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ASSEMBLY BILL NO. 153—ASSEMBLYWOMAN MARZOLA

FEBRUARY 13, 2023

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Referred to Committee on Commerce and Labor

**SUMMARY**—Provides for the regulation of the practice of  
naprapathy. (BDR 54-724)

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

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

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AN ACT relating to naprapathy; requiring naprapaths to comply with certain requirements; establishing the Naprapathic Practice Advisory Board; providing for the regulation of the practice of naprapathy by the State Board of Osteopathic Medicine; prohibiting the unlicensed practice of naprapathy except in certain circumstances; prescribing the requirements for the issuance and renewal of a license to practice naprapathy; providing for the collection of certain information; prescribing certain requirements governing the practice of naprapathy; authorizing the State Board of Osteopathic Medicine to take certain actions to investigate and impose discipline against a naprapath; prescribing certain duties and authority of a naprapath; establishing a privilege for certain confidential communications; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law provides for the regulation of the practice of osteopathic medicine  
2 and osteopathic physician assistants by the State Board of Osteopathic Medicine.  
3 (Chapter 633 of NRS) **Sections 10-63** of this bill similarly require the Board to  
4 regulate the practice of naprapathy. **Section 30** of this bill exempts naprapaths  
5 employed by the Federal Government from such regulation. **Section 12** of this bill  
6 defines the term "naprapathy" to mean the use of certain techniques to diagnose and  
7 treat various injuries and connective tissue disorders. **Sections 10 and 11** of this  
8 bill define other relevant terms, and **section 24** of this bill makes a conforming



\* A B 1 5 3 \*

change to indicate the proper placement of **sections 10-12** in the Nevada Revised Statutes. **Sections 5, 67 and 68** of this bill exempt naprapaths from provisions governing homeopathic physicians, dieticians and cosmetologists, respectively. Naprapaths would also be exempt from provisions governing certain other professions. (NRS 630.047, 637B.080, 640A.070, 640B.145, 640C.100, 644A.150)

**Section 13** of this bill creates and prescribes the membership of the Naprapathic Practice Advisory Board. **Section 13** also prescribes the terms of the members of the Advisory Board and certain procedures governing the appointment and compensation of the members. **Section 14** of this bill prescribes certain requirements relating to the operations of the Advisory Board. **Section 15** of this bill requires the State Board of Osteopathic Medicine, with the advice of the Advisory Board, to adopt regulations governing the licensure of naprapaths, the practice of naprapathy and the approval of programs of education in naprapathy. **Section 14** requires the Advisory Board to advise the State Board of Osteopathic Medicine on the adoption of those regulations.

**Section 63** of this bill makes it a felony for an unlicensed person to engage in or hold himself or herself out to engage in the practice of naprapathy. **Sections 16 and 63** of this bill create certain exceptions to that criminal penalty. **Sections 2-4, 6, 7, 35 and 64** of this bill clarify that providers of wellness services and certain providers of health care who are not also licensed as naprapaths are prohibited from engaging in the practice of naprapathy. **Section 66** of this bill provides that structural integration, as conducted by massage therapists, does not include the practice of naprapathy.

**Section 17** of this bill prescribes the qualifications to obtain a license to practice naprapathy, which include passing a test in the practice of naprapathy prepared, caused to be prepared or designated by the State Board of Osteopathic Medicine. **Section 20** of this bill requires the Board to prepare, cause to be prepared or designate such a test. **Sections 18 and 19** of this bill prescribe the qualifications and procedure to obtain a license by endorsement to practice naprapathy. **Section 33** of this bill exempts applicants for licensure by endorsement from the standard licensure procedures used by the Board. **Section 21** of this bill prescribes the expiration date and procedure to renew a license to practice naprapathy. **Section 38** of this bill prescribes procedures governing: (1) placing such a license on inactive status; and (2) returning such a license to active status from inactive status or after retiring. **Section 39** of this bill prescribes the maximum fees that the Board is authorized to charge to issue or renew a license to practice naprapathy. **Section 22** of this bill requires each licensed naprapath to conspicuously display his or her license and diploma from a program of education in naprapathy at each place where the licensee engages in the practice of naprapathy. **Section 23** of this bill requires a naprapath who determines that the diagnosis or treatment of a patient is beyond the scope of practice or the skill, training and competence of the naprapath to refer the patient to an appropriate provider of health care.

**Sections 25-32, 34 and 36-62** of this bill make various changes so that naprapaths are regulated similarly to other professions licensed by the Board. Specifically, **sections 25-28 and 40** of this bill prescribe grounds for discipline against a naprapath. **Section 41** of this bill authorizes the Board to inspect the premises where a licensed naprapath practices naprapathy to determine whether a violation of provisions of law governing osteopathic medicine or naprapathy has occurred. **Sections 42 and 43** of this bill require the insurer of a naprapath or a naprapath to report to the Board certain information relating to malpractice litigation or sanctions against the naprapath. **Section 44** of this bill requires the Board to conduct an investigation upon receiving such a report of: (1) a judgment rendered or award made against a naprapath regarding an action or claim for malpractice; or (2) the settlement of such a claim or action. **Sections 46, 47, 49-52, 54, 55 and 57** of this bill prescribe procedures governing disciplinary action against



a naprapath, and **section 56** of this bill prescribes the disciplinary action that the Board is authorized to impose. **Sections 53 and 61** of this bill authorize the Board to apply to a court to: (1) enjoin certain misconduct by a naprapath or the unlicensed practice of naprapathy; (2) limit the practice of a naprapath; or (3) suspend the license of a naprapath. **Section 58** of this bill prescribes the procedure to remove the suspension of or limitation on a license to practice naprapathy or reinstate a revoked license to practice naprapathy.

Existing law defines the term "provider of health care" as a person who practices any of certain professions related to the provision of health care. (NRS 629.031) Existing law imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) **Section 1** of this bill includes naprapaths in the definition of "provider of health care," thereby subjecting naprapaths to those same requirements. **Section 8** of this bill requires a naprapath to report misconduct by a person licensed or certified by the State Board of Nursing to the Executive Director of that board.

Existing law establishes a privilege for confidential communications between a patient and a physician, dentist or chiropractor or person participating in the diagnosis or treatment of the patient under the direction of such a provider. (NRS 49.215-49.245) **Section 72** of this bill extends that same privilege to apply to confidential communications between a patient and a naprapath or a person under the direction of a naprapath.

Existing law provides that: (1) assault is generally a misdemeanor, with certain exceptions; and (2) assault upon a provider of health care is a gross misdemeanor. (NRS 200.471) **Section 75** of this bill includes a naprapath within the definition of "provider of health care" for that purpose, thereby making assault upon a naprapath a gross misdemeanor. **Section 76** of this bill requires a naprapath to report the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person in the same manner as other providers of health care. A naprapath would also be required to report the abuse, neglect or commercial sexual exploitation of a child. (NRS 432B.220, 432C.110) **Sections 65, 69-71, 73, 74 and 77-87** of this bill make revisions to treat naprapaths in the same manner as other similar providers of health care in other certain respects.

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

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

629.031 Except as otherwise provided by a specific statute:

1. "Provider of health care" means:

(a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;

(b) A physician assistant;

(c) A dentist;

(d) A licensed nurse;

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

(f) A dispensing optician;

(g) An optometrist;



- (h) A speech-language pathologist;
- (i) An audiologist;
- (j) A practitioner of respiratory care;
- (k) A licensed physical therapist;
- (l) An occupational therapist;
- (m) A podiatric physician;
- (n) A licensed psychologist;
- (o) A licensed marriage and family therapist;
- (p) A licensed clinical professional counselor;
- (q) A music therapist;
- (r) A chiropractic physician;
- (s) An athletic trainer;
- (t) A perfusionist;
- (u) A doctor of Oriental medicine in any form;
- (v) A medical laboratory director or technician;
- (w) A pharmacist;
- (x) A licensed dietitian;
- (y) An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;
- (z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;
- (aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS;
- (bb) A behavior analyst, assistant behavior analyst or registered behavior technician; ~~for~~
- (cc) *A naprapath; or*
- (dd) A medical facility as the employer of any person specified in this subsection.

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

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

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

**Sec. 2.** NRS 629.580 is hereby amended to read as follows:

629.580 1. A person who provides wellness services in accordance with this section, but who is not licensed, certified or registered in this State as a provider of health care, is not in violation of any law based on the unlicensed practice of health care services or a health care profession unless the person:

(a) Performs surgery or any other procedure which punctures the skin of any person;

(b) Sets a fracture of any bone of any person;



- 1 (c) Prescribes or administers X-ray radiation to any person;  
2 (d) Prescribes or administers a prescription drug or device or a  
3 controlled substance to any person;  
4 (e) Recommends to a client that he or she discontinue or in any  
5 manner alter current medical treatment prescribed by a provider of  
6 health care licensed, certified or registered in this State;  
7 (f) Makes a diagnosis of a medical disease of any person;  
8 (g) Performs a manipulation or a chiropractic adjustment of the  
9 articulations of joints or the spine of any person;  
10 (h) Treats a person's health condition in a manner that  
11 intentionally or recklessly causes that person recognizable and  
12 imminent risk of serious or permanent physical or mental harm;  
13 (i) Holds out, states, indicates, advertises or implies to any  
14 person that he or she is a provider of health care;  
15 (j) Engages in the practice of medicine in violation of chapter  
16 630 or 633 of NRS, the practice of homeopathic medicine in  
17 violation of chapter 630A of NRS, *the practice of naprapathy*  
18 *in violation of chapter 633 of NRS* or the practice of podiatry in  
19 violation of chapter 635 of NRS, unless otherwise expressly  
20 authorized by this section;  
21 (k) Performs massage therapy as that term is defined in NRS  
22 640C.060, reflexology as that term is defined in NRS 640C.080 or  
23 structural integration as that term is defined in NRS 640C.085;  
24 (l) Provides mental health services that are exclusive to the  
25 scope of practice of a psychiatrist licensed pursuant to chapter 630  
26 or 633 of NRS, or a psychologist licensed pursuant to chapter 641 of  
27 NRS; or  
28 (m) Engages in the practice of applied behavior analysis in  
29 violation of chapter 641D of NRS.  
30 2. Any person providing wellness services in this State who is  
31 not licensed, certified or registered in this State as a provider of  
32 health care and who is advertising or charging a fee for wellness  
33 services shall, before providing those services, disclose to each  
34 client in a plainly worded written statement:  
35 (a) The person's name, business address and telephone number;  
36 (b) The fact that he or she is not licensed, certified or registered  
37 as a provider of health care in this State;  
38 (c) The nature of the wellness services to be provided;  
39 (d) The degrees, training, experience, credentials and other  
40 qualifications of the person regarding the wellness services to be  
41 provided; and  
42 (e) A statement in substantially the following form:  
43  
44  
45

It is recommended that before beginning any wellness plan, you notify your primary care physician or other licensed



providers of health care of your intention to use wellness services, the nature of the wellness services to be provided and any wellness plan that may be utilized. It is also recommended that you ask your primary care physician or other licensed providers of health care about any potential drug interactions, side effects, risks or conflicts between any medications or treatments prescribed by your primary care physician or other licensed providers of health care and the wellness services you intend to receive.

➤ A person who provides wellness services shall obtain from each client a signed copy of the statement required by this subsection, provide the client with a copy of the signed statement at the time of service and retain a copy of the signed statement for a period of not less than 5 years.

3. A written copy of the statement required by subsection 2 must be posted in a prominent place in the treatment location of the person providing wellness services in at least 12-point font. Reasonable accommodations must be made for clients who:

- (a) Are unable to read;
- (b) Are blind or visually impaired;
- (c) Have communication impairments; or
- (d) Do not read or speak English or any other language in which the statement is written.

4. Any advertisement for wellness services authorized pursuant to this section must disclose that the provider of those services is not licensed, certified or registered as a provider of health care in this State.

5. A person who violates any provision of this section is guilty of a misdemeanor. Before a criminal proceeding is commenced against a person for a violation of a provision of this section, a notification, educational or mediative approach must be utilized by the regulatory body enforcing the provisions of this section to bring the person into compliance with such provisions.

6. This section does not apply to or control:

(a) Any health care practice by a provider of health care pursuant to the professional practice laws of this State, or prevent such a health care practice from being performed.

(b) Any health care practice if the practice is exempt from the professional practice laws of this State, or prevent such a health care practice from being performed.

(c) A person who provides health care services if the person is exempt from the professional practice laws of this State, or prevent the person from performing such a health care service.



(d) A medical assistant, as that term is defined in NRS 630.0129 and 633.075, an advanced practitioner of homeopathy, as that term is defined in NRS 630A.015, or a homeopathic assistant, as that term is defined in NRS 630A.035.

7. As used in this section, "wellness services" means healing arts therapies and practices, and the provision of products, that are based on the following complementary health treatment approaches and which are not otherwise prohibited by subsection 1:

- (a) Anthroposophy.
- (b) Aromatherapy.
- (c) Traditional cultural healing practices.
- (d) Detoxification practices and therapies.
- (e) Energetic healing.
- (f) Folk practices.
- (g) Gerson therapy and colostrum therapy.
- (h) Healing practices using food, dietary supplements, nutrients and the physical forces of heat, cold, water and light.
- (i) Herbology and herbalism.
- (j) Reiki.
- (k) Mind-body healing practices.
- (l) Nondiagnostic iridology.
- (m) Noninvasive instrumentalities.
- (n) Holistic kinesiology.

**Sec. 3.** NRS 630.275 is hereby amended to read as follows:

630.275 The Board shall adopt regulations regarding the licensure of a physician assistant, including, but not limited to:

- 1. The educational and other qualifications of applicants.
- 2. The required academic program for applicants.
- 3. The procedures for applications for and the issuance of licenses.
- 4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.
- 5. The tests or examinations of applicants required by the Board.
- 6. The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, *naprapaths*, chiropractic physicians, podiatric physicians and optometrists under chapters 631, **633**, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.
- 7. The duration, renewal and termination of licenses, including licenses by endorsement. The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its



1 successor organization, or by any other nationally recognized  
2 organization for the accreditation of physician assistants to satisfy  
3 any continuing education requirements for the renewal of licenses.

4 8. The grounds and procedures respecting disciplinary actions  
5 against physician assistants.

6 9. The supervision of medical services of a physician assistant  
7 by a supervising physician.

8 10. A physician assistant's use of equipment that transfers  
9 information concerning the medical condition of a patient in this  
10 State electronically, telephonically or by fiber optics, including,  
11 without limitation, through telehealth, from within or outside this  
12 State or the United States.

13 **Sec. 4.** NRS 630.279 is hereby amended to read as follows:

14 630.279 The Board shall adopt regulations regarding the  
15 licensure of practitioners of respiratory care, including, without  
16 limitation:

17 1. Educational and other qualifications of applicants;

18 2. Required academic programs which applicants must  
19 successfully complete;

20 3. Procedures for applying for and issuing licenses;

21 4. Tests or examinations of applicants by the Board;

22 5. The types of medical services that a practitioner of  
23 respiratory care may perform, except that a practitioner of  
24 respiratory care may not perform those specific functions and duties  
25 delegated or otherwise restricted by specific statute to persons  
26 licensed as dentists, chiropractic physicians, *naprapaths*, podiatric  
27 physicians, optometrists, physicians, osteopathic physicians or  
28 hearing aid specialists pursuant to this chapter or chapter 631, 633,  
29 634, 635, 636 or 637B of NRS, as appropriate, or persons who hold  
30 a license to engage in radiation therapy and radiologic imaging or a  
31 limited license to engage in radiologic imaging pursuant to chapter  
32 653 of NRS;

33 6. The duration, renewal and termination of licenses; and

34 7. The grounds and procedures for disciplinary actions against  
35 practitioners of respiratory care.

36 **Sec. 5.** NRS 630A.090 is hereby amended to read as follows:

37 630A.090 1. This chapter does not apply to:

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

42 (b) A medical officer of the Armed Forces or a medical officer  
43 of any division or department of the United States in the discharge  
44 of his or her official duties, including, without limitation, providing





1 medical care in a hospital in accordance with an agreement entered  
2 into pursuant to NRS 449.2455.

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

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

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

11 3. This chapter does not prohibit:

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

13 (b) The domestic administration of family remedies.

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

17 **Sec. 6.** NRS 630A.299 is hereby amended to read as follows:

18 630A.299 The Board shall adopt regulations regarding the  
19 certification of a homeopathic assistant, including, but not limited  
20 to:

21 1. The educational and other qualifications of applicants.

22 2. The required academic program for applicants.

23 3. The procedures for applications for and the issuance of  
24 certificates.

25 4. The tests or examinations of applicants by the Board.

26 5. The medical services which a homeopathic assistant may  
27 perform, except that a homeopathic assistant may not perform those  
28 specific functions and duties delegated or restricted by law to  
29 persons licensed as dentists, *naprapaths*, chiropractic physicians,  
30 podiatric physicians, optometrists or hearing aid specialists under  
31 chapter 631, **633**, 634, 635, 636 or 637B, respectively, of NRS or  
32 persons licensed to engage in radiation therapy or radiologic  
33 imaging pursuant to chapter 653 of NRS.

34 6. The duration, renewal and termination of certificates.

35 7. The grounds respecting disciplinary actions against  
36 homeopathic assistants.

37 8. The supervision of a homeopathic assistant by a supervising  
38 homeopathic physician.

39 9. The establishment of requirements for the continuing  
40 education of homeopathic assistants.

41 **Sec. 7.** NRS 632.235 is hereby amended to read as follows:

42 632.235 A registered nurse may perform such acts, under  
43 emergency or other special conditions prescribed by regulations  
44 adopted by the Board, which include special training, as are  
45 recognized by the medical and nursing professions as proper to be



performed by a registered nurse under those conditions, even though the acts might otherwise be considered diagnosis and prescription, but nothing in this chapter authorizes registered nurses to perform those functions and duties specifically delegated by law to persons licensed as dentists, podiatric physicians, optometrists , *naprapaths* or chiropractic physicians.

**Sec. 8.** NRS 632.472 is hereby amended to read as follows:

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

(a) Any physician, dentist, dental hygienist, *naprapath*, chiropractic physician, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, medication aide - certified, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug counselor, peer recovery support specialist, peer recovery support specialist supervisor, music therapist, holder of a license or limited license issued pursuant to chapter 653 of NRS, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.

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

(c) A coroner.

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

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

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

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

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

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

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding



1 the abuse, neglect or exploitation of an older person and refers them  
2 to persons and agencies where their requests and needs can be met.

3 (k) Any social worker.

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

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

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

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

21 5. As used in this section:

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

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

26 (c) "Peer recovery support specialist" has the meaning ascribed  
27 to it in NRS 433.627.

28 (d) "Peer recovery support specialist supervisor" has the  
29 meaning ascribed to it in NRS 433.629.

30 **Sec. 9.** Chapter 633 of NRS is hereby amended by adding  
31 thereto the provisions set forth as sections 10 to 23, inclusive, of this  
32 act.

33 **Sec. 10.** *"Advisory Board" means the Naprapathic Practice*  
34 *Advisory Board created by section 13 of this act.*

35 **Sec. 11.** *"Naprapath" means a person who is a graduate of a*  
36 *program of education in naprapathy approved by the Board or*  
37 *who, by general education, practical training and experience*  
38 *determined to be satisfactory by the Board, is qualified to practice*  
39 *naprapathy and who has been issued a license by the Board.*

40 **Sec. 12. 1.** *"Naprapathy" means the diagnosis and*  
41 *treatment of contractures, muscle spasms, inflammation, scars,*  
42 *adhesions, lesions, laxity, hypotonicity, rigidity, structural*  
43 *imbalances, bruises, contusions, muscular atrophy, partial*  
44 *separation of connective tissue fibers and other connective tissue*



1 *disorders through the use of techniques including, without*  
2 *limitation:*

- 3 (a) *Reviewing case history;*
- 4 (b) *The manipulation of connective tissue for examination and*  
5 *treatment;*
- 6 (c) *Therapeutic and rehabilitative exercise;*
- 7 (d) *Postural and nutritional counseling; and*
- 8 (e) *The application of heat, cold, light, water, radiant energy,*  
9 *electricity, sound, air and assistive devices for the purpose of*  
10 *preventing, correcting or alleviating a physical disability.*

11 **2. The term:**

12 (a) *Includes, without limitation:*

13 (1) *Advising or supervising the practice of naprapathy by*  
14 *another person who is licensed or otherwise authorized by this*  
15 *chapter to practice naprapathy; and*

16 (2) *Teaching the practice of naprapathy to any person.*

17 (b) *Does not include:*

- 18 (1) *Surgery, pharmacology or invasive diagnostic testing;*
- 19 (2) *Physical therapy, as defined in NRS 640.022, or the*  
20 *practice of physical therapy, as defined in NRS 640.024; or*  
21 (3) *Chiropractic, as defined in NRS 634.013.*

22 **Sec. 13. 1. The Naprapathic Practice Advisory Board is**  
23 **hereby created.**

24 **2. The Governor shall appoint to the Advisory Board:**

25 (a) *Three members who are licensed as naprapaths in this*  
26 *State or any other state; and*

27 (b) *Two members who are representatives of the public.*

28 **3. Each member of the Advisory Board:**

29 (a) *Must be a resident of this State; and*

30 (b) *May not serve more than two consecutive terms.*

31 **4. After the initial terms, the members of the Advisory Board**  
32 **must be appointed to terms of 4 years. A member:**

33 (a) *Serves until a replacement is appointed; and*

34 (b) *May not serve more than two full terms.*

35 **5. A vacancy on the Advisory Board must be filled in the**  
36 **same manner as the original appointment for the remainder of the**  
37 **unexpired term.**

38 **6. The Governor may remove a member of the Advisory**  
39 **Board for incompetence, neglect of duty, moral turpitude or**  
40 **malfeasance in office.**

41 **7. The members of the Advisory Board are not entitled to**  
42 **receive a salary. While engaged in the business of the Advisory**  
43 **Board, each member of the Advisory Board is entitled to receive a**  
44 **per diem allowance and travel expenses at a rate fixed by the State**



*Board of Osteopathic Medicine. The rate must not exceed the rate provided for officers and employees of this State generally.*

**Sec. 14.** *1. The Advisory Board shall:*

*(a) Elect from its members a Chair and any other officers determined necessary by the members of the Advisory Board at the first meeting of each year;*

*(b) Meet at least two times each year at the call of the Chair of the Advisory Board, or upon the written request of at least three members of the Advisory Board; and*

*(c) Advise the State Board of Osteopathic Medicine on the adoption of regulations pursuant to section 15 of this act.*

*2. A majority of the members of the Advisory Board constitutes a quorum for the transaction of the business of the Advisory Board.*

**Sec. 15.** *The State Board of Osteopathic Medicine, with the advice of the Advisory Board, shall adopt regulations:*

*1. Governing the licensure of naprapaths and the practice of naprapathy, including, without limitation:*

*(a) The minimum hours of clinical experience and other minimum qualifications for licensure as a naprapath, in addition to the qualifications prescribed by section 17 of this act;*

*(b) Rules of professional conduct for naprapaths;*

*(c) The requirements to register as a teacher, advisor or supervisor pursuant to subsection 2 of section 16 of this act, including, without limitation, the fee for such registration;*

*(d) The requirements for continuing education for the renewal of a license as a naprapath; and*

*(e) Requirements governing advertising or the use of promotional materials by a naprapath; and*

*2. Prescribing requirements for the approval of programs of education in naprapathy, including, without limitation, regulations governing the curriculum for such programs.*

**Sec. 16.** *1. A person who is enrolled in a program of education in naprapathy that is approved by the Board pursuant to the regulations adopted pursuant to subsection 2 of section 15 of this act and who is not licensed to practice naprapathy may engage in the practice of naprapathy while under the supervision of a licensed naprapath.*

*2. A person who is not licensed to practice naprapathy may practice naprapathy in this State for not more than 1 month in a calendar year as part of his or her duties as a teacher, advisor or supervisor in a program of education in naprapathy or a program of continuing education for naprapaths if the person registers with the Board as a teacher, advisor or supervisor.*



3. A person who has graduated from a program of education in naprapathy that is approved by the Board pursuant to the regulations adopted pursuant to subsection 2 of section 15 of this act may hold himself or herself out as a doctor of naprapathy and use the letters “D.N.” following his or her name, regardless of whether he or she is licensed pursuant to this chapter. Such a person who is not licensed pursuant to this chapter shall not identify himself or herself as a naprapath or otherwise hold himself or herself out as licensed or qualified to engage in the practice of naprapathy in this State.

**Sec. 17.** Except as otherwise provided in sections 18 and 19 of this act, an applicant for a license to practice naprapathy must:

1. Be at least 21 years of age;
2. Have a bachelor’s degree;
3. Have graduated from a program of education in naprapathy approved by the Board pursuant to the regulations adopted pursuant to subsection 2 of section 15 of this act;
4. Pass the test prepared or designated by the Board pursuant to section 20 of this act; and
5. Possess any other qualifications required by the Board pursuant to section 15 of this act.

**Sec. 18.** 1. The Board may issue a license by endorsement to practice naprapathy 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 naprapathy 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 and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice naprapathy; 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 naprapathy 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 naprapathy to the applicant not later than:*

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

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

4. *A license by endorsement to practice naprapathy 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.*

**Sec. 19. 1.** *The Board may issue a license by endorsement to practice naprapathy 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 naprapathy 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 and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or the state or territory of the United States in which the applicant holds a license to practice naprapathy; 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 naprapathy 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 naprapathy 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 pursuant to this section,

↳ whichever occurs later.

4. A license by endorsement to practice as naprapathy 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 naprapathy in accordance with regulations adopted by the Board.

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

**Sec. 20. The Board shall:**

1. Prepare or cause to be prepared a test in the practice of naprapathy which must be passed by an applicant for a license pursuant to section 17 of this act; or

2. Designate a national examination for that purpose.

**Sec. 21. Each license to practice naprapathy issued pursuant to this chapter expires on January 1 of each year and may be renewed if, before the license expires, the licensee submits to the Board:**

1. An application on a form prescribed by the Board;

2. Proof of completion of the requirements for continuing education prescribed by the Board pursuant to section 15 of this act; and





3. Except as otherwise provided in subsection 14 of NRS 633.471, the fee for the renewal of the license prescribed by the Board pursuant to NRS 633.501.

**Sec. 22.** Each person licensed to practice naprapathy shall display his or her license and a copy of his or her diploma from a program of education in naprapathy conspicuously at each place where the person engages in the practice of naprapathy.

**Sec. 23. 1.** If a naprapath determines that the diagnosis or treatment of a patient is beyond the scope of practice or the skill, training and competence of the naprapath, the naprapath shall refer the patient to an appropriate provider of health care.

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

**Sec. 24.** NRS 633.011 is hereby amended to read as follows:

633.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 633.021 to 633.131, inclusive, *and sections 10, 11 and 12 of this act* have the meanings ascribed to them in those sections.

**Sec. 25.** NRS 633.041 is hereby amended to read as follows:

633.041 "Gross malpractice" means malpractice where the failure to exercise the requisite degree of care, diligence or skill consists of:

1. ~~[Performing surgery upon or otherwise ministering]~~ *Providing medical or naprapathic services* to a patient while the osteopathic physician, *naprapath or physician assistant* is under the influence of alcohol or any controlled substance;

2. Gross negligence;

3. Knowing or willful disregard of established medical *or naprapathic* procedures; or

4. Knowing or willful and consistent use of medical *or naprapathic* procedures, services or treatment considered by osteopathic physicians *or naprapaths* in the community to be inappropriate or unnecessary in the cases where used.

**Sec. 26.** NRS 633.071 is hereby amended to read as follows:

633.071 "Malpractice" means failure on the part of an osteopathic physician, *naprapath* or physician assistant to exercise the degree of care, diligence and skill ordinarily exercised by osteopathic physicians, *naprapaths* or physician assistants in good standing in the community in which he or she practices.

**Sec. 27.** NRS 633.111 is hereby amended to read as follows:

633.111 "Professional incompetence" means lack of ability safely and skillfully to practice osteopathic medicine, ~~[or]~~ to practice one or more of its specified branches, *to practice naprapathy or to practice as a physician assistant* arising from:

1. Lack of knowledge or training;



2. Impaired physical or mental capability of the osteopathic physician ~~and~~, *naprapath or physician assistant*;

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

4. Any other sole or contributing cause.

**Sec. 28.** NRS 633.131 is hereby amended to read as follows:

633.131 1. “Unprofessional conduct” includes:

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

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

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

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

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

(f) Engaging in any:

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

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

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

(h) An alcohol or other substance use disorder.



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

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

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

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

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

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

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

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

(q) Failure of a licensee to make medical records of a patient available for inspection and copying as provided by NRS 629.061, if the licensee is the custodian of health care records with respect to those records.

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

2. It is not unprofessional conduct:

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

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



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

3. As used in this section, “custodian of health care records” has the meaning ascribed to it in NRS 629.016.

**Sec. 29.** NRS 633.151 is hereby amended to read as follows:

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

**Sec. 30.** NRS 633.171 is hereby amended to read as follows:

633.171 1. This chapter does not apply to:

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

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

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

(d) Osteopathic physicians who are temporarily exempt from licensure pursuant to NRS 633.420 and are practicing osteopathic medicine within the scope of the exemption.

(e) The performance of medical services by a student enrolled in an educational program for a physician assistant which is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, as part of such a program.

(f) A physician assistant *or naprapath* of any division or department of the United States in the discharge of his or her official duties unless licensure by a state is required by the division or department of the United States.

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.



**Sec. 31.** NRS 633.286 is hereby amended to read as follows:

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

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

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

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

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

**Sec. 32.** NRS 633.301 is hereby amended to read as follows:

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

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

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

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



1     **Sec. 33.** NRS 633.305 is hereby amended to read as follows:  
2     633.305 Except as otherwise provided in NRS 633.399,  
3     633.400, 633.4335 and 633.4336 ~~§~~ *and sections 18 and 19 of this*  
4     *act*;

5     1. Every applicant for a license shall:

6     (a) File an application with the Board in the manner prescribed  
7     by regulations of the Board;

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

11    (c) Pay in advance to the Board the application and initial  
12    license fee specified in NRS 633.501.

13    2. An application filed with the Board pursuant to subsection 1  
14    must include all information required to complete the application.

15    3. The Board may hold hearings and conduct investigations  
16    into any matter related to the application and, in addition to the  
17    proofs required by subsection 1, may take such further evidence and  
18    require such other documents or proof of qualifications as it deems  
19    proper.

20    4. The Board may reject an application if the Board has cause  
21    to believe that any credential or information submitted by the  
22    applicant is false, misleading, deceptive or fraudulent.

23    **Sec. 34.** NRS 633.3617 is hereby amended to read as follows:

24    633.3617 1. The Board may place any condition, limitation  
25    or restriction on any license issued pursuant to this chapter if the  
26    Board determines that such action is necessary to protect the public  
27    health, safety or welfare.

28    2. The Board shall not report any condition, limitation or  
29    restriction placed on a license pursuant to this section to the  
30    National Practitioner Data Bank unless the licensee fails to comply  
31    with the condition, limitation or restriction placed on the license.  
32    The Board may, upon request, report any such information to an  
33    agency of another state which regulates the practice of osteopathic  
34    medicine *or naprapathy* in that State.

35    3. The Board may modify any condition, limitation or  
36    restriction placed on a license pursuant to this section if the Board  
37    determines that the modification is necessary to protect the public  
38    health, safety or welfare.

39    4. Any condition, limitation or restriction placed on a license  
40    pursuant to this section is not a disciplinary action pursuant to  
41    NRS 633.651.

42    **Sec. 35.** NRS 633.434 is hereby amended to read as follows:

43    633.434 The Board shall adopt regulations regarding the  
44    licensure of a physician assistant, including, without limitation:

45    1. The educational and other qualifications of applicants.



2. The required academic program for applicants.  
3. The procedures for applications for and the issuance of licenses.

4. The procedures deemed necessary by the Board for applications for and the issuance of initial licenses by endorsement pursuant to NRS 633.4335 and 633.4336.

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

6. The medical services which a physician assistant may perform, except that a physician assistant may not perform osteopathic manipulative therapy or those specific functions and duties delegated or restricted by law to persons licensed as *naprapaths*, dentists, chiropractic physicians, doctors of Oriental medicine, podiatric physicians, optometrists and hearing aid specialists under *this chapter or* chapters 631, 634, 634A, 635, 636 and 637B, respectively, of NRS.

7. The grounds and procedures respecting disciplinary actions against physician assistants.

8. The supervision of medical services of a physician assistant by a supervising osteopathic physician.

**Sec. 36.** NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection 14 and NRS 633.491, every holder of a license, except a *naprapath or* physician assistant, issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

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

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

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

(d) Subject to subsection 13, submitting evidence to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

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

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical





1 education annually from no fewer than one-third of the applicants  
2 for renewal of a license to practice osteopathic medicine , *a license*  
3 *to engage in the practice of naprapathy* or a license to practice as a  
4 physician assistant. Subject to subsection 13, upon a request from  
5 the Board, an applicant for renewal of a license to practice  
6 osteopathic medicine , *a license to engage in the practice of*  
7 *naprapathy* or a license to practice as a physician assistant shall  
8 submit verified evidence satisfactory to the Board that in the year  
9 preceding the application for renewal the applicant attended courses  
10 or programs of continuing medical education approved by the Board  
11 totaling the number of hours established by the Board.

12 4. The Board shall require each holder of a license to practice  
13 osteopathic medicine to complete a course of instruction within 2  
14 years after initial licensure that provides at least 2 hours of  
15 instruction on evidence-based suicide prevention and awareness as  
16 described in subsection 9.

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

24 6. The Board shall encourage each holder of a license to  
25 practice osteopathic medicine or as a physician assistant to receive,  
26 as a portion of his or her continuing education, training and  
27 education in the diagnosis of rare diseases, including, without  
28 limitation:

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

30 (b) Interpreting family history to determine whether such  
31 symptoms indicate a normal childhood illness or a condition that  
32 requires additional examination.

33 7. The Board shall require, as part of the continuing education  
34 requirements approved by the Board, the biennial completion by a  
35 holder of a license to practice osteopathic medicine of at least 2  
36 hours of continuing education credits in ethics, pain management,  
37 care of persons with addictive disorders or the screening, brief  
38 intervention and referral to treatment approach to substance use  
39 disorder.

40 8. The continuing education requirements approved by the  
41 Board must allow the holder of a license as an osteopathic physician  
42 or physician assistant to receive credit toward the total amount of  
43 continuing education required by the Board for the completion of a  
44 course of instruction relating to genetic counseling and genetic  
45 testing.





9. 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.

10. 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.

11. The Board shall require each holder of a license to practice osteopathic medicine to complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

12. The Board shall require each psychiatrist or a physician assistant practicing under the supervision of a psychiatrist to biennially complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion. Such instruction:

(a) May include the training provided pursuant to NRS 449.103, where applicable.

(b) Must be based upon a range of research from diverse sources.

(c) Must address persons of different cultural backgrounds, including, without limitation:

(1) Persons from various gender, racial and ethnic backgrounds;

(2) Persons from various religious backgrounds;

(3) Lesbian, gay, bisexual, transgender and questioning persons;

(4) Children and senior citizens;

(5) Veterans;

(6) Persons with a mental illness;

(7) Persons with an intellectual disability, developmental disability or physical disability; and

(8) Persons who are part of any other population that a psychiatrist or physician assistant practicing under the supervision



1 of a psychiatrist may need to better understand, as determined by the  
2 Board.

3 13. The Board shall not require a physician assistant to receive  
4 or maintain certification by the National Commission on  
5 Certification of Physician Assistants, or its successor organization,  
6 or by any other nationally recognized organization for the  
7 accreditation of physician assistants to satisfy any continuing  
8 education requirement pursuant to paragraph (d) of subsection 1 and  
9 subsection 3.

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

13 **Sec. 37.** NRS 633.472 is hereby amended to read as follows:

14 633.472 1. An osteopathic physician , *naprapath* or  
15 physician assistant may:

16 (a) Ask each new patient who is 18 years of age or older if he or  
17 she is a veteran and document the response in the medical record of  
18 the patient; and

19 (b) Provide the contact information for the Department of  
20 Veterans Services to any such patient who indicates that he or she is  
21 a veteran.

22 2. The Board may ask each applicant for the renewal of a  
23 license as an osteopathic physician , *naprapath* or physician  
24 assistant if the applicant performs the actions described in  
25 subsection 1. If such a question is asked, the Board must allow the  
26 applicant to refuse to answer.

27 3. As used in this section, “veteran” has the meaning ascribed  
28 to it in NRS 417.125.

29 **Sec. 38.** NRS 633.491 is hereby amended to read as follows:

30 633.491 1. A licensee who retires from practice is not  
31 required annually to renew his or her license after filing with the  
32 Board an affidavit stating the date on which he or she retired from  
33 practice and any other evidence that the Board may require to verify  
34 the retirement.

35 2. An osteopathic physician , *naprapath* or physician assistant  
36 who retires from practice and who desires to return to practice may  
37 apply to renew his or her license by paying all back annual license  
38 renewal fees or annual registration fees from the date of retirement  
39 and submitting verified evidence satisfactory to the Board that the  
40 licensee has attended continuing education courses or programs  
41 approved by the Board which total:

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

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



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

- (a) The affidavit required pursuant to this subsection; and
- (b) Payment of the inactive license fee prescribed by NRS 633.501.

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

- (a) Is not required to annually renew the license.
- (b) Except as otherwise provided in subsection 6, shall annually pay the inactive license fee prescribed by NRS 633.501.
- (c) Shall not practice osteopathic medicine , *practice naprapathy* or practice as a physician assistant in this State.

5. A physician assistant whose license has been placed on inactive status shall not practice as a physician assistant. The Board shall consider a physician assistant whose license has been placed on inactive status and who practices as a physician assistant to be practicing without a license. Such practice constitutes grounds for disciplinary action against the physician assistant in accordance with the regulations adopted by the Board pursuant to NRS 633.434.

6. The Board shall exempt a physician assistant whose license has been placed on inactive status from paying the inactive license fee prescribed by NRS 633.501.

7. An osteopathic physician , *naprapath* or physician assistant whose license is on inactive status and who wishes to renew his or her license to practice osteopathic medicine , *license to practice naprapathy* or license to practice as a physician assistant must:

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

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

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

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

(c) Comply with all other requirements for renewal.



**Sec. 39.** NRS 633.501 is hereby amended to read as follows:

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

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

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

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

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

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



(b) NRS 633.4336 ~~is~~ *or section 19 of this act*, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

**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, *the practice of naprapathy* 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, *to engage in the practice of naprapathy* 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.

(k) Signing a blank prescription form.



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

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

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

(3) Is 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.

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

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

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

(p) Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter, except for a violation of NRS 633.4717, or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

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

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

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

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

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

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



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

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

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

10 (z) Failure to comply with the provisions of NRS 441A.315 or  
11 any regulations adopted pursuant thereto.

12 (aa) Performing or supervising the performance of a pelvic  
13 examination in violation of NRS 629.085.

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

16 **Sec. 41.** NRS 633.512 is hereby amended to read as follows:

17 633.512 Any member or agent of the Board may enter any  
18 premises in this State where a person who holds a license issued  
19 pursuant to the provisions of this chapter practices osteopathic  
20 medicine , *naprapathy* or as a physician assistant and inspect it to  
21 determine whether a violation of any provision of this chapter has  
22 occurred, including, without limitation:

23 1. An inspection to determine whether any person at the  
24 premises is practicing osteopathic medicine , *naprapathy* or as a  
25 physician assistant without the appropriate license issued pursuant  
26 to the provisions of this chapter; or

27 2. An inspection to determine whether any osteopathic  
28 physician is allowing a person to perform or participate in any  
29 activity under the supervision of the osteopathic physician for the  
30 purpose of receiving credit toward a degree of doctor of medicine,  
31 osteopathy or osteopathic medicine in violation of NRS 633.6955.

32 **Sec. 42.** NRS 633.526 is hereby amended to read as follows:

33 633.526 1. The insurer of an osteopathic physician ,  
34 *naprapath* or physician assistant licensed under this chapter shall  
35 report to the Board:

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

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



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

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

**Sec. 43.** NRS 633.527 is hereby amended to read as follows:

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

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

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

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

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

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

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

**Sec. 44.** NRS 633.528 is hereby amended to read as follows:

633.528 If the Board receives a report pursuant to the provisions of NRS 633.526, 633.527 or 690B.250 indicating that a judgment has been rendered or an award has been made against an osteopathic physician , *naprapath* or physician assistant regarding an action or claim for malpractice or that such an action or claim against the osteopathic physician , *naprapath* or physician assistant





has been resolved by settlement, the Board shall conduct an investigation to determine whether to discipline the osteopathic physician , *naprapath* or physician assistant regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

**Sec. 45.** NRS 633.529 is hereby amended to read as follows:

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

2. For the purposes of this section:

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

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

**Sec. 46.** NRS 633.531 is hereby amended to read as follows:

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

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



**Sec. 47.** NRS 633.533 is hereby amended to read as follows:

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

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

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

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

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

(b) A suspected or alleged substance use disorder in any form by the osteopathic physician , *naprapath* or physician assistant.

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



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

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

8 (a) Is mentally ill;

9 (b) Is mentally incompetent;

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

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

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

15 ➔ within 45 days after the finding, judgment or determination.

16 **Sec. 48.** NRS 633.542 is hereby amended to read as follows:

17 633.542 Unless the Board determines that extenuating  
18 circumstances exist, the Board shall forward to the appropriate law  
19 enforcement agency any substantiated information submitted to the  
20 Board concerning a person who practices or offers to practice  
21 osteopathic medicine , *naprapathy* or as a physician assistant  
22 without the appropriate license issued pursuant to the provisions of  
23 this chapter.

24 **Sec. 49.** NRS 633.561 is hereby amended to read as follows:

25 633.561 1. Notwithstanding the provisions of chapter 622A  
26 of NRS, if the Board or a member of the Board designated to review  
27 a complaint pursuant to NRS 633.541 has reason to believe that the  
28 conduct of an osteopathic physician , *naprapath* or physician  
29 assistant has raised a reasonable question as to his or her  
30 competence to practice osteopathic medicine , *to practice*  
31 *naprapathy* or to practice as a physician assistant, as applicable,  
32 with reasonable skill and safety to patients, the Board or the member  
33 designated by the Board may require the osteopathic physician ,  
34 *naprapath* or physician assistant to submit to a mental or physical  
35 examination conducted by physicians designated by the Board. If  
36 the osteopathic physician , *naprapath* or physician assistant  
37 participates in a diversion program, the diversion program may  
38 exchange with any authorized member of the staff of the Board any  
39 information concerning the recovery and participation of the  
40 osteopathic physician , *naprapath* or physician assistant in the  
41 diversion program. As used in this subsection, "diversion program"  
42 means a program approved by the Board for an alcohol or other  
43 substance use disorder or any other impairment of an osteopathic  
44 physician , *naprapath* or physician assistant.

45 2. For the purposes of this section:



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

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

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

**Sec. 50.** NRS 633.571 is hereby amended to read as follows:

633.571 Notwithstanding the provisions of chapter 622A of NRS, if the Board has reason to believe that the conduct of any osteopathic physician , *naprapath* or physician assistant has raised a reasonable question as to his or her competence to practice osteopathic medicine , *to practice naprapathy* or to practice as a physician assistant, as applicable, with reasonable skill and safety to patients, the Board may require the osteopathic physician , *naprapath* or physician assistant to submit to an examination for the purposes of determining his or her competence to practice osteopathic medicine , *to practice naprapathy* or to practice as a physician assistant, as applicable, with reasonable skill and safety to patients.

**Sec. 51.** NRS 633.581 is hereby amended to read as follows:

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

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



1 complaint against the licensee is pending before the Board on the  
2 date on which a hearing is held pursuant to this section, the Board  
3 shall reinstate the license of the licensee.

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

12 **Sec. 52.** NRS 633.591 is hereby amended to read as follows:

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

21 **Sec. 53.** NRS 633.601 is hereby amended to read as follows:

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

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

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

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

39 **Sec. 54.** NRS 633.631 is hereby amended to read as follows:

40 633.631 Except as otherwise provided in subsection 2 and  
41 chapter 622A of NRS:

42 1. Service of process made under this chapter must be either  
43 personal or by registered or certified mail with return receipt  
44 requested, addressed to the osteopathic physician , *naprapath* or  
45 physician assistant at his or her last known address, as indicated in



the records of the Board. If personal service cannot be made and if mail notice is returned undelivered, the President or Secretary-Treasurer of the Board shall cause a notice of hearing to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the osteopathic physician , *naprapath* or physician assistant or, if no newspaper is published in that county, in a newspaper widely distributed in that county.

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

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

**Sec. 55.** NRS 633.641 is hereby amended to read as follows:

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

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

2. A certified copy of the record of a court or a licensing agency showing a conviction or the suspension or revocation of a license to practice osteopathic medicine , *practice naprapathy* or to practice as a physician assistant is conclusive evidence of its occurrence.

**Sec. 56.** NRS 633.651 is hereby amended to read as follows:

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

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

(b) Administer to the person a public reprimand.

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

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

(e) Revoke the license of the person to practice osteopathic medicine , *to practice naprapathy* or to practice as a physician assistant.



- 1 (f) Impose a fine not to exceed \$5,000 for each violation.  
2 (g) Require supervision of the practice of the person.  
3 (h) Require the person to perform community service without  
4 compensation.  
5 (i) Require the person to complete any training or educational  
6 requirements specified by the Board.  
7 (j) Require the person to participate in a program for an alcohol  
8 or other substance use disorder or any other impairment.  
9 ➔ The order of the Board may contain any other terms, provisions  
10 or conditions as the Board deems proper and which are not  
11 inconsistent with law.  
12 2. The Board shall not administer a private reprimand.  
13 3. An order that imposes discipline and the findings of fact and  
14 conclusions of law supporting that order are public records.  
15 **Sec. 57.** NRS 633.671 is hereby amended to read as follows:  
16 633.671 1. Any person who has been placed on probation or  
17 whose license has been limited, suspended or revoked by the Board  
18 is entitled to judicial review of the Board's order as provided by  
19 law.  
20 2. Every order of the Board which limits the practice of  
21 osteopathic medicine, *the practice of naprapathy* or the practice of  
22 a physician assistant or suspends or revokes a license is effective  
23 from the date on which the order is issued by the Board until the  
24 date the order is modified or reversed by a final judgment of the  
25 court.  
26 3. The district court shall give a petition for judicial review of  
27 the Board's order priority over other civil matters which are not  
28 expressly given priority by law.  
29 **Sec. 58.** NRS 633.681 is hereby amended to read as follows:  
30 633.681 1. Any person:  
31 (a) Whose practice of osteopathic medicine, *practice of*  
32 *naprapathy* or practice as a physician assistant has been limited; or  
33 (b) Whose license to practice osteopathic medicine, *to practice*  
34 *naprapathy* or to practice as a physician assistant has been:  
35 (1) Suspended until further order; or  
36 (2) Revoked,  
37 ➔ may apply to the Board after a reasonable period for removal of  
38 the limitation or suspension or may apply to the Board pursuant to  
39 the provisions of chapter 622A of NRS for reinstatement of the  
40 revoked license.  
41 2. In hearing the application, the Board:  
42 (a) May require the person to submit to a mental or physical  
43 examination by physicians whom it designates and submit such  
44 other evidence of changed conditions and of fitness as it deems  
45 proper;





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

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

**Sec. 59.** NRS 633.691 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

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





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

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

**Sec. 60.** NRS 633.701 is hereby amended to read as follows:

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

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

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

**Sec. 61.** NRS 633.711 is hereby amended to read as follows:

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

(a) Practicing osteopathic medicine , *practicing naprapathy* or practicing as a physician assistant without a valid license to practice osteopathic medicine , *practice naprapathy* or to practice as a physician assistant; or

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

2. An injunction issued pursuant to subsection 1:

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

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

**Sec. 62.** NRS 633.721 is hereby amended to read as follows:

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

**Sec. 63.** NRS 633.741 is hereby amended to read as follows:

633.741 1. It is unlawful for any person to:



(a) Except as otherwise provided in NRS 629.091 ~~§~~ *or section 16 of this act*, practice:

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

(2) *Naprapathy without a valid license to practice naprapathy under this chapter;*

(3) As a physician assistant without a valid license under this chapter; or

~~§(3)~~ (4) Beyond the limitations ordered upon his or her practice by the Board or the court;

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

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

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

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

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

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

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

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

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

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

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

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

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of



1 this paragraph. Each activity in which the person is engaged  
2 constitutes a separate offense for which a separate citation may be  
3 issued. To appeal a citation, the person must submit a written  
4 request for a hearing to the Board not later than 30 days after the  
5 date of issuance of the citation.

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

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

10 **Sec. 64.** NRS 640.190 is hereby amended to read as follows:

11 640.190 This chapter does not authorize a physical therapist,  
12 whether licensed or not, to practice medicine, osteopathic medicine,  
13 *naprapathy*, homeopathic medicine, chiropractic or any other form  
14 or method of healing.

15 **Sec. 65.** NRS 640B.085 is hereby amended to read as follows:

16 640B.085 “Physician” means:

17 1. A physician licensed pursuant to chapter 630 of NRS;

18 2. An osteopathic physician licensed pursuant to chapter 633 of  
19 NRS;

20 3. A homeopathic physician licensed pursuant to chapter 630A  
21 of NRS;

22 4. A chiropractic physician licensed pursuant to chapter 634 of  
23 NRS; ~~or~~

24 5. *A **naprapath** licensed pursuant to chapter 633 of NRS; or*

25 6. A podiatric physician licensed pursuant to chapter 635 of  
26 NRS.

27 **Sec. 66.** NRS 640C.085 is hereby amended to read as follows:

28 640C.085 1. “Structural integration” means the application of  
29 a system of manual therapy, movement education and embodiment  
30 education that is intended to improve the functional relationship of  
31 the parts of the human body to each other within the influences of  
32 gravity.

33 2. The term does not include:

34 (a) The practice of physical therapy, as defined in NRS 640.024;  
35 ~~or~~

36 (b) The practice of chiropractic, as defined in NRS 634.013,  
37 including, without limitation, chiropractic adjustment or  
38 manipulation, as defined in NRS 634.014 and 634.0173,  
39 respectively ~~or~~ *or*

40 (c) *The practice of **naprapathy**, as defined in section 12 of this*  
41 *act.*

42 **Sec. 67.** NRS 640E.090 is hereby amended to read as follows:

43 640E.090 1. The provisions of this chapter do not apply to:

44 (a) Any person who is licensed or registered in this State as a  
45 physician pursuant to chapter 630, 630A or 633 of NRS, dentist,



nurse, dispensing optician, optometrist, occupational therapist, practitioner of respiratory care, physical therapist, podiatric physician, psychologist, marriage and family therapist, chiropractic physician, *naprapath*, athletic trainer, massage therapist, reflexologist, structural integration practitioner, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician or pharmacist who:

(1) Practices within the scope of that license or registration;  
(2) Does not represent that he or she is a licensed dietitian or registered dietitian; and

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

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

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

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

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

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

(a) Food preparation;  
(b) Food included in a normal daily diet;  
(c) Essential nutrients required by the human body and recommended amounts of essential nutrients, based on nationally established standards;



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

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

**Sec. 68.** NRS 644A.150 is hereby amended to read as follows:

644A.150 1. The following persons are exempt from the provisions of this chapter:

(a) Except for those provisions relating to advanced estheticians, all persons authorized by the laws of this State to practice medicine, dentistry, osteopathic medicine, chiropractic , *naprapathy* or podiatry.

(b) Commissioned medical officers of the United States Army, Navy, or Marine Hospital Service when engaged in the actual performance of their official duties, and attendants attached to those services.

(c) Barbers, insofar as their usual and ordinary vocation and profession is concerned, when engaged in any of the following practices:

(1) Cleansing or singeing the hair of any person.

(2) Massaging, cleansing, stimulating, exercising or similar work upon the scalp, face or neck of any person, with the hands or with mechanical or electrical apparatus or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams.

(d) Retailers, at a retail establishment, insofar as their usual and ordinary vocation and profession is concerned, when engaged in the demonstration of cosmetics if:

(1) The demonstration is without charge to the person to whom the demonstration is given; and

(2) The retailer does not advertise or provide a service relating to the practice of cosmetology except cosmetics and fragrances.

(e) Photographers or their employees, insofar as their usual and ordinary vocation and profession is concerned, if the photographer or his or her employee does not advertise cosmetological services or the practice of makeup artistry and provides cosmetics without charge to the customer.

2. Any school of cosmetology conducted as part of the vocational rehabilitation training program of the Department of Corrections or the Caliente Youth Center:

(a) Is exempt from the requirements of paragraph (c) of subsection 2 of NRS 644A.740.

(b) Notwithstanding the provisions of NRS 644A.735, shall maintain a staff of at least one licensed instructor.



3. Any health care professional, as defined in NRS 453C.030, is exempt from the provisions of this chapter relating to advanced estheticians.

**Sec. 69.** NRS 7.095 is hereby amended to read as follows:

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

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

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

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

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

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

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

4. As used in this section:

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

(b) “Provider of health care” means a physician licensed under chapter 630 or 633 of NRS, dentist, registered nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, *naprapath*, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

**Sec. 70.** NRS 41A.017 is hereby amended to read as follows:

41A.017 “Provider of health care” means a physician licensed pursuant to chapter 630 or 633 of NRS, physician assistant, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic



physician, *naprapath*, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital, clinic, surgery center, physicians' professional corporation or group practice that employs any such person and its employees.

**Sec. 71.** NRS 42.021 is hereby amended to read as follows:

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

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

(a) Recover any amount against the plaintiff; or

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

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

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





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

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

7. Following the occurrence or expiration of all obligations specified in the periodic payment judgment, any obligation of the judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

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

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

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

(d) "Provider of health care" means a physician licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, *naprapath*, licensed psychologist, chiropractic physician,





1 doctor of Oriental medicine, holder of a license or a limited license  
2 issued under the provisions of chapter 653 of NRS, medical  
3 laboratory director or technician, licensed dietitian or a licensed  
4 hospital and its employees.

5 **Sec. 72.** NRS 49.215 is hereby amended to read as follows:

6 49.215 As used in NRS 49.215 to 49.245, inclusive:

7 1. A communication is “confidential” if it is not intended to be  
8 disclosed to third persons other than:

9 (a) Those present to further the interest of the patient in the  
10 consultation, examination or interview;

11 (b) Persons reasonably necessary for the transmission of the  
12 communication; or

13 (c) Persons who are participating in the diagnosis and treatment  
14 under the direction of the doctor, including members of the patient’s  
15 family.

16 2. “Doctor” means a person licensed to practice medicine,  
17 dentistry or osteopathic medicine, ~~for~~ chiropractic *or naprapathy*  
18 in any state or nation, or a person who is reasonably believed by the  
19 patient to be so licensed, and in addition includes a person employed  
20 by a public or private agency as a psychiatric social worker, or  
21 someone under his or her guidance, direction or control, while  
22 engaged in the examination, diagnosis or treatment of a patient for a  
23 mental condition.

24 3. “Patient” means a person who consults or is examined or  
25 interviewed by a doctor for purposes of diagnosis or treatment.

26 **Sec. 73.** NRS 52.320 is hereby amended to read as follows:

27 52.320 As used in NRS 52.320 to 52.375, inclusive, unless the  
28 context otherwise requires:

29 1. “Custodian of medical records” means a chiropractic  
30 physician, *naprapath*, physician, registered physical therapist or  
31 licensed nurse who prepares and maintains medical records, or any  
32 employee or agent of such a person or a facility for convalescent  
33 care, medical laboratory or hospital who has care, custody and  
34 control of medical records for such a person or institution.

35 2. “Medical records” includes bills, ledgers, statements and  
36 other accounts which show the cost of medical services or care  
37 provided to a patient.

38 **Sec. 74.** NRS 89.050 is hereby amended to read as follows:

39 89.050 1. Except as otherwise provided in subsection 2, a  
40 professional entity may be organized only for the purpose of  
41 rendering one specific type of professional service and may not  
42 engage in any business other than rendering the professional service  
43 for which it was organized and services reasonably related thereto,  
44 except that a professional entity may own real and personal property



1 appropriate to its business and may invest its money in any form of  
2 real property, securities or any other type of investment.

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

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

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

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

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

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

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

18 (b) Medicine, homeopathy, osteopathy, *naprapathy*,  
19 chiropractic and psychology, or any combination thereof, and may  
20 be composed of persons engaged in the practice of:

21 (1) Medicine as provided in chapter 630 of NRS;

22 (2) Homeopathic medicine as provided in chapter 630A of  
23 NRS;

24 (3) Osteopathic medicine as provided in chapter 633 of NRS;

25 (4) *Naprapathy as provided in chapter 633 of NRS;*

26 (5) Chiropractic as provided in chapter 634 of NRS; and

27 ~~Psychology~~ (6) Psychology and licensed to provide services  
28 pursuant to chapter 641 of NRS.

29 ➔ Such a professional entity may market and manage additional  
30 professional entities which are organized to render a professional  
31 service relating to medicine, homeopathy, osteopathy, *naprapathy*,  
32 chiropractic and psychology.

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

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

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

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

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



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

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

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

**Sec. 75.** NRS 200.471 is hereby amended to read as follows:

200.471 1. As used in this section:

(a) "Assault" means:

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

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

(b) "Fire-fighting agency" has the meaning ascribed to it in NRS 239B.020.

(c) "Officer" means:

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

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

(3) A member of a volunteer fire department;

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

(5) A prosecuting attorney of an agency or political subdivision of the United States or of this State;

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

(7) An employee of this State or a political subdivision of this State whose official duties require the employee to make home visits;

(8) A civilian employee or a volunteer of a law enforcement agency whose official duties require the employee or volunteer to:

(I) Interact with the public;

(II) Perform tasks related to law enforcement; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the law enforcement agency;

(9) A civilian employee or a volunteer of a fire-fighting agency whose official duties require the employee or volunteer to:

(I) Interact with the public;



(II) Perform tasks related to fire fighting or fire prevention; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the fire-fighting agency; or

(10) A civilian employee or volunteer of this State or a political subdivision of this State whose official duties require the employee or volunteer to:

(I) Interact with the public;

(II) Perform tasks related to code enforcement; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for this State or a political subdivision of this State.

(d) “Provider of health care” means a physician, a medical student, a perfusionist or a physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, an advanced practitioner of homeopathy, a homeopathic assistant, an osteopathic physician, a physician assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractic physician, a chiropractic assistant, *a naprapath*, a doctor of Oriental medicine, a nurse, a student nurse, a certified nursing assistant, a nursing assistant trainee, a medication aide - certified, a dentist, a dental student, a dental hygienist, a dental hygienist student, a pharmacist, a pharmacy student, an intern pharmacist, an attendant on an ambulance or air ambulance, a psychologist, a social worker, a marriage and family therapist, a marriage and family therapist intern, a clinical professional counselor, a clinical professional counselor intern, a licensed dietitian, the holder of a license or a limited license issued under the provisions of chapter 653 of NRS, an emergency medical technician, an advanced emergency medical technician and a paramedic.

(e) “School employee” means a licensed or unlicensed person employed by a board of trustees of a school district pursuant to NRS 391.100 or 391.281.

(f) “Sporting event” has the meaning ascribed to it in NRS 41.630.

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

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

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

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

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



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

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

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

24 (d) If the assault is committed upon an officer, a provider of  
25 health care, a school employee, a taxicab driver or a transit operator  
26 who is performing his or her duty or upon a sports official based on  
27 the performance of his or her duties at a sporting event by a  
28 probationer, a prisoner who is in lawful custody or confinement or a  
29 parolee, and the probationer, prisoner or parolee charged knew or  
30 should have known that the victim was an officer, a provider of  
31 health care, a school employee, a taxicab driver, a transit operator or  
32 a sports official, for a category D felony as provided in NRS  
33 193.130, unless the assault is made with the use of a deadly weapon  
34 or the present ability to use a deadly weapon, then for a category B  
35 felony by imprisonment in the state prison for a minimum term of  
36 not less than 1 year and a maximum term of not more than 6 years,  
37 or by a fine of not more than \$5,000, or by both fine and  
38 imprisonment.

39 **Sec. 76.** NRS 200.5093 is hereby amended to read as follows:

40 200.5093 1. Any person who is described in subsection 4 and  
41 who, in a professional or occupational capacity, knows or has  
42 reasonable cause to believe that an older person or vulnerable  
43 person has been abused, neglected, exploited, isolated or abandoned  
44 shall:



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

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

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

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

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

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

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

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

(a) Every physician, dentist, dental hygienist, chiropractic physician, *naprapath*, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, behavior analyst, assistant behavior analyst, registered behavior technician, peer recovery support specialist, as defined in NRS 433.627, peer recovery support specialist supervisor, as defined in NRS 433.629, or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.



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

(c) A coroner.

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

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

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

(g) Any employee of the Department of Health and Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to 45 C.F.R. § 1321.11.

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

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

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

(k) Every social worker.

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

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

(n) Every person who is enrolled with the Division of Health Care Financing and Policy of the Department of Health and Human Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

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

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect,



1 isolation or abandonment, the person shall, as soon as reasonably  
2 practicable, report this belief to the appropriate medical examiner or  
3 coroner, who shall investigate the cause of death of the older person  
4 or vulnerable person and submit to the appropriate local law  
5 enforcement agencies, the appropriate prosecuting attorney, the  
6 Aging and Disability Services Division of the Department of Health  
7 and Human Services and the Unit for the Investigation and  
8 Prosecution of Crimes his or her written findings. The written  
9 findings must include the information required pursuant to the  
10 provisions of NRS 200.5094, when possible.

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

18 (a) Aging and Disability Services Division;

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

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

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

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

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

37 **Sec. 77.** NRS 202.2491 is hereby amended to read as follows:

38 202.2491 1. Except as otherwise provided in subsections 5  
39 and 6 and NRS 202.24915, the smoking of tobacco in any form is  
40 prohibited if done in any:

41 (a) Public elevator.

42 (b) Public building.

43 (c) Public waiting room, lobby or hallway of any:

44 (1) Medical facility or facility for the dependent as defined in  
45 chapter 449 of NRS; or





(2) Office of any chiropractic physician, *naprapath*, dentist, physical therapist, physician, podiatric physician, psychologist, optician, optometrist or doctor of Oriental medicine.

(d) Hotel or motel when so designated by the operator thereof.

(e) Public area of a store principally devoted to the sale of food for human consumption off the premises.

(f) Child care facility.

(g) Bus used by the general public, other than a chartered bus, or in any maintenance facility or office associated with a bus system operated by any regional transportation commission.

(h) School bus.

(i) Video arcade.

2. The person in control of an area listed in paragraph (c), (d), (e) or (g) of subsection 1:

(a) Shall post in the area signs prohibiting smoking in any place not designated for that purpose as provided in paragraph (b).

(b) May designate separate rooms or portions of the area which may be used for smoking, except for a room or portion of the area of a store described in paragraph (e) of subsection 1 if the room or portion of the area:

(1) Is leased to or operated by a person licensed pursuant to NRS 463.160; and

(2) Does not otherwise qualify for an exemption set forth in NRS 202.24915.

3. The person in control of a public building:

(a) Shall post in the area signs prohibiting smoking in any place not designated for that purpose as provided in paragraph (b).

(b) Shall, except as otherwise provided in this subsection, designate a separate area which may be used for smoking.

➡ A school district which prohibits the use of tobacco by pupils need not designate an area which may be used by the pupils to smoke.

4. The operator of a restaurant with a seating capacity of 50 or more shall maintain a flexible nonsmoking area within the restaurant and offer each patron the opportunity to be seated in a smoking or nonsmoking area.

5. A business which derives more than 50 percent of its gross receipts from the sale of alcoholic beverages or 50 percent of its gross receipts from gaming operations may be designated as a smoking area in its entirety by the operator of the business.

6. The smoking of tobacco is not prohibited in:

(a) Any room or area designated for smoking pursuant to paragraph (b) of subsection 2 or paragraph (b) of subsection 3.



(b) A licensed gaming establishment. A licensed gaming establishment may designate separate rooms or areas within the establishment which may or may not be used for smoking.

7. As used in this section:

(a) “Child care facility” means an establishment operated and maintained to furnish care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children. The term does not include the home of a natural person who provides child care.

(b) “Licensed gaming establishment” has the meaning ascribed to it in NRS 463.0169.

(c) “Public building” means any building or office space owned or occupied by:

(1) Any component of the Nevada System of Higher Education and used for any purpose related to the System.

(2) The State of Nevada and used for any public purpose, other than that used by the Department of Corrections to house or provide other services to offenders.

(3) Any county, city, school district or other political subdivision of the State and used for any public purpose.

➤ If only part of a building is owned or occupied by an entity described in this paragraph, the term means only that portion of the building which is so owned or occupied.

(d) “School bus” has the meaning ascribed to it in NRS 483.160.

(e) “Video arcade” means a facility legally accessible to persons under 18 years of age which is intended primarily for the use of pinball and video machines for amusement and which contains a minimum of 10 such machines.

**Sec. 78.** NRS 287.020 is hereby amended to read as follows:

287.020 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may adopt and carry into effect a system of medical or hospital service, or a combination thereof, through nonprofit membership corporations defraying the cost of medical service or hospital care, or both, open to participation by all licentiates of the particular class, whether doctors of medicine, doctors of osteopathy, *doctors of naprapathy* or doctors of chiropractic, offering services through such a nonprofit membership corporation, for the benefit of such of their officers and employees, and the dependents of such officers and employees, as may elect to accept membership in such nonprofit corporation and who have authorized the governing body to make deductions from their compensation for the payment of membership dues.



2. A part, not to exceed 50 percent, of the cost of such membership dues may be defrayed by such governing body by contribution. The money for such contributions must be budgeted for in accordance with the laws governing such county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

3. The power conferred in this section, with respect to the rendition of medical or hospital service, or a combination thereof, is coextensive with the power conferred in NRS 287.010 with respect to insurance companies.

4. If a school district offers coverage for medical service or hospital care, or both, to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the coverage. If the amount of the deductions from compensation required to pay for the coverage exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

**Sec. 79.** NRS 288.140 is hereby amended to read as follows:

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

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

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

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

(a) A supervisory employee described in paragraph (b) of subsection 1 of NRS 288.138, including but not limited to appointed officials and department heads who are primarily responsible for formulating and administering management, policy and programs.

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



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

5. As used in this section, “doctor or physician” means a doctor, physician, homeopathic physician, osteopathic physician, *naprapath*, chiropractic physician, practitioner of Oriental medicine, podiatric physician or practitioner of optometry, as those terms are defined or used, respectively, in NRS 630.014, 630A.050, 633.091, *section 11 of this act*, chapter 634 of NRS, chapter 634A of NRS, chapter 635 of NRS or chapter 636 of NRS.

**Sec. 80.** NRS 372.7285 is hereby amended to read as follows:

372.7285 1. In administering the provisions of NRS 372.325, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) “Medicaid” means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) “Medicare” means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) “Provider of health care” means a physician or physician assistant licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractic physician, *naprapath*, licensed dietitian or doctor of Oriental medicine in any form.



**Sec. 81.** NRS 374.731 is hereby amended to read as follows:

374.731 1. In administering the provisions of NRS 374.330, the Department shall apply the exemption to the sale of a medical device to a governmental entity that is exempt pursuant to that section without regard to whether the person using the medical device or the governmental entity that purchased the device is deemed to be the holder of title to the device if:

(a) The medical device was ordered or prescribed by a provider of health care, within his or her scope of practice, for use by the person to whom it is provided;

(b) The medical device is covered by Medicaid or Medicare; and

(c) The purchase of the medical device is made pursuant to a contract between the governmental entity that purchases the medical device and the person who sells the medical device to the governmental entity.

2. As used in this section:

(a) “Medicaid” means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(b) “Medicare” means the program of health insurance for aged persons and persons with disabilities established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(c) “Provider of health care” means a physician or physician assistant licensed pursuant to chapter 630, 630A or 633 of NRS, perfusionist, dentist, licensed nurse, dispensing optician, optometrist, practitioner of respiratory care, registered physical therapist, podiatric physician, licensed psychologist, licensed audiologist, licensed speech-language pathologist, licensed hearing aid specialist, licensed marriage and family therapist, licensed clinical professional counselor, chiropractic physician, *naprapath*, licensed dietitian or doctor of Oriental medicine in any form.

**Sec. 82.** NRS 417.124 is hereby amended to read as follows:

417.124 “Provider of health care” means a physician, physician assistant, advanced practice registered nurse, osteopathic physician, *naprapath*, chiropractic physician, psychologist, marriage and family therapist, clinical professional counselor, clinical social worker, alcohol and drug abuse counselor, clinical alcohol and drug abuse counselor or problem gambling counselor.

**Sec. 83.** NRS 439A.0195 is hereby amended to read as follows:

439A.0195 “Practitioner” means a physician licensed under chapter 630, 630A or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician,



**naprapath**, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or other person whose principal occupation is the provision of services for health.

**Sec. 84.** NRS 604C.300 is hereby amended to read as follows:

604C.300 1. A consumer litigation funding company shall not:

(a) Pay or offer to pay a commission, referral fee or other form of consideration to an attorney, law firm, medical provider, chiropractic physician , **naprapath** or physical therapist, or any employee of such a person, for referring a consumer to the company.

(b) Accept a commission, referral fee or other form of consideration from an attorney, law firm, medical provider, chiropractic physician , **naprapath** or physical therapist, or any employee of such a person.

(c) Intentionally advertise materially false or misleading information regarding the products or services of the consumer litigation funding company.

(d) Refer a consumer to engage a specific attorney, law firm, medical provider, chiropractic physician , **naprapath** or physical therapist, or any employee of such a person. A company may refer a consumer in search of legal representation to a lawyer referral service operated, sponsored or approved by the State Bar of Nevada or a local bar association.

(e) Except as otherwise provided in subsection 2, knowingly provide consumer litigation funding to a consumer who has previously assigned or sold a portion of the right of the consumer to proceeds from his or her legal claim to another company without first making payment to or purchasing the entire funded amount and charges of that company, unless a lesser amount is otherwise agreed to in writing by the consumer litigation funding companies.

(f) Receive any right to, or make, any decisions with respect to the conduct, settlement or resolution of the legal claim of a consumer.

(g) Knowingly pay or offer to pay for court costs, filing fees or attorney's fees during or after the resolution of the legal claim of a consumer using money from a consumer litigation funding transaction.

2. Two or more consumer litigation funding companies may agree to contemporaneously provide consumer litigation funding to a consumer if the consumer and the attorney of the consumer agree to the arrangement in writing.

3. An attorney or law firm retained by the consumer in connection with his or her legal claim shall not have a financial



1 interest in the consumer litigation funding company offering  
2 consumer litigation funding to that consumer.

3 4. An attorney who has referred the consumer to his or her  
4 retained attorney or law firm shall not have a financial interest in the  
5 consumer litigation funding company offering consumer litigation  
6 funding to that consumer.

7 5. A consumer litigation funding company shall not use any  
8 form of consumer litigation funding contract in this State unless the  
9 contract has been filed with the Commissioner in accordance with  
10 procedures for filing prescribed by the Commissioner.

11 **Sec. 85.** NRS 685B.120 is hereby amended to read as follows:

12 685B.120 1. Any person who provides coverage in this State  
13 for the cost of:

- 14 (a) Medical care;
- 15 (b) Surgery;
- 16 (c) Chiropractic;
- 17 (d) Physical therapy;
- 18 (e) Speech-language pathology;
- 19 (f) Audiology;
- 20 (g) Professional care of mental health;
- 21 (h) Dental care;
- 22 (i) Hospital care;
- 23 (j) Ophthalmic care; ~~for~~
- 24 (k) *Naprapathy; or*
- 25 (l) Ambulance services,

26 ➔ whether the coverage provides for direct payment, reimbursement  
27 or any other method of payment, is subject to regulation by the  
28 Division and to the provisions of this Code unless the person shows  
29 that while providing such coverage the person is subject to  
30 regulation by the Federal Government.

31 2. A nonprofit corporation that provides prepaid ambulance  
32 services is not subject to regulation by the Division or to the  
33 provisions of this Code if the corporation presents evidence  
34 satisfactory to the Commissioner that the corporation is subject to  
35 regulation by a political subdivision of this State pursuant to an  
36 exclusive franchise which limits the number of times any such  
37 prepaid services may be used to a defined number that are medically  
38 necessary.

39 **Sec. 86.** NRS 686A.2825 is hereby amended to read as  
40 follows:

41 686A.2825 “Practitioner” means:

42 1. A physician, dentist, nurse, dispensing optician, optometrist,  
43 physical therapist, podiatric physician, psychologist, chiropractic  
44 physician, *naprapath*, doctor of Oriental medicine in any form,  
45 director or technician of a medical laboratory, pharmacist, person



1 who holds a license to engage in radiation therapy and radiologic  
2 imaging or a limited license to engage in radiologic imaging  
3 pursuant to chapter 653 of NRS or other provider of health services  
4 who is authorized to engage in his or her occupation by the laws of  
5 this state or another state; and

6 2. An attorney admitted to practice law in this state or any  
7 other state.

8 **Sec. 87.** NRS 695F.040 is hereby amended to read as follows:

9 695F.040 “Limited health service” means:

10 1. Chiropractic, *naprapathic*, dental, hospital, medical,  
11 optometric, pharmaceutical, podiatric or surgical care;

12 2. Treatment relating to mental health or an alcohol or  
13 substance use disorder; or

14 3. Such other care or treatment as may be determined by the  
15 Commissioner to be a limited health service.

16 **Sec. 88.** As soon as practicable on or after July 1, 2023, the  
17 Governor shall appoint to the Naprapathic Practice Advisory Board  
18 created by section 13 of this act:

19 1. One member described in paragraph (a) of subsection 2 of  
20 section 13 of this act and one member described in paragraph (b) of  
21 that subsection to initial terms that expire on July 1, 2025; and

22 2. Two members described in paragraph (a) of subsection 2 of  
23 section 13 of this act and one member described in paragraph (b) of  
24 that subsection to initial terms that expire on July 1, 2027.

25 **Sec. 89.** 1. Notwithstanding the amendatory provisions of  
26 this act, any person who is engaged in the practice of naprapathy on  
27 or before January 1, 2024, may continue to engage in the practice of  
28 naprapathy without obtaining a license pursuant to section 17, 18 or  
29 19 of this act, as applicable, until July 1, 2024.

30 2. As used in this section, “naprapathy” has the meaning  
31 ascribed to it in section 12 of this act.

32 **Sec. 90.** The provisions of subsection 1 of NRS 218D.380 do  
33 not apply to any provision of this act which adds or revises a  
34 requirement to submit a report to the Legislature.

35 **Sec. 91.** 1. This section becomes effective upon passage and  
36 approval.

37 2. Sections 13, 14 and 88 of this act become effective on  
38 July 1, 2023.

39 3. Sections 1 to 12, inclusive, 15 to 87, inclusive, 89 and 90 of  
40 this act become effective:

41 (a) Upon passage and approval for the purpose of adopting any  
42 regulations and performing any other preparatory administrative  
43 tasks that are necessary to carry out the provisions of this act; and





1 (b) On January 1, 2024, for all other purposes.

③

