American Board of Medical
20 Specialties *H if the applicant is seeking to practice as a physician assistant, or is*
21 *certified by the National Commission for Certification of Anesthesiologist*
22 *Assistants if the applicant is seeking to practice as an anesthesiologist assistant;*
23 and

24 (c) Is an active member of, or the spouse of an active member of, the Armed
25 Forces of the United States, a veteran or the surviving spouse of a veteran.

26 2. An applicant for a license by endorsement pursuant to this section must
27 submit to the Board with his or her application:

28 (a) Proof satisfactory to the Board that the applicant:

29 (1) Satisfies the requirements of subsection 1;

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

32 (3) Has not been disciplined or investigated by the corresponding
33 regulatory authority of the District of Columbia or the state or territory in which the
34 applicant holds a license to practice as a physician assistant *H or anesthesiologist*
35 *assistant;* and

36 (4) Has not been held civilly or criminally liable for malpractice in the
37 District of Columbia or any state or territory of the United States;

38 (b) A complete set of fingerprints and written permission authorizing the Board
39 to forward the fingerprints in the manner provided in NRS 630.167;

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

42 (d) Any other information required by the Board.

43 3. Not later than 15 business days after receiving an application for a license
44 by endorsement to practice as a physician assistant *or anesthesiologist assistant*
45 pursuant to this section, the Board shall provide written notice to the applicant of
46 any additional information required by the Board to consider the application.
47 Unless the Board denies the application for good cause, the Board shall approve the
48 application and issue a license by endorsement to practice as a physician assistant
49 *or anesthesiologist assistant* to the applicant not later than:

50 (a) Forty-five days after receiving all the additional information required by the
51 Board to complete the application; or

52 (b) Ten days after the Board receives a report on the applicant's background
53 based on the submission of the applicant's fingerprints,

1 ↳ whichever occurs later.

2 4. A license by endorsement to practice as a physician assistant *or*
3 *anesthesiologist assistant* may be issued at a meeting of the Board or between its
4 meetings by the President and Executive Director of the Board. Such an action shall
5 be deemed to be an action of the Board.

6 5. At any time before making a final decision on an application for a license
7 by endorsement pursuant to this section, the Board may grant a provisional license
8 authorizing an applicant to practice as a physician assistant *or anesthesiologist*
9 *assistant* in accordance with regulations adopted by the Board.

10 6. As used in this section, "veteran" has the meaning ascribed to it in NRS
11 417.005.

12 **Sec. 28.** NRS 630.307 is hereby amended to read as follows:

13 630.307 1. Except as otherwise provided in subsection 2, any person may
14 file with the Board a complaint against a physician, perfusionist, physician assistant
15 , *anesthesiologist assistant* or practitioner of respiratory care on a form provided by
16 the Board. The form may be submitted in writing or electronically. If a complaint is
17 submitted anonymously, the Board may accept the complaint but may refuse to
18 consider the complaint if the lack of the identity of the complainant makes
19 processing the complaint impossible or unfair to the person who is the subject of
20 the complaint.

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

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

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

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

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

48 5. The Board shall report any failure to comply with subsection 3 or 4 by a
49 hospital, clinic or other medical facility licensed in this State to the Division of
50 Public and Behavioral Health of the Department of Health and Human Services. If,
51 after a hearing, the Division of Public and Behavioral Health determines that any
52 such facility or society failed to comply with the requirements of this subsection,
53 the Division may impose an administrative fine of not more than \$10,000 against

the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

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

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

7. 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. 29. NRS 630.309 is hereby amended to read as follows:

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

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

2. Any member of the Board; or

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

Sec. 30. NRS 630.326 is hereby amended to read as follows:

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

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

3. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a licensee pursuant to subsection 1 and the Board requires the licensee to submit to a mental or physical examination or an examination testing his or her competence to practice, the examination must be conducted and the results obtained not later than 30 days after the order is issued.

Sec. 31. NRS 630.329 is hereby amended to read as follows:

630.329 If the Board issues an order suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of

1 respiratory care pending proceedings for disciplinary action, including, without
2 limitation, a summary suspension pursuant to NRS 233B.127, the court shall not
3 stay that order.

4 **Sec. 32.** NRS 630.336 is hereby amended to read as follows:

5 630.336 1. Any deliberations conducted or vote taken by the Board or any
6 investigative committee of the Board regarding its ordering of a physician,
7 perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of
8 respiratory care to undergo a physical or mental examination or any other
9 examination designated to assist the Board or committee in determining the fitness
10 of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or
11 practitioner of respiratory care are not subject to the requirements of NRS 241.020.

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

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

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

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

23 (c) Any communication between:

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

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

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

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

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

41 **Sec. 33.** NRS 630.366 is hereby amended to read as follows:

42 630.366 1. If the Board receives a copy of a court order issued pursuant to
43 NRS 425.540 that provides for the suspension of all professional, occupational and
44 recreational licenses, certificates and permits issued to a person who is the holder of
45 a license to practice medicine, to practice as a perfusionist, to practice as a
46 physician assistant , *to practice as an anesthesiologist assistant* or to practice as a
47 practitioner of respiratory care, the Board shall deem the license issued to that
48 person to be suspended at the end of the 30th day after the date on which the court
49 order was issued unless the Board receives a letter issued to the holder of the
50 license by the district attorney or other public agency pursuant to NRS 425.550
51 stating that the holder of the license has complied with the subpoena or warrant or
52 has satisfied the arrearage pursuant to NRS 425.560.

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

Sec. 34. NRS 630.388 is hereby amended to read as follows:

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

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

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

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

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

(e) To enjoin the use of the title "L.P.," "T.L.P.," "licensed perfusionist," "temporarily licensed perfusionist" or any other word, combination of letters or other designation intended to imply or designate a person as a perfusionist, when not licensed by the Board pursuant to this chapter, unless the use is otherwise authorized by a specific statute.

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

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

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

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

Sec. 35. NRS 630.400 is hereby amended to read as follows:

630.400 1. It is unlawful for any person to:

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

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

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

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

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

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

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

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

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

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

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

➔ and shall be punished as provided in NRS 193.130.

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

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

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

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

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

Sec. 36. NRS 632.018 is hereby amended to read as follows:

632.018 "Practice of professional nursing" means the performance of any act in the observation, care and counsel of the ill, injured or infirm, in the maintenance of health or prevention of illness of others, in the supervision and teaching of other personnel, in the administration of medications and treatments as prescribed by an advanced practice registered nurse, a licensed physician, a physician assistant ~~for anesthesiologist assistant~~ licensed pursuant to chapter 630 or 633 of NRS, a licensed anesthesiologist assistant, a licensed dentist or a licensed podiatric physician, requiring substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science, but does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

Sec. 37. NRS 632.472 is hereby amended to read as follows:

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

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

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

(c) A coroner.

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

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

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

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

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

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

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

(k) Any social worker.

(l) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

(m) Any person who operates or is employed by a peer support recovery organization.

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

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

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

5. As used in this section:

(a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

(b) "Community health worker pool" has the meaning ascribed to it in NRS 449.0028.

(c) "Peer support recovery organization" has the meaning ascribed to it in NRS 449.01563.

~~Sec. 38. [Chapter 633 of NRS is hereby amended by adding thereto the provisions set forth as sections 39 to 48, inclusive, of this act.] (Deleted by amendment.)~~

~~Sec. 39. ["Anesthesia services" means services and activities related to the administration of anesthesia to a patient, including, without limitation, those services identified in subsection 1 of section 43 of this act.] (Deleted by amendment.)~~

~~Sec. 40. ["Anesthesiologist assistant" means a person who—
1. Is a graduate of an academic program approved by the Board or, by general education, practical training and experience determined satisfactory to the Board, is qualified to perform anesthesia services under the medical direct supervision of a supervising anesthesiologist; and
2. Has been issued a license by the Board.] (Deleted by amendment.)~~

~~Sec. 41. ["Medically direct supervision" means that a supervising anesthesiologist is immediately available in such proximity to an anesthesiologist~~

~~assistant during the performance of his or her duties that the supervising anesthesiologist is able effectively to re-establish direct contact with the patient to meet the medical needs of the patient and address any urgent or emergent clinical problems.~~ (Deleted by amendment.)

Sec. 42. ~~“Supervising anesthesiologist” means an active osteopathic physician licensed and in good standing in this State who is Board certified or meets the standards to be Board certified as an anesthesiologist by the American Board of Anesthesiology, or its successor, or the American Osteopathic Association, or its successor, and who supervises one or more anesthesiology assistants.~~ (Deleted by amendment.)

Sec. 43. ~~1. An anesthesiologist assistant licensed under the provisions of this chapter may perform anesthesia services in accordance with the regulations adopted by the Board, within the scope of practice of a supervising anesthesiologist and under the medically direct supervision of that supervising anesthesiologist in any appropriate setting, including, without limitation, an intensive care unit or pain clinic. Such anesthesia services include, without limitation:~~

~~— (a) Obtaining a preanesthetic health history for the patient, performing a preanesthetic physical examination of the patient and recording relevant data;~~

~~— (b) Conducting laboratory and other related studies, including taking blood samples;~~

~~— (c) Inserting invasive monitoring modalities, including arterial and venous lines and pulmonary artery catheterization, as delegated by the supervising anesthesiologist;~~

~~— (d) Administering anesthetic agents and controlled substances, including, without limitation, induction agents and adjunctive treatment, maintaining and altering the levels of anesthesia and providing continuity of anesthetic care into and during the postoperative recovery period;~~

~~— (e) Establishing airway interventions and performing ventilatory support;~~

~~— (f) Applying and interpreting advanced monitoring techniques;~~

~~— (g) Using advanced life support techniques, including, without limitation, high frequency ventilation and intraarterial cardiovascular assist devices;~~

~~— (h) Making postanesthesia rounds, recording patient progress notes, compiling and recording summaries of cases and transcribing standard and specific orders;~~

~~— (i) Evaluating and treating life threatening situations, including, without limitation, through the use of cardiopulmonary resuscitation, using established protocols;~~

~~— (j) Training and supervising personnel in calibrating, troubleshooting and using patient monitors;~~

~~— (k) Performing administrative duties, including, without limitation, managing patient records, coding and billing for procedures and managing personnel;~~

~~— (l) Participating in the clinical instruction of others; and~~

~~— (m) Performing and monitoring the administration of regional anesthesia, including, without limitation, spinal, epidural, intravenous regional, local infiltration, nerve blocks and other special techniques.~~

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

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

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

~~(b) Receive the consent of the patient, in writing, for the anesthesiologist assistant to administer the anesthetic agent. (Deleted by amendment.)~~

Sec. 44. ~~[The Board may issue a license as an anesthesiologist assistant to an applicant who is qualified under the regulations of the Board to perform anesthesia services under the medically direct supervision of a supervising anesthesiologist. An application for such a license must contain all information required by the Board to complete the application.] (Deleted by amendment.)~~

Sec. 45. ~~[The Board shall adopt regulations establishing the requirements for licensure as an anesthesiologist assistant, including, without limitation:~~

~~1. The required qualifications of applicants for a license;~~

~~2. The academic or educational certificates, credentials or programs of study required of applicants;~~

~~3. The procedures for submitting applications for licensure;~~

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

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

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

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

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

~~9. Consistent with the provisions of section 43 of this act, the anesthesia services which an anesthesiologist assistant may perform.] (Deleted by amendment.)~~

Sec. 46. ~~[1. An anesthesiologist assistant shall:~~

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

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

~~2. An anesthesiologist assistant shall not bill a patient separately from his or her supervising anesthesiologist.] (Deleted by amendment.)~~

Sec. 47. ~~[1. An anesthesiologist assistant licensed under the provisions of this chapter who is responding to a need for medical care created by an emergency or disaster, as declared by a governmental entity, may render emergency care that is directly related to the emergency or disaster without the supervision of a supervising anesthesiologist as required by this chapter. The provisions of this subsection apply only for the duration of the emergency or disaster.~~

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

Sec. 48. ~~[1. A supervising anesthesiologist shall provide medically direct supervision to his or her anesthesiologist assistant whenever the anesthesiologist assistant is performing anesthesia services.~~

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

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

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

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

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

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

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

Sec. 49. [NRS 633.011 is hereby amended to read as follows:

~~633.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 633.021 to 633.131, inclusive, and sections 39 to 43, inclusive, of this act have the meanings ascribed to them in those sections.] (Deleted by amendment.)~~

Sec. 50. [NRS 633.071 is hereby amended to read as follows:

~~633.071 "Malpractice" means failure on the part of an osteopathic physician, [or] physician assistant or anesthesiologist assistant to exercise the degree of care, diligence and skill ordinarily exercised by osteopathic physicians, [or] physician assistants or anesthesiologist assistants in good standing in the community in which he or she practices.] (Deleted by amendment.)~~

Sec. 51. [NRS 633.131 is hereby amended to read as follows:

~~633.131 1. "Unprofessional conduct" includes:~~

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

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

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

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

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

~~(f) Engaging in any:~~

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

~~(2) Medical practice harmful to the public or any conduct detrimental to the public health, safety or morals which does not constitute gross or repeated malpractice or professional incompetence.~~

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

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

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

~~(j) Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.~~

~~(k) Knowingly or willfully disobeying regulations of the State Board of Health, the State Board of Pharmacy or the State Board of Osteopathic Medicine.~~

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

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

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

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

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

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

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

~~2. It is not unprofessional conduct:~~

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

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

~~(c) For a person licensed to practice osteopathic medicine pursuant to the provisions of this chapter to form an association or other business relationship with an optometrist pursuant to the provisions of NRS 626.373. (Deleted by amendment.)~~

~~Sec. 52. [NRS 633.151 is hereby amended to read as follows:~~

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

1 **Sec. 53.** ~~[NRS 622.286 is hereby amended to read as follows:~~
2 ~~622.286 1. On or before February 15 of each odd numbered year, the Board~~
3 ~~shall submit to the Governor and to the Director of the Legislative Counsel Bureau~~
4 ~~for transmittal to the next regular session of the Legislature a written report~~
5 ~~compiling:~~

6 ~~(a) Disciplinary action taken by the Board during the previous biennium~~
7 ~~against osteopathic physicians, [and] physician assistants and anesthesiologist~~
8 ~~assistants for malpractice or negligence;~~

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

12 ~~(c) Information reported to the Board during the previous biennium pursuant to~~
13 ~~NRS 622.524, including, without limitation, the number and types of surgeries~~
14 ~~performed by each holder of a license to practice osteopathic medicine and the~~
15 ~~occurrence of sentinel events arising from such surgeries, if any;~~

16 ~~2. The report must include only aggregate information for statistical purposes~~
17 ~~and exclude any identifying information related to a particular person.] (Deleted by~~
18 ~~amendment.)~~

19 **Sec. 54.** ~~[NRS 622.201 is hereby amended to read as follows:~~

20 ~~622.201 1. The Board shall keep a record of its proceedings relating to~~
21 ~~licensing and disciplinary actions. Except as otherwise provided in this section, the~~
22 ~~record must be open to public inspection at all reasonable times and contain the~~
23 ~~name, known place of business and residence, and the date and number of the~~
24 ~~license of every osteopathic physician, [and every] physician assistant and~~
25 ~~anesthesiologist assistant licensed under this chapter.~~

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

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

36 ~~4. The Board shall, to the extent feasible, communicate or cooperate with or~~
37 ~~provide any documents or other information to any other licensing board or any~~
38 ~~other agency that is investigating a person, including, without limitation, a law~~
39 ~~enforcement agency.] (Deleted by amendment.)~~

40 **Sec. 55.** ~~[NRS 622.205 is hereby amended to read as follows:~~

41 ~~622.205 Except as otherwise provided in NRS 633.299, 633.400, 633.4335~~
42 ~~and 633.4336:~~

43 ~~1. Every applicant for a license shall:~~

44 ~~(a) File an application with the Board in the manner prescribed by regulations~~
45 ~~of the Board;~~

46 ~~(b) Submit verified proof satisfactory to the Board that the applicant meets any~~
47 ~~age, citizenship and educational requirements prescribed by this chapter; and~~

48 ~~(c) Pay in advance to the Board the application and initial license fee specified~~
49 ~~in NRS 622.501 [.] or prescribed by regulation of the Board, as applicable.~~

50 ~~2. An application filed with the Board pursuant to subsection 1 must include~~
51 ~~all information required to complete the application.~~

52 ~~3. The Board may hold hearings and conduct investigations into any matter~~
53 ~~related to the application and, in addition to the proofs required by subsection 1,~~

1 may take such further evidence and require such other documents or proof of
2 qualifications as it deems proper.

3 ~~4. The Board may reject an application if the Board has cause to believe that~~
4 ~~any credential or information submitted by the applicant is false, misleading,~~
5 ~~deceptive or fraudulent.] (Deleted by amendment.)~~

6 **Sec. 56.** ~~[NRS 633.3619 is hereby amended to read as follows:~~

7 ~~633.3619. The Board shall not issue or renew a license to practice osteopathic~~
8 ~~medicine or to practice as a physician assistant or anesthesiologist assistant unless~~
9 ~~the applicant for issuance or renewal of the license attests to knowledge of and~~
10 ~~compliance with the guidelines of the Centers for Disease Control and Prevention~~
11 ~~concerning the prevention of transmission of infectious agents through safe and~~
12 ~~appropriate injection practices.] (Deleted by amendment.)~~

13 **Sec. 57.** ~~[NRS 633.4335 is hereby amended to read as follows:~~

14 ~~633.4335. 1. The Board may issue a license by endorsement to practice as a~~
15 ~~physician assistant or anesthesiologist assistant to an applicant who meets the~~
16 ~~requirements set forth in this section. An applicant may submit to the Board an~~
17 ~~application for such a license if the applicant:~~

18 ~~(a) Holds a corresponding valid and unrestricted license to practice as a~~
19 ~~physician assistant or anesthesiologist assistant in the District of Columbia or any~~
20 ~~state or territory of the United States; and~~

21 ~~(b) Is certified in a specialty recognized by the American Board of Medical~~
22 ~~Specialties or the American Osteopathic Association [.] if the applicant is seeking~~
23 ~~to practice as a physician assistant, or is certified by the National Commission for~~
24 ~~Certification of Anesthesiologist Assistants if the applicant is seeking to practice~~
25 ~~as an anesthesiologist assistant.~~

26 ~~2. An applicant for a license by endorsement pursuant to this section must~~
27 ~~submit to the Board with his or her application:~~

28 ~~(a) Proof satisfactory to the Board that the applicant:~~

29 ~~(1) Satisfies the requirements of subsection 1;~~

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

32 ~~(3) Has not been disciplined and is not currently under investigation by the~~
33 ~~corresponding regulatory authority of the District of Columbia or any state or~~
34 ~~territory in which the applicant currently holds or has held a license to practice as a~~
35 ~~physician assistant [.] or anesthesiologist assistant; and~~

36 ~~(4) Has not been held civilly or criminally liable for malpractice in the~~
37 ~~District of Columbia or any state or territory of the United States;~~

38 ~~(b) A complete set of fingerprints and written permission authorizing the Board~~
39 ~~to forward the fingerprints in the manner provided in NRS 633.309;~~

40 ~~(c) An affidavit stating that the information contained in the application and~~
41 ~~any accompanying material is true and correct;~~

42 ~~(d) The application and initial license fee specified in this chapter; and~~

43 ~~(e) Any other information required by the Board.~~

44 ~~3. Not later than 15 business days after receiving an application for a license~~
45 ~~by endorsement to practice as a physician assistant or anesthesiologist assistant~~
46 ~~pursuant to this section, the Board shall provide written notice to the applicant of~~
47 ~~any additional information required by the Board to consider the application.~~
48 ~~Unless the Board denies the application for good cause, the Board shall approve the~~
49 ~~application and issue a license by endorsement to practice as a physician assistant~~
50 ~~or anesthesiologist assistant to the applicant not later than:~~

51 ~~(a) Forty-five days after receiving the application; or~~

52 ~~(b) Ten days after the Board receives a report on the applicant's background~~
53 ~~based on the submission of the applicant's fingerprints;~~

~~which ever occurs later.~~

~~4. A license by endorsement to practice as a physician assistant or anesthesiologist assistant may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.~~ **(Deleted by amendment.)**

Sec. 58. ~~[NRS 633.4336 is hereby amended to read as follows:~~

~~633.4336 1. The Board may issue a license by endorsement to practice as a physician assistant or anesthesiologist assistant to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:~~

~~(a) Holds a corresponding valid and unrestricted license to practice as a physician assistant or anesthesiologist assistant in the District of Columbia or any state or territory of the United States;~~

~~(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association [;] if the applicant is seeking to practice as a physician assistant, or is certified by the National Commission for Certification of Anesthesiologist Assistants if the applicant is seeking to practice as an anesthesiologist assistant; and~~

~~(c) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran.~~

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

~~(a) Proof satisfactory to the Board that the applicant:~~

~~(1) Satisfies the requirements of subsection 1;~~

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

~~(3) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or the state or territory in which the applicant holds a license to practice as a physician assistant [;] or anesthesiologist assistant; and~~

~~(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;~~

~~(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 633.309;~~

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

~~(d) The application and initial license fee specified in this chapter; and~~

~~(e) Any other information required by the Board.~~

~~3. Not later than 15 business days after receiving an application for a license by endorsement to practice as a physician assistant or anesthesiologist assistant pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice as a physician assistant or anesthesiologist assistant to the applicant not later than:~~

~~(a) Forty five days after receiving all the additional information required by the Board to complete the application; or~~

~~(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints;~~

~~which ever occurs later.~~

~~4. A license by endorsement to practice as a physician assistant or anesthesiologist assistant may be issued at a meeting of the Board or between its~~

meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice as a physician assistant ~~or anesthesiologist assistant~~ in accordance with regulations adopted by the Board.

6. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005. ~~(Deleted by amendment.)~~

Sec. 59. NRS 632.471 is hereby amended to read as follows:

632.471 1. Except as otherwise provided in subsection 8 and NRS 633.491, every holder of a license issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

- (a) Applying for renewal on forms provided by the Board;
- (b) Paying the annual license renewal fee specified in this chapter;
- (c) Submitting a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against the holder during the previous year;
- (d) Submitting evidence to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than 25 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

2. The Secretary of the Board shall notify each licensee of the requirements for renewal not less than 30 days before the date of renewal.

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

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

5. The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of:

(a) At least 2 hours of continuing education credits in ethics, pain management or addiction care; and

(b) If the holder of a license to practice osteopathic medicine is a psychiatrist, at least 2 hours of continuing education credits on clinically based suicide prevention and awareness.

6. The Board shall encourage each holder of a license to practice osteopathic medicine, other than a psychiatrist, to receive as a portion of his or her continuing education training concerning suicide, including, without limitation, such topics as:

~~(a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;~~

~~(b) Approaches to engaging other professionals in suicide intervention; and~~

~~(c) The detection of suicidal thoughts and ideations and the prevention of suicide.~~

~~7. A holder of a license to practice osteopathic medicine may substitute not more than 2 hours of continuing education credits in the detection of suicidal thoughts and ideations, and the intervention and prevention of suicide for the purposes of satisfying an equivalent requirement for continuing education in ethics.~~

~~8. Members of the Armed Forces of the United States and the United States Public Health Service are exempt from payment of the annual license renewal fee during their active duty status.] (Deleted by amendment.)~~

Sec. 60. ~~[NRS 622.473 is hereby amended to read as follows:~~

~~622.473 The Board may, by regulation, require each osteopathic physician, for] physician assistant or anesthesiologist assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any licensee may use such training to satisfy 1 hour of any continuing education requirement established by the Board.] (Deleted by amendment.)~~

Sec. 61. ~~[NRS 622.481 is hereby amended to read as follows:~~

~~622.481 1. Except as otherwise provided in subsection 2, if a licensee fails to comply with the requirements of NRS 622.471 within 10 days after the renewal date, the Board shall give 15 days' notice of the failure to renew the license and of the expiration of the license by certified mail to the licensee at the licensee's last known address that is registered with the Board. If the license is not renewed within 15 days after receiving notice, the license expires automatically without any further notice or a hearing and the Board shall file a copy of the notice with the Drug Enforcement Administration of the United States Department of Justice or its successor agency.~~

~~2. A licensee who fails to meet the continuing education requirements for license renewal may apply to the Board for a waiver of the requirements. The Board may grant a waiver for that year only if the Board finds that the failure is due to a disability, military service, absence from the United States, or circumstances beyond the control of the licensee which are deemed by the Board to excuse the failure.~~

~~3. A person whose license has expired under this section may apply to the Board for restoration of the license upon:~~

~~(a) Payment of all past due renewal fees and the late payment fee specified in NRS 622.501 [;] or prescribed by regulation of the Board, as applicable;~~

~~(b) Producing verified evidence satisfactory to the Board of completion of the total number of hours of continuing education required for the year preceding the renewal date and for each year succeeding the date of expiration;~~

~~(c) Stating under oath in writing that he or she has not withheld information from the Board which if disclosed would constitute grounds for disciplinary action under this chapter; and~~

~~(d) Submitting any other information that is required by the Board to restore the license.] (Deleted by amendment.)~~

Sec. 62. ~~[NRS 622.491 is hereby amended to read as follows:~~

~~622.491 1. A licensee who retires from practice is not required annually to renew his or her license after filing with the Board an affidavit stating the date on which he or she retired from practice and any other evidence that the Board may require to verify the retirement.~~

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

- ~~(a) Twenty five hours if the licensee has been retired 1 year or less.~~
- ~~(b) Fifty hours within 12 months of the date of the application if the licensee has been retired for more than 1 year.~~

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

- ~~(a) The affidavit required pursuant to this subsection; and~~
- ~~(b) Payment of the inactive license fee prescribed by NRS 633.501.~~
- ~~4. An osteopathic physician, [or] physician assistant or anesthesiologist assistant whose license has been placed on inactive status:~~
- ~~(a) Is not required to annually renew the license.~~
- ~~(b) Shall annually pay the inactive license fee prescribed by NRS 633.501.~~
- ~~(c) Shall not practice osteopathic medicine or practice as a physician assistant or anesthesiologist assistant in this State.~~

~~5. An osteopathic physician, [or] physician assistant or anesthesiologist assistant whose license is on inactive status and who wishes to renew his or her license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant must:~~

- ~~(a) Provide to the Board verified evidence satisfactory to the Board of completion of the total number of hours of continuing medical education required for:~~
- ~~(1) The year preceding the date of the application for renewal of the license; and~~
- ~~(2) Each year after the date the license was placed on inactive status.~~
- ~~(b) Provide to the Board an affidavit stating that the applicant has not withheld from the Board any information which would constitute grounds for disciplinary action pursuant to this chapter.~~
- ~~(c) Comply with all other requirements for renewal.] (Deleted by amendment.)~~

Sec. 63. [NRS 633.501 is hereby amended to read as follows:

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

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

~~(j) Annual license renewal fee for a physician assistant 400~~
~~(k) Inactive license fee 200~~

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

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

~~4. If an applicant submits an application for a license by endorsement pursuant to:~~

~~(a) NRS 633.299 or 633.400 and is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.~~

~~(b) NRS 633.4336, the Board shall collect not more than one half of the fee set forth in subsection 1 or prescribed by regulation of the Board, as applicable, for the initial issuance of the license.~~

~~5. The Board may prescribe by regulation and collect fees for the issuance and renewal of a license as an anesthesiologist assistant.~~ (Deleted by amendment.)

Sec. 64. ~~[NRS 633.511 is hereby amended to read as follows:~~

~~633.511 1. The grounds for initiating disciplinary action pursuant to this chapter are:~~

~~(a) Unprofessional conduct;~~

~~(b) Conviction of:~~

~~(1) 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;~~

~~(2) A felony relating to the practice of osteopathic medicine or practice as a physician assistant or anesthesiologist assistant;~~

~~(3) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;~~

~~(4) Murder, voluntary manslaughter or mayhem;~~

~~(5) Any felony involving the use of a firearm or other deadly weapon;~~

~~(6) Assault with intent to kill or to commit sexual assault or mayhem;~~

~~(7) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;~~

~~(8) Abuse or neglect of a child or contributory delinquency; or~~

~~(9) Any offense involving moral turpitude.~~

~~(c) The suspension of a license to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant by any other jurisdiction.~~

~~(d) Malpractice or gross malpractice, which may be evidenced by a claim of malpractice settled against a licensee.~~

~~(e) Professional incompetence.~~

~~(f) Failure to comply with the requirements of NRS 633.527.~~

~~(g) Failure to comply with the requirements of subsection 3 of NRS 633.471.~~

~~(h) Failure to comply with the provisions of NRS 633.694.~~

~~(i) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:~~

~~(1) The license of the facility is suspended or revoked; or~~

~~(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.~~

~~→ This paragraph applies to an owner or other principal responsible for the operation of the facility.~~

~~(j) Failure to comply with the provisions of subsection 2 of NRS 633.322.~~

~~(k) Signing a blank prescription form.~~

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

~~(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;~~

~~(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2228;~~

~~(3) Is marijuana being used for medical purposes in accordance with chapter 452A of NRS; or~~

~~(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3725 or 633.6945.~~

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

~~(n) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.~~

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

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

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

~~(r) Engaging in any act that is unsafe in accordance with regulations adopted by the Board.~~

~~(s) Failure to comply with the provisions of NRS 629.515.~~

~~(t) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.~~

~~(u) Failure to obtain any training required by the Board pursuant to NRS 633.473.~~

~~(v) Failure to comply with the provisions of NRS 633.6955.~~

~~(w) Failure to comply with the provisions of NRS 453.163 or 453.164.~~

~~2. As used in this section, "investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.] (Deleted by amendment.)~~

Sec. 65. [NRS 633.512 is hereby amended to read as follows:

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

1 ~~or practicing as a physician assistant or anesthesiologist assistant without the~~
2 ~~appropriate license issued pursuant to the provisions of this chapter.] (Deleted by~~
3 ~~amendment.)~~

4 **Sec. 66.** [NRS 633.526 is hereby amended to read as follows:

5 ~~633.526 1. The insurer of an osteopathic physician, [or] physician assistant~~
6 ~~or anesthesiologist assistant licensed under this chapter shall report to the Board:~~

7 ~~— (a) Any action for malpractice against the osteopathic physician, [or]~~
8 ~~physician assistant or anesthesiologist assistant not later than 45 days after the~~
9 ~~osteopathic physician, [or] physician assistant or anesthesiologist assistant~~
10 ~~receives service of a summons and complaint for the action;~~

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

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

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

25 **Sec. 67.** [NRS 633.527 is hereby amended to read as follows:

26 ~~633.527 1. An osteopathic physician, [or] physician assistant or~~
27 ~~anesthesiologist assistant shall report to the Board:~~

28 ~~— (a) Any action for malpractice against the osteopathic physician, [or]~~
29 ~~physician assistant or anesthesiologist assistant not later than 45 days after the~~
30 ~~osteopathic physician, [or] physician assistant or anesthesiologist assistant~~
31 ~~receives service of a summons and complaint for the action;~~

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

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

38 ~~— (d) Any sanctions imposed against the osteopathic physician, [or] physician~~
39 ~~assistant or anesthesiologist assistant that are reportable to the National~~
40 ~~Practitioner Data Bank not later than 45 days after the sanctions are imposed.~~

41 ~~2. If the Board finds that an osteopathic physician, [or] physician assistant or~~
42 ~~anesthesiologist assistant has violated any provision of this section, the Board may~~
43 ~~impose a fine of not more than \$5,000 against the osteopathic physician, [or]~~
44 ~~physician assistant or anesthesiologist assistant for each violation, in addition to~~
45 ~~any other fines or penalties permitted by law.~~

46 ~~3. All reports made by an osteopathic physician, [or] physician assistant or~~
47 ~~anesthesiologist assistant pursuant to this section are public records.] (Deleted by~~
48 ~~amendment.)~~

49 **Sec. 68.** [NRS 633.528 is hereby amended to read as follows:

50 ~~633.528 If the Board receives a report pursuant to the provisions of NRS~~
51 ~~633.526, 633.527, 690B.250 or 690B.260 indicating that a judgment has been~~
52 ~~rendered or an award has been made against an osteopathic physician, [or]~~
53 ~~physician assistant or anesthesiologist assistant regarding an action or claim for~~

malpractice or that such an action or claim against the osteopathic physician, [or] physician assistant ~~or anesthesiologist assistant~~ has been resolved by settlement, the Board shall conduct an investigation to determine whether to discipline the osteopathic physician, [or] physician assistant ~~or anesthesiologist assistant~~ regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report. (Deleted by amendment.)

Sec. 69. [NRS 633.529 is hereby amended to read as follows:

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

~~2. For the purposes of this section:~~

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

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

(Deleted by amendment.)

Sec. 70. [NRS 633.531 is hereby amended to read as follows:

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

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

Sec. 71. [NRS 633.533 is hereby amended to read as follows:

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

~~2. Any licensee, medical school or medical facility that becomes aware that a person practicing osteopathic medicine or practicing as a physician assistant ~~or anesthesiologist assistant~~ in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a~~

1 ~~written complaint with the Board within 30 days after becoming aware of the~~
2 ~~conduct.~~

3 ~~2. Except as otherwise provided in subsection 4, any hospital, clinic or other~~
4 ~~medical facility licensed in this State, or medical society, shall file a written report~~
5 ~~with the Board of any change in the privileges of an osteopathic physician, [or]~~
6 ~~physician assistant ~~or anesthesiologist assistant~~ to practice while the osteopathic~~
7 ~~physician, [or] physician assistant ~~or anesthesiologist assistant~~ is under~~
8 ~~investigation, and the outcome of any disciplinary action taken by the facility or~~
9 ~~society against the osteopathic physician, [or] physician assistant ~~or~~~~
10 ~~~~anesthesiologist assistant~~ concerning the care of a patient or the competency of the~~
11 ~~osteopathic physician, [or] physician assistant ~~or anesthesiologist assistant~~, within~~
12 ~~30 days after the change in privileges is made or disciplinary action is taken.~~

13 ~~4. A hospital, clinic or other medical facility licensed in this State, or medical~~
14 ~~society, shall report to the Board within 5 days after a change in the privileges of an~~
15 ~~osteopathic physician, [or] physician assistant ~~or anesthesiologist assistant~~ that is~~
16 ~~based on:~~

17 ~~(a) An investigation of the mental, medical or psychological competency of the~~
18 ~~osteopathic physician, [or] physician assistant ~~or anesthesiologist assistant~~; or~~

19 ~~(b) Suspected or alleged substance abuse in any form by the osteopathic~~
20 ~~physician, [or] physician assistant ~~or anesthesiologist assistant~~.~~

21 ~~5. The Board shall report any failure to comply with subsection 2 or 4 by a~~
22 ~~hospital, clinic or other medical facility licensed in this State to the Division of~~
23 ~~Public and Behavioral Health of the Department of Health and Human Services. If,~~
24 ~~after a hearing, the Division determines that any such facility or society failed to~~
25 ~~comply with the requirements of this subsection, the Division may impose an~~
26 ~~administrative fine of not more than \$10,000 against the facility or society for each~~
27 ~~such failure to report. If the administrative fine is not paid when due, the fine must~~
28 ~~be recovered in a civil action brought by the Attorney General on behalf of the~~
29 ~~Division.~~

30 ~~6. The clerk of every court shall report to the Board any finding, judgment or~~
31 ~~other determination of the court that an osteopathic physician, [or] physician~~
32 ~~assistant ~~or anesthesiologist assistant~~.~~

33 ~~(a) Is mentally ill;~~

34 ~~(b) Is mentally incompetent;~~

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

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

39 ~~(e) Is liable for damages for malpractice or negligence;~~

40 ~~within 45 days after the finding, judgment or determination.] (Deleted by~~
41 ~~amendment.)~~

42 **Sec. 72.** ~~[NRS 633.542 is hereby amended to read as follows:~~

43 ~~633.542 Unless the Board determines that extenuating circumstances exist,~~
44 ~~the Board shall forward to the appropriate law enforcement agency any~~
45 ~~substantiated information submitted to the Board concerning a person who practices~~
46 ~~or offers to practice osteopathic medicine or as a physician assistant ~~or~~~~
47 ~~~~anesthesiologist assistant~~ without the appropriate license issued pursuant to the~~
48 ~~provisions of this chapter.] (Deleted by amendment.)~~

49 **Sec. 73.** ~~[NRS 633.561 is hereby amended to read as follows:~~

50 ~~633.561 1. Notwithstanding the provisions of chapter 622A of NRS, if the~~
51 ~~Board or a member of the Board designated to review a complaint pursuant to NRS~~
52 ~~633.541 has reason to believe that the conduct of an osteopathic physician, [or]~~
53 ~~physician assistant ~~or anesthesiologist assistant~~ has raised a reasonable question as~~

1 to his or her competence to practice osteopathic medicine or to practice as a
2 physician assistant or anesthesiologist assistant, as applicable, with reasonable
3 skill and safety to patients, the Board or the member designated by the Board may
4 require the osteopathic physician, [or] physician assistant or anesthesiologist
5 assistant to submit to a mental or physical examination conducted by physicians
6 designated by the Board. If the osteopathic physician, [or] physician assistant or
7 anesthesiologist assistant participates in a diversion program, the diversion
8 program may exchange with any authorized member of the staff of the Board any
9 information concerning the recovery and participation of the osteopathic physician,
10 [or] physician assistant or anesthesiologist assistant in the diversion program. As
11 used in this subsection, "diversion program" means a program approved by the
12 Board to correct an osteopathic physician's, [or] physician assistant's or
13 anesthesiologist assistant's alcohol or drug dependence or any other impairment.

14 2. For the purposes of this section:

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

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

22 3. Except in extraordinary circumstances, as determined by the Board, the
23 failure of an osteopathic physician, [or] physician assistant or anesthesiologist
24 assistant who is licensed under this chapter to submit to an examination pursuant to
25 this section constitutes an admission of the charges against the osteopathic
26 physician, [or] physician assistant or anesthesiologist assistant. (Deleted by
27 amendment.)

28 Sec. 74. [NRS 633.571 is hereby amended to read as follows:

29 633.571 Notwithstanding the provisions of chapter 622A of NRS, if the
30 Board has reason to believe that the conduct of any osteopathic physician, [or]
31 physician assistant or anesthesiologist assistant has raised a reasonable question as
32 to his or her competence to practice osteopathic medicine or to practice as a
33 physician assistant or anesthesiologist assistant, as applicable, with reasonable
34 skill and safety to patients, the Board may require the osteopathic physician, [or]
35 physician assistant or anesthesiologist assistant to submit to an examination for the
36 purposes of determining his or her competence to practice osteopathic medicine or
37 to practice as a physician assistant or anesthesiologist assistant, as applicable, with
38 reasonable skill and safety to patients. (Deleted by amendment.)

39 Sec. 75. [NRS 633.581 is hereby amended to read as follows:

40 633.581 1. If an investigation by the Board of an osteopathic physician,
41 [or] physician assistant or anesthesiologist assistant reasonably determines that the
42 health, safety or welfare of the public or any patient served by the osteopathic
43 physician, [or] physician assistant or anesthesiologist assistant is at risk of
44 imminent or continued harm, the Board may summarily suspend the license of the
45 licensee pending the conclusion of a hearing to consider a formal complaint against
46 the licensee. The order of summary suspension may be issued only by the Board or
47 an investigative committee of the Board.

48 2. If the Board or an investigative committee of the Board issues an order
49 summarily suspending the license of a licensee pursuant to subsection 1, the Board
50 shall hold a hearing not later than 60 days after the date on which the order is
51 issued, unless the Board and the licensee mutually agree to a longer period, to
52 determine whether a reasonable basis exists to continue the suspension of the
53 license pending the conclusion of a hearing to consider a formal complaint against

1 the licensee. If no formal complaint against the licensee is pending before the Board
2 on the date on which a hearing is held pursuant to this section, the Board shall
3 reinstate the license of the licensee.

4 ~~3. Notwithstanding the provisions of chapter 622A of NRS, if the Board or an~~
5 ~~investigative committee of the Board issues an order summarily suspending the~~
6 ~~license of an osteopathic physician, [or] physician assistant or anesthesiologist~~
7 ~~assistant pursuant to subsection 1 and the Board requires the licensee to submit to a~~
8 ~~mental or physical examination or a medical competency examination, the~~
9 ~~examination must be conducted and the results must be obtained not later than 30~~
10 ~~days after the order is issued. (Deleted by amendment.)~~

11 **Sec. 76.** ~~[NRS 633.591 is hereby amended to read as follows:~~

12 ~~633.591 Notwithstanding the provisions of chapter 622A of NRS, if the~~
13 ~~Board issues an order summarily suspending the license of an osteopathic physician~~
14 ~~, [or] physician assistant or anesthesiologist assistant pending proceedings for~~
15 ~~disciplinary action, including, without limitation, a summary suspension pursuant to~~
16 ~~NRS 233B.127, the court shall not stay that order unless the Board fails to institute~~
17 ~~and determine such proceedings as promptly as the requirements for investigation~~
18 ~~of the case reasonably allow. (Deleted by amendment.)~~

19 **Sec. 77.** ~~[NRS 633.601 is hereby amended to read as follows:~~

20 ~~633.601 1. In addition to any other remedy provided by law, the Board,~~
21 ~~through an officer of the Board or the Attorney General, may apply to any court of~~
22 ~~competent jurisdiction to enjoin any unprofessional conduct of an osteopathic~~
23 ~~physician, [or] physician assistant or anesthesiologist assistant which is harmful to~~
24 ~~the public or to limit the practice of the osteopathic physician, [or] physician~~
25 ~~assistant or anesthesiologist assistant or suspend his or her license to practice~~
26 ~~osteopathic medicine or to practice as a physician assistant or anesthesiologist~~
27 ~~assistant, as applicable, as provided in this section.~~

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

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

32 ~~(b) Pending proceedings for disciplinary action by the Board. Notwithstanding~~
33 ~~the provisions of chapter 622A of NRS, such proceedings shall be instituted and~~
34 ~~determined as promptly as the requirements for investigation of the case reasonably~~
35 ~~allow. (Deleted by amendment.)~~

36 **Sec. 78.** ~~[NRS 633.631 is hereby amended to read as follows:~~

37 ~~633.631 Except as otherwise provided in subsection 2 and chapter 622A of~~
38 ~~NRS:~~

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

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

~~2. Proof of service of process or publication of notice made under this chapter must be filed with the Secretary of the Board and may be recorded in the minutes of the Board.~~ **(Deleted by amendment.)**

Sec. 79. ~~[NRS 633.641 is hereby amended to read as follows:~~

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

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

~~2. A certified copy of the record of a court or a licensing agency showing a conviction or the suspension or revocation of a license to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant is conclusive evidence of its occurrence.~~ **(Deleted by amendment.)**

Sec. 80. ~~[NRS 633.651 is hereby amended to read as follows:~~

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

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

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

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

~~(d) Suspend the license of the person to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant for a specified period or until further order of the Board.~~

~~(e) Revoke the license of the person to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant.~~

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

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

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

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

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

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

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

~~3. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.~~ **(Deleted by amendment.)**

Sec. 81. ~~[NRS 633.671 is hereby amended to read as follows:~~

~~633.671 1. Any person who has been placed on probation or whose license has been limited, suspended or revoked by 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 osteopathic medicine or the practice of a physician assistant or anesthesiologist assistant or suspends or revokes a license is effective from the date on which the order is issued by the Board until the date the order is modified or reversed by a final judgment of 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.~~ **(Deleted by amendment.)**

Sec. 82. ~~[NRS 633.681 is hereby amended to read as follows:~~

~~633.681 1. Any person:~~

~~(a) Whose practice of osteopathic medicine or practice as a physician assistant or anesthesiologist assistant has been limited; or~~

~~(b) Whose license to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant has been:~~

~~(1) Suspended until further order; or~~

~~(2) Revoked;~~

~~may apply to the Board after a reasonable period 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.~~

~~2. In hearing the application, the Board:~~

~~(a) May require the person to submit to a mental or physical examination by physicians 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; and~~

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

Sec. 83. ~~NRS 633.691 is hereby amended to read as follows:~~

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

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

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

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

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

~~4. As used in this section, "governmental entity" includes, without limitation:~~

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

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

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

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

~~(e) A federal, state or local judiciary, or any member or employee thereof, or grand or petit jury.] (Deleted by amendment.)~~

Sec. 84. ~~[NRS 633.701 is hereby amended to read as follows:~~

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

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

~~2. Any appropriate criminal prosecution by the Attorney General or a district attorney based upon the same or other facts.] (Deleted by amendment.)~~

Sec. 85. ~~[NRS 633.711 is hereby amended to read as follows:~~

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

~~(a) Practicing osteopathic medicine or practicing as a physician assistant or anesthesiologist assistant without a valid license to practice osteopathic medicine or to practice as a physician assistant or anesthesiologist assistant [;], as applicable; or~~

~~(b) Providing services through telehealth, as defined in NRS 629.515, without a valid license.~~

~~2. An injunction issued pursuant to subsection 1:~~

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

~~(b) Must not relieve such person from criminal prosecution for practicing without such a license.] (Deleted by amendment.)~~

Sec. 86. ~~[NRS 633.721 is hereby amended to read as follows:~~

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

Sec. 87. ~~[NRS 633.741 is hereby amended to read as follows:~~

~~633.741 1. It is unlawful for any person to:~~

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

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

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

~~(3) Beyond the limitations ordered upon his or her practice by the Board or the court;~~

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

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

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

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

~~(f) Hold himself or herself out as a physician assistant or anesthesiologist assistant or use any other term indicating or implying that he or she is a physician assistant [.] or anesthesiologist assistant, as applicable, unless the person has been licensed by the Board as provided in this chapter; or~~

~~(g) Supervise a person as a physician assistant or anesthesiologist assistant before such person is licensed as provided in this chapter.~~

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

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

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

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

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

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

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

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

~~(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).~~ **(Deleted by amendment.)**

Sec. 88. [NRS 639.0125 is hereby amended to read as follows:

639.0125 "Practitioner" means:

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

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

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

~~4. A physician assistant or anesthesiologist assistant who:~~

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

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

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

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

~~(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 623 of NRS; or~~

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

1 **Sec. 89.** ~~[NRS 639.1373 is hereby amended to read as follows:~~

2 ~~639.1373 1. A physician assistant *or anesthesiologist assistant* licensed~~
3 ~~pursuant to chapter 630 or 633 of NRS may, if authorized by the Board [] and~~
4 ~~consistent with the provisions of chapter 630 or 633 of NRS, as applicable,~~
5 ~~possess, administer, prescribe or dispense controlled substances, or possess,~~
6 ~~administer, prescribe or dispense poisons, dangerous drugs or devices in or out of~~
7 ~~the presence of his or her supervising physician *or supervising anesthesiologist*~~
8 ~~only to the extent and subject to the limitations specified in the registration~~
9 ~~certificate issued to the physician assistant *or anesthesiologist assistant* by the~~
10 ~~Board pursuant to this section.~~

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

22 ~~3. The Board shall consider each application separately and may, even though~~
23 ~~the physician assistant's *or anesthesiologist assistant's* license issued by the Board~~
24 ~~of Medical Examiners or by the State Board of Osteopathic Medicine authorizes the~~
25 ~~physician assistant *or anesthesiologist assistant* to possess, administer, prescribe or~~
26 ~~dispense controlled substances, or to possess, administer, prescribe or dispense~~
27 ~~poisons, dangerous drugs and devices:~~

28 ~~(a) Refuse to issue a registration certificate;~~

29 ~~(b) Issue a registration certificate limiting the authority of the physician~~
30 ~~assistant *or anesthesiologist assistant* to possess, administer, prescribe or dispense~~
31 ~~controlled substances, or to possess, administer, prescribe or dispense poisons,~~
32 ~~dangerous drugs or devices, the area in which the physician assistant *or*~~
33 ~~*anesthesiologist assistant* may possess controlled substances, poisons, dangerous~~
34 ~~drugs and devices, or the kind and amount of controlled substances, poisons,~~
35 ~~dangerous drugs and devices; or~~

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

39 ~~4. If the registration of the physician assistant *or anesthesiologist assistant*~~
40 ~~licensed pursuant to chapter 630 or 633 of NRS is suspended or revoked, the~~
41 ~~physician's controlled substance registration may also be suspended or revoked.~~

42 ~~5. The Board shall adopt regulations controlling the maximum amount to be~~
43 ~~administered, possessed and dispensed, and the storage, security, recordkeeping and~~
44 ~~transportation of controlled substances and the maximum amount to be~~
45 ~~administered, possessed, prescribed and dispensed and the storage, security,~~
46 ~~recordkeeping and transportation of poisons, dangerous drugs and devices by~~
47 ~~physician assistants *or anesthesiologist assistants* licensed pursuant to chapter 630~~
48 ~~or 633 of NRS. In the adoption of those regulations, the Board shall consider, but is~~
49 ~~not limited to, the following:~~

50 ~~(a) The area in which the physician assistant *or anesthesiologist assistant* is to~~
51 ~~operate;~~

52 ~~(b) The population of that area;~~

~~(c) The experience and training of the physician assistant or anesthesiologist assistant;~~
~~(d) The distance to the nearest hospital and physician; and~~
~~(e) The effect on the health, safety and welfare of the public.~~
~~6. For the purposes of this section, the term "supervising" means:~~
~~(a) "Supervising anesthesiologist" has the meaning ascribed to it in sections 6 and 42 of this act.~~
~~(b) "Supervising physician" includes a supervising osteopathic physician as defined in chapter 622 of NRS, and has the meaning ascribed to it in NRS 630.025 and 633.123. (Deleted by amendment.)~~

Sec. 90. NRS 652.210 is hereby amended to read as follows:

652.210 1. Except as otherwise provided in subsection 2 and NRS 126.121 and 652.186, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a perfusionist, a physician assistant ~~for anesthesiologist assistant~~ licensed pursuant to chapter 630 or 633 of NRS, a licensed anesthesiologist assistant, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS or a licensed dentist may manipulate a person for the collection of specimens. The persons described in this subsection may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127.

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

Sec. 91. NRS 41.504 is hereby amended to read as follows:

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

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

3. As used in this section, "emergency medical attendant" means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS.

Sec. 92. NRS 41.505 is hereby amended to read as follows:

41.505 1. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS and any person who holds an equivalent license issued by another state, who renders emergency care or assistance, including, without limitation, emergency obstetrical care or assistance, in an emergency, gratuitously and in good faith, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person. This section does not excuse a physician, physician assistant, anesthesiologist assistant

1 or nurse from liability for damages resulting from that person's acts or omissions
2 which occur in a licensed medical facility relative to any person with whom there is
3 a preexisting relationship as a patient.

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

6 (a) Is retired or otherwise does not practice on a full-time basis; and
7 (b) Gratuitously and in good faith, renders medical care within the scope of
8 that person's license to an indigent person,
9 is not liable for any civil damages as a result of any act or omission by that
10 person, not amounting to gross negligence or reckless, willful or wanton conduct, in
11 rendering that care.

12 3. Any person licensed to practice medicine under the provisions of chapter
13 630 or 633 of NRS or licensed to practice dentistry under the provisions of chapter
14 631 of NRS who renders care or assistance to a patient for a governmental entity or
15 a nonprofit organization is not liable for any civil damages as a result of any act or
16 omission by that person in rendering that care or assistance if the care or assistance
17 is rendered gratuitously, in good faith and in a manner not amounting to gross
18 negligence or reckless, willful or wanton conduct.

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

21 **Sec. 93.** NRS 41A.017 is hereby amended to read as follows:

22 41A.017 "Provider of health care" means a physician licensed pursuant to
23 chapter 630 or 633 of NRS, physician assistant, *anesthesiologist assistant*, dentist,
24 licensed nurse, dispensing optician, optometrist, registered physical therapist,
25 podiatric physician, licensed psychologist, chiropractor, doctor of Oriental
26 medicine, medical laboratory director or technician, licensed dietitian or a licensed
27 hospital, clinic, surgery center, physicians' professional corporation or group
28 practice that employs any such person and its employees.

29 **Sec. 94.** NRS 200.471 is hereby amended to read as follows:

30 200.471 1. As used in this section:

31 (a) "Assault" means:

32 (1) Unlawfully attempting to use physical force against another person; or
33 (2) Intentionally placing another person in reasonable apprehension of
34 immediate bodily harm.

35 (b) "Officer" means:

36 (1) A person who possesses some or all of the powers of a peace officer;
37 (2) A person employed in a full-time salaried occupation of fire fighting
38 for the benefit or safety of the public;
39 (3) A member of a volunteer fire department;
40 (4) A jailer, guard or other correctional officer of a city or county jail;
41 (5) A justice of the Supreme Court, judge of the Court of Appeals, district
42 judge, justice of the peace, municipal judge, magistrate, court commissioner, master
43 or referee, including a person acting pro tempore in a capacity listed in this
44 subparagraph; or

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

47 (c) "Provider of health care" means a physician, a medical student, a
48 perfusionist, ~~for~~ a physician assistant *or anesthesiologist assistant* licensed
49 pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic
50 physician, an advanced practitioner of homeopathy, a homeopathic assistant, an
51 osteopathic physician, a physician assistant ~~for anesthesiologist assistant~~ licensed
52 pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a
53 physical therapist, a medical laboratory technician, an optometrist, a chiropractor, a

1 chiropractor's assistant, a doctor of Oriental medicine, a nurse, a student nurse, a
2 certified nursing assistant, a nursing assistant trainee, a medication aide - certified,
3 a dentist, a dental student, a dental hygienist, a dental hygienist student, a
4 pharmacist, a pharmacy student, an intern pharmacist, an attendant on an
5 ambulance or air ambulance, a psychologist, a social worker, a marriage and family
6 therapist, a marriage and family therapist intern, a clinical professional counselor, a
7 clinical professional counselor intern, a licensed dietitian, an emergency medical
8 technician, an advanced emergency medical technician and a paramedic.

9 (d) "School employee" means a licensed or unlicensed person employed by a
10 board of trustees of a school district pursuant to NRS 391.100 or 391.281.

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

12 (f) "Sports official" has the meaning ascribed to it in NRS 41.630.

13 (g) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

14 (h) "Taxicab driver" means a person who operates a taxicab.

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

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

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

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

25 (c) If paragraph (d) does not apply to the circumstances of the crime and if the
26 assault is committed upon an officer, a provider of health care, a school employee,
27 a taxicab driver or a transit operator who is performing his or her duty or upon a
28 sports official based on the performance of his or her duties at a sporting event and
29 the person charged knew or should have known that the victim was an officer, a
30 provider of health care, a school employee, a taxicab driver, a transit operator or a
31 sports official, for a gross misdemeanor, unless the assault is made with the use of a
32 deadly weapon or the present ability to use a deadly weapon, then for a category B
33 felony by imprisonment in the state prison for a minimum term of not less than 1
34 year and a maximum term of not more than 6 years, or by a fine of not more than
35 \$5,000, or by both fine and imprisonment.

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

48 **Sec. 95.** NRS 200.5093 is hereby amended to read as follows:

49 200.5093 1. Any person who is described in subsection 4 and who, in a
50 professional or occupational capacity, knows or has reasonable cause to believe that
51 an older person has been abused, neglected, exploited, isolated or abandoned shall:

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

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

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

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

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

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

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

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

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

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

34 (c) A coroner.

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

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

39 (f) Every person who operates, who is employed by or who contracts to
40 provide services for an intermediary service organization as defined in NRS
41 449.4304.

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

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

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

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

51 (k) Every social worker.

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

(m) Every person who operates or is employed by a peer support recovery organization, as defined in NRS 449.01563.

(n) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

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

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

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

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

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

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

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

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

Sec. 96. NRS 200.50935 is hereby amended to read as follows:

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

(a) Report the abuse, neglect, exploitation, isolation or abandonment of the vulnerable person 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 vulnerable person has been abused, neglected, exploited, isolated or abandoned.

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

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

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

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

(c) A coroner.

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

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

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

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

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

(i) Every social worker.

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

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

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

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

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

Sec. 97. NRS 244.1605 is hereby amended to read as follows:

244.1605 The boards of county commissioners may:

1. Establish, equip and maintain limited medical facilities in the outlying areas of their respective counties to provide outpatient care and emergency treatment to the residents of and those falling sick or being injured or maimed in those areas.

2. Provide a full-time or part-time staff for the facilities which may include a physician, a physician assistant ~~for anesthesiologist assistant~~ licensed pursuant to chapter 630 or 633 of NRS, an anesthesiologist assistant, a registered nurse or a licensed practical nurse, a certified emergency medical technician, advanced

1 emergency medical technician or paramedic, and such other personnel as the board
2 deems necessary or appropriate to ensure adequate staffing commensurate with the
3 needs of the area in which the facility is located.

4 3. Fix the charges for the medical and nursing care and medicine furnished by
5 the facility to those who are able to pay for them, and to provide that care and
6 medicine free of charge to those persons who qualify as medical indigents under the
7 county's criteria of eligibility for medical care.

8 4. Purchase, equip and maintain, either in connection with a limited medical
9 facility as authorized in this section or independent therefrom, ambulances and
10 ambulance services for the benefit of the residents of and those falling sick or being
11 injured or maimed in the outlying areas.

12 **Sec. 98.** NRS 244.382 is hereby amended to read as follows:

13 244.382 The Legislature finds that:

14 1. Many of the less populous counties of the State have experienced shortages
15 of physicians, surgeons, anesthetists, dentists, other medical professionals , ~~and~~
16 physician *assistants and anesthesiologist* assistants.

17 2. Some of the more populous counties of the State have also experienced
18 shortages of physicians, surgeons, anesthetists, dentists, other medical professionals
19 , ~~and~~ physician *assistants and anesthesiologist* assistants in their rural
20 communities.

21 3. By granting county scholarships to students in such medical professions
22 who will agree to return to the less populous counties or the rural communities of
23 the more populous counties for residence and practice, these counties can alleviate
24 the shortages to a degree and thereby provide their people with needed health
25 services.

26 **Sec. 99.** NRS 244.3821 is hereby amended to read as follows:

27 244.3821 1. In addition to the powers elsewhere conferred upon all
28 counties, except as otherwise provided in subsection 2, any county may establish a
29 medical scholarship program to induce students in the medical professions to return
30 to the county for practice.

31 2. Any county whose population is 100,000 or more may only establish a
32 medical scholarship program to induce students in the medical professions to return
33 to the less populous rural communities of the county for practice.

34 3. Students in the medical professions for the purposes of NRS 244.382 to
35 244.3823, inclusive, include persons studying to be physician assistants ~~for~~
36 ~~anesthesiologist assistants~~ licensed pursuant to chapter 630 or 633 of NRS. ~~or~~
37 anesthesiologist assistants.

38 4. The board of county commissioners of a county that has established a
39 medical scholarship program may appropriate money from the general fund of the
40 county for medical scholarship funds and may accept private contributions to
41 augment the scholarship funds.

42 **Sec. 100.** NRS 397.0617 is hereby amended to read as follows:

43 397.0617 1. The provisions of this section apply only to support fees
44 received by a participant on or after July 1, 1997.

45 2. The three Nevada State Commissioners, acting jointly, may require a
46 participant who is certified to practice in a profession which could benefit a health
47 professional shortage area, a medically underserved area or a medically
48 underserved population of this State, as those terms are defined by the Office of
49 Statewide Initiatives of the University of Nevada , Reno School of Medicine, to
50 practice in such an area or with such a population, or to practice in an area
51 designated by the Secretary of Health and Human Services:

52 (a) Pursuant to 42 U.S.C. § 254c, as containing a medically underserved
53 population; or

(b) Pursuant to 42 U.S.C. § 254e, as a health professional shortage area, as a condition to receiving a support fee.

3. The three Nevada State Commissioners, acting jointly, may forgive the portion of the support fee designated as the stipend of a participant if that participant agrees to practice in a health professional shortage area, a medically underserved area or an area with a medically underserved population of this State pursuant to subsection 2 for a period of time equal to the lesser of:

(a) One year for each year the participant receives a support fee; or

(b) One year for each 9 months the participant receives a support fee and is enrolled in an accelerated program that provides more than 1 academic year of graduate and professional education in 9 months,

but in no case for a period of time more than 2 years.

4. For a participant to qualify for forgiveness pursuant to subsection 3, the participant must complete the relevant practice within 5 years after the completion or termination of the participant's education, internship or residency for which the participant received the support fee.

5. If a participant returns to or remains in this State but does not practice in a health professional shortage area, a medically underserved area or an area with a medically underserved population of this State pursuant to subsections 2, 3 and 4, the three Nevada State Commissioners, acting jointly, shall:

(a) Assess a default charge in an amount not less than three times the support fees, plus interest; and

(b) Convert the portion of the support fee designated as the stipend into a loan to be repaid in accordance with NRS 397.064 from the first day of the term for which the participant received the support fee.

6. As used in this section, a "profession which could benefit a health professional shortage area, a medically underserved area or an area with a medically underserved population of this State" includes, without limitation, dentistry, physical therapy, pharmacy and practicing as a physician assistant ~~for anesthesiologist assistant~~ licensed pursuant to chapter 630 or 633 of NRS ~~or anesthesiologist assistant~~.

Sec. 101. NRS 441A.110 is hereby amended to read as follows:

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

Sec. 102. NRS 441A.334 is hereby amended to read as follows:

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

Sec. 103. ~~NRS 453.038 is hereby amended to read as follows:~~

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

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

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

1 **Sec. 104.** ~~[NRS 453.091 is hereby amended to read as follows:~~

2 ~~453.091 1. "Manufacture" means the production, preparation, propagation,~~
3 ~~compounding, conversion or processing of a substance, either directly or indirectly,~~
4 ~~by extraction from substances of natural origin, or independently by means of~~
5 ~~chemical synthesis, or by a combination of extraction and chemical synthesis, and~~
6 ~~includes any packaging or repackaging of the substance or labeling or relabeling of~~
7 ~~its container.~~

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

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

14 ~~(b) By an authorized agent under his or her supervision, for the purpose of, or~~
15 ~~as an incident to, research, teaching or chemical analysis and not for sale.] (Deleted~~
16 ~~by amendment.)~~

17 **Sec. 105.** ~~[NRS 453.126 is hereby amended to read as follows:~~

18 ~~453.126 "Practitioner" means:~~

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

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

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

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

33 ~~5. A physician assistant or anesthesiologist assistant who:~~

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

35 ~~(b) Is authorized by the Board to possess, administer, prescribe or dispense~~
36 ~~controlled substances under the supervision of a physician as required by chapter~~
37 ~~630 of NRS.~~

38 ~~6. A physician assistant or anesthesiologist assistant who:~~

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

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

43 ~~7. An optometrist who is certified by the Nevada State Board of Optometry to~~
44 ~~prescribe and administer therapeutic pharmaceutical agents pursuant to NRS~~
45 ~~636.288, when the optometrist prescribes or administers therapeutic pharmaceutical~~
46 ~~agents within the scope of his or her certification.] (Deleted by amendment.)~~

47 **Sec. 106.** ~~[NRS 453.128 is hereby amended to read as follows:~~

48 ~~453.128 1. "Prescription" means:~~

49 ~~(a) An order given individually for the person for whom prescribed, directly~~
50 ~~from a physician, physician assistant or anesthesiologist assistant licensed pursuant~~
51 ~~to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced~~
52 ~~practice registered nurse or veterinarian, or his or her agent, to a pharmacist or~~

indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

(b) A chart order written for an inpatient specifying drugs which he or she is to take home upon his or her discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient. **(Deleted by amendment.)**

Sec. 107. ~~NRS 452.371 is hereby amended to read as follows:~~

~~453.371 As used in NRS 453.371 to 453.552, inclusive:~~

1. ~~"Anesthesiologist assistant" means a person who is registered with the Board and holds a license issued pursuant to section 8 or 16 of this act.~~

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

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

~~[2.] 4. "Physician," "dentist," "podiatric physician," "veterinarian" and "euthanasia technician" mean persons authorized by a license to practice their respective professions in this State who are registered with the Board.~~

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

~~(a) Holds a license issued pursuant to NRS 630.273 [.] or~~

~~[(b) Holds a license issued pursuant to NRS] 633.433.] **(Deleted by amendment.)**~~

Sec. 108. NRS 453.375 is hereby amended to read as follows:

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

(a) A practitioner.

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

(c) A paramedic:

(1) As authorized by regulation of:

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

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

(2) In accordance with any applicable regulations of:

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

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

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

(d) A respiratory therapist, at the direction of a physician or physician assistant.

(e) **An anesthesiologist assistant, at the direction of a supervising anesthesiologist.**

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

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

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

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

~~†(g)~~ (g) An ultimate user or any person whom the ultimate user designates
pursuant to a written agreement.

~~†(h)~~ (h) Any person designated by the head of a correctional institution.

~~†(i)~~ (i) A veterinary technician at the direction of his or her supervising
veterinarian.

~~†(j)~~ (j) In accordance with applicable regulations of the State Board of Health,
an employee of a residential facility for groups, as defined in NRS 449.017,
pursuant to a written agreement entered into by the ultimate user.

~~†(k)~~ (k) In accordance with applicable regulations of the State Board of
Pharmacy, an animal control officer, a wildlife biologist or an employee designated
by a federal, state or local governmental agency whose duties include the control of
domestic, wild and predatory animals.

~~†(l)~~ (l) A person who is enrolled in a training program to become a
paramedic, respiratory therapist or veterinary technician if the person possesses and
administers the controlled substance in the same manner and under the same
conditions that apply, respectively, to a paramedic, respiratory therapist or
veterinary technician who may possess and administer the controlled substance, and
under the direct supervision of a person licensed or registered to perform the
respective medical art or a supervisor of such a person.

2. As used in this section ~~†~~~~“accredited”~~:

(a) “Accredited college of medicine” means:

~~†(1)~~ (1) A medical school that is accredited by the Liaison Committee on
Medical Education of the American Medical Association and the Association of
American Medical Colleges or their successor organizations; or

~~†(2)~~ (2) A school of osteopathic medicine, as defined in NRS 633.121.

(b) “Anesthesiologist assistant” means a person who holds a license issued
pursuant to section 8 of this act.

Sec. 109. ~~†NRS 453.381 is hereby amended to read as follows:~~

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

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

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

~~4. A pharmacist shall not fill an order which purports to be a prescription if
the pharmacist has reason to believe that it was not issued in the usual course of the~~

professional practice of a physician, physician assistant, dentist, advanced practice registered nurse, podiatric physician or veterinarian.

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

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

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

8. A person shall not dispense a controlled substance in violation of a regulation adopted by the Board. **(Deleted by amendment.)**

Sec. 110. NRS 453.291 is hereby amended to read as follows:

~~453.291. A person shall not:~~

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

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

Sec. 111. NRS 453C.030 is hereby amended to read as follows:

~~453C.030. 1. "Health care professional" means a physician, a physician assistant, an anesthesiologist assistant or an advanced practice registered nurse.~~

~~2. As used in this section:~~

(a) "Advanced practice registered nurse" has the meaning ascribed to it in NRS 632.012.

(b) **"Anesthesiologist assistant" means an anesthesiologist assistant licensed pursuant to chapter 630 or 633 of NRS.**

(c) "Physician" means a physician licensed pursuant to chapter 630 or 633 of NRS.

~~[(e)] (d) "Physician assistant" means a physician assistant licensed pursuant to chapter 630 or 633 of NRS.]~~ **(Deleted by amendment.)**

Sec. 112. NRS 454.00958 is hereby amended to read as follows:

~~454.00958. "Practitioner" means:~~

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

2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant ~~or anesthesiologist assistant~~ who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

~~4. An optometrist who is certified to prescribe and administer dangerous drugs pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.~~ (Deleted by amendment.)

Sec. 113. NRS 454.213 is hereby amended to read as follows:

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

(a) A practitioner.

(b) A physician assistant ~~for anesthesiologist assistant~~ licensed pursuant to chapter 630 or 633 of NRS, ~~H~~ or anesthesiologist assistant at the direction of his or her supervising physician or supervising anesthesiologist, as applicable, or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

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

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

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

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

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

(f) Except as otherwise provided in paragraph (g), an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

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

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

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

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

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

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

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

(1) In the presence of a physician or a registered nurse; or

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

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

(k) Any person designated by the head of a correctional institution.

(l) An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

(m) A nuclear medicine technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

(n) A radiologic technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

(o) A chiropractic physician, but only if the drug or medicine is a topical drug used for cooling and stretching external tissue during therapeutic treatments.

(p) A physical therapist, but only if the drug or medicine is a topical drug which is:

(1) Used for cooling and stretching external tissue during therapeutic treatments; and

(2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

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

(r) A veterinary technician or a veterinary assistant at the direction of his or her supervising veterinarian.

(s) In accordance with applicable regulations of the Board, a registered pharmacist who:

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

(2) Is authorized to administer immunizations pursuant to written protocols from a physician; and

(3) Administers immunizations in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(t) A registered pharmacist pursuant to written guidelines and protocols developed and approved pursuant to NRS 639.2809.

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

(v) A medical assistant, in accordance with applicable regulations of the:
(1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician ~~or~~ physician ~~assistant or anesthesiologist~~ assistant.

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

2. As used in this section, "accredited college of medicine" has the meaning ascribed to it in NRS 453.375.

Sec. 114. ~~NRS 454.215 is hereby amended to read as follows:~~

~~454.215 A dangerous drug may be dispensed by:~~

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

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

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

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

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

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

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

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

~~9. A registered nurse to a patient at a rural clinic that is designated as such pursuant to NRS 423.223 and that is operated by the Division of Public and Behavioral Health of the Department of Health and Human Services if the nurse is providing mental health services at the rural clinic;~~

~~except that no person may dispense a dangerous drug in violation of a regulation adopted by the Board.] (Deleted by amendment.)~~

Sec. 115. ~~NRS 454.221 is hereby amended to read as follows:~~

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

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

~~(a) A practitioner to his or her patients;~~

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

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

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

~~(e) A hospital pharmacy or a pharmacy so designated by a county health officer in a county whose population is 100,000 or more, or by a district health officer in any county within its jurisdiction or, in the absence of either, by the Chief Medical Officer or the Chief Medical Officer's designated Medical Director of~~

~~Emergency Medical Services, to a person or agency described in subsection 2 of NRS 639.268 to stock ambulances or other authorized vehicles or replenish the stock; or~~

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

Sec. 116. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 117. This act becomes effective upon passage and approval for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act, and on ~~January~~ July 1, 2018, for all other purposes.