

ASSEMBLY BILL NO. 442—COMMITTEE  
ON COMMERCE AND LABOR

(ON BEHALF OF THE LEGISLATIVE COMMITTEE  
ON HEALTH CARE)

MARCH 29, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Revises requirements concerning training of certain providers of health care. (BDR 54-450)

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

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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; requiring certain providers of health care to complete training in the screening, brief intervention and referral to treatment approach to substance use disorder; authorizing such a provider of health care to use such training to complete certain continuing education requirements; authorizing a physician, physician assistant or advanced practice registered nurse to use a federal registration to dispense narcotic drugs for maintenance treatment or detoxification treatment to satisfy certain continuing education requirements; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires providers of health care who are authorized to prescribe controlled substances, including physicians, physician assistants, dentists, advanced practice registered nurses, podiatrists and opticians, to complete training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. (NRS 630.2535, 631.344, 632.2375, 633.473, 635.116, 636.2881) **Sections 1, 16, 21, 26, 41 and 47** of this bill define the term “screening, brief intervention and referral to treatment approach” to mean an evidence-based method of delivering early intervention and treatment to persons who have or are at risk of developing a substance use disorder. **Sections 2, 17, 22, 27 and 48** of this bill make conforming changes to indicate the proper placement of **sections 1, 16, 21, 26 and 47** in the Nevada Revised Statutes.



**Sections 3, 10-12, 18, 23, 28, 31-35, 42 and 49** of this bill require each applicant for the issuance of a renewable license, other than a license by endorsement and certain specialized medical licenses, as a physician, physician assistant, dentist, advanced practice registered nurse, podiatrist or optometrist on or after January 1, 2024, to have completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder. **Sections 4-6, 9, 13, 14, 18, 23, 29, 30, 34, 36, 37, 43, 44, 50 and 51** of this bill require each person to whom a license by endorsement as a physician, physician assistant, dentist, advanced practice registered nurse, podiatrist or optometrist is issued on or after January 1, 2024, to complete at least 2 hours of such training within 6 months after the date on which the license was issued. **Sections 15, 20, 25, 40 and 46** of this bill authorize disciplinary action against a holder of a license by endorsement as a physician, physician assistant, dentist, advanced practice registered nurse or podiatrist who fails to complete such training. The Nevada State Board of Optometry would also be authorized to take disciplinary action against a holder of a license by endorsement as an optometrist who fails to complete such training. (NRS 636.295) **Section 53** of this bill requires a person who holds a license as a physician, physician assistant, dentist, advanced practice registered nurse, podiatrist or optometrist on January 1, 2024, to complete at least 2 hours of such training before renewing his or her license. **Sections 7, 8, 19, 24, 38, 39, 45, 52 and 53** of this bill authorize a physician, physician assistant, dentist, advanced practice registered nurse, podiatrist or optometrist to use training in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy certain continuing education requirements on or after the date on which this bill is approved by the Governor.

Existing federal law requires a practitioner who dispenses narcotic drugs to individuals for maintenance treatment or detoxification treatment to obtain annually a registration for that purpose. (21 U.S.C. § 823) **Sections 8, 24 and 39** of this bill: (1) exempt a physician, physician assistant or advanced practice registered nurse who obtains such a registration from requirements to complete continuing education relating specifically to substance use and other addictive disorders and the prescribing of opioids for one period of licensure; and (2) authorize such a physician, physician assistant or advanced practice registered nurse to use the registration to satisfy 4 hours of any applicable continuing education requirement.

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

**Section 1.** Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Screening, brief intervention and referral to treatment approach” means an evidence-based method of delivering early intervention and treatment to persons who have or are at risk of developing a substance use disorder that consists of:*

*1. Screening to assess the severity of substance use and identify the appropriate level of treatment;*

*2. Brief intervention to increase awareness of the person’s substance use and motivation to change his or her behavior; and*

*3. Referral to treatment for persons who need more extensive treatment and specialty care for substance use disorder.*



1     **Sec. 2.** NRS 630.005 is hereby amended to read as follows:  
2     630.005 As used in this chapter, unless the context otherwise  
3 requires, the words and terms defined in NRS 630.007 to 630.026,  
4 inclusive, *and section 1 of this act* have the meanings ascribed to  
5 them in those sections.

6     **Sec. 3.** NRS 630.160 is hereby amended to read as follows:

7     630.160 1. Every person desiring to practice medicine must,  
8 before beginning to practice, procure from the Board a license  
9 authorizing the person to practice.

10    2. Except as otherwise provided in NRS 630.1605, 630.161,  
11 inclusive, and 630.258 to 630.2665, inclusive, a license may be  
12 issued to any person who:

13    (a) Has received the degree of doctor of medicine from a  
14 medical school:

15       (1) Approved by the Liaison Committee on Medical  
16 Education of the American Medical Association and Association of  
17 American Medical Colleges; or

18       (2) Which provides a course of professional instruction  
19 equivalent to that provided in medical schools in the United States  
20 approved by the Liaison Committee on Medical Education;

21    (b) Is currently certified by a specialty board of the American  
22 Board of Medical Specialties and who agrees to maintain the  
23 certification for the duration of the licensure, or has passed:

24       (1) All parts of the examination given by the National Board  
25 of Medical Examiners;

26       (2) All parts of the Federation Licensing Examination;

27       (3) All parts of the United States Medical Licensing  
28 Examination;

29       (4) All parts of a licensing examination given by any state or  
30 territory of the United States, if the applicant is certified by a  
31 specialty board of the American Board of Medical Specialties;

32       (5) All parts of the examination to become a licentiate of the  
33 Medical Council of Canada; or

34       (6) Any combination of the examinations specified in  
35 subparagraphs (1), (2) and (3) that the Board determines to be  
36 sufficient;

37    (c) Is currently certified by a specialty board of the American  
38 Board of Medical Specialties in the specialty of emergency  
39 medicine, preventive medicine or family medicine and who agrees  
40 to maintain certification in at least one of these specialties for the  
41 duration of the licensure, or:

42       (1) Has completed 36 months of progressive postgraduate:

43           (I) Education as a resident in the United States or Canada  
44 in a program approved by the Board, the Accreditation Council for  
45 Graduate Medical Education, the Royal College of Physicians and



1 Surgeons of Canada, the Collège des médecins du Québec or the  
2 College of Family Physicians of Canada, or, as applicable, their  
3 successor organizations; or

4 (II) Fellowship training in the United States or Canada  
5 approved by the Board or the Accreditation Council for Graduate  
6 Medical Education;

7 (2) Has completed at least 36 months of postgraduate  
8 education, not less than 24 months of which must have been  
9 completed as a resident after receiving a medical degree from a  
10 combined dental and medical degree program approved by the  
11 Board; or

12 (3) Is a resident who is enrolled in a progressive postgraduate  
13 training program in the United States or Canada approved by the  
14 Board, the Accreditation Council for Graduate Medical Education,  
15 the Royal College of Physicians and Surgeons of Canada, the  
16 Collège des médecins du Québec or the College of Family  
17 Physicians of Canada, or, as applicable, their successor  
18 organizations, has completed at least 24 months of the program and  
19 has committed, in writing, to the Board that he or she will complete  
20 the program; ~~and~~

21 (d) Passes a written or oral examination, or both, as to his or her  
22 qualifications to practice medicine and provides the Board with a  
23 description of the clinical program completed demonstrating that the  
24 applicant's clinical training met the requirements of paragraph (a) ~~and~~  
25 ; and

26 (e) *Has completed at least 2 hours of training in the screening,*  
27 *brief intervention and referral to treatment approach to substance*  
28 *use disorder.*

29 3. The Board may issue a license to practice medicine after the  
30 Board verifies, through any readily available source, that the  
31 applicant has complied with the provisions of subsection 2. The  
32 verification may include, but is not limited to, using the Federation  
33 Credentials Verification Service. If any information is verified by a  
34 source other than the primary source of the information, the Board  
35 may require subsequent verification of the information by the  
36 primary source of the information.

37 4. Notwithstanding any provision of this chapter to the  
38 contrary, if, after issuing a license to practice medicine, the Board  
39 obtains information from a primary or other source of information  
40 and that information differs from the information provided by the  
41 applicant or otherwise received by the Board, the Board may:

42 (a) Temporarily suspend the license;

43 (b) Promptly review the differing information with the Board as  
44 a whole or in a committee appointed by the Board;



(c) Declare the license void if the Board or a committee appointed by the Board determines that the information submitted by the applicant was false, fraudulent or intended to deceive the Board;

(d) Refer the applicant to the Attorney General for possible criminal prosecution pursuant to NRS 630.400; or

(e) If the Board temporarily suspends the license, allow the license to return to active status subject to any terms and conditions specified by the Board, including:

(1) Placing the licensee on probation for a specified period with specified conditions;

(2) Administering a public reprimand;

(3) Limiting the practice of the licensee;

(4) Suspending the license for a specified period or until further order of the Board;

(5) Requiring the licensee to participate in a program to correct an alcohol or other substance use disorder;

(6) Requiring supervision of the practice of the licensee;

(7) Imposing an administrative fine not to exceed \$5,000;

(8) Requiring the licensee to perform community service without compensation;

(9) Requiring the licensee to take a physical or mental examination or an examination testing his or her competence to practice medicine;

(10) Requiring the licensee to complete any training or educational requirements specified by the Board; and

(11) Requiring the licensee to submit a corrected application, including the payment of all appropriate fees and costs incident to submitting an application.

5. If the Board determines after reviewing the differing information to allow the license to remain in active status, the action of the Board is not a disciplinary action and must not be reported to any national database. If the Board determines after reviewing the differing information to declare the license void, its action shall be deemed a disciplinary action and shall be reportable to national databases.

**Sec. 4.** NRS 630.1605 is hereby amended to read as follows:

630.1605 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who has been issued a license to practice medicine by the District of Columbia or any state or territory of the United States if:

(a) At the time the applicant files an application with the Board, the license is in effect;

(b) The applicant:



(1) Submits to the Board proof of passage of an examination approved by the Board;

(2) Submits to the Board any documentation and other proof of qualifications required by the Board;

(3) Meets all of the statutory requirements for licensure to practice medicine in effect at the time of application except for the requirements set forth in NRS 630.160; and

(4) Completes any additional requirements relating to the fitness of the applicant to practice required by the Board; and

(c) Any documentation and other proof of qualifications required by the Board is authenticated in a manner approved by the Board.

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

*3. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 5.** NRS 630.1606 is hereby amended to read as follows:

630.1606 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice medicine; and

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



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

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

(d) Any other information required by the Board.

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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

*5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 6.** NRS 630.1607 is hereby amended to read as follows:

630.1607 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant holds a license to practice medicine; and



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

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

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

(d) Any other information required by the Board.

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

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

(b) Ten days after receiving a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

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

***6. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.***

**Sec. 7.** NRS 630.253 is hereby amended to read as follows:

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

(a) Renewal of a license as a physician assistant; or

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

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

2. These requirements:





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

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

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

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

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

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

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

(c) Must provide for the completion by a holder of a license to practice medicine of a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 5.

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

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

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

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

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

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

4. The Board shall encourage each holder of a license to practice medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without



1 limitation, the ability of the patient to request to have the symptom  
2 or purpose for which a drug is prescribed included on the label  
3 attached to the container of the drug.

4 5. The Board shall require each holder of a license to practice  
5 medicine to receive as a portion of his or her continuing education at  
6 least 2 hours of instruction every 4 years on evidence-based suicide  
7 prevention and awareness, which may include, without limitation,  
8 instruction concerning:

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

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

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

16 6. The Board shall encourage each holder of a license to  
17 practice medicine or as a physician assistant to receive, as a portion  
18 of his or her continuing education, training and education in the  
19 diagnosis of rare diseases, including, without limitation:

20 (a) Recognizing the symptoms of pediatric cancer; and

21 (b) Interpreting family history to determine whether such  
22 symptoms indicate a normal childhood illness or a condition that  
23 requires additional examination.

24 7. A holder of a license to practice medicine may not substitute  
25 the continuing education credits relating to suicide prevention and  
26 awareness required by this section for the purposes of satisfying an  
27 equivalent requirement for continuing education in ethics.

28 8. ~~IA~~ *Except as otherwise provided in NRS 630.2535, a*  
29 holder of a license to practice medicine may substitute not more  
30 than 2 hours of continuing education credits in pain management ,  
31 ~~for~~ care for persons with an addictive disorder *or the screening,*  
32 *brief intervention and referral to treatment approach to substance*  
33 *use disorder* for the purposes of satisfying an equivalent  
34 requirement for continuing education in ethics.

35 9. As used in this section:

36 (a) “Act of terrorism” has the meaning ascribed to it in  
37 NRS 202.4415.

38 (b) “Biological agent” has the meaning ascribed to it in  
39 NRS 202.442.

40 (c) “Chemical agent” has the meaning ascribed to it in  
41 NRS 202.4425.

42 (d) “Radioactive agent” has the meaning ascribed to it in  
43 NRS 202.4437.

44 (e) “Weapon of mass destruction” has the meaning ascribed to it  
45 in NRS 202.4445.



**Sec. 8.** NRS 630.2535 is hereby amended to read as follows:

630.2535 **1.** The Board shall, by regulation, require each physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. *Except as otherwise provided in subsection 2, such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* Any licensee may use ~~such~~ training *required by the regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

**2.** *A physician may not use continuing education in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 for a licensure period during which the licensee also uses such continuing education to satisfy a requirement for continuing education in ethics pursuant to subsection 8 of NRS 630.253.*

**3.** *A physician or physician assistant who obtains a registration to treat opioid dependency with narcotic medications in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. §§ 823 et seq., is exempt from the training required by subsection 1 for one period of licensure. A physician or physician assistant may use such registration to satisfy 4 hours of the total number of hours of continuing education required by the Board pursuant to NRS 630.253 during one period of licensure.*

**Sec. 9.** NRS 630.258 is hereby amended to read as follows:

630.258 **1.** A physician who is retired from active practice and who:

(a) Wishes to donate his or her expertise for the medical care and treatment of persons in this State who are indigent, uninsured or unable to afford health care; or

(b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,  
➤ may obtain a special volunteer medical license by submitting an application to the Board pursuant to this section.

**2.** An application for a special volunteer medical license must be on a form provided by the Board and must include:

(a) Documentation of the history of medical practice of the physician;

(b) Proof that the physician previously has been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;



(c) Proof that the physician satisfies the requirements for licensure set forth in NRS 630.160 or the requirements for licensure by endorsement set forth in NRS 630.1605, 630.1606 or 630.1607;

(d) Acknowledgment that the practice of the physician under the special volunteer medical license will be exclusively devoted to providing medical care:

(1) To persons in this State who are indigent, uninsured or unable to afford health care; or

(2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and

(e) Acknowledgment that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer medical license, except for payment by a medical facility at which the physician provides volunteer medical services of the expenses of the physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.

3. If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is competent to practice medicine, the Board must issue a special volunteer medical license to the physician.

4. The initial special volunteer medical license issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance of the renewed license.

5. The Board shall not charge a fee for:

(a) The review of an application for a special volunteer medical license; or

(b) The issuance or renewal of a special volunteer medical license pursuant to this section.

6. A physician who is issued a special volunteer medical license pursuant to this section and who accepts the privilege of practicing medicine in this State pursuant to the provisions of the special volunteer medical license is subject to all the provisions governing disciplinary action set forth in this chapter.

7. A physician who is issued a special volunteer medical license pursuant to this section shall comply with the requirements for continuing education adopted by the Board.

***8. Not later than 6 months after the issuance of a special volunteer medical license pursuant to this section to an applicant who meets the requirements for licensure by endorsement set forth in NRS 630.1605, 630.1606 or 630.1607, the licensee must submit to the Board proof that he or she has completed at least 2 hours of***



*training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 10.** NRS 630.2645 is hereby amended to read as follows:

630.2645 1. Except as otherwise provided in NRS 630.161, the Board may issue a restricted license to teach, research or practice medicine to a person if:

(a) The person:

(1) Submits to the Board:

(I) Proof that the person is a graduate of a foreign medical school, as provided in NRS 630.195, or a physician who has previously been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;

(II) Proof that the person teaches, researches or practices medicine; ~~and~~

(III) *Proof that the person has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder; and*

(IV) Any other documentation or proof of qualifications required by the Board; and

(2) Intends to teach, research or practice medicine at a medical facility, medical research facility or medical school in this State.

(b) Any other documentation or proof of qualifications required by the Board is authenticated in a manner approved by the Board.

2. A person who applies for a restricted license pursuant to this section is not required to take or pass a written examination concerning his or her qualifications to practice medicine.

3. A person who holds a restricted license issued pursuant to this section may practice medicine in this State only in accordance with the terms and restrictions established by the Board.

4. If a person who holds a restricted license issued pursuant to this section ceases to teach, research or practice medicine in this State at the medical facility, medical research facility or medical school where the person is employed:

(a) The medical facility, medical research facility or medical school, as applicable, shall notify the Board; and

(b) Upon receipt of such notification, the restricted license expires automatically.

5. The Board may renew or modify a restricted license issued pursuant to this section, unless the restricted license has expired automatically or has been revoked.



6. The provisions of this section do not limit the authority of the Board to issue a restricted license to an applicant in accordance with any other provision of this chapter.

7. A restricted license to teach, research or practice medicine may be issued, renewed or modified at a meeting of the Board or between its meetings by the President and the Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

**Sec. 11.** NRS 630.265 is hereby amended to read as follows:

630.265 1. Unless the Board denies such licensure pursuant to NRS 630.161 or for other good cause, the Board shall issue to a qualified applicant a limited license to practice medicine as a resident physician in a graduate program approved by the Accreditation Council for Graduate Medical Education if the applicant *has complied with the requirements of subsections 2 and 3 and* is:

(a) A graduate of an accredited medical school in the United States or Canada; or

(b) A graduate of a foreign medical school and has received the standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by it.

2. The medical school or other institution sponsoring the program shall provide the Board with written confirmation that the applicant has been appointed to a position in the program. A limited license remains valid only while the licensee is actively practicing medicine in the residency program and is legally entitled to work and remain in the United States.

3. *An applicant for the issuance of a limited license pursuant to this section must submit to the Board proof that the applicant has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

4. The Board may issue a limited license for not more than 1 year but may renew the license if the applicant for the limited license meets the requirements set forth by the Board by regulation.

~~[4.]~~ 5. The holder of a limited license may practice medicine only in connection with his or her duties as a resident physician or under such conditions as are approved by the director of the program.

~~[5.]~~ 6. The holder of a limited license granted pursuant to this section may be disciplined by the Board at any time for any of the grounds provided in NRS 630.161 or 630.301 to 630.3065, inclusive.



**Sec. 12.** NRS 630.273 is hereby amended to read as follows:

**630.273 1.** The Board may issue a license to an applicant who ~~is~~:

(a) *Is* qualified under the regulations of the Board to perform medical services under the supervision of a supervising physician ~~and~~ ; and

(b) *Has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**2.** The application for a license as a physician assistant must include all information required to complete the application.

**Sec. 13.** NRS 630.2751 is hereby amended to read as follows:

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

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

(b) Is certified in a specialty recognized by the American Board of Medical Specialties.

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

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

(1) Satisfies the requirements of subsection 1;

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

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

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

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

(d) Any other information required by the Board.

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



license by endorsement to practice as a physician assistant to the applicant not later than:

- (a) Forty-five days after receiving the application; or
- (b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

*5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 14.** NRS 630.2752 is hereby amended to read as follows:

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

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

(b) Is certified in a specialty recognized by the American Board of Medical Specialties; and

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

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or the state or territory in which the applicant holds a license to practice as a physician assistant; and

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

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

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

(d) Any other information required by the Board.





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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

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

6. *Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

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

**Sec. 15.** NRS 630.306 is hereby amended to read as follows:

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

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

(b) Engaging in any conduct:

(1) Which is intended to deceive;

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

(3) Which is in violation of a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125.



(c) Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law.

(d) Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.

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

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

(g) Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

(h) Having an alcohol or other substance use disorder.

(i) Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.

(j) Failing to comply with the requirements of NRS 630.254.

(k) Failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction. The provisions of this paragraph do not apply to any disciplinary action taken by the Board or taken because of any disciplinary action taken by the Board.

(l) 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.

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

(n) Operation of a medical facility 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.



(o) Failure to comply with the requirements of NRS 630.373.  
(p) Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

(q) 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 cannabis being used for medical purposes in accordance with chapter 678C of NRS; or

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

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

(s) Failure to comply with the provisions of NRS 630.3745.

(t) Failure to obtain any training required by the Board pursuant to NRS 630.2535 **[ ] or, where applicable, the training required by NRS 630.1605, 630.1606, 630.1607, 630.2751 or 630.2752.**

(u) Failure to comply with the provisions of NRS 454.217 or 629.086.

2. As used in this section, “investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

**Sec. 16.** Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

***“Screening, brief intervention and referral to treatment approach” means an evidence-based method of delivering early intervention and treatment to persons who have or are at risk of developing a substance use disorder that consists of:***

***1. Screening to assess the severity of substance use and identify the appropriate level of treatment;***

***2. Brief intervention to increase awareness of the person’s substance use and motivation to change his or her behavior; and***

***3. Referral to treatment for persons who need more extensive treatment and specialty care for substance use disorder.***

**Sec. 17.** NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, ***and section 16 of this act*** have the meanings ascribed to them in those sections.



**Sec. 18.** NRS 631.230 is hereby amended to read as follows:

631.230 1. Any person is eligible to apply for a license to practice dentistry in the State of Nevada who:

(a) Is over the age of 21 years;

(b) Is a graduate of an accredited dental school or college; ~~and~~

(c) Is of good moral character ~~and~~; *and*

*(d) Except as otherwise provided in subsection 3, has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

2. To determine whether a person has good moral character, the Board may consider whether his or her license to practice dentistry in another state has been suspended or revoked or whether the person is currently involved in any disciplinary action concerning his or her license in that state.

*3. An applicant for the issuance of a license by endorsement pursuant to the regulations adopted by the Board pursuant to NRS 622.530 is not required to have completed the training described in paragraph (d) of subsection 1 before the license is issued. Not later than 6 months after the issuance of a license by endorsement pursuant to those regulations, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 19.** NRS 631.344 is hereby amended to read as follows:

631.344 The Board shall, by regulation, require each holder of a license to practice dentistry who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. *Such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* Any such holder of a license may use ~~such~~ training *required by the regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

**Sec. 20.** NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;

2. Professional incompetence;

3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;



4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;

5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;

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

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

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

(c) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS;

7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;

8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;

9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

10. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;

12. Failure to comply with the provisions of NRS 454.217 or 629.086;

13. Failure to obtain any training required by the Board pursuant to NRS 631.344 ~~or~~ *or, where applicable, the training required by subsection 3 of NRS 631.230;* or

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

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

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



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

3    **Sec. 21.** Chapter 632 of NRS is hereby amended by adding  
4 thereto a new section to read as follows:

5    *“Screening, brief intervention and referral to treatment*  
6 *approach” means an evidence-based method of delivering early*  
7 *intervention and treatment to persons who have or are at risk of*  
8 *developing a substance use disorder that consists of:*

9    1. *Screening to assess the severity of substance use and*  
10 *identify the appropriate level of treatment;*

11    2. *Brief intervention to increase awareness of the person’s*  
12 *substance use and motivation to change his or her behavior; and*

13    3. *Referral to treatment for persons who need more extensive*  
14 *treatment and specialty care for substance use disorder.*

15    **Sec. 22.** NRS 632.010 is hereby amended to read as follows:

16    632.010 As used in this chapter, unless the context otherwise  
17 requires, the words and terms defined in NRS 632.011 to 632.0195,  
18 inclusive, *and section 21 of this act* have the meanings ascribed to  
19 them in those sections.

20    **Sec. 23.** NRS 632.237 is hereby amended to read as follows:

21    632.237 1. The Board may issue a license to practice as an  
22 advanced practice registered nurse to a registered nurse:

23    (a) Who is licensed by endorsement pursuant to NRS 632.161 or  
24 632.162 and holds a corresponding valid and unrestricted license to  
25 practice as an advanced practice registered nurse in the District of  
26 Columbia or any other state or territory of the United States; or

27    (b) Who:

28    (1) Has completed an educational program designed to  
29 prepare a registered nurse to:

30    (I) Perform designated acts of medical diagnosis;

31    (II) Prescribe therapeutic or corrective measures; and

32    (III) Prescribe controlled substances, poisons, dangerous  
33 drugs and devices;

34    (2) Except as otherwise provided in subsection 7, submits  
35 proof that he or she is certified as an advanced practice registered  
36 nurse by the American Board of Nursing Specialties, the National  
37 Commission for Certifying Agencies of the Institute for  
38 Credentialing Excellence, or their successor organizations, or any  
39 other nationally recognized certification agency approved by the  
40 Board; ~~and~~

41    (3) *Has completed at least 2 hours of training in the*  
42 *screening, brief intervention and referral to treatment approach to*  
43 *substance use disorder; and*

44    (4) Meets any other requirements established by the Board  
45 for such licensure.



2. An advanced practice registered nurse may:

(a) Engage in selected medical diagnosis and treatment;

(b) Order home health care for a patient;

(c) If authorized pursuant to NRS 639.2351 and subject to the limitations set forth in subsection 3, prescribe controlled substances, poisons, dangerous drugs and devices; and

(d) Provide his or her signature, certification, stamp, verification or endorsement when a signature, certification, stamp, verification or endorsement by a physician is required, if providing such a signature, certification, stamp, verification or endorsement is within the authorized scope of practice of an advanced practice registered nurse.

↪ An advanced practice registered nurse shall not engage in any diagnosis, treatment or other conduct which the advanced practice registered nurse is not qualified to perform.

3. An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 shall not prescribe a controlled substance listed in schedule II unless:

(a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or

(b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.

4. An advanced practice registered nurse may perform the acts described in paragraphs (a), (b) and (c) of subsection 2 by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, as defined in NRS 629.515, from within or outside this State or the United States.

5. Nothing in paragraph (d) of subsection 2 shall be deemed to expand the scope of practice of an advanced practice registered nurse who provides his or her signature, certification, stamp, verification or endorsement in the place of a physician.

6. The Board shall adopt regulations:

(a) Specifying any additional training, education and experience necessary for licensure as an advanced practice registered nurse.

(b) Delineating the authorized scope of practice of an advanced practice registered nurse, including, without limitation, when an advanced practice registered nurse is qualified to provide his or her signature, certification, stamp, verification or endorsement in the place of a physician.

(c) Establishing the procedure for application for licensure as an advanced practice registered nurse.



7. The provisions of subparagraph (2) of paragraph (b) of subsection 1 do not apply to an advanced practice registered nurse who obtains a license before July 1, 2014.

*8. Not later than 6 months after the issuance of a license as an advanced practice registered nurse to a registered nurse described in paragraph (a) of subsection 1, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 24.** NRS 632.2375 is hereby amended to read as follows:

632.2375 *1.* The Board shall, by regulation, require each advanced practice registered nurse who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use or other addictive disorders and the prescribing of opioids during each period of licensure. *Such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* An advanced practice registered nurse may use ~~such~~ training *required by the regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

*2. An advanced practice registered nurse who obtains a registration to treat opioid dependency with narcotic medications in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. §§ 823 et. seq., is exempt from the training required by subsection 1 for one period of licensure. An advanced practice registered nurse may use such registration to satisfy 4 hours of the total number of hours of continuing education required by NRS 632.343 during one period of licensure.*

**Sec. 25.** NRS 632.347 is hereby amended to read as follows:

632.347 *1.* The Board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or take other disciplinary action against a licensee or holder of a certificate, upon determining that the licensee or certificate holder:

(a) Is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

(2) Related to the qualifications, functions or duties of a licensee or holder of a certificate,

↳ in which case the record of conviction is conclusive evidence thereof.





(c) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(d) Is unfit or incompetent by reason of gross negligence or recklessness in carrying out usual nursing functions.

(e) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license or certificate.

(f) Is a person with mental incompetence.

(g) Is guilty of unprofessional conduct, which includes, but is not limited to, the following:

(1) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.

(2) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate.

(3) Impersonating another licensed practitioner or holder of a certificate.

(4) Permitting or allowing another person to use his or her license or certificate to practice as a licensed practical nurse, registered nurse, nursing assistant or medication aide - certified.

(5) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee or certificate holder.

(6) Physical, verbal or psychological abuse of a patient.

(7) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.

(h) Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.

(i) Is guilty of aiding or abetting any person in a violation of this chapter.

(j) Has falsified an entry on a patient's medical chart concerning a controlled substance.

(k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.

(l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that



1 is not approved by the United States Food and Drug Administration,  
2 unless the unapproved controlled substance or dangerous drug:

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

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

9 (3) Is cannabis being used for medical purposes in  
10 accordance with chapter 678C of NRS; or

11 (4) Is an investigational drug or biological product prescribed  
12 to a patient pursuant to NRS 630.3735 or 633.6945.

13 (m) Has been disciplined in another state in connection with a  
14 license to practice nursing or a certificate to practice as a nursing  
15 assistant or medication aide - certified, or has committed an act in  
16 another state which would constitute a violation of this chapter.

17 (n) Has engaged in conduct likely to deceive, defraud or  
18 endanger a patient or the general public.

19 (o) Has willfully failed to comply with a regulation, subpoena or  
20 order of the Board.

21 (p) Has operated a medical facility at any time during which:

22 (1) The license of the facility was suspended or revoked; or

23 (2) An act or omission occurred which resulted in the  
24 suspension or revocation of the license pursuant to NRS 449.160.

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

27 (q) Is an advanced practice registered nurse who has failed to  
28 obtain any training required by the Board pursuant to NRS 632.2375  
29 ***✚, or, where applicable, the training required by subsection 8 of***  
30 ***NRS 632.237.***

31 (r) Is an advanced practice registered nurse who has failed to  
32 comply with the provisions of NRS 453.163, 453.164, 453.226,  
33 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and  
34 any regulations adopted by the State Board of Pharmacy pursuant  
35 thereto.

36 (s) Has engaged in the fraudulent, illegal, unauthorized or  
37 otherwise inappropriate prescribing, administering or dispensing of  
38 a controlled substance listed in schedule II, III or IV.

39 (t) Has violated the provisions of NRS 454.217 or 629.086.

40 2. For the purposes of this section, a plea or verdict of guilty or  
41 guilty but mentally ill or a plea of nolo contendere constitutes a  
42 conviction of an offense. The Board may take disciplinary action  
43 pending the appeal of a conviction.



3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to NRS 630.374 or 633.707.

4. As used in this section, “investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

**Sec. 26.** Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Screening, brief intervention and referral to treatment approach” means an evidence-based method of delivering early intervention and treatment to persons who have or are at risk of developing a substance use disorder that consists of:*

*1. Screening to assess the severity of substance use and identify the appropriate level of treatment;*

*2. Brief intervention to increase awareness of the person’s substance use and motivation to change his or her behavior; and*

*3. Referral to treatment for persons who need more extensive treatment and specialty care for substance use disorder.*

**Sec. 27.** NRS 633.011 is hereby amended to read as follows:

633.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 633.021 to 633.131, inclusive, *and section 26 of this act* have the meanings ascribed to them in those sections.

**Sec. 28.** NRS 633.311 is hereby amended to read as follows:

633.311 1. Except as otherwise provided in NRS 633.315 and 633.381 to 633.419, inclusive, an applicant for a license to practice osteopathic medicine may be issued a license by the Board if:

(a) The applicant is 21 years of age or older;

(b) The applicant is a graduate of a school of osteopathic medicine;

(c) The applicant:

(1) Has graduated from a school of osteopathic medicine before 1995 and has completed:

(I) A hospital internship; or

(II) One year of postgraduate training that complies with the standards of intern training established by the American Osteopathic Association;

(2) Has completed 3 years, or such other length of time as required by a specific program, of postgraduate medical education as a resident in the United States or Canada in a program approved by the Board, the Bureau of Professional Education of the American Osteopathic Association or the Accreditation Council for Graduate Medical Education; or



(3) Is a resident who is enrolled in a postgraduate training program in this State, has completed 24 months of the program and has committed, in writing, that he or she will complete the program;

(d) The applicant applies for the license as provided by law;

(e) The applicant passes:

(1) All parts of the licensing examination of the National Board of Osteopathic Medical Examiners;

(2) All parts of the licensing examination of the Federation of State Medical Boards;

(3) All parts of the licensing examination of the Board, a state, territory or possession of the United States, or the District of Columbia, and is certified by a specialty board of the American Osteopathic Association or by the American Board of Medical Specialties; or

(4) A combination of the parts of the licensing examinations specified in subparagraphs (1), (2) and (3) that is approved by the Board;

(f) *The applicant has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder;*

(g) The applicant pays the fees provided for in this chapter; and

~~(g)~~ (h) The applicant submits all information required to complete an application for a license.

2. An applicant for a license to practice osteopathic medicine may satisfy the requirements for postgraduate education or training prescribed by paragraph (c) of subsection 1:

(a) In one or more approved postgraduate programs, which may be conducted at one or more facilities in this State or, except for a resident who is enrolled in a postgraduate training program in this State pursuant to subparagraph (3) of paragraph (c) of subsection 1, in the District of Columbia or another state or territory of the United States;

(b) In one or more approved specialties or disciplines;

(c) In nonconsecutive months; and

(d) At any time before receiving his or her license.

**Sec. 29.** NRS 633.399 is hereby amended to read as follows:

633.399 1. Except as otherwise provided in NRS 633.315, the Board shall, except for good cause, issue a license by endorsement to a person who has been issued a license to practice osteopathic medicine by the District of Columbia or any state or territory of the United States if:

(a) At the time the person files an application with the Board, the license is in effect and unrestricted; and

(b) The applicant:



(1) Is currently certified by either a specialty board of the American Board of Medical Specialties or a specialty board of the American Osteopathic Association, or was certified or recertified within the past 10 years;

(2) Has had no adverse actions reported to the National Practitioner Data Bank within the past 5 years;

(3) Has been continuously and actively engaged in the practice of osteopathic medicine within his or her specialty for the past 5 years;

(4) Is not involved in and does not have pending any disciplinary action concerning a license to practice osteopathic medicine in the District of Columbia or any state or territory of the United States;

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

(6) Meets all statutory requirements to obtain a license to practice osteopathic medicine in this State except that the applicant is not required to meet the requirements set forth in NRS 633.311.

2. Any person applying for a license by endorsement pursuant to this section shall submit:

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

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

(c) In advance to the Board the application and initial license fee specified in this chapter; and

(d) Any other information required by the Board.

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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

***5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to***



*the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 30.** NRS 633.400 is hereby amended to read as follows:

633.400 1. Except as otherwise provided in NRS 633.315, the Board shall, except for good cause, issue a license by endorsement to a person who has been issued a license to practice osteopathic medicine by the District of Columbia or any state or territory of the United States if:

(a) At the time the person files an application with the Board, the license is in effect and unrestricted; and

(b) The applicant:

(1) Is currently certified by either a specialty board of the American Board of Medical Specialties or a specialty board of the American Osteopathic Association, or was certified or recertified within the past 10 years;

(2) Has had no adverse actions reported to the National Practitioner Data Bank within the past 5 years;

(3) Has been continuously and actively engaged in the practice of osteopathic medicine within his or her specialty for the past 5 years;

(4) Is not involved in and does not have pending any disciplinary action concerning a license to practice osteopathic medicine in the District of Columbia or any state or territory of the United States;

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

(6) Meets all statutory requirements to obtain a license to practice osteopathic medicine in this State except that the applicant is not required to meet the requirements set forth in NRS 633.311.

2. Any person applying for a license by endorsement pursuant to this section must submit:

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

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

(c) In advance to the Board the application and initial license fee specified in this chapter; and

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice osteopathic medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to



1 consider the application. Unless the Board denies the application for  
2 good cause, the Board shall approve the application and issue a  
3 license by endorsement to practice osteopathic medicine to the  
4 applicant not later than:

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

7 (b) Ten days after the Board receives a report on the applicant's  
8 background based on the submission of the applicant's fingerprints,  
9 ➤ whichever occurs later.

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

13 5. At any time before making a final decision on an application  
14 for a license by endorsement pursuant to this section, the Board may  
15 grant a provisional license authorizing an applicant to practice  
16 osteopathic medicine in accordance with regulations adopted by the  
17 Board.

18 *6. Not later than 6 months after the issuance of a license by*  
19 *endorsement pursuant to this section, the licensee must submit to*  
20 *the Board proof that the he or she has completed at least 2 hours*  
21 *of training in the screening, brief intervention and referral to*  
22 *treatment approach to substance use disorder.*

23 **Sec. 31.** NRS 633.401 is hereby amended to read as follows:

24 633.401 1. Unless the Board denies such licensure pursuant  
25 to NRS 633.315 or for other good cause, the Board shall issue a  
26 special license to practice osteopathic medicine:

27 (a) To authorize a person who is licensed to practice osteopathic  
28 medicine in an adjoining state to come into Nevada to care for or  
29 assist in the treatment of his or her patients in association with an  
30 osteopathic physician in this State who has primary care of the  
31 patients.

32 (b) To a resident while the resident is enrolled in a postgraduate  
33 training program required pursuant to the provisions of  
34 subparagraph (3) of paragraph (c) of subsection 1 of NRS 633.311.

35 (c) Other than a license issued pursuant to NRS 633.419, for a  
36 specified period and for specified purposes to a person who is  
37 licensed to practice osteopathic medicine in another jurisdiction.

38 2. For the purpose of paragraph (c) of subsection 1, the  
39 osteopathic physician must:

40 (a) Hold a full and unrestricted license to practice osteopathic  
41 medicine in another state;

42 (b) Not have had any disciplinary or other action taken against  
43 him or her by any state or other jurisdiction; and



(c) Be certified by a specialty board of the American Board of Medical Specialties, the American Osteopathic Association or their successors.

3. *An applicant for the issuance of a special license pursuant to this section must submit to the Board proof that the applicant has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

4. A special license issued under this section may be renewed by the Board upon application of the licensee.

~~[4.]~~ 5. Every person who applies for or renews a special license under this section shall pay respectively the special license fee or special license renewal fee specified in this chapter.

**Sec. 32.** NRS 633.411 is hereby amended to read as follows:

633.411 1. Except as otherwise provided in NRS 633.315, the Board may issue a special license to practice osteopathic medicine to a person qualified under this section to authorize the person to serve:

(a) As a resident medical officer in any hospital in Nevada. A person issued such a license shall practice osteopathic medicine only within the confines of the hospital specified in the license and under the supervision of the regular medical staff of that hospital.

(b) As a professional employee of the State of Nevada or of the United States. A person issued such a license shall practice osteopathic medicine only within the scope of his or her employment and under the supervision of the appropriate state or federal medical agency.

2. An applicant for a special license under this section must:

(a) Be a graduate of a school of osteopathic medicine.

(b) *Have completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

(c) Pay the special license fee specified in this chapter.

3. The Board shall not issue a license under subsection 1 unless it has received a letter from a hospital in Nevada or from the appropriate state or federal medical agency requesting issuance of the special license to the applicant.

4. A special license issued under this section:

(a) Must be issued at a meeting of the Board or between its meetings by its President and Secretary subject to approval at the next meeting of the Board.

(b) Is valid for a period not exceeding 1 year, as determined by the Board.





(c) May be renewed by the Board upon application and payment by the licensee of the special license renewal fee specified in this chapter.

(d) Does not entitle the licensee to engage in the private practice of osteopathic medicine.

5. The issuance of a special license under this section does not obligate the Board to grant any regular license to practice osteopathic medicine.

**Sec. 33.** NRS 633.415 is hereby amended to read as follows:

633.415 1. Except as otherwise provided in NRS 633.315, the Board may issue a special license to teach, research or practice osteopathic medicine to a person if:

(a) The person:

(1) Submits to the Board:

(I) Proof that the person is a graduate of a foreign school which teaches osteopathic medicine;

(II) Proof that the person teaches, researches or practices osteopathic medicine outside the United States; ~~and~~

(III) *Proof that the person has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder; and*

(IV) Any other documentation or proof of qualifications required by the Board; and

(2) Intends to teach, research or practice osteopathic medicine at a medical facility, medical research facility or school of osteopathic medicine in this State.

(b) Any other documentation or proof of qualifications required by the Board is authenticated in a manner approved by the Board.

2. A person who applies for a special license pursuant to this section is not required to take or pass a written examination concerning his or her qualifications to practice osteopathic medicine.

3. A person who holds a special license issued pursuant to this section may practice osteopathic medicine in this State only in accordance with the terms and restrictions established by the Board.

4. If a person who holds a special license issued pursuant to this section ceases to teach, research or practice osteopathic medicine in this State at the medical facility, medical research facility or school of osteopathic medicine where the person is employed:

(a) The medical facility, medical research facility or school of osteopathic medicine, as applicable, shall notify the Board; and

(b) Upon receipt of such notification, the special license expires automatically.



1       5. The Board may renew or modify a special license issued  
2 pursuant to this section, unless the special license has expired  
3 automatically or has been revoked.

4       6. The provisions of this section do not limit the authority of  
5 the Board to issue a special license to an applicant in accordance  
6 with any other provision of this chapter.

7       7. A special license to teach, research or practice osteopathic  
8 medicine may be issued, renewed or modified at a meeting of the  
9 Board or between its meetings by the President and the Executive  
10 Director of the Board. Such an action shall be deemed to be an  
11 action of the Board.

12       **Sec. 34.** NRS 633.416 is hereby amended to read as follows:

13       633.416 1. An osteopathic physician who is retired from  
14 active practice and who:

15       (a) Wishes to donate his or her expertise for the medical care  
16 and treatment of persons in this State who are indigent, uninsured or  
17 unable to afford health care; or

18       (b) Wishes to provide services for any disaster relief operations  
19 conducted by a governmental entity or nonprofit organization,  
20 ➤ may obtain a special volunteer license to practice osteopathic  
21 medicine by submitting an application to the Board pursuant to this  
22 section.

23       2. An application for a special volunteer license to practice  
24 osteopathic medicine must be on a form provided by the Board and  
25 must include:

26       (a) Documentation of the history of medical practice of the  
27 osteopathic physician;

28       (b) Proof that the osteopathic physician previously has been  
29 issued an unrestricted license to practice osteopathic medicine in  
30 any state of the United States and that the osteopathic physician has  
31 never been the subject of disciplinary action by a medical board in  
32 any jurisdiction;

33       (c) Proof that the osteopathic physician satisfies the  
34 requirements for licensure set forth in NRS 633.311 or the  
35 requirements for licensure by endorsement set forth in NRS 633.399  
36 or 633.400;

37       (d) Acknowledgment that the practice of the osteopathic  
38 physician under the special volunteer license to practice osteopathic  
39 medicine will be exclusively devoted to providing medical care:

40       (1) To persons in this State who are indigent, uninsured or  
41 unable to afford health care; or

42       (2) As part of any disaster relief operations conducted by a  
43 governmental entity or nonprofit organization; and

44       (e) Acknowledgment that the osteopathic physician will not  
45 receive any payment or compensation, either direct or indirect, or



1 have the expectation of any payment or compensation, for providing  
2 medical care under the special volunteer license to practice  
3 osteopathic medicine, except for payment by a medical facility at  
4 which the osteopathic physician provides volunteer medical services  
5 of the expenses of the osteopathic physician for necessary travel,  
6 continuing education, malpractice insurance or fees of the State  
7 Board of Pharmacy.

8 3. If the Board finds that the application of an osteopathic  
9 physician satisfies the requirements of subsection 2 and that the  
10 retired osteopathic physician is competent to practice osteopathic  
11 medicine, the Board shall issue a special volunteer license to  
12 practice osteopathic medicine to the osteopathic physician.

13 4. The initial special volunteer license to practice osteopathic  
14 medicine issued pursuant to this section expires 1 year after the date  
15 of issuance. The license may be renewed pursuant to this section,  
16 and any license that is renewed expires 2 years after the date of  
17 issuance.

18 5. The Board shall not charge a fee for:

19 (a) The review of an application for a special volunteer license  
20 to practice osteopathic medicine; or

21 (b) The issuance or renewal of a special volunteer license to  
22 practice osteopathic medicine pursuant to this section.

23 6. An osteopathic physician who is issued a special volunteer  
24 license to practice osteopathic medicine pursuant to this section and  
25 who accepts the privilege of practicing osteopathic medicine in this  
26 State pursuant to the provisions of the special volunteer license to  
27 practice osteopathic medicine is subject to all the provisions  
28 governing disciplinary action set forth in this chapter.

29 7. An osteopathic physician who is issued a special volunteer  
30 license to practice osteopathic medicine pursuant to this section  
31 shall comply with the requirements for continuing education  
32 adopted by the Board.

33 *8. Not later than 6 months after the issuance of a special*  
34 *volunteer license to practice osteopathic medicine pursuant to this*  
35 *section to an applicant who meets the requirements for licensure*  
36 *by endorsement set forth in NRS 633.399 or 633.400, the licensee*  
37 *must submit to the Board proof that he or she has completed at*  
38 *least 2 hours of training in the screening, brief intervention and*  
39 *referral to treatment approach to substance use disorder.*

40 **Sec. 35.** NRS 633.433 is hereby amended to read as follows:

41 633.433 *1.* The Board may issue a license as a physician  
42 assistant to an applicant who ~~is~~:

43 *(a) Is* qualified under the regulations of the Board to perform  
44 medical services under the supervision of a supervising osteopathic  
45 physician ~~is~~; *and*



*(b) Has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

2. The application for a license as a physician assistant must include all information required to complete the application.

**Sec. 36.** NRS 633.4335 is hereby amended to read as follows:

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

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

(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a physician assistant; and

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

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

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

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

(e) Any other information required by the Board.

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

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



(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, ➔ whichever occurs later.

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

*5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 37.** NRS 633.4336 is hereby amended to read as follows:

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

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

(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association; and

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

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

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

(1) Satisfies the requirements of subsection 1;

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

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

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

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

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

(e) Any other information required by the Board.



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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

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

6. *Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

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

**Sec. 38.** NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection 10 and NRS 633.491, every holder of a license issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

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

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

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

(d) Submitting evidence to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number



1 of hours established by the Board which must not be less than 35  
2 hours nor more than that set in the requirements for continuing  
3 medical education of the American Osteopathic Association; and

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

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

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

19 4. The Board shall require each holder of a license to practice  
20 osteopathic medicine to complete a course of instruction within 2  
21 years after initial licensure that provides at least 2 hours of  
22 instruction on evidence-based suicide prevention and awareness as  
23 described in subsection 8.

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

31 6. The Board shall encourage each holder of a license to  
32 practice osteopathic medicine or as a physician assistant to receive,  
33 as a portion of his or her continuing education, training and  
34 education in the diagnosis of rare diseases, including, without  
35 limitation:

36 (a) Recognizing the symptoms of pediatric cancer; and

37 (b) Interpreting family history to determine whether such  
38 symptoms indicate a normal childhood illness or a condition that  
39 requires additional examination.

40 7. The Board shall require, as part of the continuing education  
41 requirements approved by the Board, the biennial completion by a  
42 holder of a license to practice osteopathic medicine of at least 2  
43 hours of continuing education credits in ethics, pain management ,  
44 ~~for~~ care of persons with addictive disorders ~~H~~ or the screening,



*brief intervention and referral to treatment approach to substance use disorder.*

8. The Board shall require each holder of a license to practice osteopathic medicine to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness which may include, without limitation, instruction concerning:

(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.

9. A holder of a license to practice osteopathic medicine may not substitute the continuing education credits relating to suicide prevention and awareness required by this section for the purposes of satisfying an equivalent requirement for continuing education in ethics.

10. 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. 39.** NRS 633.473 is hereby amended to read as follows:

633.473 **1.** The Board shall, by regulation, require each osteopathic physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. *Except as otherwise provided by subsection 2, such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* Any licensee may use ~~[such]~~ training *required by the regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

*2. An osteopathic physician may not use continuing education in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 for a licensure period during which the licensee also uses such continuing education for the purposes of satisfying the requirements of subsection 7 of NRS 633.471.*

*3. An osteopathic physician or physician assistant who obtains a registration to treat opioid dependency with narcotic medications in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. §§ 823 et seq., is exempt from the training*





*required by subsection 1 for one period of licensure. An osteopathic physician or physician assistant may use such registration to satisfy 4 hours of the total number of hours of continuing education required by the Board pursuant to NRS 633.470 during one period of licensure.*

**Sec. 40.** NRS 633.511 is hereby amended to read as follows:

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

(a) Unprofessional conduct.

(b) Conviction of:

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

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

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

(4) Murder, voluntary manslaughter or mayhem;

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

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

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

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

(9) Any offense involving moral turpitude.

(c) The suspension of a license to practice osteopathic medicine or to practice as a physician assistant 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.



1 (k) Signing a blank prescription form.

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

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

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

13 (3) Is cannabis being used for medical purposes in  
14 accordance with chapter 678C of NRS; or

15 (4) Is an investigational drug or biological product prescribed  
16 to a patient pursuant to NRS 630.3735 or 633.6945.

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

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

23 (o) In addition to the provisions of subsection 3 of NRS  
24 633.524, making or filing a report which the licensee knows to be  
25 false, failing to file a record or report that is required by law or  
26 knowingly or willfully obstructing or inducing another to obstruct  
27 the making or filing of such a record or report.

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

32 (q) Failure by a licensee or applicant to report in writing, within  
33 30 days, any criminal action taken or conviction obtained against the  
34 licensee or applicant, other than a minor traffic violation, in this  
35 State or any other state or by the Federal Government, a branch of  
36 the Armed Forces of the United States or any local or federal  
37 jurisdiction of a foreign country.

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

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

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

43 (u) Failure to obtain any training required by the Board pursuant  
44 to NRS 633.473 **or, where applicable, the training required by**  
45 **NRS 633.399, 633.400, 633.4335 or 633.4336.**



1 (v) Failure to comply with the provisions of NRS 633.6955.  
2 (w) Failure to comply with the provisions of NRS 453.163,  
3 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to  
4 639.23916, inclusive, and any regulations adopted by the State  
5 Board of Pharmacy pursuant thereto.

6 (x) Fraudulent, illegal, unauthorized or otherwise inappropriate  
7 prescribing, administering or dispensing of a controlled substance  
8 listed in schedule II, III or IV.

9 (y) Failure to comply with the provisions of NRS 454.217 or  
10 629.086.

11 2. As used in this section, “investigational drug or biological  
12 product” has the meaning ascribed to it in NRS 454.351.

13 **Sec. 41.** NRS 635.010 is hereby amended to read as follows:

14 635.010 As used in this chapter, unless the context otherwise  
15 requires:

16 1. “Board” means the State Board of Podiatry.

17 2. “Podiatry” is the diagnosis, prevention and treatment of  
18 ailments of the human foot and leg.

19 3. “Podiatry hygienist” means a person engaged in assisting a  
20 podiatric physician.

21 4. *“Screening, brief intervention and referral to treatment  
22 approach” means an evidence-based method of delivering early  
23 intervention and treatment to persons who have or are at risk of  
24 developing a substance use disorder that consists of:*

25 *(a) Screening to assess the severity of substance use and  
26 identify the appropriate level of treatment;*

27 *(b) Brief intervention to increase awareness of the person’s  
28 substance use and motivation to change his or her behavior; and*

29 *(c) Referral to treatment for persons who need more extensive  
30 treatment and specialty care for substance use disorder.*

31 **Sec. 42.** NRS 635.050 is hereby amended to read as follows:

32 635.050 1. Any person wishing to practice podiatry in this  
33 State must, before beginning to practice, procure from the Board a  
34 license to practice podiatry.

35 2. Except as otherwise provided in NRS 635.066 and  
36 635.0665, a license to practice podiatry may be issued by the Board  
37 to any person who:

38 (a) Is of good moral character.

39 (b) Has received the degree of D.P.M., Doctor of Podiatric  
40 Medicine, from an accredited school of podiatry.

41 (c) Has completed a residency approved by the Board.

42 (d) Has passed the examination given by the National Board of  
43 Podiatric Medical Examiners.

44 (e) Has not committed any act described in subsection 2 of NRS  
45 635.130. For the purposes of this paragraph, an affidavit signed by



the applicant stating that the applicant has not committed any act described in subsection 2 of NRS 635.130 constitutes satisfactory proof.

*(f) Has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

3. An applicant for a license to practice podiatry must submit to the Board or a committee thereof pursuant to such regulations as the Board may adopt:

(a) The fee for an application for a license, including a license by endorsement, of not more than \$600;

(b) Proof satisfactory to the Board that the requirements of subsection 2 have been met; and

(c) All other information required by the Board to complete an application for a license.

➤ The Board shall, by regulation, establish the fee required to be paid pursuant to this subsection.

4. The Board may reject an application if it appears that the applicant's credentials are fraudulent or the applicant has practiced podiatry without a license or committed any act described in subsection 2 of NRS 635.130.

5. The Board may require such further documentation or proof of qualification as it may deem proper.

6. The provisions of this section do not apply to a person who applies for:

(a) A limited license to practice podiatry pursuant to NRS 635.075; or

(b) A provisional license to practice podiatry pursuant to NRS 635.082.

**Sec. 43.** NRS 635.066 is hereby amended to read as follows:

635.066 1. Except as otherwise provided in NRS 635.073, the Board may issue a license by endorsement to practice podiatry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to practice podiatry in the District of Columbia or any state or territory of the United States.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice podiatry; and



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

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

(c) A fee in the amount of the fee for an application for a license required pursuant to paragraph (a) of subsection 3 of NRS 635.050; and

(d) Any other information required by the Board.

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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

*5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 44.** NRS 635.0665 is hereby amended to read as follows:

635.0665 1. Except as otherwise provided in NRS 635.073, the Board may issue a license by endorsement to practice podiatry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to practice podiatry in the District of Columbia or any state or territory of the United States.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant holds a license to practice podiatry; and



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

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 635.067;

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

(d) Any other information required by the Board.

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

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints, whichever occurs later.

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

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

6. If an applicant submits an application for a license by endorsement pursuant to this section and is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee established pursuant to NRS 635.050 for the initial issuance of the license. As used in this subsection, "veteran" has the meaning ascribed to it in NRS 417.005.

*7. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 45.** NRS 635.116 is hereby amended to read as follows:

635.116 The Board shall, by regulation, require each holder of a license to practice podiatry who is registered to dispense



controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. *Such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* Any such holder of a license may use ~~[such]~~ training *required by the regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

**Sec. 46.** NRS 635.130 is hereby amended to read as follows:

635.130 1. The Board, after notice and a hearing as required by law, and upon any cause enumerated in subsection 2, may take one or more of the following disciplinary actions:

(a) Deny an application for a license or refuse to renew a license.

(b) Suspend or revoke a license.

(c) Place a licensee on probation.

(d) Impose a fine not to exceed \$5,000.

2. The Board may take disciplinary action against a licensee for any of the following causes:

(a) The making of a false statement in any affidavit required of the applicant for application, examination or licensure pursuant to the provisions of this chapter.

(b) Lending the use of the holder's name to an unlicensed person.

(c) If the holder is a podiatric physician, permitting an unlicensed person in his or her employ to practice as a podiatry hygienist.

(d) Having an alcohol or other substance use disorder which impairs the intellect and judgment to such an extent as in the opinion of the Board incapacitates the holder in the performance of his or her professional duties.

(e) Conviction of a crime involving moral turpitude.

(f) Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(g) Conduct which in the opinion of the Board disqualifies the licensee to practice with safety to the public.

(h) The commission of fraud by or on behalf of the licensee regarding his or her license or practice.

(i) Gross incompetency.

(j) Affliction of the licensee with any mental or physical disorder which seriously impairs his or her competence as a podiatric physician or podiatry hygienist.





(k) False representation by or on behalf of the licensee regarding his or her practice.

(l) Unethical or unprofessional conduct.

(m) Failure to comply with the requirements of subsection 1 of NRS 635.118.

(n) Willful or repeated violations of this chapter or regulations adopted by the Board.

(o) Willful violation of the regulations adopted by the State Board of Pharmacy.

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

(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; or

(3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS.

(q) 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.

(r) Failure to obtain any training required by the Board pursuant to NRS 635.116 ~~or~~ *or, where applicable, the training required by NRS 635.066 or 635.0665.*

(s) Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

(t) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.

(u) Failure to comply with the provisions of NRS 454.217 or 629.086.

**Sec. 47.** Chapter 636 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Screening, brief intervention and referral to treatment approach” means an evidence-based method of delivering early*





*intervention and treatment to persons who have or are at risk of developing a substance use disorder that consists of:*

*1. Screening to assess the severity of substance use and identify the appropriate level of treatment;*

*2. Brief intervention to increase awareness of the person's substance use and motivation to change his or her behavior; and*

*3. Referral to treatment for persons who need more extensive treatment and specialty care for substance use disorder.*

**Sec. 48.** NRS 636.015 is hereby amended to read as follows:

636.015 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 636.016 to 636.023, inclusive, *and section 47 of this act* have the meanings ascribed to them in those sections.

**Sec. 49.** NRS 636.155 is hereby amended to read as follows:

636.155 Except as otherwise provided in NRS 636.206 and 636.207, an applicant must file with the Executive Director satisfactory proof that the applicant:

1. Is at least 21 years of age;

2. Has graduated from a school of optometry accredited or approved by the Board pursuant to NRS 636.135;

3. Has passed each part of the comprehensive national optometry examination administered by the National Board of Examiners in Optometry or its successor;

4. Has passed each examination identified, administered or approved by the Nevada State Board of Optometry pursuant to NRS 636.150; ~~and~~

*5. Has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder; and*

*6. Has not been disciplined for harming a patient as a licensed optometrist in another state.*

**Sec. 50.** NRS 636.206 is hereby amended to read as follows:

636.206 1. The Board may issue a license by endorsement to engage in the practice of optometry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to engage in the practice of optometry in the District of Columbia or any state or territory of the United States.

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

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

(1) Satisfies the requirements of subsection 1;

(2) Has had no adverse actions reported to the National Practitioner Data Bank within the past 5 years;



(3) Has been continuously and actively engaged in the practice of optometry for the past 5 years;

(4) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to engage in the practice of optometry; and

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

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

(c) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to engage in the practice of optometry pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to engage in the practice of optometry to the applicant not later than 45 days after receiving the application.

4. A license by endorsement to engage in the practice of optometry may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.

*5. Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

**Sec. 51.** NRS 636.207 is hereby amended to read as follows:

636.207 1. The Board may issue a license by endorsement to practice optometry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice optometry in the District of Columbia or any state or territory of the United States; and

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

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

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

(1) Satisfies the requirements of subsection 1;



(2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant holds a license to practice optometry; and

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

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

(c) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice optometry pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice optometry to the applicant not later than 45 days after receiving all the additional information required by the Board to complete the application.

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

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

6. *Not later than 6 months after the issuance of a license by endorsement pursuant to this section, the licensee must submit to the Board proof that the he or she has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.*

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

**Sec. 52.** NRS 636.2881 is hereby amended to read as follows:

636.2881 The Board shall, by regulation, require each optometrist who is certified to administer and prescribe pharmaceutical agents pursuant to NRS 636.288 and who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. *Such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder.* Any licensee may use ~~[such]~~ training *required by the*



*regulations adopted pursuant to this section* to satisfy 2 hours of any continuing education requirement established by the Board.

**Sec. 53.** 1. Except as otherwise provided in subsection 5, the first application that an osteopathic physician, other than an osteopathic physician licensed pursuant to NRS 633.416, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, podiatric physician or optometrist who is licensed on January 1, 2024, submits to renew his or her license on or after that date must include, without limitation, proof that the applicant has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.

2. Except as otherwise provided in subsection 5, the information that a physician who is licensed pursuant to Chapter 630 of NRS on January 1, 2024, other than a physician licensed pursuant to NRS 630.258 or 630.261, submits to complete the first biennial registration to be issued on or after that date or renew the license, as applicable, must include, without limitation, proof that the physician has completed at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder.

3. A physician licensed pursuant to chapter 630 or 633 of NRS who completes training in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 or 2 may use such training to satisfy 2 hours of:

(a) The applicable requirement to complete continuing education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids established pursuant to NRS 630.2535 or 633.473, as amended by sections 8 and 39, respectively, of this act; or

(b) Any applicable requirement to complete continuing education in ethics, pain management, care of persons with addictive disorders or the screening, brief intervention and referral to treatment approach to substance use disorder established pursuant to NRS 630.253 or 633.471, as amended by sections 7 and 38, respectively, of this act.

4. A physician assistant licensed pursuant to 630 or 633 of NRS or a dentist, advanced practice registered nurse, podiatric physician or optometrist who completes training in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 may use such training to satisfy 2 hours of the applicable requirement to complete continuing education relating specifically to persons with substance use and other addictive disorders and the prescribing of



1 opioids established pursuant to NRS 630.2535, 631.344, 632.2375,  
2 633.473, 635.116 or 636.2881, as amended by sections 8, 19, 24, 39,  
3 45 and 52, respectively, of this act.

4 5. A physician or physician assistant licensed pursuant to  
5 chapter 630 or 633 of NRS or an advanced practice registered nurse  
6 who holds a registration to treat opioid dependency with narcotic  
7 medications pursuant to the Drug Addiction Treatment Act of 2000,  
8 21 U.S.C. §§ 823 et seq., on the date he or she submits the first  
9 application to renew his or her license after January 1, 2024, is  
10 exempt from the requirements of this section.

11 6. As used in this section, “screening, brief intervention and  
12 referral to treatment approach” has the meaning ascribed to it in  
13 section 1 of this act.

14 **Sec. 54.** 1. This section and sections 1, 2, 7, 8, 16, 17, 19,  
15 21, 22, 24, 26, 27, 38, 39, 41, 45, 47, 48 and 52 of this act become  
16 effective upon passage and approval.

17 2. Sections 3 to 6, inclusive, 9 to 15, inclusive, 18, 20, 23, 25,  
18 28 to 37, inclusive, 40, 42, 43, 44, 46, 49, 50, 51 and 53 of this act  
19 become effective on January 1, 2024.

