Amendment No. 444

Assembly Amendment to Assembly Bill No. 442	(BDR 54-1055)					
Proposed by: Assembly Committee on Commerce and Labor						
Amends: Summary: Yes Title: Yes Preamble: No Joint Sponsor	ship: No Digest: Yes					

ASSEMBLY	'AC'	TION	Initial and Date	SENATE ACTIO)N I	nitial and Date
Adopted		Lost	1	Adopted	Lost]
Concurred In		Not		Concurred In	Not]
Receded		Not	1	Receded	Not]

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

JFS/SJQ Date: 4/22/2023

A.B. No. 442—Requires the Board of Medical Examiners to take certain actions in response to certain complaints against a licensee.
(BDR 54-1055)

ASSEMBLY BILL NO. 442—COMMITTEE ON COMMERCE AND LABOR

March 27, 2023

Referred to Committee on Commerce and Labor

SUMMARY—[Requires the] Revises provisions relating to persons licensed by the Board of Medical Examiners. [to take certain actions in response to certain complaints against a licensee.]

(BDR 54-1055)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: Yes.

EXPLANATION - Matter in bolded italics is new; matter between brackets fomitted material; is material to be omitted.

AN ACT relating to medical professions; requiring the Board of Medical Examiners to [notify an appropriate law enforcement agency of] take certain actions in response to a complaint alleging that a physician, perfusionist, physician assistant or practitioner of respiratory care has committed any act constituting [a felony;] domestic violence or sexual assault; requiring a law enforcement agency to notify the Board of a report alleging that a physician, perfusionist, physician assistant or practitioner of respiratory care committed any act constituting domestic violence or sexual assault; requiring the Board to adopt regulations setting forth circumstances under which the Board is required to summarily suspend, pending a formal hearing, the license of a physician, perfusionist, physician assistant or practitioner of respiratory care [who is alleged to have committed any act constituting a felony which is the same as or substantially similar to an act alleged in an earlier] in response to a complaint [against the licensee;] or a series of complaints; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes any person to file with the Board of Medical Examiners a complaint against a physician, perfusionist, physician assistant or practitioner of respiratory care. (NRS 630.307) Section 2 of this bill requires the Board to [notify an appropriate law enforcement agency if the Board receives] ask a person who files a complaint alleging that a physician, perfusionist, physician assistant or practitioner of respiratory care committed any act which, if proven, would constitute [a felony.] domestic violence or sexual assault whether the person wishes to pursue a criminal investigation of the allegation. If so, section 2 requires the Board to take certain actions to notify and direct the person to an appropriate law enforcement agency. Section 2 also requires a law enforcement agency to notify the Board of any report received by the law enforcement agency alleging that a

physician, perfusionist, physician assistant or practitioner of respiratory care has committed an act which, if proven, would constitute domestic violence or sexual assault. Section 3.5 of this bill provides that such a law enforcement agency and any of its employees are immune from any civil action for providing such a notification to the Board. Section 1 of this bill makes a conforming change to refer to provisions that have been renumbered by this bill.

If an investigation by the Board regarding a licensed physician, perfusionist, physician assistant or practitioner of respiratory care reasonably determines that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm, existing law authorizes the Board to summarily suspend the license of the licensee pending the conclusion of a hearing to consider a formal complaint against the licensee. (NRS 630.326) Section 3 of this bill requires the Board to adopt regulations setting forth circumstances under which the Board, in response to a complaint or series of complaints, is required to summarily suspend the license of a licensee pending the conclusion of a hearing to consider a formal complaint against the licensee. I, if the Board receives a complaint that alleges the licensee committed any act which, if proven, would constitute a felony and which is the same as or substantially similar to an act that was the subject of a prior complaint against the same licensee.

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

Section 1. NRS 630.130 is hereby amended to read as follows:

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

(a) Enforce the provisions of this chapter;

(b) Establish by regulation standards for licensure under this chapter;

- (c) Conduct examinations for licensure and establish a system of scoring for those examinations;
- (d) Investigate the character of each applicant for a license and issue licenses to those applicants who meet the qualifications set by this chapter and the Board; and
- (e) Institute a proceeding in any court to enforce its orders or the provisions of this chapter.
- 2. 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 any licensee for malpractice or negligence;
- (b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and [6] 7 of NRS 630.307 and NRS 690B.250; and
- (c) Information reported to the Board during the previous biennium pursuant to NRS 630.30665, including, without limitation, the number and types of surgeries performed by each holder of a license to practice medicine and the occurrence of sentinel events arising from such surgeries, if any.
- → The report must include only aggregate information for statistical purposes and exclude any identifying information related to a particular person.
- 3. The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter.
 - **Sec. 2.** NRS 630.307 is hereby amended to read as follows:
- 630.307 1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against a physician, perfusionist, physician assistant

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or practitioner of respiratory care on a form provided by the Board. The form may be submitted in writing or electronically. If a complaint is submitted anonymously, the Board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

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

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

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

practice that is based on:

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

(b) Suspected or alleged substance abuse in any form by the physician,

perfusionist, physician assistant or practitioner of respiratory care.

- The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the Division of Public and Behavioral Health determines that any such facility or society failed to comply with the requirements of subsection 3 or 4, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.
- 6. [The] If the Board [shall notify an appropriate law enforcement agency of any] receives a complaint [received by the Board] that alleges that a physician, perfusionist, physician assistant or practitioner of respiratory care has committed any act which, if proven, would constitute fa felony. domestic violence pursuant to NRS 33.018 or sexual assault pursuant to NRS 200.366, the Board shall ask the person who filed the complaint, if the identity of the person is known, if he or she wishes to pursue a criminal investigation of the allegation in the complaint. If so, the Board shall:
- (a) Provide to an appropriate law enforcement agency the information contained in the complaint; and
- (b) Direct the person to and, to the best of the Board's ability, connect the person with, the law enforcement agency to which the Board provides the information in the complaint pursuant to paragraph (a).
- The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a physician, perfusionist, physician assistant or practitioner of respiratory care:

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- (a) Is mentally ill;
- (b) Is mentally incompetent;
- (c) Has been convicted of a felony or any law governing controlled substances or dangerous drugs;
- (d) Is guilty of abuse or fraud under any state or federal program providing medical assistance; or
 - (e) Is liable for damages for malpractice or negligence,
 - within 45 days after such a finding, judgment or determination is made.
- [7.] 8. A law enforcement agency shall notify the Board of any report received by the law enforcement agency that alleges that a physician, perfusionist, physician assistant or practitioner of respiratory care has committed an act which, if proven, would constitute domestic violence pursuant to NRS 33.018 or sexual assault pursuant to NRS 200.366.
- <u>9.</u> 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. 3.** NRS 630.326 is hereby amended to read as follows:
- 630.326 1. If an investigation by the Board regarding a physician, perfusionist, physician assistant or practitioner of respiratory care reasonably determines that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm, the Board may summarily suspend the license of the licensee pending the conclusion of a hearing to consider a formal complaint against the licensee. The order of summary suspension may be issued only by the Board or an investigative committee of the Board.
- 2. [If the] The Board [receives] shall adopt regulations setting forth circumstances under which the Board, in response to a complaint filed with the Board pursuant to NRS 630.307 [alleging that] is required to summarily suspend the license of a physician, perfusionist, physician assistant or practitioner of respiratory care [has committed any act which, if proven, would constitute a felony and which is the same as or substantially similar to an act that was the subject of a prior complaint against the same licensee, the Board shall summarily suspend the license of the licensee] pending the conclusion of a hearing to consider a formal complaint against the licensee. Such regulations may, without limitation, require the Board to summarily suspend the license of a licensee in response to:
- (a) A complaint alleging that a licensee committed certain acts specified by the Board;
- (b) A certain number of complaints filed against the licensee over a certain period of time specified by the Board; or
- (c) Any combination of the circumstances described in paragraphs (a) and (b).
- 3. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a physician, perfusionist, physician assistant or practitioner of respiratory care pursuant to subsection 1 1 or the regulations adopted pursuant to subsection 2, the Board shall hold a hearing not later than 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board shall reinstate the license of the licensee.
- [3.] 4. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a licensee pursuant to subsection 1 or the

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regulations adopted pursuant to subsection 2 and the Board requires the licensee to submit to a mental or physical examination or an examination testing his or her competence to practice, the examination must be conducted and the results obtained not later than 30 days after the order is issued.

Sec. 3.5. NRS 630.364 is hereby amended to read as follows:

- 630.364 1. Any person or organization who furnishes information concerning an applicant for a license or a licensee in good faith in accordance with the provisions of this chapter, including, without limitation, a law enforcement agency and any of its employees who notify the Board pursuant to subsection 8 of NRS 630.307, is immune from any civil action for furnishing that information.
- 2. The Board and any of its members and its staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and the employees or volunteers of a diversion program are immune from any civil liability
- (a) Any decision or action taken in good faith in response to information acquired by the Board.
- (b) Disseminating information concerning an applicant for a license or a licensee to other boards or agencies of the State, the Attorney General, any hospitals, medical societies, insurers, employers, patients and their families or any law enforcement agency.
- 3. Except as otherwise provided in subsection 4, the Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a physician for:
- (a) Disclosing to a governmental entity a violation of any law, rule or regulation by an applicant for a license to practice medicine or by a physician; 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.
- 4. A physician who discloses information to or cooperates with a governmental entity pursuant to subsection 3 with respect to the violation of any law, rule or regulation by the physician is subject to investigation and any other administrative or disciplinary action by the Board under the provisions of this chapter for such violation.
 - 5. As used in this section:
- (a) "Diversion program" means a program approved by the Board to correct a licensee's alcohol or other substance use disorder or any other impairment.
 - (b) "Governmental entity" includes, without limitation:
- (1) A federal, state or local officer, employee, agency, department, division, bureau, board, commission, council, authority or other subdivision or entity of a public employer;
- (2) A federal, state or local employee, committee, member or commission of the Legislative Branch of Government;
- (3) 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:
- (4) A federal, state or local law enforcement agency or prosecutorial office, or any member or employee thereof, or police or peace officer; and
- (5) A federal, state or local judiciary, or any member or employee thereof, or grand or petit jury.

 - Sec. 4. 1. This section becomes effective upon passage and approval.

 2. Sections 1 to 3.5, inclusive, of this act [becomes] become effective [on]:

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

(b) On July 1, 2023 [-], for all other purposes.