

REQUIRES TWO-THIRDS MAJORITY VOTE

(§§ 5, 13, 30, 34.5 & NRS 453.221, 453.226 and 639.170)

EXEMPT

(Reprinted with amendments adopted on April 24, 2023)

FIRST REPRINT

S.B. 204

SENATE BILL No. 204—SENATORS DONATE; NEAL AND STONE

MARCH 2, 2023

JOINT SPONSORS: ASSEMBLYMEN DURAN,
TORRES; GONZÁLEZ AND ORENTLICHER

Referred to Committee on Health and Human Services

SUMMARY—Provides for the limited practice of medicine by certain medical school graduates. (BDR 54-49)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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

AN ACT relating to health care; providing for the limited licensure of certain graduates of a foreign medical school; providing for the licensure of associate physicians and associate osteopathic physicians; prescribing the conditions under which a limited licensee, associate physician or associate osteopathic physician is authorized to practice medicine; updating certain references; authorizing an associate physician or associate osteopathic physician to register to possess, administer, prescribe or dispense controlled substances; requiring certain insurers to cover medical services provided by an associate physician or associate osteopathic physician; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensing of physicians and physician assistants by the Board of Medical Examiners and for the licensing of osteopathic physicians by the State Board of Osteopathic Medicine. (NRS 630.160-630.1607, 630.258-630.2665, 630.271-630.2755, 633.305-633.469) Existing law also authorizes a graduate of a foreign medical school to obtain a restricted license to teach, research or practice medicine at a medical facility, medical research facility or medical school by completing certain requirements that are less stringent than the requirements to obtain an unrestricted license. (NRS 630.2645) If the holder of



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9 such a restricted license wishes to obtain an unrestricted license, existing law
10 requires the holder to meet all of the qualifications ordinarily required to obtain an
11 unrestricted license. (NRS 630.160, 630.2645)

12 **Sections 3-13 and 23-30** of this bill create special license types that authorize
13 certain medical school graduates to engage in the supervised practice of medicine
14 in a medically underserved area of this State. **Sections 2 and 22** of this bill define
15 the term "medically underserved area" for those purposes. **Sections 14 and 31** of
16 this bill make conforming changes to indicate the appropriate placement of **sections**
17 **2 and 22**, respectively, in the Nevada Revised Statutes.

18 **Section 3** authorizes the Board of Medical Examiners to issue a limited license
19 to practice medicine to a graduate of a foreign medical school who agrees to
20 practice in a medically underserved area and possesses certain other qualifications
21 related to the practice of medicine. **Section 4** of this bill requires the holder of a
22 limited license to practice medicine only under the supervision of a physician who
23 holds an unrestricted license and with whom the holder of the limited license has
24 entered into a practice agreement. **Section 5** of this bill: (1) provides for the
25 expiration and renewal of a limited license; and (2) requires the Board of Medical
26 Examiners to adopt regulations governing the limited license. **Sections 16, 17, 19**
27 **and 20** of this bill update references to certification by the Educational
28 Commission for Foreign Medical Graduates in existing law to reflect the current
29 practices of the Commission. **Sections 32 and 33** of this bill make revisions to
30 reflect that internships for osteopathic physicians are currently approved by the
31 Accreditation Council for Graduate Medical Education.

32 **Sections 6 and 23** of this bill authorize the Board of Medical Examiners and
33 State Board of Osteopathic Medicine, respectively, to issue a limited license as an
34 associate physician or associate osteopathic physician to an applicant who: (1) has
35 graduated from certain medical schools in the United States or Canada; (2) agrees
36 to perform medical services in a medically underserved area in this State; and (3)
37 possesses certain other qualifications. **Sections 7 and 24** of this bill limit the
38 practice of an associate physician or associate osteopathic physician to: (1) certain
39 primary care services that are within the skill, training and competence of the
40 associate physician or associate osteopathic physician; and (2) practicing under the
41 supervision and control of a supervising physician or supervising osteopathic
42 physician and in a medically underserved area. **Sections 7 and 24**: (1) deem an
43 associate physician or associate osteopathic physician working in a rural health
44 clinic to be a physician assistant for certain purposes under federal law; and (2)
45 exempt such an associate physician or associate osteopathic physician and his or
46 her supervising physician or supervising osteopathic physician from state
47 requirements governing supervision that are more stringent than federal law and
48 regulations.

49 **Sections 7 and 24** require an associate physician or associate osteopathic
50 physician to enter into a collaborative practice agreement with his or her
51 supervising physician or supervising osteopathic physician. **Sections 7 and 24**
52 require a supervising physician or supervising osteopathic physician to be on the
53 same premises and available to assist an associate physician or associate
54 osteopathic physician who is practicing in a medically underserved urban area for
55 the first 30 days of supervision. **Sections 7 and 24** require a supervising physician
56 or supervising osteopathic physician, or a designee thereof, to be on the same
57 premises and available to assist an associate physician or associate osteopathic
58 physician, as applicable, who is practicing in a medically underserved rural area at
59 all times. **Sections 7 and 24** also require the employer of an associate physician or
60 associate osteopathic physician to credential and bill for services rendered by an
61 associate physician or associate osteopathic physician in the same manner as a
62 physician assistant. **Sections 8 and 25** of this bill require a supervising physician
63 and associate physician or supervising osteopathic physician and associate



osteopathic physician to take certain measures to notify the public of their respective statuses and their relationship. **Sections 9 and 26** of this bill prescribe the required qualifications of a supervising physician or supervising osteopathic physician. **Sections 9 and 26** also: (1) provide that a supervising physician or supervising osteopathic physician is responsible for the practice of medicine or osteopathic medicine by the associate physician or associate osteopathic physician that he or she is supervising; and (2) require a supervising physician or supervising osteopathic physician to maintain liability insurance that covers malpractice by an associate physician or associate osteopathic physician. **Sections 9 and 26** prohibit a supervising physician or supervising osteopathic physician from entering into a collaborative practice agreement with more than three associate physicians or associate osteopathic physicians. **Sections 9 and 26** additionally prohibit the Board of Medical Examiners and the State Board of Osteopathic Medicine from disciplining a supervising physician or supervising osteopathic physician for legal activity of an associate physician or associate osteopathic physician that is within the scope of the relevant collaborative practice agreement. **Sections 10 and 27** of this bill prescribe the required provisions of a collaborative practice agreement. **Sections 18 and 34** of this bill require a physician or osteopathic physician to biennially submit to the Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, a list of the names of each associate physician or associate osteopathic physician supervised by the physician or osteopathic physician.

Sections 11 and 28 of this bill authorize an associate physician or associate osteopathic physician to prescribe or dispense certain controlled substances and establish the conditions under which an associate physician or associate osteopathic physician may prescribe or dispense such controlled substances. Existing law: (1) authorizes the State Board of Pharmacy to issue a registration certificate to authorize a physician assistant to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices in or out of the presence of his or her supervising physician; and (2) requires the Board to adopt regulations governing the storage, security, recordkeeping and transportation of controlled substances, poisons, dangerous drugs or devices by a physician assistant. (NRS 639.1373) **Section 34.5** of this bill authorizes the State Board of Pharmacy to additionally issue such a registration certificate to associate physicians and associate osteopathic physicians and to regulate associate physicians and associate osteopathic physicians with such a certificate in the same manner as physician assistants. **Sections 12 and 29** of this bill provide for the expiration and renewal of the licenses. **Sections 13 and 30** of this bill require the Board of Medical Examiners and the State Board of Osteopathic Medicine to: (1) adopt regulations to carry out the provisions of law governing associate physicians and associate osteopathic physicians; and (2) work with medical schools in this State to develop and implement a program for associate physicians and associate osteopathic physicians to gain knowledge and experience that may count as credit towards a residency program in this State.

Sections 15 and 33 of this bill make conforming changes to ensure that the limited licenses created by this bill are treated the same as other special licenses for physicians or osteopathic physicians, as applicable. **Section 35** of this bill makes a conforming change to clarify the meaning of the terms "associate physician" and "associate osteopathic physician."

Existing law requires public and private policies of insurance regulated under Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169, 689C.194-689C.195, 695A.184-689A.1875, 695B.1901-695B.1949, 695C.1691-695C.176, 695G.162-695G.177) Existing law also requires employers to provide certain benefits to employees, including the coverage required of health insurers, if



the employer provides health benefits for its employees. (NRS 608.1555) **Sections 37-40, 42, 43, 45-48 and 50** of this bill require public and private health plans, including Medicaid, to provide coverage for medical services provided by an associate physician or associate osteopathic physician, if the health plan covers the same medical services when performed by a different provider of health care. **Sections 36, 41 and 44** of this bill make conforming changes to indicate the proper placement of **sections 39, 40 and 43** in the Nevada Revised Statutes. **Section 49** of this bill authorizes the Commissioner of Insurance to suspend or revoke the certificate of a health maintenance organization that fails to comply with the requirement of **section 47** of this bill to cover medical services provided by an associate physician or associate osteopathic physician. The Commissioner would also be authorized to take such actions against other health insurers who fail to comply with the requirements of **sections 40, 42, 43, 45, 46 and 50**.

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

Section 1. Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth in sections 2 to 13, inclusive, of this act.

Sec. 2. “Medically underserved area” means an area designated as:

1. A health professional shortage area for primary care by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 254e; or

2. An area with a medically underserved population by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 254b.

Sec. 3. Except as otherwise provided in NRS 630.161, the Board may issue a limited license to practice medicine to an applicant who:

1. Is a graduate of a foreign medical school and is certified by the Educational Commission for Foreign Medical Graduates;

2. Has passed the Step 1 Exam and Step 2 CK Exam of the United States Medical Licensing Examination; and

3. Commits to serving at least 2 years in a medically underserved area of this State.

Sec. 4. 1. The holder of a limited license issued pursuant to section 3 of this act shall not practice medicine except:

(a) Under the supervision and control of a physician who holds an active unrestricted license to practice medicine in this State and practices in the same or a substantially similar medical specialty; and

(b) In a facility or office or for an organization that has authorized the licensee to practice medicine in the facility or office or for the organization, as applicable.



2. The holder of a limited license issued pursuant to section 3 of this act shall file with the Board a written practice agreement between the limited licensee and the physician supervising him or her pursuant to paragraph (a) of subsection 1.

3. A physician supervising a limited licensee pursuant to paragraph (a) of subsection 1:

(a) Is responsible for any act that constitutes the practice of medicine by the limited licensee; and

(b) Must have insurance that includes coverage for any claim of malpractice against the limited licensee.

Sec. 5. 1. A limited license issued pursuant to section 3 of this act expires 2 years after it is issued. The Board may renew the license upon application by the limited licensee.

2. The Board shall adopt regulations necessary to carry out the provisions of this section and sections 3 and 4 of this act, including, without limitation:

(a) Any additional requirements for the issuance or renewal of a limited license to which this section and sections 3 and 4 of this act apply;

(b) The required fees for the issuance and renewal of such a limited license; and

(c) The required provisions of a practice agreement between a limited licensee and his or her supervising physician pursuant to subsection 2 of section 4 of this act.

Sec. 6. 1. Except as otherwise provided in NRS 630.161, the Board may issue a limited license for a person to practice medicine as an associate physician if the applicant:

(a) Has received the degree of doctor of medicine from a medical school in the United States or Canada:

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

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

(b) Except as otherwise provided in subsection 2, has passed the Step 1 Exam and Step 2 CK Exam of the United States Medical Licensing Examination or an examination deemed equivalent by the Board, not earlier than:

(1) Three years before receiving the degree of doctor of medicine, if the applicant received the degree of doctor of medicine within 3 years before applying for licensure; or

(2) Three years before applying for licensure, in all other cases;



(c) Commits to practicing in a medically underserved area of this State; and

(d) Is proficient in the English language.

2. An applicant who has passed the examinations required by paragraph (b) of subsection 1 at any time is otherwise exempt from the requirements of that paragraph if the applicant:

(a) Served as a resident in a program described in subparagraph (I) of subparagraph (I) of paragraph (c) of subsection 2 of NRS 630.160 within 30 days before applying for licensure under this section; and

(b) Served continuously as such a resident beginning on or before the most recent date on which the applicant met the requirements of paragraph (b) of subsection 1.

Sec. 7. 1. An associate physician shall only practice medicine:

(a) In the areas of family medicine, pediatrics, internal medicine, psychiatry and obstetrics and gynecology;

(b) Under the supervision and control of a physician:

(1) Who meets the requirements of section 9 of this act; and

(2) With whom the associate physician has entered into a collaborative practice agreement that meets the requirements of section 10 of this act; and

(c) In a medically underserved area of this State.

2. An associate physician shall not practice medicine in a manner that exceeds the skill, training and competence of the associate physician or his or her supervising physician.

3. For the first 30 days during which an associate physician practices medicine in a medically underserved urban area under the supervision of a new supervising physician, the supervising physician must be physically present on the same premises and available to assist the associate physician.

4. An associate physician shall not practice medicine in a medically underserved rural area unless the supervising physician or another physician designated by the supervising physician is physically present on the same premises and available to assist the associate physician.

5. An associate physician working in a rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2), shall be considered to be a physician assistant for the purposes of the regulations of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. Such an associate physician and his or her supervising physician are not required to comply with the requirements of any regulations adopted pursuant to section 13 of this act governing the supervision of an associate



1 *physician that are more stringent than the requirements of federal*
2 *law and regulations.*

3 6. *A person or entity that employs an associate physician*
4 *shall credential the associate physician and bill for services*
5 *rendered by the associate physician in the same manner as the*
6 *person or entity credentials and bills for the services of a physician*
7 *assistant.*

8 7. *As used in this section:*

9 (a) *“Medically underserved rural area” means a medically*
10 *underserved area in a county whose population is less than*
11 *100,000.*

12 (b) *“Medically underserved urban area” means a medically*
13 *underserved area that is located in a county whose population is*
14 *100,000 or more.*

15 **Sec. 8. 1.** *The supervising physician of an associate*
16 *physician shall prominently display a disclosure at every office*
17 *where the associate physician practices medicine explaining to*
18 *patients that the patient may be seen by an associate physician and*
19 *the patient may instead request to be seen by the supervising*
20 *physician.*

21 2. *An associate physician shall clearly identify himself or*
22 *herself as an associate physician, including, without limitation, by*
23 *wearing an identification badge that clearly identifies the person*
24 *as an associate physician. An associate physician may identify*
25 *himself or herself as a doctor.*

26 3. *While acting as the supervising physician of an associate*
27 *physician, a physician shall wear an identification badge that*
28 *clearly identifies the person as a supervising physician of an*
29 *associate physician.*

30 **Sec. 9. 1.** *A physician shall not serve as the supervising*
31 *physician of an associate physician pursuant to paragraph (b) of*
32 *subsection 1 of section 7 of this act or the designee of a*
33 *supervising physician pursuant to subsection 4 of section 7 of this*
34 *act unless the physician:*

35 (a) *Holds an active unrestricted license to practice medicine in*
36 *this State; and*

37 (b) *Practices in the same specialty area as the associate*
38 *physician or a substantially similar specialty area as the associate*
39 *physician.*

40 2. *The supervising physician of an associate physician:*

41 (a) *Is responsible for any act that constitutes the practice of*
42 *medicine by the associate physician;*

43 (b) *Must have insurance that includes coverage for any claim*
44 *of malpractice against the associate physician; and*



(c) May not enter into a collaborative practice agreement with more than three associate physicians.

3. The Board may not deny, revoke, suspend or take any other disciplinary action against the supervising physician of an associate physician for any act performed by the associate physician that:

(a) Is performed in accordance with the collaborative practice agreement entered into pursuant to section 7 of this act; and

(b) Does not violate applicable federal, state or local laws or the regulations of the Board.

Sec. 10. 1. A collaborative practice agreement entered into pursuant to section 7 of this act must be in writing and must include, without limitation:

(a) The names, home and business addresses and telephone numbers of the supervising physician and associate physician;

(b) A list of each location where the associate physician may practice medicine, including, without limitation, the prescribing and dispensing of controlled substances;

(c) Any specialty or board certification held by the supervising physician;

(d) Any certification held by the associate physician;

(e) Requirements governing collaboration between the supervising physician and the associate physician, including, without limitation;

(1) The geographic proximity which must exist between the supervising physician and the associate physician while the associate physician is practicing medicine; and

(2) A plan for alternative supervision if the supervising physician is absent, incapacitated or otherwise unavailable;

(f) Any controlled substance the supervising physician authorizes the associate physician to prescribe or dispense in accordance with section 11 of this act;

(g) The procedure by which the supervising physician will review the standard of care the associate physician is providing to patients, which must comply with the regulations adopted pursuant to section 13 of this act;

(h) The duration of the collaborative practice agreement; and

(i) A statement of any other collaborative practice agreements into which:

(1) The supervising physician has entered into with another associate physician; and

(2) The associate physician has entered into with another supervising physician.



2. Upon entering into a new collaborative practice agreement with an associate physician, a supervising physician shall file with the Board:

(a) A copy of the agreement; and

(b) Proof that any controlled substance listed pursuant to paragraph (f) of subsection 1 is within the skill, training and competence of the associate physician and his or her supervising physician to prescribe and dispense.

3. A supervising physician or associate physician may terminate a collaborative practice agreement or a relationship with a supervising physician or an associate physician, as applicable, at any time. Any provision of a collaborative practice agreement or any other agreement that limits the authority of a supervising physician or an associate physician to terminate a collaborative practice agreement or such a relationship is void.

Sec. 11. 1. An associate physician may prescribe or dispense the controlled substances listed in subsection 2 under the conditions prescribed by this section if the associate physician:

(a) Is registered with the State Board of Pharmacy pursuant to NRS 639.1373;

(b) Has entered into a collaborative practice agreement pursuant to section 7 of this act authorizing the associate physician to prescribe controlled substances; and

(c) Meets all other requirements prescribed by federal and state law to prescribe controlled substances.

2. Subject to the limitations prescribed in NRS 639.1373, an associate physician who meets the requirements of subsection 1 may prescribe or dispense:

(a) Any controlled substance listed in schedule III, IV or V; and

(b) Any controlled substance listed in schedule II that contains hydrocodone.

3. Except as otherwise provided in this subsection, an associate physician shall not prescribe or dispense more than a 5-day supply of a controlled substance listed in schedule II or III. An associate physician may prescribe or dispense a 30-day supply of buprenorphine for the treatment of a substance use disorder under the direction of his or her supervising physician.

4. An associate physician shall not prescribe or dispense controlled substances unless:

(a) The supervising physician of the associate physician is physically present on the same premises; or

(b) The associate physician has, at any time, completed 120 hours practicing medicine over a period of not more than 4



1 *months with his or her supervising physician physically present on*
2 *the same premises.*

3 **Sec. 12.** 1. *A limited license to practice medicine as an*
4 *associate physician issued pursuant to section 6 of this act expires*
5 *2 years after it is issued.*

6 2. *The Board may renew a limited license to practice*
7 *medicine as an associate physician upon application by the*
8 *associate physician. An application for renewal must include,*
9 *without limitation, proof that the associate physician has actually*
10 *engaged in the practice of medicine under a collaborative practice*
11 *agreement entered into pursuant to section 7 of this act during the*
12 *immediately preceding 2 years.*

13 **Sec. 13.** 1. *The Board shall adopt regulations necessary:*

14 (a) *To carry out the provisions of sections 6 to 13, inclusive, of*
15 *this act, including, without limitation:*

16 (1) *Any additional requirements for the issuance or*
17 *renewal of a limited license to practice medicine as an associate*
18 *physician.*

19 (2) *The required fees for the issuance and renewal of such*
20 *a license.*

21 (3) *Standards of practice for associate physicians,*
22 *including, without limitation, limitations on the practice of*
23 *medicine by an associate physician in addition to those prescribed*
24 *by sections 6 to 13, inclusive, of this act.*

25 (4) *Requirements governing collaborative practice*
26 *agreements entered into pursuant to section 7 of this act,*
27 *including, without limitation, requirements governing the review*
28 *by the supervising physician of the standard of care the associate*
29 *physician is providing to patients. Such regulations must not be*
30 *more stringent than any similar requirements that apply to*
31 *physician assistants.*

32 (5) *Any additional requirements concerning the supervision*
33 *of an associate physician by a supervising physician.*

34 (b) *For an associate physician to be eligible to work in a clinic*
35 *that receives federal funding.*

36 2. *The regulations adopted pursuant to this section and NRS*
37 *630.253 must not require an associate physician to complete a*
38 *greater amount of continuing education than a physician licensed*
39 *pursuant to NRS 630.160.*

40 3. *The Board shall coordinate with the State Board of*
41 *Osteopathic Medicine and schools of medicine and osteopathic*
42 *medicine in this State to develop and implement a program*
43 *enabling associate physicians to gain knowledge and experience*
44 *as an associate physician that may count as credit towards a*
45 *residency program in this State.*



1 **4. The Board shall publish on the Internet website**
2 ***maintained pursuant to NRS 630.144 the name of each associate***
3 ***physician and the physician or physicians supervising the***
4 ***associate physician.***

5 **Sec. 14.** NRS 630.005 is hereby amended to read as follows:
6 630.005 As used in this chapter, unless the context otherwise
7 requires, the words and terms defined in NRS 630.007 to 630.026,
8 inclusive, ***and section 2 of this act*** have the meanings ascribed to
9 them in those sections.

10 **Sec. 15.** NRS 630.160 is hereby amended to read as follows:
11 630.160 1. Every person desiring to practice medicine must,
12 before beginning to practice, procure from the Board a license
13 authorizing the person to practice.

14 2. Except as otherwise provided in NRS 630.1605 to 630.161,
15 inclusive, and 630.258 to 630.2665, inclusive, ***and sections 3 to 13,***
16 ***inclusive, of this act,*** a license may be issued to any person who:

17 (a) Has received the degree of doctor of medicine from a
18 medical school:

19 (1) Approved by the Liaison Committee on Medical
20 Education of the American Medical Association and Association of
21 American Medical Colleges; or

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

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

28 (1) All parts of the examination given by the National Board
29 of Medical Examiners;

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

31 (3) All parts of the United States Medical Licensing
32 Examination;

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

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

38 (6) Any combination of the examinations specified in
39 subparagraphs (1), (2) and (3) that the Board determines to be
40 sufficient;

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



(1) Has completed 36 months of progressive postgraduate:

(I) Education as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or, as applicable, their successor organizations; or

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

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

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

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

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

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

(a) Temporarily suspend the license;

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



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

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

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

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

(2) Administering a public reprimand;

(3) Limiting the practice of the licensee;

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

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

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

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

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

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

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

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

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

Sec. 16. NRS 630.195 is hereby amended to read as follows:

630.195 1. Except as otherwise provided in NRS 630.1606 and 630.1607, in addition to the other requirements for licensure, an applicant for a license to practice medicine who is a graduate of a foreign medical school shall submit to the Board proof that the applicant has received:

(a) The degree of doctor of medicine or its equivalent, as determined by the Board; and



(b) The ~~[standard]~~ certificate of the Educational Commission for Foreign Medical Graduates . ~~[for a written statement from that Commission that the applicant passed the examination given by the Commission.]~~

2. The proof of the degree of doctor of medicine or its equivalent must be submitted directly to the Board by the medical school that granted the degree. If proof of the degree is unavailable from the medical school that granted the degree, the Board may accept proof from any other source specified by the Board.

Sec. 17. NRS 630.265 is hereby amended to read as follows:

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

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

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

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

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

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

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

Sec. 18. NRS 630.267 is hereby amended to read as follows:

630.267 1. Each holder of a license to practice medicine *for which the procedure for renewal is not otherwise prescribed by specific statute* must, on or before June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next business day after June 30, of each odd-numbered year:



(a) Submit a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against him or her during the previous 2 years.

(b) Pay to the Secretary-Treasurer of the Board the applicable fee for biennial registration. This fee must be collected for the period for which a physician is licensed.

(c) *Submit a list of the names of each associate physician supervised by the holder of the license.*

(d) Submit all information required to complete the biennial registration.

2. When a holder of a license fails to pay the fee for biennial registration and submit all information required to complete the biennial registration after they become due, his or her license to practice medicine in this State expires. The holder may, within 2 years after the date the license expires, upon payment of twice the amount of the current fee for biennial registration to the Secretary-Treasurer and submission of all information required to complete the biennial registration and after he or she is found to be in good standing and qualified under the provisions of this chapter, be reinstated to practice.

3. The Board shall make such reasonable attempts as are practicable to notify a licensee:

(a) At least once that the fee for biennial registration and all information required to complete the biennial registration are due; and

(b) That his or her license has expired.

➡ A copy of this notice must be sent to the Drug Enforcement Administration of the United States Department of Justice or its successor agency.

Sec. 19. NRS 630A.270 is hereby amended to read as follows:

630A.270 1. An applicant for a license to practice homeopathic medicine who is a graduate of a foreign medical school shall submit to the Board through its Secretary-Treasurer proof that the applicant:

(a) Has received the degree of doctor of medicine or its equivalent, as determined by the Board, from a foreign medical school recognized by the Educational Commission for Foreign Medical Graduates;

(b) Has completed 3 years of postgraduate training satisfactory to the Board;

(c) Has completed an additional 6 months of postgraduate training in homeopathic medicine;

(d) ~~Has received the standard certificate of~~ *Is certified by* the Educational Commission for Foreign Medical Graduates; and



(e) Has passed all parts of the Federation Licensing Examination
~~. [or has received a written statement from the Educational Commission for Foreign Medical Graduates that the applicant has passed the examination given by the Commission.]~~

2. In addition to the proofs required by subsection 1, the Board may take such further evidence and require such further proof of the professional and moral qualifications of the applicant as in its discretion may be deemed proper.

3. If the applicant is a diplomate of an approved specialty board recognized by this Board, the requirements of paragraphs (b) and (c) of subsection 1 may be waived by the Board.

4. Before issuance of a license to practice homeopathic medicine, the applicant who presents the proof required by subsection 1 shall appear personally before the Board and satisfactorily pass a written or oral examination, or both, as to his or her qualifications to practice homeopathic medicine.

Sec. 20. NRS 630A.320 is hereby amended to read as follows:

630A.320 1. Except as otherwise provided in NRS 630A.225, the Board may issue to a qualified applicant a limited license to practice homeopathic medicine as a resident homeopathic physician in a postgraduate program of clinical training if:

(a) The applicant is a graduate of an accredited medical school in the United States or Canada or is a graduate of a foreign medical school recognized by the Educational Commission for Foreign Medical Graduates and has completed 1 year of supervised clinical training approved by the Board.

(b) The Board approves the program of clinical training, and the medical school or other institution sponsoring the program provides the Board with written confirmation that the applicant has been appointed to a position in the program.

2. In addition to the requirements of subsection 1, an applicant who is a graduate of a foreign medical school must ~~have received the standard certificate of~~ *be certified by* the Educational Commission for Foreign Medical Graduates.

3. The Board may issue this limited license for not more than 1 year, but may renew the license.

4. The holder of this limited license may practice homeopathic medicine only in connection with his or her duties as a resident physician and shall not engage in the private practice of homeopathic medicine.

5. A limited license granted under this section may be revoked by the Board at any time for any of the grounds set forth in NRS 630A.225 or 630A.340 to 630A.380, inclusive.



Sec. 21. Chapter 633 of NRS is hereby amended by adding thereto the provisions set forth as sections 22 to 30, inclusive, of this act.

Sec. 22. *“Medically underserved area” means an area designated as:*

1. A health professional shortage area for primary care by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 254e; or

2. An area with a medically underserved population by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 254b.

Sec. 23. *1. Except as otherwise provided in NRS 633.315, the Board may issue a limited license for a person to practice osteopathic medicine as an associate osteopathic physician if the applicant:*

(a) Has received the degree of doctor of osteopathic medicine from a school of osteopathic medicine in the United States approved by the Commission on Osteopathic College Accreditation of the American Osteopathic Association;

(b) Except as otherwise provided in subsection 2, has passed the Level 1 Exam and Level 2 CE Exam of the Comprehensive Osteopathic Medical Licensing Examination of the United States of the National Board of Osteopathic Medical Examiners, the Step 1 Exam and Step 2 CK Exam of the United States Medical Licensing Examination or an examination deemed equivalent by the Board not later than:

(1) Three years before receiving the degree of doctor of osteopathic medicine, if the applicant received the degree of doctor of osteopathic medicine within 3 years before applying for licensure; or

(2) Three years before applying for licensure, in all other cases;

(c) Commits to practicing in a medically underserved area of this State; and

(d) Is proficient in the English language.

2. An applicant who has passed the examinations required by paragraph (b) of subsection 1 at any time is otherwise exempt from the requirements of that paragraph if the applicant:

(a) Served as a resident in a program described in subparagraph (2) of paragraph (c) of subsection 1 of NRS 633.311 within 30 days before applying for licensure under this section; and

(b) Served continuously as such a resident beginning on or before the most recent date on which the applicant met the requirements of paragraph (b) of subsection 1.



Sec. 24. 1. An associate osteopathic physician shall only practice osteopathic medicine:

(a) In the areas of family medicine, pediatrics, internal medicine, psychiatry and obstetrics and gynecology;

(b) Under the supervision and control of an osteopathic physician:

(1) Who meets the requirements of section 26 of this act; and

(2) With whom the associate osteopathic physician has entered into a collaborative practice agreement that meets the requirements of section 27 of this act; and

(c) In a medically underserved area of this State.

2. An associate osteopathic physician shall not practice osteopathic medicine in a manner that exceeds the skill, training and competence of the associate osteopathic physician or his or her supervising osteopathic physician.

3. For the first 30 days during which an associate osteopathic physician practices medicine under the supervision of a new supervising osteopathic physician in a medically underserved urban area, the supervising osteopathic physician must be physically present on the same premises and available to assist the associate osteopathic physician.

4. An associate osteopathic physician shall not practice medicine in a medically underserved rural area unless the supervising osteopathic physician or another osteopathic physician designated by the supervising osteopathic physician is physically present on the same premises and available to assist the associate osteopathic physician.

5. An associate osteopathic physician working in a rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2), shall be considered to be a physician assistant for the purposes of the regulations of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. Such an associate osteopathic physician and his or her supervising osteopathic physician are not required to comply with the requirements of any regulations adopted pursuant to section 30 of this act governing the supervision of an associate osteopathic physician that are more stringent than the requirements of federal law and regulations.

6. A person or entity that employs an associate osteopathic physician shall credential the associate osteopathic physician and bill for services rendered by the associate osteopathic physician in the same manner as the person or entity credentials and bills for the services of a physician assistant.

7. As used in this section:



(a) “Medically underserved rural area” means a medically underserved area in a county whose population is less than 100,000.

(b) “Medically underserved urban area” means a medically underserved area that is located in a county whose population is 100,000 or more.

Sec. 25. 1. The supervising osteopathic physician of an associate osteopathic physician shall prominently display a disclosure at every office where the associate osteopathic physician practices osteopathic medicine explaining to patients that the patient may be seen by an associate osteopathic physician and the patient may instead request to be seen by the supervising osteopathic physician.

2. An associate osteopathic physician shall clearly identify himself or herself as an associate osteopathic physician, including, without limitation, by wearing an identification badge that clearly identifies the person as an associate osteopathic physician. An associate osteopathic physician may identify himself or herself as a doctor.

3. While acting as the supervising osteopathic physician of an associate osteopathic physician, an osteopathic physician shall wear an identification badge that clearly identifies the person as a supervising osteopathic physician of an associate osteopathic physician.

Sec. 26. 1. An osteopathic physician shall not serve as the supervising osteopathic physician of an associate osteopathic physician pursuant to paragraph (b) of subsection 1 of section 24 of this act or the designee of a supervising osteopathic physician pursuant to subsection 4 of section 24 of this act unless the osteopathic physician:

(a) Holds an active unrestricted license to practice osteopathic medicine in this State; and

(b) Practices in the same specialty area as the associate osteopathic physician or a substantially similar specialty area as the associate osteopathic physician.

2. The supervising osteopathic physician of an associate osteopathic physician:

(a) Is responsible for any act that constitutes the practice of osteopathic medicine by the associate osteopathic physician;

(b) Must have insurance that includes coverage for any claim of malpractice against the associate osteopathic physician; and

(c) May not enter into a collaborative practice agreement with more than three associate osteopathic physicians.

3. The Board may not deny, revoke, suspend or take any other disciplinary action against the supervising osteopathic



1 *physician of an associate osteopathic physician for any act*
2 *performed by the associate osteopathic physician that:*

3 *(a) Is performed in accordance with the collaborative practice*
4 *agreement entered into pursuant to section 24 of this act; and*

5 *(b) Does not violate applicable federal, state or local laws or*
6 *the regulations of the Board.*

7 **Sec. 27. 1.** *A collaborative practice agreement entered into*
8 *pursuant to section 24 of this act must be in writing and must*
9 *include, without limitation:*

10 *(a) The names, home and business addresses and telephone*
11 *numbers of the supervising osteopathic physician and associate*
12 *osteopathic physician;*

13 *(b) A list of each location where the associate osteopathic*
14 *physician may practice osteopathic medicine, including, without*
15 *limitation, the prescribing and dispensing of controlled*
16 *substances;*

17 *(c) Any specialty or board certification held by the supervising*
18 *osteopathic physician;*

19 *(d) Any certification held by the associate osteopathic*
20 *physician;*

21 *(e) Requirements governing collaboration between the*
22 *supervising osteopathic physician and associate osteopathic*
23 *physician, including, without limitation;*

24 *(1) The geographic proximity which must exist between the*
25 *supervising osteopathic physician and the associate osteopathic*
26 *physician while the associate osteopathic physician is practicing*
27 *osteopathic medicine; and*

28 *(2) A plan for alternative supervision if the supervising*
29 *osteopathic physician is absent, incapacitated or otherwise*
30 *unavailable;*

31 *(f) Any controlled substance the supervising osteopathic*
32 *physician authorizes the associate osteopathic physician to*
33 *prescribe or dispense in accordance with section 28 of this act;*

34 *(g) The procedure by which the supervising osteopathic*
35 *physician will review the standard of care the associate*
36 *osteopathic physician is providing to patients, which must comply*
37 *with the regulations adopted pursuant to section 30 of this act;*

38 *(h) The duration of the collaborative practice agreement; and*

39 *(i) A statement of any other collaborative practice agreements*
40 *into which:*

41 *(1) The supervising osteopathic physician has entered into*
42 *with another associate osteopathic physician; and*

43 *(2) The associate osteopathic physician has entered into*
44 *with another supervising osteopathic physician.*



2. Upon entering into a new collaborative practice agreement with an associate osteopathic physician, a supervising osteopathic physician shall file with the Board:

(a) A copy of the agreement; and

(b) Proof that any controlled substance listed in paragraph (f) of subsection 1 is within the skill, training and competence of the associate osteopathic physician and his or her supervising osteopathic physician to prescribe and dispense.

3. A supervising osteopathic physician or associate osteopathic physician may terminate a collaborative practice agreement or a relationship with a supervising osteopathic physician or an associate osteopathic physician, as applicable, at any time. Any provision of a collaborative practice agreement or any other agreement that limits the authority of a supervising osteopathic physician or an associate osteopathic physician to terminate a collaborative practice agreement or such a relationship is void.

Sec. 28. 1. An associate osteopathic physician may prescribe or dispense the controlled substances listed in subsection 2 under the conditions prescribed by this section if the associate osteopathic physician:

(a) Is registered with the State Board of Pharmacy pursuant to NRS 639.1373;

(b) Has entered into a collaborative practice agreement pursuant to section 24 of this act authorizing the associate osteopathic physician to prescribe controlled substances; and

(c) Meets all other requirements prescribed by federal and state law to prescribe controlled substances.

2. Subject to the limitations prescribed by NRS 639.1373, an associate osteopathic physician who meets the requirements of subsection 1 may prescribe or dispense:

(a) Any controlled substance listed in schedule III, IV or V; and

(b) Any controlled substance listed in schedule II that contains hydrocodone.

3. Except as otherwise provided in this subsection, an associate osteopathic physician shall not prescribe or dispense more than a 5-day supply of a controlled substance listed in schedule II or III. An associate osteopathic physician may prescribe or dispense a 30-day supply of buprenorphine for the treatment of a substance use disorder under the direction of his or her supervising osteopathic physician.

4. An associate osteopathic physician shall not prescribe or dispense controlled substances unless:



(a) *The supervising osteopathic physician of the associate osteopathic physician is physically present on the same premises; or*

(b) *The associate osteopathic physician has, at any time, completed 120 hours practicing medicine over a period of not more than 4 months with his or her supervising osteopathic physician physically present on the same premises.*

Sec. 29. *1. A limited license to practice osteopathic medicine as an associate osteopathic physician issued pursuant to section 23 of this act expires 2 years after it is issued.*

2. The Board may renew a limited license to practice osteopathic medicine as an associate osteopathic physician upon application by the associate osteopathic physician. An application for renewal must include, without limitation, proof that the associate osteopathic physician has actually engaged in the practice of osteopathic medicine under a collaborative practice agreement entered into pursuant to section 24 of this act during the immediately preceding 2 years.

Sec. 30. *1. The Board shall adopt regulations necessary:*

(a) To carry out the provisions of sections 23 to 30, inclusive, of this act, including, without limitation:

(1) Any additional requirements for the issuance or renewal of a limited license to practice osteopathic medicine as an associate osteopathic physician.

(2) The required fees for the issuance and renewal of such a license.

(3) Standards of practice for associate osteopathic physicians, including, without limitation, limitations on the practice of osteopathic medicine by an associate osteopathic physician in addition to those prescribed by sections 23 to 30, inclusive, of this act.

(4) Any additional requirements governing collaborative practice agreements entered into pursuant to section 24 of this act.

(5) Requirements concerning the supervision of an associate osteopathic physician by a supervising osteopathic physician, including, without limitation, requirements governing the review by the supervising osteopathic physician of the standard of care the associate osteopathic physician is providing to patients. Such regulations must not be more stringent than any similar requirements that apply to physician assistants.

(b) For an associate osteopathic physician to be eligible to work in a clinic that receives federal funding.

2. The regulations adopted pursuant to this section and NRS 633.471 must not require an associate osteopathic physician to



1 *complete a greater amount of continuing education than an*
2 *osteopathic physician licensed pursuant to NRS 633.311.*

3 3. *The Board shall coordinate with the Board of Medical*
4 *Examiners and schools of medicine and osteopathic medicine in*
5 *this State to develop and implement a program enabling associate*
6 *osteopathic physicians to gain knowledge and experience as an*
7 *associate osteopathic physician that may count as credit towards a*
8 *residency program in this State.*

9 4. *The Board shall publish on an Internet website maintained*
10 *by the Board the name of each associate osteopathic physician and*
11 *the osteopathic physician or osteopathic physicians supervising*
12 *the associate osteopathic physician.*

13 **Sec. 31.** NRS 633.011 is hereby amended to read as follows:

14 633.011 As used in this chapter, unless the context otherwise
15 requires, the words and terms defined in NRS 633.021 to 633.131,
16 inclusive, *and section 22 of this act* have the meanings ascribed to
17 them in those sections.

18 **Sec. 32.** NRS 633.061 is hereby amended to read as follows:

19 633.061 “Hospital internship” means a 1-year internship in a
20 hospital ~~conforming~~ *that:*

21 1. *Conforms* to the minimum standards for intern training
22 established by the American Osteopathic Association ~~§~~ *; or*

23 2. *Has been approved by the Accreditation Council for*
24 *Graduate Medical Education.*

25 **Sec. 33.** NRS 633.311 is hereby amended to read as follows:

26 633.311 1. Except as otherwise provided in NRS 633.315
27 and 633.381 to 633.419, inclusive, *and sections 23 to 30, inclusive,*
28 *of this act*, an applicant for a license to practice osteopathic
29 medicine may be issued a license by the Board if:

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

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

33 (c) The applicant:

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

36 (I) A hospital internship; or

37 (II) One year of postgraduate training that complies with
38 the standards of intern training established by the American
39 Osteopathic Association ~~§~~ *or approved by the Accreditation*
40 *Council for Graduate Medical Education;*

41 (2) Has completed 3 years, or such other length of time as
42 required by a specific program, of postgraduate medical education
43 as a resident in the United States or Canada in a program approved
44 by the Board, the Bureau of Professional Education of the American



Osteopathic Association or the Accreditation Council for Graduate Medical Education; or

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

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

(e) The applicant passes:

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

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

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

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

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

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

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

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

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

(c) In nonconsecutive months; and

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

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

633.471 1. Except as otherwise provided in subsection 14 , ~~and~~ NRS 633.491 ~~and~~ *and section 29 of this act*, every holder of a license, except a 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 a list of the names of each associate osteopathic physician supervised by the holder; and*

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

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

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

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

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

6. The Board shall encourage each holder of a license to practice osteopathic medicine or as a physician assistant to receive, as a portion of his or her continuing education, training and



1 education in the diagnosis of rare diseases, including, without
2 limitation:

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

4 (b) Interpreting family history to determine whether such
5 symptoms indicate a normal childhood illness or a condition that
6 requires additional examination.

7 7. The Board shall require, as part of the continuing education
8 requirements approved by the Board, the biennial completion by a
9 holder of a license to practice osteopathic medicine of at least 2
10 hours of continuing education credits in ethics, pain management,
11 care of persons with addictive disorders or the screening, brief
12 intervention and referral to treatment approach to substance use
13 disorder.

14 8. The continuing education requirements approved by the
15 Board must allow the holder of a license as an osteopathic physician
16 or physician assistant to receive credit toward the total amount of
17 continuing education required by the Board for the completion of a
18 course of instruction relating to genetic counseling and genetic
19 testing.

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

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

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

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

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

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

41 12. The Board shall require each psychiatrist or a physician
42 assistant practicing under the supervision of a psychiatrist to
43 biennially complete one or more courses of instruction that provide
44 at least 2 hours of instruction relating to cultural competency and
45 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 of a psychiatrist may need to better understand, as determined by the Board.

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

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

Sec. 34.5. NRS 639.1373 is hereby amended to read as follows:

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

2. Each physician assistant *and associate physician* licensed pursuant to chapter 630 or 633 of NRS who is authorized by his or her physician assistant's *or associate physician's* license issued by the Board of Medical Examiners or by the State Board of



Osteopathic Medicine, respectively, to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices must apply for and obtain a registration certificate from the Board, pay a fee to be set by regulations adopted by the Board and pass an examination administered by the Board on the law relating to pharmacy before the physician assistant *or associate physician* can possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices.

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

(a) Refuse to issue a registration certificate;

(b) Issue a registration certificate limiting the authority of the physician assistant *or associate physician* to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices, the area in which the physician assistant *or associate physician* may possess controlled substances, poisons, dangerous drugs and devices, or the kind and amount of controlled substances, poisons, dangerous drugs and devices; or

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

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

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

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

(b) The population of that area;



(c) The experience and training of the physician assistant ~~or~~ *associate physician*;

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

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

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

Sec. 35. NRS 0.040 is hereby amended to read as follows:

0.040 1. Except as otherwise provided in subsection 2, "physician" means a person who engages in the practice of medicine, including osteopathy and homeopathy.

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

Sec. 36. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

(a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows:

(1) The Administrator of the Aging and Disability Services Division;

(2) The Administrator of the Division of Welfare and Supportive Services;

(3) The Administrator of the Division of Child and Family Services;

(4) The Administrator of the Division of Health Care Financing and Policy; and

(5) The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and section 39 of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the



1 Developmental Disabilities Assistance and Bill of Rights Act of
2 2000, 42 U.S.C. §§ 15001 et seq.

3 (d) Shall, after considering advice from agencies of local
4 governments and nonprofit organizations which provide social
5 services, adopt a master plan for the provision of human services in
6 this State. The Director shall revise the plan biennially and deliver a
7 copy of the plan to the Governor and the Legislature at the
8 beginning of each regular session. The plan must:

9 (1) Identify and assess the plans and programs of the
10 Department for the provision of human services, and any
11 duplication of those services by federal, state and local agencies;

12 (2) Set forth priorities for the provision of those services;

13 (3) Provide for communication and the coordination of those
14 services among nonprofit organizations, agencies of local
15 government, the State and the Federal Government;

16 (4) Identify the sources of funding for services provided by
17 the Department and the allocation of that funding;

18 (5) Set forth sufficient information to assist the Department
19 in providing those services and in the planning and budgeting for the
20 future provision of those services; and

21 (6) Contain any other information necessary for the
22 Department to communicate effectively with the Federal
23 Government concerning demographic trends, formulas for the
24 distribution of federal money and any need for the modification of
25 programs administered by the Department.

26 (e) May, by regulation, require nonprofit organizations and state
27 and local governmental agencies to provide information regarding
28 the programs of those organizations and agencies, excluding
29 detailed information relating to their budgets and payrolls, which the
30 Director deems necessary for the performance of the duties imposed
31 upon him or her pursuant to this section.

32 (f) Has such other powers and duties as are provided by law.

33 2. Notwithstanding any other provision of law, the Director, or
34 the Director's designee, is responsible for appointing and removing
35 subordinate officers and employees of the Department.

36 **Sec. 37.** NRS 287.010 is hereby amended to read as follows:

37 287.010 1. The governing body of any county, school
38 district, municipal corporation, political subdivision, public
39 corporation or other local governmental agency of the State of
40 Nevada may:

41 (a) Adopt and carry into effect a system of group life, accident
42 or health insurance, or any combination thereof, for the benefit of its
43 officers and employees, and the dependents of officers and
44 employees who elect to accept the insurance and who, where
45 necessary, have authorized the governing body to make deductions



1 from their compensation for the payment of premiums on the
2 insurance.

3 (b) Purchase group policies of life, accident or health insurance,
4 or any combination thereof, for the benefit of such officers and
5 employees, and the dependents of such officers and employees, as
6 have authorized the purchase, from insurance companies authorized
7 to transact the business of such insurance in the State of Nevada,
8 and, where necessary, deduct from the compensation of officers and
9 employees the premiums upon insurance and pay the deductions
10 upon the premiums.

11 (c) Provide group life, accident or health coverage through a
12 self-insurance reserve fund and, where necessary, deduct
13 contributions to the maintenance of the fund from the compensation
14 of officers and employees and pay the deductions into the fund. The
15 money accumulated for this purpose through deductions from the
16 compensation of officers and employees and contributions of the
17 governing body must be maintained as an internal service fund as
18 defined by NRS 354.543. The money must be deposited in a state or
19 national bank or credit union authorized to transact business in the
20 State of Nevada. Any independent administrator of a fund created
21 under this section is subject to the licensing requirements of chapter
22 683A of NRS, and must be a resident of this State. Any contract
23 with an independent administrator must be approved by the
24 Commissioner of Insurance as to the reasonableness of
25 administrative charges in relation to contributions collected and
26 benefits provided. The provisions of NRS 686A.135, 687B.352,
27 687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive,
28 *and section 42 of this act*, 689B.265, 689B.287 and 689B.500 apply
29 to coverage provided pursuant to this paragraph, except that the
30 provisions of NRS 689B.0378, 689B.03785 and 689B.500 only
31 apply to coverage for active officers and employees of the
32 governing body, or the dependents of such officers and employees.

33 (d) Defray part or all of the cost of maintenance of a self-
34 insurance fund or of the premiums upon insurance. The money for
35 contributions must be budgeted for in accordance with the laws
36 governing the county, school district, municipal corporation,
37 political subdivision, public corporation or other local governmental
38 agency of the State of Nevada.

39 2. If a school district offers group insurance to its officers and
40 employees pursuant to this section, members of the board of trustees
41 of the school district must not be excluded from participating in the
42 group insurance. If the amount of the deductions from compensation
43 required to pay for the group insurance exceeds the compensation to
44 which a trustee is entitled, the difference must be paid by the trustee.



3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.

4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and

(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.

5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.

(b) Does not become effective unless approved by the Commissioner.

(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.

6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

Sec. 38. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353, 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162, 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.1675, 695G.170 to 695G.174, inclusive, 695G.176, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405, *and section 50 of this act* in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.



Sec. 39. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Director shall include in the State Plan for Medicaid a requirement that the State must pay the nonfederal share of expenditures incurred for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care.

2. The State Plan for Medicaid must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. The State Plan for Medicaid must not require a recipient to obtain prior authorization for any services provided by an associate physician that is not required for the service when provided by a physician assistant.

4. As used in this section, “associate physician” means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 40. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a policy of health insurance provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the policy must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A policy of health insurance must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the



coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

5. As used in this section, “associate physician” means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 41. NRS 689A.330 is hereby amended to read as follows:
689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive **H**, *and section 40 of this act.*

Sec. 42. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a policy of group health insurance provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the policy must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A policy of group health insurance must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the policy or the renewal which is in conflict with this section is void.

5. As used in this section, “associate physician” means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.



Sec. 43. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a health benefit plan provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the plan must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A health benefit plan must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

5. As used in this section, "associate physician" means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 44. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, *and section 43 of this act* to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 45. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a benefit contract provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the benefit contract must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.



(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A benefit contract must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

5. As used in this section, “associate physician” means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 46. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a contract for hospital, medical or dental services subject to the provisions of this chapter provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the contract must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A contract for hospital, medical or dental services subject to the provisions of this chapter must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A contract for hospital, medical or dental services subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the contract or the renewal which is in conflict with this section is void.

5. As used in this section, “associate physician” means an associate physician licensed pursuant to chapter 630 of NRS or an



associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 47. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a health care plan issued by a health maintenance organization provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the enrollee is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the plan must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A health care plan issued by a health maintenance organization must not require an enrollee to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

5. As used in this section, "associate physician" means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 48. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

2. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, must not be construed to violate any provision of law relating to solicitation or advertising by practitioners of a healing art.



3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt from the provisions of chapter 630 of NRS.

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333, 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743, 695C.1745 and 695C.1757 *and section 47 of this act* apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 49. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, *and section 47 of this act* or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 of NRS 695C.080; or



(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees or creditors or to the general public;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or

(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.



Sec. 50. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a health care plan issued by a managed care organization provides coverage for services that are within the authorized scope of practice of an associate physician and which are reimbursed when provided by another provider of health care, the insured is entitled to reimbursement for services provided by such an associate physician.

2. The terms of the plan must not limit:

(a) Coverage for services provided by such an associate physician to a number of occasions less than for services provided by another provider of health care.

(b) Reimbursement for services provided by such an associate physician to an amount less than the amount reimbursed for similar services provided by a physician assistant.

3. A health care plan issued by a managed care organization must not require an insured to obtain prior authorization for any service provided by an associate physician that is not required for the service when provided by a physician assistant.

4. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2024, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

5. As used in this section, "associate physician" means an associate physician licensed pursuant to chapter 630 of NRS or an associate osteopathic physician licensed pursuant to chapter 633 of NRS.

Sec. 51. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 50, inclusive, of this act become effective:

(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 January 1, 2024, for all other purposes.

