

SENATE BILL NO. 372—SENATOR HARDY

MARCH 20, 2017

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to health care.
(BDR 54-963)

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

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

AN ACT relating to health care; authorizing the Board of Medical Examiners and the State Board of Osteopathic Medicine to issue a license as a collaborative physician to certain persons; prescribing the scope of practice of a collaborative physician; authorizing the State Board of Pharmacy to issue a registration certificate to a collaborative physician; authorizing a registered pharmacist to manipulate a person for the collection of specimens; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 **Sections 3-5 and 36-38** of this bill authorize the Board of Medical Examiners
2 and the State Board of Osteopathic Medicine, respectively, to issue a license as a
3 collaborative physician to a person who meets the statutory requirements for a
4 license as a physician or osteopathic physician, as applicable, except that the
5 person: (1) is not required to have completed a residency, fellowship or other
6 postgraduate education; (2) is only required to pass certain examinations that are
7 normally required to obtain a license to practice medicine. A collaborative
8 physician: (1) does not have a license to practice medicine or osteopathic medicine;
9 (2) is authorized to perform only the medical services that a physician assistant is
10 authorized to perform; (3) must perform authorized medical services under the
11 supervision of a supervising physician or supervising osteopathic physician; and (4)
12 is not required to be licensed as a physician assistant. **Sections 1, 2, 6-35, 39-84**
13 **and 86-140** of this bill make conforming changes.

14 Existing law prohibits any person other than certain licensed or certified health
15 care professionals from manipulating a person for the collection of specimens.
16 (NRS 652.210) **Section 86** of this bill additionally authorizes a registered



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17 pharmacist to manipulate a person for the collection of specimens. **Section 85** of
18 this bill makes a conforming change.

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

1 **Section 1.** NRS 629.031 is hereby amended to read as follows:
2 629.031 Except as otherwise provided by a specific statute:
3 1. "Provider of health care" means:
4 (a) A physician licensed pursuant to chapter 630, 630A or 633
5 of NRS;
6 (b) A *collaborative physician or* physician assistant;
7 (c) A dentist;
8 (d) A licensed nurse;
9 (e) A person who holds a license as an attendant or who is
10 certified as an emergency medical technician, advanced emergency
11 medical technician or paramedic pursuant to chapter 450B of NRS;
12 (f) A dispensing optician;
13 (g) An optometrist;
14 (h) A speech-language pathologist;
15 (i) An audiologist;
16 (j) A practitioner of respiratory care;
17 (k) A registered physical therapist;
18 (l) An occupational therapist;
19 (m) A podiatric physician;
20 (n) A licensed psychologist;
21 (o) A licensed marriage and family therapist;
22 (p) A licensed clinical professional counselor;
23 (q) A music therapist;
24 (r) A chiropractor;
25 (s) An athletic trainer;
26 (t) A perfusionist;
27 (u) A doctor of Oriental medicine in any form;
28 (v) A medical laboratory director or technician;
29 (w) A pharmacist;
30 (x) A licensed dietitian;
31 (y) An associate in social work, a social worker, an independent
32 social worker or a clinical social worker licensed pursuant to chapter
33 641B of NRS;
34 (z) An alcohol and drug abuse counselor or a problem gambling
35 counselor who is certified pursuant to chapter 641C of NRS;
36 (aa) An alcohol and drug abuse counselor or a clinical alcohol
37 and drug abuse counselor who is licensed pursuant to chapter 641C
38 of NRS; or



(bb) 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, 4 and 5 of this act.

Sec. 3. *“Collaborative physician” means a person who has obtained a license as a collaborative physician pursuant to section 4 of this act.*

Sec. 4. 1. *The Board may issue a license as a collaborative physician to a person who meets all of the statutory requirements to obtain a license to practice medicine except that the person:*

(a) Is not required to meet the requirements of paragraphs (d) and (e) of subsection 2 of NRS 630.160 and NRS 630.171 and 630.180; and

(b) Is only required to pass the examinations described in paragraph (c) of subsection 2 of NRS 630.160 that are necessary to begin a residency, fellowship or other postgraduate education.

2. *A person who is licensed as a collaborative physician pursuant to this section:*

(a) Does not have a license to practice medicine;

(b) Is:

(1) Authorized to perform only the medical services that a physician assistant is authorized to perform pursuant to statute and regulation and must perform such medical services under the supervision of a supervising physician; and

(2) Subject to the same grounds and procedures respecting disciplinary actions as a physician assistant; and

(c) Is not required to be licensed as a physician assistant.

3. *The Board and supervising physician shall limit the authority of a collaborative physician to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.*

Sec. 5. *The Board may adopt regulations regarding the licensing of collaborative physicians pursuant to this chapter.*



Sec. 6. NRS 630.003 is hereby amended to read as follows:

630.003 1. The Legislature finds and declares that:

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

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

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

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

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

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

Sec. 7. NRS 630.005 is hereby amended to read as follows:

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

Sec. 8. NRS 630.0129 is hereby amended to read as follows:

630.0129 1. "Medical assistant" means a person who:

(a) Performs clinical tasks under the supervision of a physician, *collaborative physician* or physician assistant; and

(b) Does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks.

2. The term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

Sec. 9. NRS 630.014 is hereby amended to read as follows:

630.014 "Physician" means a person who has complied with all the requirements of this chapter for the practice of medicine. *The term does not include a collaborative physician.*

Sec. 10. NRS 630.021 is hereby amended to read as follows:

630.021 "Practice of respiratory care" includes:



- 1 1. Therapeutic and diagnostic use of medical gases, humidity
- 2 and aerosols and the maintenance of associated apparatus;
- 3 2. The administration of drugs and medications to the
- 4 cardiopulmonary system;
- 5 3. The provision of ventilatory assistance and control;
- 6 4. Postural drainage and percussion, breathing exercises and
- 7 other respiratory rehabilitation procedures;
- 8 5. Cardiopulmonary resuscitation and maintenance of natural
- 9 airways and the insertion and maintenance of artificial airways;
- 10 6. Carrying out the written orders of a physician, *collaborative*
- 11 *physician*, physician assistant, certified registered nurse anesthetist
- 12 or an advanced practice registered nurse relating to respiratory care;
- 13 7. Techniques for testing to assist in diagnosis, monitoring,
- 14 treatment and research related to respiratory care, including the
- 15 measurement of ventilatory volumes, pressures and flows, collection
- 16 of blood and other specimens, testing of pulmonary functions and
- 17 hemodynamic and other related physiological monitoring of the
- 18 cardiopulmonary system; and
- 19 8. Training relating to the practice of respiratory care.

20 **Sec. 11.** NRS 630.025 is hereby amended to read as follows:

21 630.025 "Supervising physician" means an active physician

22 licensed and in good standing in the State of Nevada who supervises

23 a *collaborative physician or* physician assistant.

24 **Sec. 12.** NRS 630.045 is hereby amended to read as follows:

25 630.045 1. The purpose of licensing physicians,

26 perfusionists, *collaborative physicians*, physician assistants and

27 practitioners of respiratory care is to protect the public health and

28 safety and the general welfare of the people of this State.

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

30 privilege.

31 **Sec. 13.** NRS 630.047 is hereby amended to read as follows:

32 630.047 1. This chapter does not apply to:

33 (a) A medical officer or perfusionist or practitioner of

34 respiratory care of the Armed Forces or a medical officer or

35 perfusionist or practitioner of respiratory care of any division or

36 department of the United States in the discharge of his or her official

37 duties, including, without limitation, providing medical care in a

38 hospital in accordance with an agreement entered into pursuant to

39 NRS 449.2455;

40 (b) Physicians who are called into this State, other than on a

41 regular basis, for consultation with or assistance to a physician

42 licensed in this State, and who are legally qualified to practice in the

43 state where they reside;

44 (c) Physicians who are legally qualified to practice in the state

45 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 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,



1 *collaborative physician*, physician assistant or practitioner of
2 respiratory care in cases of emergency.

3 (b) The domestic administration of family remedies.

4 **Sec. 14.** NRS 630.120 is hereby amended to read as follows:

5 630.120 1. The Board shall procure a seal.

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

10 **Sec. 15.** NRS 630.137 is hereby amended to read as follows:

11 630.137 1. Notwithstanding any other provision of law and
12 except as otherwise provided in this section, the Board shall not
13 adopt any regulations that prohibit or have the effect of prohibiting a
14 physician, perfusionist, *collaborative physician*, physician assistant
15 or practitioner of respiratory care from collaborating or consulting
16 with another provider of health care.

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

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

25 **Sec. 16.** NRS 630.167 is hereby amended to read as follows:

26 630.167 In addition to any other requirements set forth in this
27 chapter, each applicant for a license to practice medicine, to practice
28 as a perfusionist, *to practice as a collaborative physician*, to
29 practice as a physician assistant or to practice respiratory care shall
30 submit to the Board a complete set of fingerprints and written
31 permission authorizing the Board to forward the fingerprints to the
32 Central Repository for Nevada Records of Criminal History for
33 submission to the Federal Bureau of Investigation for its report. Any
34 fees or costs charged by the Board for this service pursuant to NRS
35 630.268 are not refundable.

36 **Sec. 17.** NRS 630.197 is hereby amended to read as follows:

37 630.197 1. In addition to any other requirements set forth in
38 this chapter:

39 (a) An applicant for the issuance of a license to practice
40 medicine, to practice as a perfusionist, *to practice as a collaborative*
41 *physician*, to practice as a physician assistant or to practice as a
42 practitioner of respiratory care shall include the social security
43 number of the applicant in the application submitted to the Board.

44 (b) An applicant for the issuance or renewal of a license to
45 practice medicine, to practice as a perfusionist, *to practice as a*



1 *collaborative physician*, to practice as a physician assistant or to
2 practice as a practitioner of respiratory care shall submit to the
3 Board the statement prescribed by the Division of Welfare and
4 Supportive Services of the Department of Health and Human
5 Services pursuant to NRS 425.520. The statement must be
6 completed and signed by the applicant.

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

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

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

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

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

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

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

31 **Sec. 18.** NRS 630.198 is hereby amended to read as follows:

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

39 2. In addition to the attestation provided pursuant to subsection
40 1, a physician shall attest that any person:

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

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

43 (c) Whose duties involve injection practices,

44 ➔ has knowledge of and is in compliance with the guidelines of the
45 Centers for Disease Control and Prevention concerning the



1 prevention of transmission of infectious agents through safe and
2 appropriate injection practices.

3 **Sec. 19.** NRS 630.253 is hereby amended to read as follows:

4 630.253 1. The Board shall, as a prerequisite for the:

5 (a) Renewal of a license as a *collaborative physician or*
6 physician assistant; or

7 (b) Biennial registration of the holder of a license to practice
8 medicine,

9 ➔ require each holder to comply with the requirements for
10 continuing education adopted by the Board.

11 2. These requirements:

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

6. As used in this section:

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

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

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

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

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

Sec. 20. NRS 630.2535 is hereby amended to read as follows:

630.2535 The Board may, by regulation, require each physician, *collaborative physician* or physician 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.

Sec. 21. NRS 630.268 is hereby amended to read as follows:

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

For application for and issuance of a license to practice as a physician, including a license by endorsement	\$600
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license.....	400
For renewal of a limited, restricted, authorized facility or special license	400



1	<i>For application for and issuance of a license as a</i>	
2	<i>collaborative physician.....</i>	<i>\$400</i>
3	For application for and issuance of a license as a	
4	physician assistant, including a license by	
5	endorsement	400
6	<i>For biennial registration of a collaborative</i>	
7	<i>physician.....</i>	<i>800</i>
8	For biennial registration of a physician assistant.....	800
9	For biennial registration of a physician	800
10	For application for and issuance of a license as a	
11	perfusionist or practitioner of respiratory care	400
12	For biennial renewal of a license as a perfusionist	600
13	For biennial registration of a practitioner of	
14	respiratory care	600
15	For biennial registration for a physician who is on	
16	inactive status	400
17	For written verification of licensure	50
18	For a duplicate identification card	25
19	For a duplicate license	50
20	For computer printouts or labels.....	500
21	For verification of a listing of physicians, per hour	20
22	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 the application for and initial issuance of a license.

Sec. 22. NRS 630.307 is hereby amended to read as follows:

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

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

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

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

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



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

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the Division of Public and Behavioral Health determines that any such facility or society failed to comply with the requirements of subsection 3 or 4, 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, *collaborative physician*, physician 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. 23. NRS 630.309 is hereby amended to read as follows:

630.309 To institute a disciplinary action against a perfusionist, *collaborative physician*, physician 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. 24. NRS 630.326 is hereby amended to read as follows:

630.326 1. If an investigation by the Board regarding a physician, perfusionist, *collaborative physician*, physician assistant or practitioner of respiratory care reasonably determines that the



1 health, safety or welfare of the public or any patient served by the
2 licensee is at risk of imminent or continued harm, the Board may
3 summarily suspend the license of the licensee pending the
4 conclusion of a hearing to consider a formal complaint against the
5 licensee. The order of summary suspension may be issued only by
6 the Board or an investigative committee of the Board.

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

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

26 **Sec. 25.** NRS 630.329 is hereby amended to read as follows:

27 630.329 If the Board issues an order suspending the license of
28 a physician, perfusionist, *collaborative physician*, physician
29 assistant or practitioner of respiratory care pending proceedings for
30 disciplinary action, including, without limitation, a summary
31 suspension pursuant to NRS 233B.127, the court shall not stay that
32 order.

33 **Sec. 26.** NRS 630.336 is hereby amended to read as follows:

34 630.336 1. Any deliberations conducted or vote taken by the
35 Board or any investigative committee of the Board regarding its
36 ordering of a physician, perfusionist, *collaborative physician*,
37 physician assistant or practitioner of respiratory care to undergo a
38 physical or mental examination or any other examination designated
39 to assist the Board or committee in determining the fitness of a
40 physician, perfusionist, *collaborative physician*, physician assistant
41 or practitioner of respiratory care are not subject to the requirements
42 of NRS 241.020.

43 2. Except as otherwise provided in subsection 3 or 4, all
44 applications for a license to practice medicine, perfusion or
45 respiratory care, any charges filed by the Board, financial records of



1 the Board, formal hearings on any charges heard by the Board or a
2 panel selected by the Board, records of such hearings and any order
3 or decision of the Board or panel must be open to the public.

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

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

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

11 (c) Any communication between:

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

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

16 4. Except as otherwise provided in subsection 5 and NRS
17 239.0115, a complaint filed with the Board pursuant to NRS
18 630.307, all documents and other information filed with the
19 complaint and all documents and other information compiled as a
20 result of an investigation conducted to determine whether to initiate
21 disciplinary action are confidential.

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

26 6. The Board shall, to the extent feasible, communicate or
27 cooperate with or provide any documents or other information to
28 any other licensing board or agency or any agency which is
29 investigating a person, including a law enforcement agency. Such
30 cooperation may include, without limitation, providing the board or
31 agency with minutes of a closed meeting, transcripts of oral
32 examinations and the results of oral examinations.

33 **Sec. 27.** NRS 630.366 is hereby amended to read as follows:

34 630.366 1. If the Board receives a copy of a court order
35 issued pursuant to NRS 425.540 that provides for the suspension of
36 all professional, occupational and recreational licenses, certificates
37 and permits issued to a person who is the holder of a license to
38 practice medicine, to practice as a perfusionist, to practice as a
39 *collaborative physician, to practice as a* physician assistant or to
40 practice as a practitioner of respiratory care, the Board shall deem
41 the license issued to that person to be suspended at the end of the
42 30th day after the date on which the court order was issued unless
43 the Board receives a letter issued to the holder of the license by the
44 district attorney or other public agency pursuant to NRS 425.550



1 stating that the holder of the license has complied with the subpoena
2 or warrant or has satisfied the arrearage pursuant to NRS 425.560.

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

12 **Sec. 28.** NRS 630.374 is hereby amended to read as follows:

13 630.374 1. A physician , *collaborative physician* or
14 physician assistant may issue to a public or private school an order
15 to allow the school to obtain and maintain auto-injectable
16 epinephrine at the school, regardless of whether any person at the
17 school has been diagnosed with a condition which may cause the
18 person to require such medication for the treatment of anaphylaxis.

19 2. A physician , *collaborative physician* or physician assistant
20 may issue to an authorized entity an order to allow the authorized
21 entity to obtain and maintain auto-injectable epinephrine at any
22 location under the control of the authorized entity where allergens
23 capable of causing anaphylaxis may be present, regardless of
24 whether any person employed by, affiliated with or served by the
25 authorized entity has been diagnosed with a condition which may
26 cause the person to require such medication for the treatment of
27 anaphylaxis.

28 3. An order issued pursuant to subsection 1 or 2 must contain:

29 (a) The name and signature of the physician , *collaborative*
30 *physician* or physician assistant and the address of the physician ,
31 *collaborative physician* or physician assistant if not immediately
32 available to the pharmacist;

33 (b) The classification of his or her license;

34 (c) The name of the public or private school or authorized entity
35 to which the order is issued;

36 (d) The name, strength and quantity of the drug authorized to be
37 obtained and maintained by the order; and

38 (e) The date of issue.

39 4. A physician , *collaborative physician* or physician assistant
40 is not subject to disciplinary action solely for issuing a valid order
41 pursuant to subsection 1 or 2 to an entity other than a natural person
42 and without knowledge of a specific natural person who requires the
43 medication.

44 5. A physician , *collaborative physician* or physician assistant
45 is not liable for any error or omission concerning the acquisition,



1 possession, provision or administration of auto-injectable
2 epinephrine maintained by a public or private school or authorized
3 entity pursuant to an order issued by the physician , *collaborative*
4 *physician* or physician assistant pursuant to subsection 1 or 2 not
5 resulting from gross negligence or reckless, willful or wanton
6 conduct of the physician , *collaborative physician* or physician
7 assistant.

8 6. As used in this section:

9 (a) "Authorized entity" has the meaning ascribed to it in
10 NRS 450B.710.

11 (b) "Private school" has the meaning ascribed to it in
12 NRS 394.103.

13 (c) "Public school" has the meaning ascribed to it in
14 NRS 385.007.

15 **Sec. 29.** NRS 630.388 is hereby amended to read as follows:

16 630.388 1. In addition to any other remedy provided by law,
17 the Board, through its President or Secretary-Treasurer or the
18 Attorney General, may apply to any court of competent jurisdiction:

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

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

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

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

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

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

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

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

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



Sec. 30. 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 *collaborative physician or* physician assistant or use any other term indicating or implying that he or she is a *collaborative physician or* physician assistant without being licensed by the Board; or

(g) 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. 31. NRS 632.017 is hereby amended to read as follows:

632.017 "Practice of practical nursing" means the performance of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, a licensed dentist or a licensed podiatric physician, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

Sec. 32. 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 *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, 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. 33. 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, *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug abuse counselor, music therapist, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.

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



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(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. 34. NRS 632.473 is hereby amended to read as follows:

632.473 1. A nurse licensed pursuant to the provisions of this chapter, while working at an institution of the Department of Corrections, may treat patients, including the administration of a dangerous drug, poison or related device, pursuant to orders given by a *collaborative physician or* physician assistant if those orders are given pursuant to a protocol approved by the Board of Medical Examiners and the supervising physician. The orders must be cosigned by the supervising physician or another physician within 72 hours after treatment.

2. A copy of the protocol under which orders are given by a *collaborative physician or* physician assistant must be available at the institution for review by the nurse.

3. This section does not authorize a *collaborative physician or* physician assistant to give orders for the administration of any controlled substance.

4. For the purposes of this section:

(a) *"Collaborative physician" means a collaborative physician licensed by the Board of Medical Examiners pursuant to chapter 630 of NRS who:*

(1) Is employed at an institution of the Department of Corrections;

(2) Has been awarded a bachelor's degree from a college or university recognized by the Board of Medical Examiners; and

(3) Has received at least 40 hours of instruction regarding the prescription of medication as a part of either his or her basic educational qualifications or a program of continuing education approved by the Board of Medical Examiners.

(b) "Physician assistant" means a physician assistant licensed by the Board of Medical Examiners pursuant to chapter 630 of NRS who:

(1) Is employed at an institution of the Department of Corrections;

(2) Has been awarded a bachelor's degree from a college or university recognized by the Board of Medical Examiners; and

(3) Has received at least 40 hours of instruction regarding the prescription of medication as a part of either his or her basic educational qualifications or a program of continuing education approved by the Board of Medical Examiners.

~~(b)~~ (c) "Protocol" means the written directions for the assessment and management of specified medical conditions, including the drugs and devices the *collaborative physician or* physician assistant is authorized to order, which the *collaborative*



1 *physician or* physician assistant and the supervising physician have
2 agreed upon as a basis for their practice.

3 ~~H(e)~~ (d) "Supervising physician" has the meaning ascribed to it
4 in NRS 630.025.

5 **Sec. 35.** Chapter 633 of NRS is hereby amended by adding
6 thereto the provisions set forth as sections 36, 37 and 38 of this act.

7 **Sec. 36.** *"Collaborative physician" means a person who has*
8 *obtained a license as a collaborative physician pursuant to section*
9 *37 of this act.*

10 **Sec. 37.** 1. *The Board may issue a license as a collaborative*
11 *physician to a person who meets all of the statutory requirements*
12 *to obtain a license to practice osteopathic medicine except that the*
13 *person:*

14 (a) *Is not required to meet the requirements of paragraph (d)*
15 *of subsection 1 of NRS 633.311 and NRS 633.322; and*

16 (b) *Is only required to pass the examinations described in*
17 *paragraph (f) of subsection 1 of NRS 633.311 that are necessary to*
18 *begin a residency, fellowship or other postgraduate education.*

19 2. *A person who is licensed as a collaborative physician*
20 *pursuant to this section:*

21 (a) *Does not have a license to practice osteopathic medicine;*

22 (b) *Is:*

23 (1) *Authorized to perform only the medical services that a*
24 *physician assistant is authorized to perform pursuant to statute*
25 *and regulation and must perform such medical services under the*
26 *supervision of a supervising osteopathic physician;*

27 (2) *Subject to the same grounds and procedures respecting*
28 *disciplinary actions as a physician assistant; and*

29 (b) *Is not required to be licensed as a physician assistant.*

30 3. *The Board and supervising osteopathic physician shall*
31 *limit the authority of a collaborative physician to prescribe*
32 *controlled substances to those schedules of controlled substances*
33 *that the supervising osteopathic physician is authorized to*
34 *prescribe pursuant to state and federal law.*

35 **Sec. 38.** *The Board may adopt regulations regarding the*
36 *licensing of collaborative physicians pursuant to this chapter.*

37 **Sec. 39.** NRS 633.011 is hereby amended to read as follows:

38 633.011 As used in this chapter, unless the context otherwise
39 requires, the words and terms defined in NRS 633.021 to 633.131,
40 inclusive, *and section 36 of this act*, have the meanings ascribed to
41 them in those sections.

42 **Sec. 40.** NRS 633.071 is hereby amended to read as follows:

43 633.071 "Malpractice" means failure on the part of an
44 osteopathic physician , *collaborative physician* or physician
45 assistant to exercise the degree of care, diligence and skill ordinarily



1 exercised by osteopathic physicians , *collaborative physicians* or
2 physician assistants in good standing in the community in which he
3 or she practices.

4 **Sec. 41.** NRS 633.075 is hereby amended to read as follows:

5 633.075 1. “Medical assistant” means a person who:

6 (a) Performs clinical tasks under the supervision of an
7 osteopathic physician , *collaborative physician* or physician
8 assistant; and

9 (b) Does not hold a license, certificate or registration issued by a
10 professional licensing or regulatory board in this State to perform
11 such clinical tasks.

12 2. The term does not include a person who performs only
13 administrative, clerical, executive or other nonclinical tasks.

14 **Sec. 42.** NRS 633.123 is hereby amended to read as follows:

15 633.123 “Supervising osteopathic physician” means an
16 osteopathic physician who is licensed in this State, is in good
17 standing with the Board and supervises a *collaborative physician or*
18 physician assistant with Board approval.

19 **Sec. 43.** NRS 633.131 is hereby amended to read as follows:

20 633.131 1. “Unprofessional conduct” includes:

21 (a) Knowingly or willfully making a false or fraudulent
22 statement or submitting a forged or false document in applying for a
23 license to practice osteopathic medicine , *to practice as a*
24 *collaborative physician* or to practice as a physician assistant, or in
25 applying for the renewal of a license to practice osteopathic
26 medicine , *to practice as a collaborative physician* or to practice as
27 a physician assistant.

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

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

39 (d) Employing, directly or indirectly, any suspended or
40 unlicensed person in the practice of osteopathic medicine , *in*
41 *practice as a collaborative physician* or in practice as a physician
42 assistant, or the aiding or abetting of any unlicensed person to
43 practice osteopathic medicine , *to practice as a collaborative*
44 *physician* or to practice as a physician assistant.



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

(f) Engaging in any:

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

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



1 corporation or an association authorized by law, or to pool, share,
2 divide or apportion the fees and money received by them or by the
3 partnership, corporation or association in accordance with the
4 partnership agreement or the policies of the board of directors of
5 the corporation or association;

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

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

16 **Sec. 44.** NRS 633.151 is hereby amended to read as follows:

17 633.151 The purpose of licensing osteopathic physicians ,
18 *collaborative physicians* and physician assistants is to protect the
19 public health and safety and the general welfare of the people of this
20 State. Any license issued pursuant to this chapter is a revocable
21 privilege, and a holder of such a license does not acquire thereby
22 any vested right.

23 **Sec. 45.** NRS 633.286 is hereby amended to read as follows:

24 633.286 1. On or before February 15 of each odd-numbered
25 year, the Board shall submit to the Governor and to the Director of
26 the Legislative Counsel Bureau for transmittal to the next regular
27 session of the Legislature a written report compiling:

28 (a) Disciplinary action taken by the Board during the previous
29 biennium against osteopathic physicians , *collaborative physicians*
30 and physician assistants for malpractice or negligence;

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

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

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

42 **Sec. 46.** NRS 633.301 is hereby amended to read as follows:

43 633.301 1. The Board shall keep a record of its proceedings
44 relating to licensing and disciplinary actions. Except as otherwise
45 provided in this section, the record must be open to public



inspection at all reasonable times and contain the name, known place of business and residence, and the date and number of the license of every osteopathic physician , *every collaborative physician* and every physician assistant licensed under this chapter.

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

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

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

Sec. 47. NRS 633.3619 is hereby amended to read as follows:

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

Sec. 48. NRS 633.442 is hereby amended to read as follows:

633.442 1. A *collaborative physician or* physician 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 a *collaborative physician or* physician assistant.

2. A *collaborative physician or* physician assistant shall not bill a patient separately from his or her supervising osteopathic physician.

Sec. 49. NRS 633.452 is hereby amended to read as follows:

633.452 1. A *collaborative physician or* physician 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 an applicable governmental entity, may render emergency care that is directly related to the emergency or disaster without the supervision of an osteopathic physician, as required by



1 this chapter. The provisions of this subsection apply only for the
2 duration of the emergency or disaster.

3 2. An osteopathic physician who supervises a *collaborative*
4 *physician or* physician assistant who is rendering emergency care
5 that is directly related to an emergency or disaster, as described in
6 subsection 1, shall not be required to meet the requirements set forth
7 in this chapter for such supervision.

8 **Sec. 50.** NRS 633.466 is hereby amended to read as follows:

9 633.466 1. A *collaborative physician or* physician assistant
10 may be supervised by a physician licensed to practice medicine in
11 this State pursuant to chapter 630 of NRS in place of his or her
12 supervising osteopathic physician if:

13 (a) The *collaborative physician or* physician assistant works in
14 a geographical area where the *collaborative physician or* physician
15 assistant can be conveniently supervised only by such a physician;
16 and

17 (b) The supervising osteopathic physician and the physician
18 licensed pursuant to chapter 630 of NRS agree to the arrangement.

19 2. A *collaborative physician or* physician assistant so
20 supervised is not a *collaborative physician or* physician assistant for
21 the purposes of chapter 630 of NRS solely because of that
22 supervision.

23 3. The State Board of Osteopathic Medicine shall adopt jointly
24 with the Board of Medical Examiners regulations necessary to
25 administer the provisions of this section.

26 **Sec. 51.** NRS 633.468 is hereby amended to read as follows:

27 633.468 1. An osteopathic physician may at any time refuse
28 to act as a supervising osteopathic physician for a *collaborative*
29 *physician or* physician assistant.

30 2. A condition, stipulation or provision in a contract or other
31 agreement which:

32 (a) Requires an osteopathic physician to act as a supervising
33 osteopathic physician for a *collaborative physician or* physician
34 assistant;

35 (b) Penalizes an osteopathic physician for refusing to act as a
36 supervising osteopathic physician for a *collaborative physician or*
37 physician assistant; or

38 (c) Limits a supervising osteopathic physician's authority with
39 regard to any protocol, standing order or delegation of authority
40 applicable to a *collaborative physician or* physician assistant
41 supervised by the osteopathic physician,

42 ➤ is against public policy and is void.

43 **Sec. 52.** NRS 633.469 is hereby amended to read as follows:

44 633.469 1. A supervising osteopathic physician shall provide
45 supervision to his or her *collaborative physician or* physician



1 assistant continuously whenever the *collaborative physician or*
2 physician assistant is performing his or her professional duties.

3 2. Except as otherwise provided in subsection 3, a supervising
4 osteopathic physician may provide supervision to his or her
5 *collaborative physician or* physician assistant in person,
6 electronically, telephonically or by fiber optics. When providing
7 supervision electronically, telephonically or by fiber optics, a
8 supervising osteopathic physician may be at a different site than the
9 *collaborative physician or* physician assistant, including a site
10 located within or outside this State or the United States.

11 3. A supervising osteopathic physician shall provide
12 supervision to his or her *collaborative physician or* physician
13 assistant in person at all times during the first 30 days that the
14 supervising osteopathic physician supervises the *collaborative*
15 *physician or* physician assistant. The provisions of this subsection
16 do not apply to a federally qualified health center.

17 4. Before beginning to supervise a *collaborative physician or*
18 physician assistant, a supervising osteopathic physician must
19 communicate to the *collaborative physician or* physician assistant:

20 (a) The scope of practice of the *collaborative physician or*
21 physician assistant;

22 (b) The access to the supervising osteopathic physician that the
23 *collaborative physician or* physician assistant will have; and

24 (c) Any processes for evaluation that the supervising osteopathic
25 physician will use to evaluate the *collaborative physician or*
26 physician assistant.

27 5. A supervising osteopathic physician shall not delegate to his
28 or her *collaborative physician or* physician assistant, and the
29 *collaborative physician or* physician assistant shall not accept, a
30 task that is beyond the *collaborative physician or* physician
31 assistant's capability to complete safely.

32 6. As used in this section, "federally qualified health center"
33 has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

34 **Sec. 53.** NRS 633.471 is hereby amended to read as follows:

35 633.471 1. Except as otherwise provided in subsection 8 and
36 NRS 633.491, every holder of a license issued under this chapter,
37 except a temporary or a special license, may renew the license on or
38 before January 1 of each calendar year after its issuance by:

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

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

42 (c) Submitting a list of all actions filed or claims submitted to
43 arbitration or mediation for malpractice or negligence against the
44 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 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

2. The Secretary of the Board shall notify each licensee 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, *a license to practice as a collaborative physician* or a license to practice as a physician assistant. Upon a request from the Board, an applicant for renewal of a license to practice osteopathic medicine, *a license to practice as a collaborative physician* or a license to practice as a physician assistant shall submit verified evidence satisfactory to the Board that in the year preceding the application for renewal the applicant attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

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

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

(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.

Sec. 54. NRS 633.473 is hereby amended to read as follows:

633.473 The Board may, by regulation, require each osteopathic physician , *collaborative physician* or physician 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.

Sec. 55. NRS 633.491 is hereby amended to read as follows:

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

2. An osteopathic physician , *collaborative physician* or physician 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 *collaborative physician or* physician assistant



1 in Nevada and any other evidence that the Board may require. The
2 Board shall place the license of the licensee on inactive status upon
3 receipt of:

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

5 (b) Payment of the inactive license fee prescribed by
6 NRS 633.501.

7 4. An osteopathic physician , *collaborative physician* or
8 physician assistant whose license has been placed on inactive status:

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

10 (b) Shall annually pay the inactive license fee prescribed by
11 NRS 633.501.

12 (c) Shall not practice osteopathic medicine or practice as a
13 *collaborative physician or* physician assistant in this State.

14 5. An osteopathic physician , *collaborative physician* or
15 physician assistant whose license is on inactive status and who
16 wishes to renew his or her license to practice osteopathic medicine
17 or license to practice as a *collaborative physician or* physician
18 assistant must:

19 (a) Provide to the Board verified evidence satisfactory to the
20 Board of completion of the total number of hours of continuing
21 medical education required for:

22 (1) The year preceding the date of the application for renewal
23 of the license; and

24 (2) Each year after the date the license was placed on
25 inactive status.

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

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

30 **Sec. 56.** NRS 633.501 is hereby amended to read as follows:

31 633.501 1. Except as otherwise provided in subsection 2, the
32 Board shall charge and collect fees not to exceed the following
33 amounts:

34 (a) Application and initial license fee for an
35 osteopathic physician..... \$800

36 (b) Annual license renewal fee for an osteopathic
37 physician..... 500

38 (c) Temporary license fee 500

39 (d) Special or authorized facility license fee 200

40 (e) Special event license fee 200

41 (f) Special or authorized facility license renewal fee 200

42 (g) Reexamination fee 200

43 (h) Late payment fee..... 300

44 (i) *Application and initial license fee for a*
45 *collaborative physician* 400



1 (j) *Annual license renewal fee for a collaborative*
2 *physician*..... \$400

3 (k) Application and initial license fee for a physician
4 assistant..... 400

5 ~~(j)~~ (l) Annual license renewal fee for a physician
6 assistant..... 400

7 ~~(k)~~ (m) Inactive license fee 200

8 2. The Board may prorate the initial license fee for a new
9 license issued pursuant to paragraph (a) , ~~(i)~~ (i) *or* (k) of subsection
10 1 which expires less than 6 months after the date of issuance.

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

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

20 (a) NRS 633.399 or 633.400 and is an active member of, or the
21 spouse of an active member of, the Armed Forces of the United
22 States, a veteran or the surviving spouse of a veteran, the Board
23 shall collect not more than one-half of the fee set forth in subsection
24 1 for the initial issuance of the license. As used in this paragraph,
25 “veteran” has the meaning ascribed to it in NRS 417.005.

26 (b) NRS 633.4336, the Board shall collect not more than one-
27 half of the fee set forth in subsection 1 for the initial issuance of the
28 license.

29 **Sec. 57.** NRS 633.511 is hereby amended to read as follows:

30 633.511 1. The grounds for initiating disciplinary action
31 pursuant to this chapter are:

32 (a) Unprofessional conduct.

33 (b) Conviction of:

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

37 (2) A felony relating to the practice of osteopathic medicine
38 or practice as a *collaborative physician or* physician assistant;

39 (3) A violation of any of the provisions of NRS 616D.200,
40 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

41 (4) Murder, voluntary manslaughter or mayhem;

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

44 (6) Assault with intent to kill or to commit sexual assault or
45 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 *collaborative physician or* physician 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 639.2328;

(3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS; or

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 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.

Sec. 58. 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 as a *collaborative physician or* physician assistant and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing osteopathic medicine or as a *collaborative physician or* physician assistant without the appropriate license issued pursuant to the provisions of this chapter.

Sec. 59. NRS 633.526 is hereby amended to read as follows:

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



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

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

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

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

Sec. 60. NRS 633.527 is hereby amended to read as follows:

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

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

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

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

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

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



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

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

6 **Sec. 61.** NRS 633.528 is hereby amended to read as follows:

7 633.528 If the Board receives a report pursuant to the
8 provisions of NRS 633.526, 633.527, 690B.250 or 690B.260
9 indicating that a judgment has been rendered or an award has been
10 made against an osteopathic physician , *collaborative physician* or
11 physician assistant regarding an action or claim for malpractice or
12 that such an action or claim against the osteopathic physician ,
13 *collaborative physician* or physician assistant has been resolved by
14 settlement, the Board shall conduct an investigation to determine
15 whether to discipline the osteopathic physician , *collaborative*
16 *physician* or physician assistant regarding the action or claim,
17 unless the Board has already commenced or completed such an
18 investigation regarding the action or claim before it receives the
19 report.

20 **Sec. 62.** NRS 633.529 is hereby amended to read as follows:

21 633.529 1. Notwithstanding the provisions of chapter 622A
22 of NRS, if the Board or an investigative committee of the Board
23 receives a report pursuant to the provisions of NRS 633.526,
24 633.527, 690B.250 or 690B.260 indicating that a judgment has been
25 rendered or an award has been made against an osteopathic
26 physician , *collaborative physician* or physician assistant regarding
27 an action or claim for malpractice, or that such an action or claim
28 against the osteopathic physician , *collaborative physician* or
29 physician assistant has been resolved by settlement, the Board or
30 committee may order the osteopathic physician , *collaborative*
31 *physician* or physician assistant to undergo a mental or physical
32 examination or any other examination designated by the Board to
33 test his or her competence to practice osteopathic medicine or to
34 practice as a *collaborative physician or* physician assistant, as
35 applicable. An examination conducted pursuant to this subsection
36 must be conducted by a person designated by the Board.

37 2. For the purposes of this section:

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



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

Sec. 63. 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, *collaborative physician* or physician assistant that may constitute grounds for initiating disciplinary action shall, and any other person who is so aware may, file a written complaint specifying the relevant facts with the Board.

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

Sec. 64. 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, *collaborative physician* or physician 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 *collaborative physician or* physician assistant in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.

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



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

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

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

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

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

(a) Is mentally ill;

(b) Is mentally incompetent;

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

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

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

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

Sec. 65. NRS 633.542 is hereby amended to read as follows:

633.542 Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice osteopathic medicine or as a *collaborative physician or* physician assistant without the appropriate license issued pursuant to the provisions of this chapter.

Sec. 66. NRS 633.561 is hereby amended to read as follows:

633.561 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board or a member of the Board designated to review a complaint pursuant to NRS 633.541 has reason to believe that the



1 conduct of an osteopathic physician , *collaborative physician* or
2 physician assistant has raised a reasonable question as to his or her
3 competence to practice osteopathic medicine or to practice as a
4 *collaborative physician or* physician assistant, as applicable, with
5 reasonable skill and safety to patients, the Board or the member
6 designated by the Board may require the osteopathic physician ,
7 *collaborative physician* or physician assistant to submit to a mental
8 or physical examination conducted by physicians designated by the
9 Board. If the osteopathic physician , *collaborative physician* or
10 physician assistant participates in a diversion program, the diversion
11 program may exchange with any authorized member of the staff of
12 the Board any information concerning the recovery and participation
13 of the osteopathic physician , *collaborative physician* or physician
14 assistant in the diversion program. As used in this subsection,
15 “diversion program” means a program approved by the Board to
16 correct an osteopathic physician’s , *collaborative physician’s* or
17 physician assistant’s alcohol or drug dependence or any other
18 impairment.

19 2. For the purposes of this section:

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

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

28 3. Except in extraordinary circumstances, as determined by the
29 Board, the failure of an osteopathic physician , *collaborative*
30 *physician* or physician assistant who is licensed under this chapter
31 to submit to an examination pursuant to this section constitutes an
32 admission of the charges against the osteopathic physician ,
33 *collaborative physician* or physician assistant.

34 **Sec. 67.** NRS 633.571 is hereby amended to read as follows:

35 633.571 Notwithstanding the provisions of chapter 622A of
36 NRS, if the Board has reason to believe that the conduct of any
37 osteopathic physician , *collaborative physician* or physician
38 assistant has raised a reasonable question as to his or her
39 competence to practice osteopathic medicine or to practice as a
40 *collaborative physician or* physician assistant, as applicable, with
41 reasonable skill and safety to patients, the Board may require the
42 osteopathic physician , *collaborative physician* or physician
43 assistant to submit to an examination for the purposes of
44 determining his or her competence to practice osteopathic medicine



1 or to practice as a *collaborative physician or* physician assistant, as
2 applicable, with reasonable skill and safety to patients.

3 **Sec. 68.** NRS 633.581 is hereby amended to read as follows:

4 633.581 1. If an investigation by the Board of an osteopathic
5 physician, *collaborative physician* or physician assistant reasonably
6 determines that the health, safety or welfare of the public or any
7 patient served by the osteopathic physician, *collaborative physician*
8 or physician assistant is at risk of imminent or continued harm, the
9 Board may summarily suspend the license of the licensee pending
10 the conclusion of a hearing to consider a formal complaint against
11 the licensee. The order of summary suspension may be issued only
12 by the Board or an investigative committee of the Board.

13 2. If the Board or an investigative committee of the Board
14 issues an order summarily suspending the license of a licensee
15 pursuant to subsection 1, the Board shall hold a hearing not later
16 than 60 days after the date on which the order is issued, unless the
17 Board and the licensee mutually agree to a longer period, to
18 determine whether a reasonable basis exists to continue the
19 suspension of the license pending the conclusion of a hearing to
20 consider a formal complaint against the licensee. If no formal
21 complaint against the licensee is pending before the Board on the
22 date on which a hearing is held pursuant to this section, the Board
23 shall reinstate the license of the licensee.

24 3. Notwithstanding the provisions of chapter 622A of NRS, if
25 the Board or an investigative committee of the Board issues an order
26 summarily suspending the license of an osteopathic physician,
27 *collaborative physician* or physician assistant pursuant to
28 subsection 1 and the Board requires the licensee to submit to a
29 mental or physical examination or a medical competency
30 examination, the examination must be conducted and the results
31 must be obtained not later than 30 days after the order is issued.

32 **Sec. 69.** NRS 633.591 is hereby amended to read as follows:

33 633.591 Notwithstanding the provisions of chapter 622A of
34 NRS, if the Board issues an order summarily suspending the license
35 of an osteopathic physician, *collaborative physician* or physician
36 assistant pending proceedings for disciplinary action, including,
37 without limitation, a summary suspension pursuant to NRS
38 233B.127, the court shall not stay that order unless the Board fails to
39 institute and determine such proceedings as promptly as the
40 requirements for investigation of the case reasonably allow.

41 **Sec. 70.** NRS 633.601 is hereby amended to read as follows:

42 633.601 1. In addition to any other remedy provided by law,
43 the Board, through an officer of the Board or the Attorney General,
44 may apply to any court of competent jurisdiction to enjoin any
45 unprofessional conduct of an osteopathic physician, *collaborative*



1 *physician* or physician assistant which is harmful to the public or to
2 limit the practice of the osteopathic physician , *collaborative*
3 *physician* or physician assistant or suspend his or her license to
4 practice osteopathic medicine or to practice as a *collaborative*
5 *physician or* physician assistant, as applicable, as provided in this
6 section.

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

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

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

15 **Sec. 71.** NRS 633.631 is hereby amended to read as follows:

16 633.631 Except as otherwise provided in subsection 2 and
17 chapter 622A of NRS:

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

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

36 3. Proof of service of process or publication of notice made
37 under this chapter must be filed with the Secretary-Treasurer of the
38 Board and may be recorded in the minutes of the Board.

39 **Sec. 72.** NRS 633.641 is hereby amended to read as follows:

40 633.641 Notwithstanding the provisions of chapter 622A of
41 NRS, in any disciplinary proceeding before the Board, a hearing
42 officer or a panel:

43 1. Proof of actual injury need not be established where the
44 formal complaint charges deceptive or unethical professional
45 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 *collaborative physician or* physician assistant is conclusive evidence of its occurrence.

Sec. 73. 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 *collaborative physician or* physician 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 *collaborative physician or* physician 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.

Sec. 74. 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 *collaborative physician or* physician 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.

Sec. 75. 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 *collaborative physician or* physician assistant has been limited; or

(b) Whose license to practice osteopathic medicine or to practice as a *collaborative physician or* physician 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.

Sec. 76. 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 , *collaborative physician* or physician assistant for gross malpractice, malpractice, professional incompetence or unprofessional conduct is immune from any civil action for such initiation or assistance or any consequential damages, if the person or organization acted in good faith.

2. 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 , *collaborative physician* or physician assistant for:

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



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

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

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

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

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

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

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

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

Sec. 77. 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 , *collaborative physician* or physician 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 , *collaborative physician* or physician assistant.

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

Sec. 78. NRS 633.707 is hereby amended to read as follows:

633.707 1. An osteopathic physician , *collaborative physician* or physician assistant may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may



1 cause the person to require such medication for the treatment of
2 anaphylaxis.

3 2. An osteopathic physician , *collaborative physician* or
4 physician assistant may issue to an authorized entity an order to
5 allow the authorized entity to obtain and maintain auto-injectable
6 epinephrine at any location under the control of the authorized entity
7 where allergens capable of causing anaphylaxis may be present,
8 regardless of whether any person employed by, affiliated with or
9 served by the authorized entity has been diagnosed with a condition
10 which may cause the person to require such medication for the
11 treatment of anaphylaxis.

12 3. An order issued pursuant to subsection 1 or 2 must contain:

13 (a) The name and signature of the osteopathic physician ,
14 *collaborative physician* or physician assistant and the address of the
15 osteopathic physician , *collaborative physician* or physician
16 assistant if not immediately available to the pharmacist;

17 (b) The classification of his or her license;

18 (c) The name of the public or private school or authorized entity
19 to which the order is issued;

20 (d) The name, strength and quantity of the drug authorized to be
21 obtained and maintained by the order; and

22 (e) The date of issue.

23 4. An osteopathic physician , *collaborative physician* or
24 physician assistant is not subject to disciplinary action solely for
25 issuing a valid order pursuant to subsection 1 or 2 to an entity other
26 than a natural person and without knowledge of a specific natural
27 person who requires the medication.

28 5. An osteopathic physician , *collaborative physician* or
29 physician assistant is not liable for any error or omission concerning
30 the acquisition, possession, provision or administration of auto-
31 injectable epinephrine maintained by a public or private school or
32 authorized entity pursuant to an order issued by the osteopathic
33 physician , *collaborative physician* or physician assistant not
34 resulting from gross negligence or reckless, willful or wanton
35 conduct of the osteopathic physician , *collaborative physician* or
36 physician assistant.

37 6. As used in this section:

38 (a) “Authorized entity” has the meaning ascribed to it in
39 NRS 450B.710.

40 (b) “Private school” has the meaning ascribed to it in
41 NRS 394.103.

42 (c) “Public school” has the meaning ascribed to it in
43 NRS 385.007.



Sec. 79. 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 *collaborative physician or* physician assistant without a valid license to practice osteopathic medicine or to practice as a *collaborative physician or* physician assistant; 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.

Sec. 80. 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 *collaborative physician or* physician assistant without a valid license issued by the Board, it is sufficient to charge that the person did, upon a certain day, and in a certain county of this State, engage in such practice without having a valid license to do so, without averring any further or more particular facts concerning the violation.

Sec. 81. 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 *collaborative physician or* physician 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 *collaborative physician or* physician 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 *collaborative physician or* physician assistant or use any other term indicating or implying that he or she is a *collaborative physician or* physician assistant, unless the person has been licensed by the Board as provided in this chapter; or

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

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

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

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

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

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

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

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

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

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

Sec. 82. 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;



1 4. A *collaborative physician or* physician assistant who:
2 (a) Holds a license issued by the Board of Medical Examiners;
3 and
4 (b) Is authorized by the Board to possess, administer, prescribe
5 or dispense controlled substances, poisons, dangerous drugs or
6 devices under the supervision of a physician as required by chapter
7 630 of NRS;

8 5. A *collaborative physician or* physician assistant who:
9 (a) Holds a license issued by the State Board of Osteopathic
10 Medicine; and
11 (b) Is authorized by the Board to possess, administer, prescribe
12 or dispense controlled substances, poisons, dangerous drugs or
13 devices under the supervision of an osteopathic physician as
14 required by chapter 633 of NRS; or

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

20 **Sec. 83.** NRS 639.1373 is hereby amended to read as follows:

21 639.1373 1. A *collaborative physician or* physician assistant
22 licensed pursuant to chapter 630 or 633 of NRS may, if authorized
23 by the Board, possess, administer, prescribe or dispense controlled
24 substances, or possess, administer, prescribe or dispense poisons,
25 dangerous drugs or devices in or out of the presence of his or her
26 supervising physician only to the extent and subject to the
27 limitations specified in the registration certificate issued to the
28 *collaborative physician or* physician assistant by the Board pursuant
29 to this section.

30 2. Each *collaborative physician or* physician assistant licensed
31 pursuant to chapter 630 or 633 of NRS who is authorized by his or
32 her *collaborative physician's or* physician assistant's license , *as*
33 *applicable*, issued by the Board of Medical Examiners or by the
34 State Board of Osteopathic Medicine, respectively, to possess,
35 administer, prescribe or dispense controlled substances, or to
36 possess, administer, prescribe or dispense poisons, dangerous drugs
37 or devices must apply for and obtain a registration certificate from
38 the Board, pay a fee to be set by regulations adopted by the Board
39 and pass an examination administered by the Board on the law
40 relating to pharmacy before the *collaborative physician or*
41 physician assistant can possess, administer, prescribe or dispense
42 controlled substances, or possess, administer, prescribe or dispense
43 poisons, dangerous drugs or devices.

44 3. The Board shall consider each application separately and
45 may, even though the *collaborative physician's or* physician



1 assistant's license issued by the Board of Medical Examiners or by
2 the State Board of Osteopathic Medicine authorizes the
3 *collaborative physician or* physician assistant to possess,
4 administer, prescribe or dispense controlled substances, or to
5 possess, administer, prescribe or dispense poisons, dangerous drugs
6 and devices:

7 (a) Refuse to issue a registration certificate;

8 (b) Issue a registration certificate limiting the authority of the
9 *collaborative physician or* physician assistant to possess,
10 administer, prescribe or dispense controlled substances, or to
11 possess, administer, prescribe or dispense poisons, dangerous drugs
12 or devices, the area in which the *collaborative physician or*
13 physician assistant may possess controlled substances, poisons,
14 dangerous drugs and devices, or the kind and amount of controlled
15 substances, poisons, dangerous drugs and devices; or

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

19 4. If the registration of the *collaborative physician or*
20 physician assistant licensed pursuant to chapter 630 or 633 of NRS
21 is suspended or revoked, the *supervising* physician's controlled
22 substance registration may also be suspended or revoked.

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

32 (a) The area in which the *collaborative physician or* physician
33 assistant is to operate;

34 (b) The population of that area;

35 (c) The experience and training of the *collaborative physician*
36 *or* physician assistant;

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

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

39 6. For the purposes of this section, the term "supervising
40 physician" includes a supervising osteopathic physician as defined
41 in chapter 633 of NRS.

42 **Sec. 84.** NRS 640E.260 is hereby amended to read as follows:

43 640E.260 1. A licensed dietitian shall provide nutrition
44 services to assist a person in achieving and maintaining proper



nourishment and care of his or her body, including, without limitation:

(a) Assessing the nutritional needs of a person and determining resources for and constraints in meeting those needs by obtaining, verifying and interpreting data;

(b) Determining the metabolism of a person and identifying the food, nutrients and supplements necessary for growth, development, maintenance or attainment of proper nourishment of the person;

(c) Considering the cultural background and socioeconomic needs of a person in achieving or maintaining proper nourishment;

(d) Identifying and labeling nutritional problems of a person;

(e) Recommending the appropriate method of obtaining proper nourishment, including, without limitation, orally, intravenously or through a feeding tube;

(f) Providing counseling, advice and assistance concerning health and disease with respect to the nutritional intake of a person;

(g) Establishing priorities, goals and objectives that meet the nutritional needs of a person and are consistent with the resources of the person, including, without limitation, providing instruction on meal preparation;

(h) Treating nutritional problems of a person and identifying patient outcomes to determine the progress made by the person;

(i) Planning activities to change the behavior, risk factors, environmental conditions or other aspects of the health and nutrition of a person, a group of persons or the community at large;

(j) Developing, implementing and managing systems to provide care related to nutrition;

(k) Evaluating and maintaining appropriate standards of quality in the services provided;

(l) Accepting and transmitting verbal and electronic orders from a physician consistent with an established protocol to implement medical nutrition therapy; and

(m) Ordering medical laboratory tests relating to the therapeutic treatment concerning the nutritional needs of a patient when authorized to do so by a written protocol prepared or approved by a physician.

2. A licensed dietitian may use medical nutrition therapy to manage, treat or rehabilitate a disease, illness, injury or medical condition of a patient, including, without limitation:

(a) Interpreting data and recommending the nutritional needs of the patient through methods such as diet, feeding tube, intravenous solutions or specialized oral feedings;

(b) Determining the interaction between food and drugs prescribed to the patient; and



(c) Developing and managing operations to provide food, care and treatment programs prescribed by a physician, *collaborative physician or* physician assistant, dentist, advanced practice registered nurse or podiatric physician that monitor or alter the food and nutrient levels of the patient.

3. A licensed dietitian shall not provide medical diagnosis of the health of a person.

Sec. 85. NRS 652.186 is hereby amended to read as follows:

652.186 A person may perform a test for the detection of the human immunodeficiency virus that is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations in a medical laboratory without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127 , ~~for~~ a license or certification *or registration* described in NRS 652.210 if the person submits proof of successful completion of training that has been approved by the Division concerning:

1. The administration of such a test;

2. Infection control procedures recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services and the Occupational Safety and Health Administration of the United States Department of Labor;

3. Reporting of communicable diseases as required by NRS 441A.150 and any regulations adopted pursuant to chapter 441A of NRS; and

4. Counseling and referrals to be provided to persons who test positive for the human immunodeficiency virus, including, without limitation, counseling provided pursuant to NRS 441A.336.

Sec. 86. 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 licensed pursuant to chapter 630 or 633 of NRS, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS , ~~for~~ a licensed dentist *or a registered pharmacist* 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. 87. 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 *collaborative physician or a physician assistant* licensed pursuant to chapter 630 or 633 of NRS, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS, a licensed dentist or a registered pharmacist 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. 88. NRS 0.040 is hereby amended to read as follows:

0.040 1. Except as otherwise provided in subsection 2, "physician" means a person who engages in the practice of medicine, including osteopathy and homeopathy. *The term does not include a person licensed as a collaborative physician pursuant to chapter 630 or 633 of NRS.*

2. The terms "physician," "osteopathic physician," "homeopathic physician," "chiropractic physician" and "podiatric physician" are used in chapters 630, 630A, 633, 634 and 635 of NRS in the limited senses prescribed by those chapters respectively.

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

41.504 1. Any physician, *collaborative physician*, physician assistant or registered nurse who in good faith gives instruction or provides supervision to an emergency medical attendant, *collaborative physician*, physician 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, *collaborative physician*, physician assistant, registered nurse or licensed practical nurse who obeys an instruction given by a physician, *collaborative physician*, physician 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



1 or omission, not amounting to gross negligence, in rendering that
2 emergency care.

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

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

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

23 2. Any person licensed under the provisions of chapter 630,
24 632 or 633 of NRS and any person who holds an equivalent license
25 issued by another state who:

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

28 (b) Gratuitously and in good faith, renders medical care within
29 the scope of that person's license to an indigent person,
30 ➤ is not liable for any civil damages as a result of any act or
31 omission by that person, not amounting to gross negligence or
32 reckless, willful or wanton conduct, in rendering that care.

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

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



Sec. 91. NRS 41A.017 is hereby amended to read as follows:

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

Sec. 92. NRS 200.471 is hereby amended to read as follows:
200.471 1. As used in this section:

(a) "Assault" means:

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

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

(b) "Officer" means:

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

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

(3) A member of a volunteer fire department;

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

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

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

(c) "Provider of health care" means a physician, a medical student, a perfusionist or a *collaborative physician or* physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, an advanced practitioner of homeopathy, a homeopathic assistant, an osteopathic physician, a *collaborative physician or* physician assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractor, a chiropractor's assistant, a doctor of Oriental medicine, a nurse, a student nurse, a certified nursing assistant, a nursing assistant trainee, a medication aide - certified, a dentist, a dental student, a dental hygienist, a dental hygienist student, a



1 pharmacist, a pharmacy student, an intern pharmacist, an attendant
2 on an ambulance or air ambulance, a psychologist, a social worker,
3 a marriage and family therapist, a marriage and family therapist
4 intern, a clinical professional counselor, a clinical professional
5 counselor intern, a licensed dietitian, an emergency medical
6 technician, an advanced emergency medical technician and a
7 paramedic.

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

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

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

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

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

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

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

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

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

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

43 (d) If the assault is committed upon an officer, a provider of
44 health care, a school employee, a taxicab driver or a transit operator
45 who is performing his or her duty or upon a sports official based on



1 the performance of his or her duties at a sporting event by a
2 probationer, a prisoner who is in lawful custody or confinement or a
3 parolee, and the probationer, prisoner or parolee charged knew or
4 should have known that the victim was an officer, a provider of
5 health care, a school employee, a taxicab driver, a transit operator or
6 a sports official, for a category D felony as provided in NRS
7 193.130, unless the assault is made with the use of a deadly weapon
8 or the present ability to use a deadly weapon, then for a category B
9 felony by imprisonment in the state prison for a minimum term of
10 not less than 1 year and a maximum term of not more than 6 years,
11 or by a fine of not more than \$5,000, or by both fine and
12 imprisonment.

13 **Sec. 93.** NRS 200.5093 is hereby amended to read as follows:

14 200.5093 1. Any person who is described in subsection 4 and
15 who, in a professional or occupational capacity, knows or has
16 reasonable cause to believe that an older person has been abused,
17 neglected, exploited, isolated or abandoned shall:

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

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

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

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

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

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

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

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



* S B 3 7 2 *

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

(c) A coroner.

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

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

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

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

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

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

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

(k) Every social worker.

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

(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



1 community health worker pool contracts to provide the services of a
2 community health worker, as defined in NRS 449.0027.

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

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

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

24 (a) Aging and Disability Services Division;

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

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

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

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

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

40 **Sec. 94.** NRS 200.50935 is hereby amended to read as
41 follows:

42 200.50935 1. Any person who is described in subsection 3
43 and who, in a professional or occupational capacity, knows or has
44 reasonable cause to believe that a vulnerable person has been
45 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, *collaborative physician* or physician assistant licensed pursuant to chapter 630 or 633 of NRS, 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



1 the abuse, neglect, exploitation, isolation or abandonment of a
2 vulnerable person and refers them to persons and agencies where
3 their requests and needs can be met.

4 (i) Every social worker.

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

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

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

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

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

23 **Sec. 95.** NRS 244.1605 is hereby amended to read as follows:

24 244.1605 The boards of county commissioners may:

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

29 2. Provide a full-time or part-time staff for the facilities which
30 may include a physician, a *collaborative physician or* physician
31 assistant licensed pursuant to chapter 630 or 633 of NRS, a
32 registered nurse or a licensed practical nurse, a certified emergency
33 medical technician, advanced emergency medical technician or
34 paramedic, and such other personnel as the board deems necessary
35 or appropriate to ensure adequate staffing commensurate with the
36 needs of the area in which the facility is located.

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

42 4. Purchase, equip and maintain, either in connection with a
43 limited medical facility as authorized in this section or independent
44 therefrom, ambulances and ambulance services for the benefit of the



1 residents of and those falling sick or being injured or maimed in the
2 outlying areas.

3 **Sec. 96.** NRS 244.382 is hereby amended to read as follows:

4 244.382 The Legislature finds that:

5 1. Many of the less populous counties of the State have
6 experienced shortages of physicians, surgeons, anesthetists, dentists,
7 *collaborative physicians and physician assistants and* other
8 medical professionals. ~~{and physician assistants}~~

9 2. Some of the more populous counties of the State have also
10 experienced shortages of physicians, surgeons, anesthetists, dentists,
11 *collaborative physicians and physician assistants and* other
12 medical professionals ~~{and physician assistants}~~ in their rural
13 communities.

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

19 **Sec. 97.** NRS 386.870 is hereby amended to read as follows:

20 386.870 1. Each public school, including, without limitation,
21 each charter school, shall obtain an order from a physician,
22 osteopathic physician, *collaborative physician*, physician assistant
23 or advanced practice registered nurse, for auto-injectable
24 epinephrine pursuant to NRS 630.374, 632.239 or 633.707 and
25 acquire at least two doses of the medication to be maintained at the
26 school. If a dose of auto-injectable epinephrine maintained by the
27 public school is used or expires, the public school shall ensure that
28 at least two doses of the medication are available at the school and
29 obtain additional doses to replace the used or expired doses if
30 necessary.

31 2. Auto-injectable epinephrine maintained by a public school
32 pursuant to this section may be administered:

33 (a) At a public school other than a charter school, by a school
34 nurse or any other employee of the public school who has been
35 designated by the school nurse and has received training in the
36 proper storage and administration of auto-injectable epinephrine; or

37 (b) At a charter school, by the employee designated to be
38 authorized to administer auto-injectable epinephrine pursuant to
39 NRS 388A.547 if the person has received the training in the proper
40 storage and administration of auto-injectable epinephrine.

41 3. A school nurse or other designated employee of a public
42 school may administer auto-injectable epinephrine maintained at the
43 school to any pupil on the premises of the public school during
44 regular school hours whom the school nurse or other designated
45 employee reasonably believes is experiencing anaphylaxis.



4. A public school may accept gifts, grants and donations from any source for the support of the public school in carrying out the provisions of this section, including, without limitation, the acceptance of auto-injectable epinephrine from a manufacturer or wholesaler of auto-injectable epinephrine.

Sec. 98. NRS 394.1995 is hereby amended to read as follows:

394.1995 1. A private school may obtain an order from a physician, osteopathic physician, *collaborative physician*, physician assistant or advanced practice registered nurse for auto-injectable epinephrine pursuant to NRS 630.374, 632.239 or 633.707 to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine to replace the used or expired auto-injectable epinephrine.

2. Auto-injectable epinephrine maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of auto-injectable epinephrine.

3. A school nurse or other trained employee may administer auto-injectable epinephrine maintained at the school to any pupil on the premises of the private school during regular school hours whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.

4. A private school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

Sec. 99. NRS 397.0617 is hereby amended to read as follows:

397.0617 1. The provisions of this section apply only to support fees received by a participant on or after July 1, 1997.

2. The three Nevada State Commissioners, acting jointly, may require a participant who is certified to practice in a profession which could benefit a health professional shortage area, a medically underserved area or a medically underserved population of this State, as those terms are defined by the Office of Statewide Initiatives of the University of Nevada School of Medicine, to practice in such an area or with such a population, or to practice in an area designated by the Secretary of Health and Human Services:

(a) Pursuant to 42 U.S.C. § 254c, as containing a medically underserved 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



1 participant if that participant agrees to practice in a health
2 professional shortage area, a medically underserved area or an area
3 with a medically underserved population of this State pursuant to
4 subsection 2 for a period of time equal to the lesser of:

5 (a) One year for each year the participant receives a support fee;
6 or

7 (b) One year for each 9 months the participant receives a support
8 fee and is enrolled in an accelerated program that provides more
9 than 1 academic year of graduate and professional education in 9
10 months,

11 ➡ but in no case for a period of time more than 2 years.

12 4. For a participant to qualify for forgiveness pursuant to
13 subsection 3, the participant must complete the relevant practice
14 within 5 years after the completion or termination of the
15 participant's education, internship or residency for which the
16 participant received the support fee.

17 5. If a participant returns to or remains in this State but does
18 not practice in a health professional shortage area, a medically
19 underserved area or an area with a medically underserved
20 population of this State pursuant to subsections 2, 3 and 4, the three
21 Nevada State Commissioners, acting jointly, shall:

22 (a) Assess a default charge in an amount not less than three
23 times the support fees, plus interest; and

24 (b) Convert the portion of the support fee designated as the
25 stipend into a loan to be repaid in accordance with NRS 397.064
26 from the first day of the term for which the participant received the
27 support fee.

28 6. As used in this section, a "profession which could benefit a
29 health professional shortage area, a medically underserved area or
30 an area with a medically underserved population of this State"
31 includes, without limitation, dentistry, physical therapy, pharmacy
32 and practicing as a *collaborative physician or* physician assistant
33 licensed pursuant to chapter 630 or 633 of NRS.

34 **Sec. 100.** NRS 433A.145 is hereby amended to read as
35 follows:

36 433A.145 1. If a person with mental illness is admitted to a
37 public or private mental health facility or hospital as a voluntary
38 consumer, the facility or hospital shall not change the status of the
39 person to an emergency admission unless the hospital or facility
40 receives, before the change in status is made, an application for an
41 emergency admission pursuant to NRS 433A.160 and the certificate
42 of a psychiatrist, psychologist, physician, *collaborative physician,*
43 physician assistant, clinical social worker, advanced practice
44 registered nurse or accredited agent of the Department pursuant to
45 NRS 433A.170.



2. A person whose status is changed pursuant to subsection 1 must not be detained in excess of 48 hours after the change in status is made unless, before the close of the business day on which the 48 hours expires, a written petition is filed with the clerk of the district court pursuant to NRS 433A.200.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

Sec. 101. NRS 433A.160 is hereby amended to read as follows:

433A.160 1. Except as otherwise provided in subsection 2, an application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment may only be made by an accredited agent of the Department, an officer authorized to make arrests in the State of Nevada or a physician, *collaborative physician*, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse. The agent, officer, physician, *collaborative physician*, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:

(a) Without a warrant:

(1) Take a person alleged to be a person with mental illness into custody to apply for the emergency admission of the person for evaluation, observation and treatment; and

(2) Transport the person alleged to be a person with mental illness to a public or private mental health facility or hospital for that purpose, or arrange for the person to be transported by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(III) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421; or

(IV) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

only if the agent, officer, physician, *collaborative physician*, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse has, based upon his or her personal observation of the person alleged to be a person with mental illness, probable cause to believe that the person has a mental illness and, because of that illness, is



likely to harm himself or herself or others if allowed his or her liberty.

(b) Apply to a district court for an order requiring:

(1) Any peace officer to take a person alleged to be a person with mental illness into custody to allow the applicant for the order to apply for the emergency admission of the person for evaluation, observation and treatment; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport the person alleged to be a person with mental illness to a public or private mental health facility or hospital for that purpose.

➤ The district court may issue such an order only if it is satisfied that there is probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.

2. An application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment may be made by a spouse, parent, adult child or legal guardian of the person. The spouse, parent, adult child or legal guardian and any other person who has a legitimate interest in the person alleged to be a person with mental illness may apply to a district court for an order described in paragraph (b) of subsection 1.

3. The application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment must reveal the circumstances under which the person was taken into custody and the reasons therefor.

4. Except as otherwise provided in this subsection, each person admitted to a public or private mental health facility or hospital under an emergency admission must be evaluated at the time of admission by a psychiatrist or a psychologist. If a psychiatrist or a psychologist is not available to conduct an evaluation at the time of admission, a physician may conduct the evaluation. Each such emergency admission must be approved by a psychiatrist.

5. As used in this section, "an accredited agent of the Department" means any person appointed or designated by the Director of the Department to take into custody and transport to a mental health facility pursuant to subsections 1 and 2 those persons in need of emergency admission.

Sec. 102. NRS 433A.165 is hereby amended to read as follows:

433A.165 1. Before a person alleged to be a person with mental illness may be admitted to a public or private mental health facility pursuant to NRS 433A.160, the person must:

(a) First be examined by a licensed physician ~~for~~ , *a collaborative physician or* physician assistant licensed pursuant to



chapter 630 or 633 of NRS , or an advanced practice registered nurse licensed pursuant to NRS 632.237 at any location where such a physician, physician assistant or advanced practice registered nurse is authorized to conduct such an examination to determine whether the person has a medical problem, other than a psychiatric problem, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.

2. If a person with a mental illness has a medical problem in addition to a psychiatric problem which requires medical treatment that requires more than 72 hours to complete, the licensed physician, *collaborative physician*, physician assistant or advanced practice registered nurse who examined the person must:

(a) On the first business day after determining that such medical treatment is necessary file with the clerk of the district court a written petition to admit the person to a public or private mental health facility pursuant to NRS 433A.160 after the medical treatment has been completed. The petition must:

(1) Include, without limitation, the medical condition of the person and the purpose for continuing the medical treatment of the person; and

(2) Be accompanied by a copy of the application for the emergency admission of the person required pursuant to NRS 433A.160 and the certificate required pursuant to NRS 433A.170.

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person with mental illness resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person with



1 mental illness or, on the person's behalf, by his or her insurer or by
2 a state or federal program of medical assistance.

3 5. The county may recover all or any part of the expenses paid
4 by it, in a civil action against:

5 (a) The person whose expenses were paid;

6 (b) The estate of that person; or

7 (c) A responsible relative as prescribed in NRS 433A.610, to the
8 extent that financial ability is found to exist.

9 6. The cost of treatment, including hospitalization, for a person
10 who is indigent must be paid pursuant to NRS 428.010 by the
11 county in which the person alleged to be a person with mental
12 illness resides.

13 7. The provisions of this section do not require the Division to
14 provide examinations required pursuant to subsection 1 at a Division
15 facility if the Division does not have the:

16 (a) Appropriate staffing levels of physicians, *collaborative*
17 *physicians*, physician assistants, advanced practice registered nurses
18 or other appropriate staff available at the facility as the Division
19 determines is necessary to provide such examinations; or

20 (b) Appropriate medical laboratories as the Division determines
21 is necessary to provide such examinations.

22 8. The Division shall adopt regulations to carry out the
23 provisions of this section, including, without limitation, regulations
24 that:

25 (a) Define "emergency services or care" as that term is used in
26 this section; and

27 (b) Prescribe the type of medical facility that a person may be
28 admitted to pursuant to subparagraph (2) of paragraph (b) of
29 subsection 1.

30 9. As used in this section, "medical facility" has the meaning
31 ascribed to it in NRS 449.0151.

32 **Sec. 103.** NRS 433A.170 is hereby amended to read as
33 follows:

34 433A.170 Except as otherwise provided in this section, the
35 administrative officer of a facility operated by the Division or of any
36 other public or private mental health facility or hospital shall not
37 accept an application for an emergency admission under NRS
38 433A.160 unless that application is accompanied by a certificate of
39 a licensed psychologist, a physician, a *collaborative physician or* a
40 physician assistant under the supervision of a psychiatrist, a clinical
41 social worker who has the psychiatric training and experience
42 prescribed by the Board of Examiners for Social Workers pursuant
43 to NRS 641B.160, an advanced practice registered nurse who has
44 the psychiatric training and experience prescribed by the State
45 Board of Nursing pursuant to NRS 632.120 or an accredited agent



1 of the Department stating that he or she has examined the person
2 alleged to be a person with mental illness and that he or she has
3 concluded that the person has a mental illness and, because of that
4 illness, is likely to harm himself or herself or others if allowed his or
5 her liberty. The certificate required by this section may be obtained
6 from a licensed psychologist, physician, *collaborative physician*,
7 physician assistant, clinical social worker, advanced practice
8 registered nurse or accredited agent of the Department who is
9 employed by the public or private mental health facility or hospital
10 to which the application is made.

11 **Sec. 104.** NRS 433A.195 is hereby amended to read as
12 follows:

13 433A.195 A licensed physician on the medical staff of a
14 facility operated by the Division or of any other public or private
15 mental health facility or hospital may release a person admitted
16 pursuant to NRS 433A.160 upon completion of a certificate which
17 meets the requirements of NRS 433A.197 signed by a licensed
18 physician on the medical staff of the facility or hospital, a
19 *collaborative physician* or physician assistant under the supervision
20 of a psychiatrist, psychologist, a clinical social worker who has the
21 psychiatric training and experience prescribed by the Board of
22 Examiners for Social Workers pursuant to NRS 641B.160, an
23 advanced practice registered nurse who has the psychiatric training
24 and experience prescribed by the State Board of Nursing pursuant to
25 NRS 632.120 or an accredited agent of the Department stating that
26 he or she has personally observed and examined the person and that
27 he or she has concluded that the person is not a person with a mental
28 illness.

29 **Sec. 105.** NRS 433A.197 is hereby amended to read as
30 follows:

31 433A.197 1. An application or certificate authorized under
32 subsection 1 of NRS 433A.160 or NRS 433A.170 or 433A.195 must
33 not be considered if made by a psychologist, physician,
34 *collaborative physician*, physician assistant, clinical social worker,
35 advanced practice registered nurse or accredited agent of the
36 Department who is related by blood or marriage within the second
37 degree of consanguinity or affinity to the person alleged to be a
38 person with mental illness, or who is financially interested in the
39 facility in which the person alleged to be a person with mental
40 illness is to be detained.

41 2. An application or certificate of any examining person
42 authorized under NRS 433A.170 must not be considered unless it is
43 based on personal observation and examination of the person
44 alleged to be a person with mental illness made by such examining
45 person not more than 72 hours prior to the making of the application



1 or certificate. The certificate required pursuant to NRS 433A.170
2 must set forth in detail the facts and reasons on which the examining
3 person based his or her opinions and conclusions.

4 3. A certificate authorized pursuant to NRS 433A.195 must not
5 be considered unless it is based on personal observation and
6 examination of the person alleged to be a person with mental illness
7 made by the examining physician, *collaborative physician*,
8 physician assistant, psychologist, clinical social worker, advanced
9 practice registered nurse or accredited agent of the Department. The
10 certificate authorized pursuant to NRS 433A.195 must describe in
11 detail the facts and reasons on which the examining physician,
12 *collaborative physician*, physician assistant, psychologist, clinical
13 social worker, advanced practice registered nurse or accredited
14 agent of the Department based his or her opinions and conclusions.

15 **Sec. 106.** NRS 433A.200 is hereby amended to read as
16 follows:

17 433A.200 1. Except as otherwise provided in NRS
18 432B.6075, a proceeding for an involuntary court-ordered admission
19 of any person in the State of Nevada may be commenced by the
20 filing of a petition for the involuntary admission to a mental health
21 facility or to a program of community-based or outpatient services
22 with the clerk of the district court of the county where the person
23 who is to be treated resides. The petition may be filed by the spouse,
24 parent, adult children or legal guardian of the person to be treated or
25 by any physician, *collaborative physician*, physician assistant,
26 psychologist, social worker or registered nurse, by an accredited
27 agent of the Department or by any officer authorized to make arrests
28 in the State of Nevada. The petition must be accompanied:

29 (a) By a certificate of a physician, a licensed psychologist, a
30 *collaborative physician or* physician assistant under the supervision
31 of a psychiatrist, a clinical social worker who has the psychiatric
32 training and experience prescribed by the Board of Examiners for
33 Social Workers pursuant to NRS 641B.160, an advanced practice
34 registered nurse who has the psychiatric training and experience
35 prescribed by the State Board of Nursing pursuant to NRS 632.120
36 or an accredited agent of the Department stating that he or she has
37 examined the person alleged to be a person with mental illness and
38 has concluded that the person has a mental illness and, because of
39 that illness, is likely to harm himself or herself or others if allowed
40 his or her liberty or if not required to participate in a program of
41 community-based or outpatient services; or

42 (b) By a sworn written statement by the petitioner that:

43 (1) The petitioner has, based upon the petitioner's personal
44 observation of the person alleged to be a person with mental illness,
45 probable cause to believe that the person has a mental illness and,



1 because of that illness, is likely to harm himself or herself or others
2 if allowed his or her liberty or if not required to participate in a
3 program of community-based or outpatient services; and

4 (2) The person alleged to be a person with mental illness has
5 refused to submit to examination or treatment by a physician,
6 psychiatrist or licensed psychologist.

7 2. Except as otherwise provided in NRS 432B.6075, if the
8 person to be treated is a minor and the petitioner is a person other
9 than a parent or guardian of the minor, the petition must, in addition
10 to the certificate or statement required by subsection 1, include a
11 statement signed by a parent or guardian of the minor that the parent
12 or guardian does not object to the filing of the petition.

13 **Sec. 107.** NRS 440.415 is hereby amended to read as follows:

14 440.415 1. A physician who anticipates the death of a patient
15 because of an illness, infirmity or disease may authorize a specific
16 registered nurse , *collaborative physician* or physician assistant or
17 the registered nurses , *collaborative physicians* or physician
18 assistants employed by a medical facility or program for hospice
19 care to make a pronouncement of death if they attend the death of
20 the patient.

21 2. Such an authorization is valid for 120 days. Except as
22 otherwise provided in subsection 3, the authorization must:

23 (a) Be a written order entered on the chart of the patient;

24 (b) State the name of ~~{the}~~ *each* registered nurse ~~{or nurses}~~ ,
25 *collaborative physician* or physician assistant ~~{or assistants}~~
26 authorized to make the pronouncement of death; and

27 (c) Be signed and dated by the physician.

28 3. If the patient is in a medical facility or under the care of a
29 program for hospice care, the physician may authorize the registered
30 nurses , *collaborative physicians* or physician assistants employed
31 by the facility or program to make pronouncements of death without
32 specifying the name of each nurse , *collaborative physician* or
33 physician assistant, as applicable.

34 4. If a pronouncement of death is made by a registered nurse ,
35 *collaborative physician* or physician assistant, the physician who
36 authorized that action shall sign the medical certificate of death
37 within 24 hours after being presented with the certificate.

38 5. If a patient in a medical facility is pronounced dead by a
39 registered nurse , *collaborative physician* or physician assistant
40 employed by the facility, the registered nurse , *collaborative*
41 *physician* or physician assistant may release the body of the patient
42 to a licensed funeral director pending the completion of the medical
43 certificate of death by the attending physician if the physician or the
44 medical director or chief of the medical staff of the facility has
45 authorized the release in writing.



6. The Board may adopt regulations concerning the authorization of a registered nurse , *collaborative physician* or physician assistant to make pronouncements of death.

7. As used in this section:

(a) *“Collaborative physician” means a person who holds a license as a collaborative physician pursuant to chapter 630 or 633 of NRS.*

(b) “Medical facility” means:

(1) A facility for skilled nursing as defined in NRS 449.0039;

(2) A facility for hospice care as defined in NRS 449.0033;

(3) A hospital as defined in NRS 449.012;

(4) An agency to provide nursing in the home as defined in NRS 449.0015; or

(5) A facility for intermediate care as defined in NRS 449.0038.

~~((b))~~ (c) “Physician assistant” means a person who holds a license as a physician assistant pursuant to chapter 630 or 633 of NRS.

~~((c))~~ (d) “Program for hospice care” means a program for hospice care licensed pursuant to chapter 449 of NRS.

~~((d))~~ (e) “Pronouncement of death” means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient’s medical record by the attending provider of health care in accordance with the provisions of this chapter.

Sec. 108. NRS 441A.110 is hereby amended to read as follows:

441A.110 “Provider of health care” means a physician, nurse or veterinarian licensed in accordance with state law or a *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS.

Sec. 109. 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 , *collaborative physician* or physician assistant licensed in accordance with state law.

Sec. 110. NRS 441A.540 is hereby amended to read as follows:

441A.540 1. If a person infected with or exposed to a communicable disease is voluntarily isolated or quarantined in a public or private medical facility, the facility shall not change the status of the person to an emergency isolation or quarantine unless, before the change in status is made:

(a) The facility provides:



(1) An application to a health authority for an emergency isolation or quarantine pursuant to NRS 441A.560; and

(2) The certificate of a health authority, physician, *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, or registered nurse to a health authority pursuant to NRS 441A.570; or

(b) The facility receives an order for isolation or quarantine issued by a health authority.

2. A person whose status is changed to an emergency isolation or quarantine pursuant to subsection 1:

(a) Must not be detained in excess of 48 hours after the change in status is made, unless within that period a written petition is filed by a health authority with the clerk of the district court pursuant to NRS 441A.600; and

(b) May, immediately after the person's status is changed, seek an injunction or other appropriate process in district court challenging his or her detention.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

4. Nothing in this section limits the actions that a public or private medical facility may take to prevent or limit the transmission of communicable diseases within the medical facility, including, without limitation, practices for the control of infections.

Sec. 111. NRS 441A.560 is hereby amended to read as follows:

441A.560 1. An application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected with or exposed to a communicable disease may only be made by another health authority, a physician, a *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, a registered nurse or a medical facility by submitting the certificate required by NRS 441A.570. Within its jurisdiction, upon application or on its own, subject to the provisions of NRS 441A.510 to 441A.720, inclusive, a health authority may:

(a) Pursuant to its own order and without a warrant:

(1) Take a person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease into custody in any safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment; and



(2) Transport the person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose, or arrange for the person or group of persons to be transported for that purpose by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or

(III) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

only if the health authority acting in good faith has, based upon personal observation, its own epidemiological investigation or an epidemiological investigation by another health authority, a physician, *or a collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse as stated in a certificate submitted pursuant to NRS 441A.570, if such a certificate was submitted, of the person or group of persons alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of members of the public who have not been infected with or exposed to the communicable disease.

(b) Petition a district court for an emergency order requiring:

(1) Any health authority or peace officer to take a person or group of persons alleged to have been infected with or exposed to a communicable disease into custody to allow the health authority to investigate, file and prosecute a petition for the involuntary court-ordered isolation or quarantine of the person or group of persons alleged to have been infected with or exposed to a communicable disease in the manner set forth in NRS 441A.510 to 441A.720, inclusive; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport, in accordance with such court order, the person or group of persons alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose.

2. The district court may issue an emergency order for isolation or quarantine pursuant to paragraph (b) of subsection 1:

(a) Only for the time deemed necessary by the court to allow a health authority to investigate, file and prosecute each petition for



1 involuntary court-ordered isolation or quarantine pursuant to NRS
2 441A.510 to 441A.720, inclusive; and

3 (b) Only if it is satisfied that there is probable cause to believe
4 that the person or group of persons alleged to have been infected
5 with or exposed to a communicable disease has been infected with
6 or exposed to a communicable disease, and that because of the risks
7 of that disease, the person or group of persons is likely to be an
8 immediate threat to the health of the public.

9 **Sec. 112.** NRS 441A.570 is hereby amended to read as
10 follows:

11 441A.570 A health authority shall not accept an application for
12 an emergency isolation or quarantine under NRS 441A.560 unless
13 that application is accompanied by a certificate of another health
14 authority or a physician, *or a collaborative physician or* physician
15 assistant licensed pursuant to chapter 630 or 633 of NRS or *a*
16 registered nurse stating that he or she has examined the person or
17 group of persons alleged to have been infected with or exposed to a
18 communicable disease or has investigated the circumstances of
19 potential infection or exposure regarding the person or group of
20 persons alleged to have been infected with or exposed to a
21 communicable disease and that he or she has concluded that the
22 person or group of persons has been infected with or exposed to a
23 communicable disease, and that because of the risks of that disease,
24 the person or group of persons is likely to be an immediate threat to
25 the health of the public. The certificate required by this section may
26 be obtained from a physician, *or a collaborative physician or*
27 physician assistant licensed pursuant to chapter 630 or 633 of NRS
28 or *a* registered nurse who is employed by the public or private
29 medical facility in which the person or group of persons is admitted
30 or detained and from the facility from which the application is
31 made.

32 **Sec. 113.** NRS 441A.580 is hereby amended to read as
33 follows:

34 441A.580 1. No application or certificate authorized under
35 NRS 441A.560 or 441A.570 may be considered if made by a person
36 on behalf of a medical facility or by a health authority, *a* physician,
37 *or a collaborative physician or* physician assistant licensed pursuant
38 to chapter 630 or 633 of NRS or *a* registered nurse who is related by
39 blood or marriage to the person alleged to have been infected with
40 or exposed to a communicable disease, or who is financially
41 interested, in a manner that would be prohibited pursuant to NRS
42 439B.425 if the application or certificate were deemed a referral, in
43 a medical facility in which the person alleged to have been infected
44 with or exposed to a communicable disease is to be detained.



2. No application or certificate of any health authority or person authorized under NRS 441A.560 or 441A.570 may be considered unless it is based on personal observation, examination or epidemiological investigation of the person or group of persons alleged to have been infected with or exposed to a communicable disease made by such health authority or person not more than 72 hours before the making of the application or certificate. The certificate must set forth in detail the facts and reasons on which the health authority or person who submitted the certificate pursuant to NRS 441A.570 based his or her opinions and conclusions.

Sec. 114. NRS 441A.600 is hereby amended to read as follows:

441A.600 A proceeding for an involuntary court-ordered isolation or quarantine of any person in this State may be commenced by a health authority filing a petition with the clerk of the district court of the county where the person is to be isolated or quarantined. The petition may be pled in the alternative for both isolation and quarantine, if required by developing or changing facts, and must be accompanied:

1. By a certificate of a health authority or a physician, *or a collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse stating that he or she has examined the person alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease and has concluded that the person has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; or

2. By a sworn written statement by the health authority that:

(a) The health authority has, based upon its personal observation of the person alleged to have been infected with or exposed to a communicable disease, or its epidemiological investigation of the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person has been infected with or exposed to a communicable disease and, that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; and

(b) The person alleged to have been infected with or exposed to a communicable disease has refused to submit to voluntary isolation or quarantine, examination, testing, or treatment known to control or resolve the transmission of the communicable disease.



1 **Sec. 115.** NRS 441A.610 is hereby amended to read as
2 follows:

3 441A.610 In addition to the requirements of NRS 441A.600, a
4 petition filed pursuant to that section with the clerk of the district
5 court to commence proceedings for involuntary court-ordered
6 isolation or quarantine of a person pursuant to NRS 441A.540 or
7 441A.550 must include a certified copy of:

8 1. If an application for an order of emergency isolation or
9 quarantine of the person was made pursuant to NRS 441A.560, the
10 application for the emergency isolation or quarantine of the person
11 made to the petitioning health authority pursuant to NRS 441A.560;
12 and

13 2. A petition executed by a health authority, including, without
14 limitation, a sworn statement that:

15 (a) The health authority or a physician, *or a collaborative*
16 *physician or* physician assistant licensed pursuant to chapter 630 or
17 633 of NRS or *a* registered nurse who submitted a certificate
18 pursuant to NRS 441A.570, if such a certificate was submitted, has
19 examined the person alleged to have been infected with or exposed
20 to a communicable disease;

21 (b) In the opinion of the health authority, there is a reasonable
22 degree of certainty that the person alleged to have been infected
23 with or exposed to a communicable disease is currently capable of
24 transmitting the disease, or is likely to become capable of
25 transmitting the disease in the near future;

26 (c) Based on either the health authority's personal observation
27 of the person alleged to have been infected with or exposed to the
28 communicable disease or the health authority's epidemiological
29 investigation of the circumstances of potential infection or exposure
30 regarding the person alleged to have been infected with or exposed
31 to the communicable disease, and on other facts set forth in the
32 petition, the person likely poses an immediate threat to the health of
33 the public; and

34 (d) In the opinion of the health authority, involuntary isolation
35 or quarantine of the person alleged to have been infected with or
36 exposed to a communicable disease to a public or private medical
37 facility, residence or other safe location is necessary to prevent the
38 person from immediately threatening the health of the public.

39 **Sec. 116.** NRS 441A.630 is hereby amended to read as
40 follows:

41 441A.630 1. After the filing of a petition to commence
42 proceedings for the involuntary court-ordered isolation or quarantine
43 of a person pursuant to NRS 441A.600 or 441A.610, the court shall
44 promptly cause two or more physicians or *collaborative physicians*
45 *or* physician assistants licensed pursuant to chapter 630 or 633 of



1 NRS, at least one of whom must always be a physician, to either
2 examine the person alleged to have been infected with or exposed to
3 a communicable disease or assess the likelihood that the person
4 alleged to have been infected with or exposed to a communicable
5 disease has been so infected or exposed.

6 2. To conduct the examination or assessment of a person who
7 is not being detained at a public or private medical facility,
8 residence or other safe location under emergency isolation or
9 quarantine pursuant to the emergency order of a health authority or
10 court made pursuant to NRS 441A.550 or 441A.560, the court may
11 order a peace officer to take the person into protective custody and
12 transport the person to a public or private medical facility, residence
13 or other safe location where the person may be detained until a
14 hearing is held upon the petition.

15 3. If the person is being detained at his or her home or other
16 place of residence under an emergency order of a health authority or
17 court pursuant to NRS 441A.550 or 441A.560, the person may be
18 allowed to remain in his or her home or other place of residence
19 pending an ordered assessment, examination or examinations and to
20 return to his or her home or other place of residence upon
21 completion of the assessment, examination or examinations if such
22 remaining or returning would not constitute an immediate threat to
23 others residing in his or her home or place of residence.

24 4. Each physician and *collaborative physician and* physician
25 assistant licensed pursuant to chapter 630 or 633 of NRS who
26 examines or assesses a person pursuant to subsection 1 shall, not
27 later than 24 hours before the hearing set pursuant to NRS
28 441A.620, submit to the court in writing a summary of his or her
29 findings and evaluation regarding the person alleged to have been
30 infected with or exposed to a communicable disease.

31 **Sec. 117.** NRS 441A.640 is hereby amended to read as
32 follows:

33 441A.640 1. The health authority shall establish such
34 evaluation teams as are necessary to aid the courts under NRS
35 441A.630 and 441A.700.

36 2. Each team must be composed of at least two physicians, or
37 at least one physician and one *collaborative physician or* physician
38 assistant licensed pursuant to chapter 630 or 633 of NRS.

39 3. Fees for the evaluations must be established and collected as
40 set forth in NRS 441A.650.

41 **Sec. 118.** NRS 441A.670 is hereby amended to read as
42 follows:

43 441A.670 In proceedings for involuntary court-ordered
44 isolation or quarantine, the court shall hear and consider all relevant
45 testimony, including, but not limited to, the testimony of examining



1 personnel who participated in the evaluation of the person alleged to
2 have been infected with or exposed to a communicable disease and
3 the certificates, if any, of a health authority or a physician, *or a*
4 *collaborative physician or* physician assistant licensed pursuant to
5 chapter 630 or 633 of NRS or *a* registered nurse accompanying the
6 petition.

7 **Sec. 119.** NRS 441A.720 is hereby amended to read as
8 follows:

9 441A.720 When any involuntary court isolation or quarantine
10 is ordered under the provisions of NRS 441A.510 to 441A.720,
11 inclusive, the involuntarily isolated or quarantined person, together
12 with the court orders, any certificates of the health authorities,
13 physicians, *collaborative physicians or* physician assistants licensed
14 pursuant to chapter 630 or 633 of NRS , or registered nurses, the
15 written summary of the evaluation team and a full and complete
16 transcript of the notes of the official reporter made at the
17 examination of such person before the court, must be delivered to
18 the sheriff of the appropriate county who must be ordered to:

19 1. Transport the person; or

20 2. Arrange for the person to be transported by:

21 (a) A system for the nonemergency medical transportation of
22 persons whose operation is authorized by the Nevada Transportation
23 Authority; or

24 (b) If medically necessary, an ambulance service that holds a
25 permit issued pursuant to the provisions of chapter 450B of NRS,
26 ➤ to the appropriate public or private medical facility, residence or
27 other safe location.

28 **Sec. 120.** NRS 442.003 is hereby amended to read as follows:

29 442.003 As used in this chapter, unless the context requires
30 otherwise:

31 1. "Advisory Board" means the Advisory Board on Maternal
32 and Child Health.

33 2. "Department" means the Department of Health and Human
34 Services.

35 3. "Director" means the Director of the Department.

36 4. "Division" means the Division of Public and Behavioral
37 Health of the Department.

38 5. "Fetal alcohol syndrome" includes fetal alcohol effects.

39 6. "Laboratory" has the meaning ascribed to it in
40 NRS 652.040.

41 7. "Obstetric center" has the meaning ascribed to it in
42 NRS 449.0155.

43 8. "Provider of health care or other services" means:



(a) A clinical alcohol and drug abuse counselor who is licensed, or an alcohol and drug abuse counselor who is licensed or certified, pursuant to chapter 641C of NRS;

(b) A physician, ~~for~~ a *collaborative physician or* a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) A licensed nurse;

(d) A licensed psychologist;

(e) A licensed marriage and family therapist;

(f) A licensed clinical professional counselor;

(g) A licensed social worker;

(h) A licensed dietitian; or

(i) The holder of a certificate of registration as a pharmacist.

Sec. 121. NRS 442.119 is hereby amended to read as follows:

442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context otherwise requires:

1. “Health officer” includes a local health officer, a city health officer, a county health officer and a district health officer.

2. “Medicaid” has the meaning ascribed to it in NRS 439B.120.

3. “Medicare” has the meaning ascribed to it in NRS 439B.130.

4. “Provider of prenatal care” means:

(a) A physician who is licensed in this State and certified in obstetrics and gynecology, family practice, general practice or general surgery.

(b) A certified nurse midwife who is licensed by the State Board of Nursing.

(c) An advanced practice registered nurse who is licensed by the State Board of Nursing pursuant to NRS 632.237 and who has specialized skills and training in obstetrics or family nursing.

(d) A *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS who has specialized skills and training in obstetrics or family practice.

Sec. 122. NRS 449.0175 is hereby amended to read as follows:

449.0175 “Rural clinic” means a facility located in an area that is not designated as an urban area by the Bureau of the Census, where medical services are provided by a *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 who is under the supervision of a licensed physician.



1 **Sec. 123.** NRS 450B.160 is hereby amended to read as
2 follows:

3 450B.160 1. The health authority may issue licenses to
4 attendants and to firefighters employed by or serving as volunteers
5 with a fire-fighting agency.

6 2. Each license must be evidenced by a card issued to the
7 holder of the license, is valid for a period not to exceed 2 years and
8 is renewable.

9 3. An applicant for a license must file with the health authority:

10 (a) A current, valid certificate evidencing the applicant's
11 successful completion of a program of training as an emergency
12 medical technician, advanced emergency medical technician or
13 paramedic, if the applicant is applying for a license as an attendant,
14 or, if a volunteer attendant, at a level of skill determined by the
15 board.

16 (b) A current valid certificate evidencing the applicant's
17 successful completion of a program of training as an emergency
18 medical technician, advanced emergency medical technician or
19 paramedic, if the applicant is applying for a license as a firefighter
20 with a fire-fighting agency.

21 (c) A signed statement showing:

22 (1) The name and address of the applicant;

23 (2) The name and address of the employer of the applicant;

24 and

25 (3) A description of the applicant's duties.

26 (d) Such other certificates for training and such other items as
27 the board may specify.

28 4. The board shall adopt such regulations as it determines are
29 necessary for the issuance, suspension, revocation and renewal of
30 licenses.

31 5. Each operator of an ambulance or air ambulance and each
32 fire-fighting agency shall annually file with the health authority a
33 complete list of the licensed persons in its service.

34 6. Licensed physicians, registered nurses , *licensed*
35 *collaborative physicians*, and licensed physician assistants may
36 serve as attendants without being licensed under the provisions of
37 this section. A registered nurse who performs emergency care in an
38 ambulance or air ambulance shall perform the care in accordance
39 with the regulations of the State Board of Nursing. A licensed
40 *collaborative physician or a licensed* physician assistant who
41 performs emergency care in an ambulance or air ambulance shall
42 perform the care in accordance with the regulations of the Board of
43 Medical Examiners.

44 7. Each licensed physician, registered nurse , *licensed*
45 *collaborative physician* and licensed physician assistant who serves



1 as an attendant must have current certification of completion of
2 training in:

3 (a) Advanced life-support procedures for patients who require
4 cardiac care;

5 (b) Life-support procedures for pediatric patients who require
6 cardiac care; and

7 (c) Life-support procedures for patients with trauma that are
8 administered before the arrival of those patients at a hospital.

9 ➔ The certification must be issued by the Board of Medical
10 Examiners for a physician , *licensed collaborative physician* or
11 licensed physician assistant or by the State Board of Nursing for a
12 registered nurse.

13 8. The Board of Medical Examiners and the State Board of
14 Nursing shall issue a certificate pursuant to subsection 7 if the
15 licensed physician, *licensed collaborative physician*, licensed
16 physician assistant or registered nurse attends:

17 (a) A course offered by a national organization which is
18 nationally recognized for issuing such certification;

19 (b) Training conducted by the operator of an ambulance or air
20 ambulance; or

21 (c) Any other course or training,

22 ➔ approved by the Board of Medical Examiners or the State Board
23 of Nursing, whichever is issuing the certification.

24 **Sec. 124.** NRS 450B.712 is hereby amended to read as
25 follows:

26 450B.712 1. An authorized entity may obtain an order for
27 auto-injectable epinephrine from a physician, osteopathic physician,
28 *collaborative physician*, physician assistant or advanced practice
29 registered nurse, pursuant to NRS 630.374, 632.239 or 633.707 to
30 be maintained by the authorized entity at any location under control
31 of the authorized entity where allergens capable of causing
32 anaphylaxis may be present. If a dose of auto-injectable epinephrine
33 maintained by the authorized entity is used or expires, the
34 authorized entity may obtain an additional dose of auto-injectable
35 epinephrine to replace the used or expired dose.

36 2. Auto-injectable epinephrine maintained by an authorized
37 entity pursuant to this section may be provided to a person for self-
38 administration or may be administered to any person reasonably
39 believed to be experiencing anaphylaxis by:

40 (a) An owner, employee or agent of the authorized entity who
41 has received the training required pursuant to NRS 450B.714; or

42 (b) A person, other than an owner, employee or agent of the
43 authorized entity, who is trained to recognize the symptoms of
44 anaphylaxis and to administer auto-injectable epinephrine, who may
45 include, without limitation, a provider of health care, a provider of



1 emergency medical services, an athletic trainer or a family member
2 of a person who suffers from allergies capable of causing
3 anaphylaxis.

4 3. An authorized entity shall:

5 (a) Store auto-injectable epinephrine in a designated, secure
6 location that is easily accessible and in compliance with the
7 instructions provided by the manufacturer of the auto-injectable
8 epinephrine and any requirements prescribed by the board; and

9 (b) Designate one or more employees or agents who have
10 received the training described in NRS 450B.714 to be responsible
11 for the storage, maintenance and oversight of the auto-injectable
12 epinephrine maintained by the authorized entity.

13 4. Not later than 30 days after a dose of auto-injectable
14 epinephrine maintained by an authorized entity is administered, the
15 authorized entity shall report, on a form prescribed by the board, the
16 circumstances surrounding such administration. The board shall
17 publish an annual report summarizing and analyzing the information
18 reported by authorized entities pursuant to this subsection.

19 5. As used in this section:

20 (a) “Provider of emergency medical services” means a person
21 licensed as an attendant or certified as an emergency medical
22 technician, advanced emergency medical technician or paramedic
23 pursuant to this chapter.

24 (b) “Provider of health care” means a physician, nurse ,
25 *collaborative physician* or physician assistant registered or licensed
26 in this State.

27 **Sec. 125.** NRS 453.038 is hereby amended to read as follows:

28 453.038 “Chart order” means an order entered on the chart of a
29 patient:

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

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

39 **Sec. 126.** NRS 453.091 is hereby amended to read as follows:

40 453.091 1. “Manufacture” means the production, preparation,
41 propagation, compounding, conversion or processing of a substance,
42 either directly or indirectly by extraction from substances of natural
43 origin, or independently by means of chemical synthesis, or by a
44 combination of extraction and chemical synthesis, and includes any



1 packaging or repackaging of the substance or labeling or relabeling
2 of its container.

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

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

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

13 **Sec. 127.** NRS 453.126 is hereby amended to read as follows:

14 453.126 "Practitioner" means:

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

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

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

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

30 5. A *collaborative physician or* physician assistant who:

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

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

35 6. A *collaborative physician or* physician assistant who:

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

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

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



Sec. 128. NRS 453.128 is hereby amended to read as follows:

453.128 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced 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.

Sec. 129. NRS 453.226 is hereby amended to read as follows:

453.226 1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations.

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, to dispense or conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive:

(a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:

(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and



(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

Sec. 130. NRS 453.336 is hereby amended to read as follows:

453.336 1. Except as otherwise provided in subsection 5, a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practice registered nurse or veterinarian while acting in the course of his or her professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive.

2. Except as otherwise provided in subsections 3 and 4 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385, 453.339 or 453.3395, a person who violates this section shall be punished:

(a) For the first or second offense, if the controlled substance is listed in schedule I, II, III or IV, for a category E felony as provided in NRS 193.130.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I, II, III or IV, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) For the first offense, if the controlled substance is listed in schedule V, for a category E felony as provided in NRS 193.130.

(d) For a second or subsequent offense, if the controlled substance is listed in schedule V, for a category D felony as provided in NRS 193.130.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by



1 imprisonment in the state prison for a minimum term of not less
2 than 1 year and a maximum term of not more than 6 years.

3 4. Unless a greater penalty is provided pursuant to NRS
4 212.160, a person who is convicted of the possession of 1 ounce or
5 less of marijuana:

6 (a) For the first offense, is guilty of a misdemeanor and shall be:

7 (1) Punished by a fine of not more than \$600; or

8 (2) Examined by a treatment provider approved by the court
9 to determine whether the person is a drug addict and is likely to be
10 rehabilitated through treatment and, if the examination reveals that
11 the person is a drug addict and is likely to be rehabilitated through
12 treatment, assigned to a program of treatment and rehabilitation
13 pursuant to NRS 453.580. As used in this subparagraph, "treatment
14 provider" has the meaning ascribed to it in NRS 458.010.

15 (b) For the second offense, is guilty of a misdemeanor and shall
16 be:

17 (1) Punished by a fine of not more than \$1,000; or

18 (2) Assigned to a program of treatment and rehabilitation
19 pursuant to NRS 453.580.

20 (c) For the third offense, is guilty of a gross misdemeanor and
21 shall be punished as provided in NRS 193.140.

22 (d) For a fourth or subsequent offense, is guilty of a category E
23 felony and shall be punished as provided in NRS 193.130.

24 5. It is not a violation of this section if a person possesses a
25 trace amount of a controlled substance and that trace amount is in or
26 on a hypodermic device obtained from a sterile hypodermic device
27 program pursuant to NRS 439.985 to 439.994, inclusive.

28 6. As used in this section:

29 (a) "Controlled substance" includes flunitrazepam, gamma-
30 hydroxybutyrate and each substance for which flunitrazepam or
31 gamma-hydroxybutyrate is an immediate precursor.

32 (b) "Marijuana" does not include concentrated cannabis.

33 (c) "Sterile hypodermic device program" has the meaning
34 ascribed to it in NRS 439.986.

35 **Sec. 131.** NRS 453.371 is hereby amended to read as follows:

36 453.371 As used in NRS 453.371 to 453.552, inclusive:

37 1. *"Collaborative physician" means a person who is*
38 *registered with the Board and:*

39 (a) *Holds a license issued pursuant to section 4 of this act; or*

40 (b) *Holds a license issued pursuant to section 37 of this act.*

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

43 ~~12-1~~ 3. "Pharmacist" means a person who holds a certificate of
44 registration issued pursuant to NRS 639.127 and is registered with
45 the Board.



~~13.1~~ 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.

~~14.1~~ 5. "Physician assistant" means a person who is registered with the Board and:

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

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

Sec. 132. 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, *collaborative physician*, physician 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, *collaborative physician* or physician assistant.

(e) A medical student, student in training to become a physician 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, *collaborative physician* or physician assistant and:

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

(2) Under the supervision of a physician, *collaborative physician*, physician 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, *collaborative physician*, physician assistant or nurse.



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

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

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

9 (h) A veterinary technician at the direction of his or her
10 supervising veterinarian.

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

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

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

28 2. As used in this section, "accredited college of medicine"
29 means:

30 (a) A medical school that is accredited by the Liaison
31 Committee on Medical Education of the American Medical
32 Association and the Association of American Medical Colleges or
33 their successor organizations; or

34 (b) A school of osteopathic medicine, as defined in
35 NRS 633.121.

36 **Sec. 133.** NRS 453.381 is hereby amended to read as follows:

37 453.381 1. In addition to the limitations imposed by NRS
38 453.256 and 453.3611 to 453.3648, inclusive, a physician,
39 *collaborative physician*, physician assistant, dentist, advanced
40 practice registered nurse or podiatric physician may prescribe or
41 administer controlled substances only for a legitimate medical
42 purpose and in the usual course of his or her professional practice,
43 and he or she shall not prescribe, administer or dispense a controlled
44 substance listed in schedule II for himself or herself, his or her
45 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, *collaborative physician*, physician assistant, dentist, advanced practice registered nurse, podiatric physician or veterinarian.

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

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

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

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

Sec. 134. NRS 453.391 is hereby amended to read as follows:

453.391 A person shall not:

1. Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, *collaborative physician*, physician 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.



1 **Sec. 135.** NRS 453C.030 is hereby amended to read as
2 follows:

3 453C.030 1. "Health care professional" means a physician, *a*
4 *collaborative physician*, a physician assistant or an advanced
5 practice registered nurse.

6 2. As used in this section:

7 (a) "Advanced practice registered nurse" has the meaning
8 ascribed to it in NRS 632.012.

9 (b) *"Collaborative physician" means a collaborative physician*
10 *licensed pursuant to chapter 630 or 633 of NRS.*

11 (c) "Physician" means a physician licensed pursuant to chapter
12 630 or 633 of NRS.

13 ~~(c)~~ (d) "Physician assistant" means a physician assistant
14 licensed pursuant to chapter 630 or 633 of NRS.

15 **Sec. 136.** NRS 454.00958 is hereby amended to read as
16 follows:

17 454.00958 "Practitioner" means:

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

20 2. A pharmacy, hospital or other institution licensed or
21 registered to distribute, dispense, conduct research with respect to or
22 to administer a dangerous drug in the course of professional practice
23 in this State.

24 3. When relating to the prescription of poisons, dangerous
25 drugs and devices:

26 (a) An advanced practice registered nurse who holds a certificate
27 from the State Board of Pharmacy permitting him or her so to
28 prescribe; or

29 (b) A *collaborative physician or* physician assistant who holds a
30 license from the Board of Medical Examiners and a certificate from
31 the State Board of Pharmacy permitting him or her so to prescribe.

32 4. An optometrist who is certified to prescribe and administer
33 dangerous drugs pursuant to NRS 636.288 when the optometrist
34 prescribes or administers dangerous drugs which are within the
35 scope of his or her certification.

36 **Sec. 137.** NRS 454.213 is hereby amended to read as follows:

37 454.213 1. A drug or medicine referred to in NRS 454.181 to
38 454.371, inclusive, may be possessed and administered by:

39 (a) A practitioner.

40 (b) A *collaborative physician or* physician assistant licensed
41 pursuant to chapter 630 or 633 of NRS, at the direction of his or her
42 supervising physician or a licensed dental hygienist acting in the
43 office of and under the supervision of a dentist.

44 (c) Except as otherwise provided in paragraph (d), a registered
45 nurse licensed to practice professional nursing or licensed practical



nurse, at the direction of a prescribing physician, *collaborative physician or* physician 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 licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, nuclear medicine technologist, radiologic technologist, physical therapist or veterinary technician if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, 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 , *collaborative physician* or physician assistant.

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

2. As used in this section, “accredited college of medicine” has the meaning ascribed to it in NRS 453.375.

Sec. 138. 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, *collaborative physician* or a physician assistant licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

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

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

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

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



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

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

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

Sec. 139. 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 *collaborative physician or* physician assistant licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

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

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

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

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

Sec. 140. NRS 484C.250 is hereby amended to read as follows:

484C.250 1. The results of any blood test administered under the provisions of NRS 484C.160 or 484C.180 are not admissible in any hearing or criminal action arising out of acts alleged to have been committed by a person who was driving or in actual physical



1 control of a vehicle while under the influence of intoxicating liquor
2 or a controlled substance or with a prohibited substance in his or her
3 blood or urine or who was engaging in any other conduct prohibited
4 by NRS 484C.110, 484C.120, 484C.130 or 484C.430 unless:

5 (a) The blood tested was withdrawn by a person, other than an
6 arresting officer, who:

7 (1) Is a physician, *collaborative physician or* physician
8 assistant licensed pursuant to chapter 630 or 633 of NRS, registered
9 nurse, licensed practical nurse, advanced emergency medical
10 technician, paramedic or a phlebotomist, technician, technologist or
11 assistant employed in a medical laboratory; or

12 (2) Has special knowledge, skill, experience, training and
13 education in withdrawing blood in a medically acceptable manner,
14 including, without limitation, a person qualified as an expert on that
15 subject in a court of competent jurisdiction or a person who has
16 completed a course of instruction that qualifies him or her to take an
17 examination in phlebotomy that is administered by the American
18 Medical Technologists or the American Society for Clinical
19 Pathology; and

20 (b) The test was performed on whole blood, except if the sample
21 was clotted when it was received by the laboratory, the test may be
22 performed on blood serum or plasma.

23 2. The limitation contained in paragraph (a) of subsection 1
24 does not apply to the taking of a chemical test of the urine, breath or
25 other bodily substance.

26 3. No person listed in paragraph (a) of subsection 1 incurs any
27 civil or criminal liability as a result of the administering of a blood
28 test when requested by a police officer or the person to be tested to
29 administer the test.

30 **Sec. 141.** 1. This section and sections 85 and 86 of this act
31 become effective upon passage and approval.

32 2. Sections 1 to 84, inclusive, and 87 to 140, inclusive, of this
33 act become effective:

34 (a) Upon passage and approval for the purpose of adopting
35 regulations and performing any other administrative tasks that are
36 necessary to carry out the provisions of this act; and

37 (b) On January 1, 2018, for all other purposes.

