Assembly Bill No. 319–Assemblymember Orentlicher

CHAPTER.....

AN ACT relating to health care; making various revisions governing the qualifications and procedure for licensure as a physician, physician assistant, practitioner of respiratory care or perfusionist; requiring screening of youth for certain health conditions when certain physical examinations are conducted; revising the authority of a practitioner of respiratory care to perform certain laboratory tests; requiring certain sharing of information between the Board of Medical Examiners and the State Board of Osteopathic Medicine; authorizing the Board of Medical Examiners to require certain competency demonstrations; eliminating certain special licenses; revising provisions related to fees owed to the Board of Medical Examiners or the State Board of Osteopathic Medicine; eliminating certain fees; revising investigation procedures and grounds for discipline against a licensee of the Board of Medical Examiners; revising requirements governing certain medical procedures; authorizing a medical assistant to perform tasks under the supervision of a registered nurse; authorizing a certified registered nurse anesthetist to perform certain tasks in certain hospitals; authorizing discipline against a registered nurse who fails to adequately supervise a medical assistant; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care and perfusionists by the Board of Medical Examiners. (Chapter 630 of NRS) **Sections 11 and 14** of this bill revise provisions governing examinations that are necessary for licensure as a physician. **Section 14** also increases the amount of the fine that the Board may impose on an applicant for a license as a physician who submits false information in connection with the application.

Section 21 of this bill requires each licensee of the Board to maintain a permanent electronic mail address for communication with the Board.

Existing law prescribes separate qualifications for licensure for: (1) persons who received their medical education in the United States or Canada; and (2) persons who received their medical education in other foreign countries. (NRS 630.160, 630.170, 630.195, 630.263, 630.264, 630.265) Existing law also requires a physician to have completed certain residencies in ophthalmology in the United States or Canada in order to perform laser surgery or intense pulsed light therapy on the globe of the eye. (NRS 630.371) **Sections 4, 5, 8, 14, 19, 26-28 and 64** of this bill make various changes so that persons who received their medical education in the United Kingdom, Australia or New Zealand, and other foreign countries whose standards for medical education are determined to be equivalent by the Board, are

treated identically to persons who received their medical education in the United States or Canada for those purposes.

Existing law requires: (1) an applicant for a license to practice medicine to hold certain certifications or have completed or be enrolled in certain progressive postgraduate education; and (2) a physician who performs certain procedures on the eye to have completed certain progressive postgraduate education in ophthalmology. (NRS 630.160, 630.371) **Section 6** of this bill prescribes the manner in which the Board must determine whether postgraduate education is progressive for those purposes. **Section 14** revises the amount of progressive postgraduate education that a resident physician must have completed in order to be eligible for a license.

Existing law authorizes a practitioner of respiratory care to perform certain laboratory tests without obtaining certification as an assistant in a medical laboratory. (NRS 652.210) **Sections 9 and 82** of this bill authorize a practitioner of respiratory care to perform certain moderate complexity tests without obtaining such certification if: (1) the practitioner of respiratory care has been trained to perform the test; and (2) the test is within the scope of practice of a practitioner of respiratory care.

Sections 15, 16 and 84 of this bill revise and simplify provisions governing licensure by endorsement as a physician by: (1) eliminating expedited licensure by endorsement, except for certain persons affiliated with the Armed Forces of the United States; and (2) making certain revisions relating to the qualifications for licensure by endorsement. **Sections 17, 18, 20, 23 and 30** of this bill eliminate references to a section repealed by **section 84**.

Existing law authorizes the Board to require a licensee who has not practiced in more than 24 consecutive months to take the same examination to test competency as that given to applicants for a license. (NRS 630.257) **Section 22** of this bill revises this provision to apply to inactive licensees and applicants for a license who have not actively practiced in more than 24 consecutive months. **Section 22** also authorizes the Board to require such a person to demonstrate his or her competency in a manner other than by taking an examination. **Sections 16, 28, 36, 40 and 41** of this bill make conforming changes to add references to those requirements where appropriate.

Existing law provides for the issuance of various special licenses to practice medicine. (NRS 630.258-630.266) **Section 23** removes the requirement that the Board automatically issue a special volunteer license, which authorizes certain retired physicians to continue practicing on a volunteer basis, to a person who possesses the required qualifications for such a license. **Section 24** of this bill eliminates the specific statutory requirements for licensure from which a person applying for licensure as an administrative physician is exempt and instead requires the Board to adopt regulations prescribing the requirements from which such an applicant is exempt. **Sections 25 and 30** of this bill eliminate a special license that allows a licensed physician of another state to come into this State to care for a specific patient in association with a physician licensed in this State. **Section 25** also eliminates a restricted license for a specified period if the Board determines the applicant needs supervision or restriction. **Sections 1, 25 and 30** of this bill revise the name of a special purpose license, which allows an out-of-state physician to provide certain medical services to patients in this State electronically, telephonically or by fiber optics, to instead be called a telemedicine license.

Existing law establishes fees for the issuance and renewal of a license as a physician assistant or anesthesiologist assistant who is simultaneously licensed by the Board of Medical Examiners and the State Board of Osteopathic Medicine that are one-half of the amount of the standard fees for the issuance and renewal of such

a license, meaning that such a person is required to pay one-half of the standard licensure fees to each of those boards. (NRS 630.268, 633.501) If a person who pays such a reduced fee to one of those boards fails to also pay the required fee to the other board within 12 months, **sections 29, 31-33, 38, 42 and 76-81** of this bill require the person to pay to the board to whom the person has paid a fee the difference between the reduced fee and the standard fee. **Sections 12, 13 and 73-75** of this bill require the Board of Medical Examiners and the State Board of Osteopathic Medicine to share information as necessary to enforce that requirement. **Section 30** eliminates certain fees charged by the Board of Medical Examiners.

Section 10 of this bill exempts certain students who engage in the supervised practice of perfusion from the requirement to be licensed by the Board of Medical Examiners. **Sections 34-37 and 84** of this bill remove a requirement that an applicant for a license as a perfusionist pass an examination given by the American Board of Cardiovascular Perfusion, or its successor organization, and instead require such an applicant to be certified by that organization. **Section 39** of this bill eliminates a provision prohibiting the Board from requiring a physician assistant to be certified by a nationally recognized organization for the accreditation of physician assistants to satisfy applicable continuing education requirements. **Sections 40 and 41** revise the conditions under which the Board may deny an application for licensure by endorsement as a physician assistant. **Section 43** of this bill eliminates certain educational qualifications for licensure as a practitioner of respiratory care.

Sections 44 and 45 of this bill clarify certain grounds for discipline against a licensee of the Board. **Section 45** also authorizes the Board to discipline a licensee who fails to cooperate with an investigation of the Board. **Sections 46-49, 52 and 62** of this bill revise certain provisions regarding the provision to the Board of information relating to certain licensees, the examination to determine the fitness of certain licensees and the removal of limitations or suspensions of licenses to be applicable to all licensees of the Board. **Section 46** provides that certain reports filed by an insurer relating to malpractice actions are public records. **Section 51** of this bill provides that the Board is not required to review a complaint that is not within the jurisdiction of the Board.

Existing law refers to the document that the Board files to initiate a formal disciplinary proceeding as a formal complaint. (NRS 630.311) However, existing law regarding the procedure of licensing boards generally refers to such a document as a charging document. (NRS 622A.300) **Sections 3, 50, 51, 54, 56, 57 and 59** of this bill standardize terminology so that such a document is referred to as a charging document. **Section 50** also requires that a charging document for charges against a physician assistant, anesthesiologist assistant, perfusionist or practitioner of respiratory care be filed by the Board.

Section 57 removes a requirement that the Board hold a hearing on a report from the Attorney General that a licensee has violated certain laws prohibiting industrial insurance fraud. **Section 49** instead requires the Board to treat such a report like a complaint, meaning that the Board would conduct an initial investigation before deciding whether to proceed with disciplinary proceedings. (NRS 630.311)

In certain circumstances that create doubt about the fitness of a physician, physician assistant, practitioner of respiratory care or perfusionist to practice, existing law authorizes the Board to require such a licensee to undergo certain examinations to determine his or her fitness to practice. (NRS 630.318) **Section 52**: (1) makes this provision additionally applicable to anesthesiologist assistants; and

(2) provides that the failure to submit to such an examination is grounds for the summary suspension of a license pending further disciplinary proceedings.

Existing law authorizes the Board to summarily suspend a license pending further disciplinary proceedings if the Board determines that the health, safety or welfare of the public or any patient is at risk of imminent or continued harm. (NRS 630.326) **Section 54**: (1) additionally authorizes the Board to restrict the practice of a licensee without suspending his or her license under such circumstances; and (2) removes a requirement that the Board hold a hearing on the summary suspension of a license within 60 days after the summary suspension. **Sections 55 and 61** of this bill authorize a court to stay an order of the Board suspending a license if the suspension is not a summary suspension. **Section 55** also prohibits a court from staying an order of the Board summarily restricting the practice of a licensee. **Section 84** eliminates a duplicative provision authorizing the summary suspension of a licensee's authority to prescribe and dispense controlled substances for certain violations related to such prescribing and dispensing, and **section 53** of this bill eliminates a reference to that provision.

Section 56: (1) makes revisions relating to collaboration between the Board and other governmental entities investigating a person; and (2) authorizes the Board, with authorization from a licensee, to cooperate with the employer of a licensee or any other person or entity responsible for credentialing a licensee. **Section 57** removes certain procedural requirements governing hearings conducted by the Board. **Section 58** of this bill revises requirements governing service of process in proceedings before the Board. **Section 59** removes a requirement that the Board allow a complainant to participate in disciplinary proceedings. **Section 60** of this bill removes the ability for any person other than the respondent or a witness to be held in contempt for certain conduct in a disciplinary proceeding. **Section 62** removes authorization for a person whose license has been revoked by the Board to reinstate his or her license without applying for a new license.

Existing law prohibits the Board from investigating or disciplining a physician for: (1) disclosing to a governmental entity a violation of any law, rule or regulation by an applicant for a license to practice medicine or a physician; or (2) cooperating with a governmental entity that is conducting an investigation, hearing or inquiry into such a violation. (NRS 630.364) **Section 63** of this bill: (1) makes this provision applicable to all licensees of the Board; and (2) requires the disclosure or cooperation to be in good faith for the immunity from investigation or discipline to apply.

Existing law prohibits a physician from administering or supervising the administration of general anesthesia, moderate sedation or deep sedation: (1) in an office or facility that does not hold certain permits; or (2) outside of this State. (NRS 630.373) **Section 65** of this bill makes this prohibition also applicable to: (1) physician assistants and anesthesiologist assistants; and (2) administering or supervising the administration of tumescent anesthesia, except where authorized by regulation of the Board. **Sections 7, 68 and 72** of this bill require a physician, physician assistant, advanced practice registered nurse or osteopathic physician who performs a physical examination of a person who is at least 12 years of age but not more than 18 years of age to screen the person for certain health conditions.

Existing law provides for the registration and regulation of certified registered nurse anesthetists. (NRS 632.2395) Existing law authorizes a certified registered nurse anesthetist working under the supervision of a physician licensed to practice medicine or osteopathic medicine in this State to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician before, during and after surgery or childbirth only in a critical access hospital. (NRS 632.2397) **Section 70.5** of this

bill further authorizes a certified registered nurse anesthetist to perform such tasks in a hospital located in a city whose population is less than 25,000 (currently all cities except Carson City, Henderson, Las Vegas, North Las Vegas, Reno and Sparks).

Existing law authorizes: (1) an unlicensed medical assistant to perform clinical tasks under the supervision of a physician, osteopathic physician or physician assistant in accordance with regulations adopted by the Board of Medical Examiners or the State Board of Osteopathic Medicine, as appropriate; and (2) those boards to discipline a physician, osteopathic physician or physician assistant who fails to adequately supervise a medical assistant. (NRS 630.0129, 630.138, 630.306, 633.075, 633.293, 633.511) **Sections 67, 70 and 71** of this bill similarly authorize: (1) an unlicensed medical assistant to perform clinical tasks under the supervision of a registered nurse in accordance with regulations of the State Board of Nursing; and (2) the State Board of Nursing to discipline a registered nurse who fails to adequately supervise a medical assistant. **Section 69** of this bill establishes the applicability of the definition of "medical assistant" set forth in **section 67**.

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

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

Section 1. NRS 629.515 is hereby amended to read as follows:

629.515 1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a ~~[special purpose]~~ ***telemedicine*** license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:

(a) Modify, expand or alter the scope of practice of a provider of health care; or

(b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.

3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:

(a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.

(b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.

4. A provider of health care may establish a relationship with a patient using telehealth when it is clinically appropriate to establish a relationship with a patient in that manner. The State Board of Health may adopt regulations governing the process by which a provider of health care may establish a relationship with a patient using telehealth.

5. A provider of health care who is located at an originating site and is conducting a forensic medical examination of an apparent victim of sexual assault or strangulation may use telehealth to connect to an appropriately trained physician, physician assistant or registered nurse who is located at a distant site for the purpose of obtaining instructions and guidance on conducting the examination. The provisions of this subsection must not be construed to prohibit the use of telehealth for communication between providers of health care in other circumstances authorized by law.

6. As used in this section:

(a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.

(b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

(c) "Sexual assault" means a violation of NRS 200.366 or 200.368.

(d) "Strangulation" has the meaning ascribed to it in NRS 200.481.

(e) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including facsimile or electronic mail. The term includes, without limitation, communication between a provider of health care who is providing in-person services to a patient and a provider of health care at a different location and the delivery of services from a provider of health care to a patient at a different location through the use of:

(1) Synchronous interaction or an asynchronous system of storing and forwarding information; and

(2) Audio-only interaction, whether synchronous or asynchronous.

Sec. 2. Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 7, inclusive, of this act.

Sec. 3. ***"Charging document" means a charging document filed with the Board in accordance with NRS 622A.300.***

Sec. 4. ***"Equivalent foreign country" means:***

1. Canada, the United Kingdom, Australia and New Zealand; and

2. Any other country designated by regulation of the Board based upon a determination that the standards for medical education and licensing in that country are substantially similar to the standards for medical education and licensing in the United States.

Sec. 5. ***"Foreign medical school" means a medical school that is not located in the United States or an equivalent foreign country.***

Sec. 6. ***1. For the purposes of this chapter:***

(a) Except as otherwise provided in this section, a program of postgraduate education or training is progressive if each year of the program progresses in a continuous manner and the person who completes the program does so in sequence without any breaks of 12 weeks or longer.

(b) The Board shall deem a program of postgraduate education or training approved by the Accreditation Council for Graduate Medical Education, including, without limitation, such a program that includes 1 year or more of scientific or clinical research, to be progressive if the person who completes the program does so in the format that was approved by the Accreditation Council for Graduate Medical Education.

2. Notwithstanding the provisions of subsection 1, the Executive Director of the Board or a designee thereof may, in his or her discretion upon review of the program, determine that a person has completed a progressive program of postgraduate education or training if the person:

(a) Completed 1 or more years in a program that meets the requirements of subsection 1; and

(b) Enrolled in a program that is closely related to the program described in paragraph (a) and completed that program without any breaks of 12 weeks or longer.

Sec. 7. ***Each time a physician or physician assistant performs a routine physical examination of a person who is at least 12 years of age but not more than 18 years of age, the physician or physician assistant shall ask the person the questions prescribed in the Medical History Form and the Physical Examination Form of the Preparticipation Physical Evaluation Form developed jointly by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine, or any successor form.***

Sec. 8. NRS 630.005 is hereby amended to read as follows:

630.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.007 to 630.026, inclusive, ***and sections 3, 4 and 5 of this act*** have the meanings ascribed to them in those sections.

Sec. 9. NRS 630.021 is hereby amended to read as follows:

630.021 "Practice of respiratory care" includes:

1. Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;
2. The administration of drugs and medications to the cardiopulmonary system;
3. The provision of ventilatory assistance and control;
4. Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;
5. Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;
6. Carrying out the written orders of a physician, physician assistant, anesthesiologist assistant, certified registered nurse anesthetist or an advanced practice registered nurse relating to respiratory care;
7. Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions ***, performance of laboratory testing authorized by NRS 652.210*** and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and
8. Training relating to the practice of respiratory care.

Sec. 10. NRS 630.047 is hereby amended to read as follows:

630.047 1. This chapter does not apply to:

(a) A medical officer or perfusionist or practitioner of respiratory care of the Armed Forces or a medical officer or

perfusionist or practitioner of respiratory care of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455;

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

(c) Physicians who are legally qualified to practice in the state where they reside and come into this State on an irregular basis to:

(1) Obtain medical training approved by the Board from a physician who is licensed in this State; or

(2) Provide medical instruction or training approved by the Board to physicians licensed in this State;

(d) Physicians who are temporarily exempt from licensure pursuant to NRS 630.2665 and are practicing medicine within the scope of the exemption;

(e) Any person permitted to practice any other healing art under this title who does so within the scope of that authority, or healing by faith or Christian Science;

(f) The practice of respiratory care ***or perfusion*** by a student as part of a program of study in respiratory care ***or perfusion, as applicable,*** that is approved by the Board, or is recognized by a national organization which is approved by the Board to review such programs, if the student is enrolled in the program and provides respiratory care ***or perfusion, as applicable,*** only under the supervision of a practitioner of respiratory care ~~[,]~~ ***or a perfusionist, as applicable;***

(g) The practice of respiratory care by a student who:

(1) Is enrolled in a clinical program of study in respiratory care which has been approved by the Board;

(2) Is employed by a medical facility, as defined in NRS 449.0151; and

(3) Provides respiratory care to patients who are not in a critical medical condition or, in an emergency, to patients who are in a critical medical condition and a practitioner of respiratory care is not immediately available to provide that care and the student is directed by a physician to provide respiratory care under the supervision of the physician until a practitioner of respiratory care is available;

(h) The practice of respiratory care by a person on himself or herself or gratuitous respiratory care provided to a friend or a

member of a person's family if the provider of the care does not represent himself or herself as a practitioner of respiratory care;

(i) A person who is employed by a physician and provides respiratory care or services as a perfusionist under the supervision of that physician;

(j) The maintenance of medical equipment for perfusion or respiratory care that is not attached to a patient;

(k) A person who installs medical equipment for respiratory care that is used in the home and gives instructions regarding the use of that equipment if the person is trained to provide such services and is supervised by a provider of health care who is acting within the authorized scope of his or her practice;

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

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

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

3. This chapter does not prohibit:

(a) Gratuitous services outside of a medical school or medical facility by a person who is not a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care in cases of emergency.

(b) The domestic administration of family remedies.

Sec. 11. NRS 630.130 is hereby amended to read as follows:

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

(a) Enforce the provisions of this chapter;

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

(c) ~~[Conduct examinations for licensure and establish a system of scoring for those examinations;~~

~~(d)]~~ Investigate the character of each applicant for a license and issue licenses to those applicants who meet the qualifications set by this chapter and the Board; and

~~[(e)]~~ ***(d)*** Institute a proceeding in any court to enforce its orders or the provisions of this chapter.

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

(a) Disciplinary action taken by the Board during the previous biennium against any licensee for malpractice or negligence;

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and 6 of NRS 630.307 and NRS 690B.250; and

(c) Information reported to the Board during the previous biennium pursuant to NRS 630.30665, including, without limitation, the number and types of surgeries performed by each holder of a license to practice medicine and the occurrence of sentinel events arising from such surgeries, if any.

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

3. The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter. ***Such regulations may include, without limitation, regulations requiring, as a condition for licensure, that an applicant pass one or more examinations in addition to those required by this chapter and regulations concerning the scoring of any such examination.***

Sec. 12. NRS 630.131 is hereby amended to read as follows:

630.131 ***1.*** On or before the last day of each quarter, the Board shall provide the State Board of Osteopathic Medicine a list of all anesthesiologist assistants licensed by the Board.

2. The Board and the State Board of Osteopathic Medicine shall share information as necessary to enforce the provisions of NRS 630.26835, 630.2684, 630.26845, 633.4256, 633.4258 and 633.426.

Sec. 13. NRS 630.132 is hereby amended to read as follows:

630.132 ***1.*** On or before the last day of each quarter, the Board shall provide to the State Board of Osteopathic Medicine a list of all physician assistants licensed by the Board.

2. The Board and the State Board of Osteopathic Medicine shall share information as necessary to enforce the provisions of NRS 630.2677, 630.2735, 630.2755, 633.4332, 633.438 and 633.4718.

Sec. 14. NRS 630.160 is hereby amended to read as follows:

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

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

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

(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) ~~[Is currently certified by a specialty board of the American Board of Medical Specialties and who agrees to maintain the certification for the duration of the licensure, or has]~~ ***Has*** passed:

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

(2) All parts of the Federation Licensing Examination;

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

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

(5) All parts of the ***most commonly administered*** examination ~~[to become a licentiate of the Medical Council of Canada;]~~ ***for medical licensure in an equivalent foreign country;*** or

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

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

(1) Has completed 36 months of progressive postgraduate:

(I) Education as a resident in the United States or ~~[Canada]~~ ***an equivalent foreign country*** in a program approved by the Board, ***a governmental entity that regulates medical education in an equivalent foreign country,*** 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]~~ ***or its*** successor ~~[organizations;]~~ ***organization, or an organization that***

accredits graduate medical education in an equivalent foreign country and is nationally recognized in that country; or

(II) Fellowship training in the United States or ~~[Canada]~~ ***an equivalent foreign country*** 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]~~ ***an equivalent foreign country*** 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]~~ ***its*** successor ~~[organizations,]~~ ***organization, or an organization that accredits graduate medical education in an equivalent foreign country and is nationally recognized in that country,*** has ~~[completed at least 24]~~ ***less than 12*** months ~~[of]~~ ***remaining before he or she completes*** 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. ***If the Board requires an applicant for a license to practice medicine to pass an examination required pursuant to paragraph (b) of subsection 2 within a prescribed number of attempts, the Board may, by regulation, allow an applicant who is currently certified by a specialty board of the American Board of Medical Specialties more attempts to pass such an examination than the Board allows to an applicant who does not hold such a certification, if the applicant agrees to maintain his or her certification for the duration of the licensure.***

5. 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;]~~ ***$10,000;***

(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.]~~ ***6.*** 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. 15. NRS 630.1605 is hereby amended to read as follows:

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

(a) At the time the applicant files an application with the Board, the license is ***active and*** in ~~[effect;]~~ ***good standing;***

(b) The applicant:

(1) Submits to the Board proof of passage of an examination ***listed in paragraph (b) of subsection 2 of NRS 630.160 or another examination*** approved by ***regulation of*** the Board;

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

(3) Meets all of the statutory requirements for licensure to practice medicine in effect at the time of application except for ~~[the]~~ ***:***

(I) The requirements set forth in ***paragraph (c) of subsection 2 of*** NRS 630.160; ***or***

(II) Any other requirements specified by regulation of the Board; and

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

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

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

Sec. 16. NRS 630.1607 is hereby amended to read as follows:

630.1607 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant ***who is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran and*** who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

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

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

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

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

(1) Satisfies the requirements of subsection 1;

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

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

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

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

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, ***including, without limitation, failure to comply with any requirement imposed by the Board pursuant to NRS 630.257,*** the Board shall approve the application and issue a license by endorsement to practice medicine to the applicant not later than:

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

(b) Ten days after receiving a report on the applicant's background based on the submission of the applicant's fingerprints ~~[.]~~ ***; or***

(c) Ten days after receiving proof that the applicant has complied with any requirement imposed by the Board pursuant to NRS 630.257, if applicable,

➥ whichever occurs later.

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

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may

grant a provisional license authorizing an applicant to practice medicine in accordance with regulations adopted by the Board.

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

Sec. 17. NRS 630.165 is hereby amended to read as follows:

630.165 1. Except as otherwise provided in subsection 2, an applicant for a license to practice medicine must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:

(a) The applicant is the person named in the proof of graduation and that it was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(b) The information contained in the application and any accompanying material is complete and correct.

2. An applicant for a license by endorsement to practice medicine pursuant to NRS 630.1605 ~~[, 630.1606]~~ or 630.1607 must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:

(a) The applicant is the person named in the license to practice medicine issued by the District of Columbia or any state or territory of the United States and that the license was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(b) The information contained in the application and any accompanying material is complete and correct.

3. An application submitted pursuant to subsection 1 or 2 must include all information required to complete the application.

4. In addition to the other requirements for licensure, the Board may require such further evidence of the mental, physical, medical or other qualifications of the applicant as it considers necessary.

5. The applicant bears the burden of proving and documenting his or her qualifications for licensure.

Sec. 18. NRS 630.167 is hereby amended to read as follows:

630.167 1. In addition to any other requirements set forth in this chapter, each applicant for a license to practice medicine, including, without limitation, an expedited license pursuant to NRS ~~[630.1606 or]~~ 630.1607 or chapter 629A of NRS, and each applicant for a license to practice as a perfusionist, to practice as a physician assistant, to practice as an anesthesiologist assistant or to practice respiratory care shall submit to the Board a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of

Investigation for its report. Any fees or costs charged by the Board for this service pursuant to NRS 630.268 are not refundable.

2. Any communication between the Board and the Interstate Medical Licensure Compact Commission created by NRS 629A.100 relating to verification of a physician's eligibility for expedited licensure pursuant to that section must not include any information received in a report from the Federal Bureau of Investigation relating to a state and federal criminal records check performed for the purposes of an application for an expedited license issued pursuant to NRS 629A.100.

Sec. 19. NRS 630.170 is hereby amended to read as follows:

630.170 In addition to the other requirements for licensure, an applicant for a license to practice medicine who is a graduate of a medical school located in the United States or ~~[Canada]~~ ***an equivalent foreign country*** shall submit to the Board proof that the applicant has received the degree of doctor of medicine from a medical school which, at the time of graduation, was accredited by the Liaison Committee on Medical Education or ~~[the Committee for the Accreditation of Canadian Medical Schools.]~~ ***an organization that accredits medical schools in an equivalent foreign country and is nationally recognized in that country.*** The proof of the degree of doctor of medicine 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, the Board may accept proof from any other source specified by the Board.

Sec. 20. 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 or 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. 21. NRS 630.254 is hereby amended to read as follows:

630.254 1. Each licensee shall maintain a permanent mailing address ***and electronic mail address*** with the Board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address ***or electronic mail address*** shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If a licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board:

(a) May impose upon the licensee a fine not to exceed $250; and

(b) May initiate disciplinary action against the licensee as provided pursuant to paragraph (j) of subsection 1 of NRS 630.306.

2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.

3. Any licensee who closes his or her office in this State shall:

(a) Notify the Board in writing of this occurrence within 14 days after the closure; and

(b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.

~~[4. In addition to the requirements of subsection 1, any licensee who performs any of the acts described in subsection 3 of NRS 630.020 from outside this State or the United States shall maintain an electronic mail address with the Board to which all communications from the Board to the licensee may be sent.]~~

Sec. 22. NRS 630.257 is hereby amended to read as follows:

630.257 If ~~[a]~~ ***an inactive*** licensee does not engage in the practice of medicine ***or practice as a physician assistant, as applicable,*** for a period of more than 24 consecutive months, ***or if an applicant for a license has not engaged in the practice of medicine, perfusion or respiratory therapy, practiced as a physician assistant or assisted in the practice of medicine, as applicable, for more than 24 consecutive months before the date of the application,*** the Board may require the licensee ***or applicant, as applicable,*** to ~~[take]~~ ***:***

1. Take the same examination to test ~~[medical]~~ competency as that given to applicants for a license ~~[.]~~ ***, or a comparable examination; or***

2. Otherwise demonstrate his or her competency to practice medicine, perfusion or respiratory therapy, practice as a physician assistant or assist in the practice of medicine, as applicable.

Sec. 23. NRS 630.258 is hereby amended to read as follows:

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

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

(b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,

➥ may obtain a special volunteer medical license by submitting an application to the Board pursuant to this section.

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

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

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

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

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

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

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

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

3. If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is

competent to practice medicine, the Board ~~[must]~~ ***may*** issue a special volunteer medical license to the physician.

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

5. The Board shall not charge a fee for:

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

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

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

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

Sec. 24. NRS 630.259 is hereby amended to read as follows:

630.259 1. A person may apply to the Board to be licensed as an administrative physician if the person meets all of the statutory requirements for licensure in effect at the time of application except ~~[the]~~ ***for such*** requirements ~~[of paragraph (c) of subsection 2 of NRS 630.160.]~~ ***as are specified by regulation of the Board.***

2. A person who is licensed as an administrative physician pursuant to this section:

(a) May not engage in the practice of clinical medicine;

(b) Shall comply with all of the statutory requirements for continued licensure pursuant to this chapter; and

(c) Shall be deemed to hold a license to practice medicine in an administrative capacity only.

Sec. 25. NRS 630.261 is hereby amended to read as follows:

630.261 1. Except as otherwise provided in NRS 630.161, the Board may issue:

(a) A locum tenens license, to be effective not more than 3 months after issuance, to any physician who is licensed and in good standing in another state, who meets the requirements for licensure in this State and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician to serve as a substitute for another physician who is licensed to practice medicine in this State and who is absent from his or her practice for reasons

deemed sufficient by the Board. A license issued pursuant to the provisions of this paragraph is not renewable.

(b) ~~[A special license to a licensed physician of another state to come into this State to care for or assist in the treatment of his or her own patient in association with a physician licensed in this State. A special license issued pursuant to the provisions of this paragraph is limited to the care of a specific patient. The physician licensed in this State has the primary responsibility for the care of that patient.~~

~~(c) A restricted license for a specified period if the Board determines the applicant needs supervision or restriction.~~

~~(d)]~~ A temporary license for a specified period if the physician is licensed and in good standing in another state and meets the requirements for licensure in this State, and if the Board determines that it is necessary in order to provide medical services for a community without adequate medical care. A temporary license issued pursuant to the provisions of this paragraph is not renewable.

~~[(e)]~~ ***(c)*** A ~~[special purpose]~~ ***telemedicine*** license to a physician who is licensed in another state to perform any of the acts described in subsections 1 and 2 of NRS 630.020 by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States. A physician who holds a ~~[special purpose]~~ ***telemedicine*** license issued pursuant to this paragraph:

(1) Except as otherwise provided by specific statute or regulation, shall comply with the provisions of this chapter and the regulations of the Board; and

(2) To the extent not inconsistent with the Nevada Constitution or the United States Constitution, is subject to the jurisdiction of the courts of this State.

2. For the purpose of paragraph ~~[(e)]~~ ***(c)*** of subsection 1, the physician must:

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

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

(c) Be certified by a specialty board of the American Board of Medical Specialties or its successor.

3. Except as otherwise provided in this section, the Board may renew or modify any license issued pursuant to subsection 1.

Sec. 26. NRS 630.263 is hereby amended to read as follows:

630.263 1. If the Governor determines that there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty within this State, the Governor may declare that a state of critical medical need exists for that medical specialty. The Governor may, but is not required to, limit such a declaration to one or more geographic areas within this State.

2. In determining whether there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty, the Governor may consider, without limitation:

(a) Any statistical data analyzing the number of physicians who are practicing the medical specialty in relation to the total population of this State or any geographic area within this State;

(b) The demand within this State or any geographic area within this State for the types of services provided by the medical specialty; and

(c) Any other factors relating to the medical specialty that may adversely affect the delivery of health care within this State or any geographic area within this State.

3. If the Governor makes a declaration pursuant to this section, the Board may waive the requirements of paragraph (c) of subsection 2 of NRS 630.160 for an applicant if the applicant:

(a) Intends to practice medicine in one or more of the medical specialties designated by the Governor in the declaration and, if the Governor has limited the declaration to one or more geographic areas within this State, in one or more of those geographic areas;

(b) Has completed at least 1 year of training as a resident in the United States or ~~[Canada]~~ ***an equivalent foreign country*** 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 ~~[their]~~ ***its*** successor ~~[organizations, respectively;]~~ ***organization, or an organization that accredits graduate medical education in an equivalent foreign country and is nationally recognized in that country;***

(c) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(d) Meets all other conditions and requirements for a license to practice medicine.

4. Any license issued pursuant to this section is a restricted license, and the person who holds the restricted license may practice

medicine in this State only in the medical specialties and geographic areas for which the restricted license is issued.

5. Any person who holds a restricted license issued pursuant to this section and who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all statutory requirements for licensure in effect at the time of application except the requirements of paragraph (c) of subsection 2 of NRS 630.160.

Sec. 27. NRS 630.264 is hereby amended to read as follows:

630.264 1. A board of county commissioners may petition the Board of Medical Examiners to waive the requirements of paragraph (c) of subsection 2 of NRS 630.160 for any applicant intending to practice medicine in a medically underserved area of that county as that term is defined by regulation by the Board of Medical Examiners. The Board of Medical Examiners may waive that requirement and issue a license if the applicant:

(a) Has completed at least 1 year of training 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 ~~[their]~~ ***its*** successor ~~[organizations, respectively;]~~ ***organization, or an organization that accredits graduate medical education in an equivalent foreign country and is nationally recognized in that country;***

(b) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(c) Meets all other conditions and requirements for a license to practice medicine.

2. Any person licensed pursuant to subsection 1 must be issued a license to practice medicine in this State restricted to practice in the medically underserved area of the county which petitioned for the waiver only. A person may apply to the Board of Medical Examiners for renewal of that restricted license every 2 years after being licensed.

3. Any person holding a restricted license pursuant to subsection 1 who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all

statutory requirements for licensure in effect at the time of application except the requirements of paragraph (c) of subsection 2 of NRS 630.160.

Sec. 28. NRS 630.265 is hereby amended to read as follows:

630.265 1. Unless the Board denies such licensure pursuant to NRS 630.161 ***for failure to comply with any requirement imposed pursuant to NRS 630.257*** 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;]~~ ***an equivalent foreign country;*** or

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

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

3. 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. 29. NRS 630.2677 is hereby amended to read as follows:

630.2677 ***1.*** A person applying to renew a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS;

~~[2.]~~ ***(b)*** Apply:

~~[(a)]~~ ***(1)*** To renew a license to practice as a physician assistant to the Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** For a license to practice as a physician assistant to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for biennial simultaneous registration of a physician assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for a physician assistant ***established*** pursuant to NRS 633.501.

2. If an applicant to renew a license to practice as a physician assistant pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS and pays the fee for biennial simultaneous registration of a physician assistant established pursuant to NRS 630.268 but does not pay the application and initial simultaneous license fee for a physician assistant established pursuant to NRS 633.501 within 1 year after the renewal of his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the physician assistant that he or she is required to pay to the Board the difference between:

(1) The fee for biennial registration of a physician assistant established pursuant to NRS 630.268; and

(2) The fee for biennial simultaneous registration of a physician assistant established pursuant to NRS 630.268; and

(b) The physician assistant shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 30. NRS 630.268 is hereby amended to read as follows:

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

For application for and issuance of a license to practice as a physician, including a license by endorsement	$600
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, ~~[special, special purpose]~~ ***telemedicine*** or special event license	400

For renewal of a limited, restricted ~~[,]~~ ***or*** authorized facility ~~[or special]~~ license..... $400
For application for and issuance of a license as a physician assistant, including a license by endorsement 400
For application for and issuance of a simultaneous license as a physician assistant 200
For biennial registration of a physician assistant 800
For biennial simultaneous registration of a physician assistant 400
For biennial registration of a physician 800
For application for and issuance of a license as a perfusionist or practitioner of respiratory care 400
For biennial renewal of a license as a perfusionist..... 600
For application for and issuance of a license or temporary license to practice as an anesthesiologist assistant..... 400
For application for and initial issuance of a simultaneous license as an anesthesiologist assistant 200
For biennial registration of an anesthesiologist assistant 800
For biennial simultaneous registration of an anesthesiologist assistant..... 400
For biennial registration of a practitioner of respiratory care..... 600
For biennial registration for a physician who is on inactive status 400
For written verification of licensure 50
~~[For a duplicate identification card..... 25]~~
For a duplicate license..... 50
~~[For computer printouts or labels ..... 500~~
~~For verification of a listing of physicians, per hour ..... 20]~~
For furnishing a list of new physicians..... 100

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees ~~[prescribed in]~~ ***established pursuant to*** subsection 1, the Board shall charge and collect necessary and

reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

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

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

~~(a)]~~ NRS 630.1607 ~~[~~, and the applicant is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

~~(b) NRS]~~ ***or*** 630.2752, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

5. If an applicant submits an application for a license by endorsement pursuant to NRS ~~[~~630.1606 or~~]~~ 630.2751, ~~[~~as applicable,~~]~~ the Board shall charge and collect not more than the fee specified in subsection 1 for the application for and initial issuance of a license.

Sec. 31. NRS 630.26835 is hereby amended to read as follows:

630.26835 ***1.*** A person applying for an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS;

~~[2.]~~ ***(b)*** Apply for a license to practice as an anesthesiologist assistant to:

~~[(a)]~~ ***(1)*** The Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** The State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for application for and issuance of a simultaneous license as an anesthesiologist assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 633.501.

2. If a person who applies for an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS and pays the fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268 and the person does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 within 1 year after the issuance of his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the person that he or she is required to pay to the Board the difference between:

(1) The fee for application for and issuance of a license to practice as an anesthesiologist assistant established pursuant to NRS 630.268; and

(2) The fee for application for and initial issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268; and

(b) The person shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 32. NRS 630.2684 is hereby amended to read as follows:

630.2684 ***1.*** A person applying to renew an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous anesthesiologist assistant license pursuant to the provisions of chapter 633 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS;

~~[2.]~~ ***(b)*** Apply:

~~[(a)]~~ ***(1)*** To renew an anesthesiologist assistant license to the Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** For an anesthesiologist assistant license to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for biennial simultaneous registration of an anesthesiologist assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 633.501.

2. If an applicant to renew an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS and pays the fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 within 1 year after the renewal of his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:

(1) The fee for biennial registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

(2) The fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

(b) The anesthesiologist assistant shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 33. NRS 630.26845 is hereby amended to read as follows:

630.26845 ***1.*** If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS, the person must:

~~[1.]~~ ***(a)*** Apply for an anesthesiologist assistant license to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[2.]~~ ***(b)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for biennial simultaneous registration of an anesthesiologist assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 633.501.

2. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter pays the fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the application and initial simultaneous license fee for an

anesthesiologist assistant established pursuant to NRS 633.501 within 1 year after the next time the person renews his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:

(1) The fee for biennial registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

(2) The fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

(b) The anesthesiologist assistant shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 34. NRS 630.269 is hereby amended to read as follows:

630.269 The Board shall adopt regulations regarding the licensure of perfusionists, including, without limitation:

1. The criteria for licensure as a perfusionist and the standards of professional conduct for holders of such a license;

2. The qualifications and fitness of applicants for licenses, renewal of licenses and reciprocal licenses;

3. ~~[The requirements for any practical, oral or written examination for a license that the Board may require pursuant to NRS 630.2692, including, without limitation, the passing grade for such an examination;~~

~~4.]~~ The ~~[fees]~~ ***fee*** for ~~[examination and for]~~ ***the*** reinstatement of expired licenses;

~~[5.]~~ ***4.*** The requirements for continuing education for the renewal of a license;

~~[6.]~~ ***5.*** A code of ethics for perfusionists; and

~~[7.]~~ ***6.*** The procedures for the revocation, suspension or denial of a license for a violation of this chapter or the regulations of the Board.

Sec. 35. NRS 630.2691 is hereby amended to read as follows:

630.2691 To be eligible for licensing by the Board as a perfusionist, an applicant must:

1. Be a natural person of good moral character;

2. Submit a completed application as required by the Board ***;*** ~~[by the date established by the Board;]~~

3. Submit any required fees ***;*** ~~[by the date established by the Board;]~~

4. Have successfully completed a perfusion education program approved by the Board, which must:

(a) Have been approved by the Committee on Allied Health Education and Accreditation of the American Medical Association before June 1, 1994; or

(b) Be a program that has educational standards that are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor;

5. ~~[Pass an examination required pursuant to NRS 630.2692;]~~ ***Hold a current, valid certification issued by the American Board of Cardiovascular Perfusion, or its successor organization;*** and

6. Comply with any other requirements set by the Board.

Sec. 36. NRS 630.2695 is hereby amended to read as follows:

630.2695 1. Each license issued pursuant to NRS 630.2694 expires on June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next business day after June 30, of every odd-numbered year and may be renewed if, before the license expires, the holder of the license submits to the Board:

(a) A completed application for renewal on a form prescribed by the Board;

(b) Proof of completion of the requirements for continuing education prescribed by regulations adopted by the Board pursuant to NRS 630.269; and

(c) The applicable fee for renewal of the license prescribed by the Board pursuant to NRS 630.2691.

2. A license that expires pursuant to this section not more than 2 years before an application for renewal is made may be reinstated only if the applicant:

(a) Complies with the provisions of subsection 1; and

(b) Submits to the Board the fees:

(1) For the reinstatement of an expired license, prescribed by regulations adopted by the Board pursuant to NRS 630.269; and

(2) For each biennium that the license was expired, for the renewal of the license.

3. If a license has been expired for more than 2 years, a person may not renew or reinstate the license but must apply for a new license and ~~[submit to the examination required]~~ ***comply with any requirement imposed by the Board*** pursuant to NRS ~~[630.2692.]~~ ***630.257.***

4. The Board shall send a notice of renewal to each licensee not later than 60 days before his or her license expires. The notice must include the amount of the fee for renewal of the license.

Sec. 37. NRS 630.2696 is hereby amended to read as follows:

630.2696 1. The Board may issue a temporary license to practice perfusion in this State to a person who has not yet ~~[completed the examination]~~ ***obtained the certification*** required pursuant to NRS ~~[630.2692]~~ ***630.2691*** but who:

(a) Has completed an approved perfusion education program;

(b) Files an application; and

(c) Pays the required fee.

2. A perfusionist shall supervise and direct a temporarily licensed perfusionist at all times during which the temporarily licensed perfusionist performs perfusion.

3. A temporary license is valid for 1 year after the date it is issued and may be ~~[extended subject to regulation by the Board.]~~ ***renewed once.*** The application for renewal must be signed by a supervising licensed perfusionist.

~~[4. If a temporarily licensed perfusionist fails any portion of the examination required pursuant to NRS 630.2692, he or she shall immediately surrender the temporary license to the Board.]~~

Sec. 38. NRS 630.2735 is hereby amended to read as follows:

630.2735 ***1.*** A person applying for a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS;

~~[2.]~~ ***(b)*** Apply for a license to practice as a physician assistant to:

~~[(a)]~~ ***(1)*** The Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** The State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for application for and issuance of a simultaneous license as a physician assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for a physician assistant ***established*** pursuant to NRS 633.501.

2. If a person who applies for a license to practice as a physician assistant pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license to

practice as a physician assistant pursuant to the provisions of chapter 633 of NRS and pays the fee for application for and issuance of a simultaneous license as a physician assistant established pursuant to NRS 630.268 but does not pay the application and initial simultaneous license fee for a physician assistant established pursuant to NRS 633.501 within 1 year after the issuance of his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the person that he or she is required to pay to the Board the difference between:

(1) The fee for application for and issuance of a license as a physician assistant established pursuant to NRS 630.268; and

(2) The fee for application for and initial issuance of a simultaneous license as a physician assistant established pursuant to NRS 630.268; and

(b) The person shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 39. NRS 630.275 is hereby amended to read as follows:

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

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

~~organization for the accreditation of physician assistants to satisfy any continuing education requirements for the renewal of licenses.~~**]**

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

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

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

Sec. 40. NRS 630.2751 is hereby amended to read as follows:

630.2751 1. The Board may issue a license by endorsement to practice as a physician assistant to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to practice as a physician assistant in the District of Columbia or any state or territory of the United States.

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

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

(1) Satisfies the requirements of subsection 1; ***and***

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

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

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

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

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice as a physician assistant pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, ***including, without limitation, failure to comply with***

any requirement imposed by the Board pursuant to NRS 630.257, the Board shall approve the application and issue a license by endorsement to practice as a physician assistant to the applicant not later than:

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints ~~[,]~~ ***; or***

(c) Ten days after the Board receives proof that the applicant has complied with any requirement imposed by the Board pursuant to NRS 630.257, if applicable,

➥ whichever occurs later.

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

Sec. 41. NRS 630.2752 is hereby amended to read as follows:

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

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

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

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

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

(1) Satisfies the requirements of subsection 1; ***and***

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

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

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

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

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice as a physician assistant pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, ***including, without limitation, failure to comply with any requirement imposed by the Board pursuant to NRS 630.257,*** the Board shall approve the application and issue a license by endorsement to practice as a physician assistant to the applicant not later than:

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

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints ~~[,]~~ ***; or***

(c) Ten days after the Board receives proof that the applicant has complied with any requirement imposed by the Board pursuant to NRS 630.257, if applicable,

➥ whichever occurs later.

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

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

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

Sec. 42. NRS 630.2755 is hereby amended to read as follows:

630.2755 ***1.*** If a person licensed to practice as a physician assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS, the person must:

~~[1.]~~ ***(a)*** Apply for a license to practice as a physician assistant to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

~~[2.]~~ ***(b)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for biennial simultaneous registration of a physician assistant ***established*** pursuant to NRS 630.268; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for a physician assistant ***established*** pursuant to NRS 633.501.

2. If a person licensed as a physician assistant pursuant to the provisions of this chapter pays the fee for biennial simultaneous registration of a physician assistant established pursuant to NRS 630.268 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the application and initial simultaneous license fee for a physician assistant established pursuant to NRS 633.501 within 1 year after the next time the person renews his or her license pursuant to this chapter:

(a) The Board of Medical Examiners shall notify the person that he or she is required to pay to the Board the difference between:

(1) The fee for biennial registration of a physician assistant established pursuant to NRS 630.268; and

(2) The fee for biennial simultaneous registration of a physician assistant established pursuant to NRS 630.268; and

(b) The person shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 43. NRS 630.277 is hereby amended to read as follows:

630.277 1. Every person who wishes to practice respiratory care in this State must:

(a) ~~[Have:~~

~~(1) A high school diploma; or~~

~~(2) A general equivalency diploma or an equivalent document;~~

~~(b)]~~ Complete an educational program for respiratory care which has been approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization;

~~[(c)]~~ ***(b)*** Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization;

~~[(d)]~~ ***(c)*** Be certified by the National Board for Respiratory Care or its successor organization; and

~~[(e)]~~ ***(d)*** Be licensed to practice respiratory care by the Board and have paid the required fee for licensure.

2. Except as otherwise provided in subsection 3, a person shall not:

(a) Practice respiratory care; or

(b) Hold himself or herself out as qualified to practice respiratory care,

➥ in this State without complying with the provisions of subsection 1.

3. Any person who has completed the educational requirements set forth in ~~[paragraphs]~~ ***paragraph*** (a) ~~[and (b)]~~ of subsection 1 may practice respiratory care pursuant to a program of practical training as an intern in respiratory care for not more than 12 months after completing those educational requirements.

Sec. 44. NRS 630.301 is hereby amended to read as follows:

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

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.

2. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive.

3. Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by ***another agency of this State or*** another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.

4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if the malpractice is established by a preponderance of the evidence.

5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner. ***For the purposes of this subsection, a practitioner shall be deemed to be currently treating a patient if the practitioner:***

(a) Has treated the patient within the immediately preceding 3 years; and

(b) Has not discharged the patient in writing.

6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.

7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.

8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.

9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.

11. Conviction of:

(a) Murder, voluntary manslaughter or mayhem;

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

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

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

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

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

(g) Any offense involving moral turpitude.

Sec. 45. NRS 630.306 is hereby amended to read as follows:

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

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

(b) Engaging in any conduct:

(1) Which is intended to deceive;

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

(3) Which is in violation of a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy

pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125.

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

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

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

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

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

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

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

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

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

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

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

(n) Operation of a medical facility at any time during which:

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

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

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

(o) Failure to comply with the requirements of NRS 630.373.

(p) Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

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

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

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

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

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

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

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

(t) Failure to obtain any training required by the Board pursuant to NRS 630.2535.

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

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

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

(x) Failure to respond to the Board or an investigative committee of the Board during an investigation or otherwise cooperate with an investigation pursuant to this chapter.

2. As used in this section:

(a) "Individualized investigational treatment" has the meaning ascribed to it in NRS 454.690.

(b) "Investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.

Sec. 46. NRS 630.3067 is hereby amended to read as follows:

630.3067 1. The insurer of a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist licensed under this chapter shall report to the Board:

(a) Any action for malpractice against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist not later than 45 days after the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and

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

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

3. Except where otherwise required by law, a report made by an insurer pursuant to this section is a public record.

Sec. 47. NRS 630.3068 is hereby amended to read as follows:

630.3068 1. A physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist shall report to the Board:

(a) Any action for malpractice against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist not later than 45 days after the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation;

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition, including, without limitation, any amount paid to resolve the claim; and

(d) Any sanctions imposed against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

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

3. All reports made by a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist pursuant to this section are public records.

Sec. 48. NRS 630.3069 is hereby amended to read as follows:

630.3069 If the Board receives a report pursuant to the provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that a judgment has been rendered or an award has been made against a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist regarding an action or claim for malpractice or that such an action or claim against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist has been resolved by settlement, the Board shall conduct an investigation to determine whether to impose disciplinary action against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

Sec. 49. NRS 630.307 is hereby amended to read as follows:

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

identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

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

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

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

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

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

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

failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

6. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care:

(a) Is mentally ill;

(b) Is mentally incompetent;

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

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

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

➥ within 45 days after such a finding, judgment or determination is made.

7. ***If the Board receives a report pursuant to subsection 5 of NRS 228.420, the Board must proceed as if a complaint had been filed against the licensee who is the subject of the report.***

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

Sec. 50. NRS 630.309 is hereby amended to read as follows:

630.309 To institute a disciplinary action against a perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care, a written ~~[complaint,]~~ ***charging document,*** specifying the charges, must be filed with the Board by ~~[:~~

~~1. The]~~ ***the*** Board or a committee designated by the Board to investigate a complaint ***.*** ~~[;~~

~~2. Any member of the Board; or~~

~~3. Any other person who is aware of any act or circumstance constituting a ground for disciplinary action set forth in the regulations adopted by the Board.]~~

Sec. 51. NRS 630.311 is hereby amended to read as follows:

630.311 1. Except as otherwise provided in NRS 630.323, a committee designated by the Board and consisting of members of the Board shall review each complaint ***received by the Board that is within the jurisdiction of the Board*** and conduct an investigation to determine if there is a reasonable basis for the complaint. The committee must be composed of at least three members of the Board, at least one of whom is not a physician. The committee may issue orders to aid its investigation including, but not limited to, compelling a physician to appear before the committee.

2. If, after conducting an investigation, the committee determines that there is a reasonable basis for the complaint and that a violation of any provision of this chapter has occurred, the committee may file a formal ~~[complaint]~~ ***charging document*** with the Board.

3. The proceedings of the committee are confidential and are not subject to the requirements of NRS 241.020. Within 20 days after the conclusion of each meeting of the committee, the Board shall publish a summary setting forth the proceedings and determinations of the committee. The summary must not identify any person involved in the complaint that is the subject of the proceedings.

Sec. 52. NRS 630.318 is hereby amended to read as follows:

630.318 1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist has raised a reasonable question as to his or her competence to practice medicine, respiratory care or perfusion ***,*** ~~[or]~~ practice as a physician assistant ~~[,]~~ ***or assist in the practice of medicine,*** as applicable, with reasonable skill and safety to patients, or if the Board has received a report pursuant to the provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that a judgment has been rendered or an award has been made against a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist regarding an action or claim for malpractice or that such an action or claim against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist has been resolved by settlement, the Board or committee may order that the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist undergo a mental or physical examination, an examination testing his or her competence to practice medicine, respiratory care or perfusion ***,*** ~~[or]~~ practice as a physician assistant ~~[,]~~ ***or assist in the practice of medicine,*** as applicable, or any other examination designated by the Board to assist the Board or committee in determining the fitness of the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist to practice medicine, respiratory care or perfusion ***,*** ~~[or]~~ practice as a physician assistant ~~[,]~~ ***or assist in the practice of medicine,*** as applicable.

2. For the purposes of this section:

(a) Every physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist who applies

for a license or who is licensed under this chapter shall be deemed to have given consent to submit to a mental or physical examination or an examination testing his or her competence to practice medicine, respiratory care or perfusion ***,*** ~~[or]~~ practice as a physician assistant ~~[,]~~ ***or assist in the practice of medicine,*** as applicable, when ordered to do so in writing by the Board or an investigative committee of the Board.

(b) The testimony or reports of a person who conducts an examination of a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist on behalf of the Board or an investigative committee of the Board pursuant to this section are not privileged communications.

3. Except in extraordinary circumstances, as determined by the Board, the failure of a physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist licensed under this chapter to submit to an examination when directed as provided in this section constitutes ~~[an]~~ ***:***

(a) Grounds for the immediate suspension of the license of the physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist pending further disciplinary proceedings; and

(b) An admission of the charges against the physician, physician assistant, ***anesthesiologist assistant,*** practitioner of respiratory care or perfusionist.

Sec. 53. NRS 630.323 is hereby amended to read as follows:

630.323 1. The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:

(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;

(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or

(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.

2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the

licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.

3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:

(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162; and

(b) A request for additional relevant information from the licensee who is the subject of the review and evaluation.

4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.

5. When deemed appropriate, the Executive Director of the Board may:

(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.

(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.

6. The Board shall:

(a) Adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of NRS 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.

(b) Develop and disseminate to each physician and physician assistant licensed pursuant to this chapter or make available on the Internet website of the Board an explanation or a technical advisory bulletin to inform those physicians and physician assistants of the

requirements of this section and NRS ~~[630.324,]~~ 639.23507 and 639.2391 to 639.23916, inclusive, and any regulations adopted pursuant thereto. The Board shall update the explanation or bulletin as necessary to include any revisions to those provisions of law or regulations. The explanation or bulletin must include, without limitation, an explanation of the requirements that apply to specific controlled substances or categories of controlled substances.

Sec. 54. NRS 630.326 is hereby amended to read as follows:

630.326 1. If an investigation by the Board regarding a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care reasonably determines that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm, the Board may ***:***

(a) Summarily restrict the practice of the licensee, including, without limitation, restricting or suspending the ability of the licensee to prescribe and dispense controlled substances, practice in a specialty area, perform specific tasks or procedures or treat a specific population of patients pending the conclusion of a hearing to consider a formal charging document filed against the licensee; or

(b) In accordance with subsection 3 of NRS 233B.127, summarily suspend the license of the licensee pending the conclusion of a hearing to consider a formal ~~[complaint]~~ ***charging document*** against the licensee. The order of summary suspension may be issued only by the Board or an investigative committee of the Board.

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

~~3.]~~ If the Board or an investigative committee of the Board issues an order summarily suspending the license of a licensee ***or restricting the practice of a licensee*** pursuant to subsection 1 and the Board requires the licensee to submit to a mental or physical

examination or an examination testing his or her competence to practice, the examination must be conducted and the results obtained not later than 30 days after the order is issued.

Sec. 55. NRS 630.329 is hereby amended to read as follows:

630.329 If the Board issues an order ***summarily*** suspending the license of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care ***or summarily restricting the practice of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care*** pending proceedings for disciplinary action, ~~[including, without limitation, a summary suspension pursuant to NRS 233B.127,]~~ the court shall not stay that order.

Sec. 56. NRS 630.336 is hereby amended to read as follows:

630.336 1. Any deliberations conducted or vote taken by the Board or any investigative committee of the Board regarding its ordering of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to undergo a physical or mental examination or any other examination designated to assist the Board or committee in determining the fitness of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care are not subject to the requirements of NRS 241.020.

2. Except as otherwise provided in subsection 3 or 4, all applications for a license to practice medicine, perfusion or respiratory care, any charges filed by the Board, financial records of the Board, formal hearings on any charges heard by the Board or a panel selected by the Board, records of such hearings and any order or decision of the Board or panel must be open to the public.

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

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

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

(c) Any communication between:

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

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

4. Except as otherwise provided in subsection 5 and NRS 239.0115, a complaint filed with the Board pursuant to NRS 630.307, all documents and other information filed with the

complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action are confidential.

5. The formal ~~[complaint or other]~~ ***charging*** document filed by the Board to initiate disciplinary action and all documents and information considered by the Board when determining whether to impose discipline are public records.

6. The Board shall, to the extent feasible, communicate or cooperate with or provide any documents or other information to any other licensing board or agency or any agency which is investigating a person, including a law enforcement agency. Such cooperation may include, without limitation, providing the board or agency with minutes of a closed meeting, ~~[transcripts of oral examinations and]~~ the results of ~~[oral examinations.]~~ ***any examination conducted pursuant to NRS 630.318, a copy of any such examination or any documents or transcripts relating to such an examination.***

7. To the extent practicable and authorized by a licensee, the Board may communicate with, cooperate with or provide any documents to the employer of a licensee or any other person or entity responsible for credentialing a licensee to provide health care on behalf of the person or entity.

Sec. 57. NRS 630.339 is hereby amended to read as follows:

630.339 1. If a committee designated by the Board to conduct an investigation of a complaint decides to proceed with disciplinary action, it shall bring charges against the licensee by filing a formal ~~[complaint.]~~ ***charging document.*** The formal ~~[complaint]~~ ***charging document*** must include a written statement setting forth the charges alleged and setting forth in concise and plain language each act or omission of the respondent upon which the charges are based. The formal ~~[complaint]~~ ***charging document*** must be prepared with sufficient clarity to ensure that the respondent is able to prepare a defense. The formal ~~[complaint]~~ ***charging document*** must specify any applicable law or regulation that the respondent is alleged to have violated. The formal ~~[complaint]~~ ***charging document*** may be signed by the chair of the investigative committee or the legal counsel for the Board.

2. The respondent may file an answer to the formal ~~[complaint within 20 days after service of the complaint upon the respondent.]~~ ***charging document pursuant to NRS 622A.320.*** An answer must state in concise and plain language the respondent's defenses to each charge set forth in the ~~[complaint]~~ ***charging document*** and must admit or deny the averments stated in the ~~[complaint.]~~

charging document. If a party fails to file an answer within the time prescribed, the party shall be deemed to have denied generally the allegations of the formal ~~[complaint]~~ ***charging document*** and the Board or an investigative committee of the Board may proceed pursuant to this section in the same manner as if the answer were timely filed.

3. Within 20 days after the filing of an answer or 20 days after the date on which an answer is due, whichever is earlier, the parties shall hold an early case conference at which the parties and a hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:

(a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing;

(b) Set dates:

(1) By which all documents must be exchanged;

(2) By which all prehearing motions and responses thereto must be filed;

(3) On which to hold the prehearing conference; and

(4) For any other foreseeable actions that may be required for the matter;

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;

(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and

(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

4. ~~[If the Board receives a report pursuant to subsection 5 of NRS 228.420, such a hearing must be held within 30 days after receiving the report. The Board shall notify the licensee of the charges brought against him or her, the time and place set for the hearing, and the possible sanctions authorized in NRS 630.352.~~

~~5.]~~ A formal hearing must be held at the time and date set at the early case conference by:

(a) The Board;

(b) A hearing officer;

(c) A member of the Board designated by the Board or an investigative committee of the Board;

(d) A panel of members of the Board designated by an investigative committee of the Board or the Board;

(e) A hearing officer together with not more than one member of the Board designated by an investigative committee of the Board or the Board; or

(f) A hearing officer together with a panel of members of the Board designated by an investigative committee of the Board or the Board. If the hearing is before a panel, at least one member of the panel must not be a physician.

~~[6. At any hearing at which at least one member of the Board presides, whether in combination with a hearing officer or other members of the Board, the final determinations regarding credibility, weight of evidence and whether the charges have been proven must be made by the members of the Board. If a hearing officer presides together with one or more members of the Board, the hearing officer shall:~~

~~(a) Conduct the hearing;~~

~~(b) In consultation with each member of the Board, make rulings upon any objections raised at the hearing;~~

~~(c) In consultation with each member of the Board, make rulings concerning any motions made during or after the hearing; and~~

~~(d) Within 30 days after the conclusion of the hearing, prepare and file with the Board written findings of fact and conclusions of law in accordance with the determinations made by each member of the Board.]~~

Sec. 58. NRS 630.344 is hereby amended to read as follows:

630.344 1. Except as otherwise provided in subsection 2 ~~[,]~~ ***and chapter 622A of NRS,*** service of process under this chapter ~~[must]~~ ***:***

(a) Must be made on a licensee personally, or by ~~[registered or]~~ certified mail ~~[with return receipt requested]~~ addressed to the licensee at his or her last known ***mailing*** address ~~[. If personal service cannot be made and if notice by mail is returned undelivered, the President or Secretary-Treasurer of the Board shall cause notice to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the licensee or, if no newspaper is published in that county, then in a newspaper widely distributed in that county.]*** ***, as indicated in the records of the Board.***

(b) Shall be deemed complete:

(1) For personal service, on the date on which the process is delivered to the person; or

(2) For service by certified mail, on the date on which the process is mailed.

2. In lieu of the methods of service of process set forth in subsection 1, if the Board obtains written consent from the licensee, service of process under this chapter may be made by electronic mail on the licensee at an electronic mail address designated by the licensee in the written consent. ***A licensee with a mailing address outside of the United States must consent to service of process by electronic mail.***

3. Proof of service of process ~~[or publication of notice made]~~ ***in connection with a contested case*** under this chapter must be filed with the Board and may be recorded in the minutes of the Board ~~[.]~~ ***, if applicable.***

4. As used in this section, "contested case" has the meaning ascribed to it in NRS 622A.020.

Sec. 59. NRS 630.352 is hereby amended to read as follows:

630.352 1. Any member of the Board, other than a member of an investigative committee of the Board who participated in any determination regarding a ***complaint or the filing of a*** formal ~~[complaint]~~ ***charging document*** in the matter or any member serving on a panel of the Board at the hearing of the matter, may participate in an adjudication to obtain the final order of the Board. At the adjudication, the Board shall consider any findings of fact and conclusions of law submitted after the hearing and shall allow:

(a) Counsel for the Board to present a disciplinary recommendation and argument in support of the disciplinary recommendation subject to the provisions of NRS 622A.200 and 622A.210; ***and***

(b) The respondent or counsel of the respondent to present a disciplinary recommendation and argument in support of the disciplinary recommendation ***.*** ~~[; and~~

~~(c) The complainant in the matter to make a statement to the Board regarding the disciplinary recommendations by the parties and to address the effect of the respondent's conduct upon the complainant or the patient involved, if other than the complainant.]~~

➥ The Board may limit the time within which the parties ~~[and the complainant]~~ may make their arguments and statements.

2. At the conclusion of the presentations of the parties ***,*** ~~[and the complainant,]~~ the Board shall deliberate and may by a majority vote impose discipline based upon the findings of fact and conclusions of law and the presentations of the parties ***.*** ~~[and the complainant.]~~

3. If, in the findings of fact and conclusions of law, the Board, hearing officer or panel of the Board determines that no violation

has occurred, the Board shall dismiss the charges, in writing, and notify the respondent that the charges have been dismissed.

4. Except as otherwise provided in subsection 5, if the Board finds that a violation has occurred, it shall by order take one or more of the following actions:

(a) Place the person on probation for a specified period on any of the conditions specified in the order;

(b) Administer a written public reprimand to the person;

(c) Limit the person's practice or exclude one or more specified branches of medicine from his or her practice;

(d) Suspend the person's license for a specified period or until further order of the Board;

(e) Revoke the person's license;

(f) Require the person to participate in a program to correct an alcohol or other substance use disorder or any other impairment;

(g) Require supervision of the person's practice;

(h) Impose a fine not to exceed $10,000 for each violation;

(i) Require the person to perform community service without compensation;

(j) Require the person to take a physical or mental examination or an examination testing his or her competence; and

(k) Require the person to fulfill certain training or educational requirements.

5. If the Board finds that the respondent has violated the provisions of NRS 439B.425, the Board shall suspend the respondent's license for a specified period or until further order of the Board.

6. The Board shall not administer a private reprimand if the Board finds that a violation has occurred.

7. Within 30 days after the conclusion of the adjudication by the Board, the Board shall issue a final order, certified by the Secretary-Treasurer of the Board, that imposes discipline and incorporates the findings of fact and conclusions of law obtained from the hearing. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

Sec. 60. NRS 630.355 is hereby amended to read as follows:

630.355 1. If ***the respondent or*** a ~~[person,]~~ ***witness*** in a proceeding before the Board, a hearing officer or a panel of the Board:

(a) Disobeys or resists a lawful order;

(b) Refuses to take an oath or affirmation as a witness;

(c) Refuses to be examined; or

(d) Engages in conduct during a hearing or so near the place thereof as to obstruct the proceeding,

➥ the Board, hearing officer or panel may certify the facts to the district court of the county in which the proceeding is being conducted. Such a certification operates as a stay of all related disciplinary proceedings. The court shall issue an order directing the ~~[person]~~ ***respondent or witness, as applicable,*** to appear before the court and show cause why he or she should not be held in contempt.

2. A copy of the statement of the Board, hearing officer or panel, and the order of the district court issued pursuant to subsection 1, must be served on the ~~[person.]~~ ***respondent or witness, as applicable.*** Thereafter, the court has jurisdiction of the matter.

3. The same proceedings must be had, the same penalties may be imposed and the ~~[person]~~ ***respondent or witness, as applicable,*** may purge himself or herself of the contempt in the same way as in the case of a person who has committed a contempt in the trial of a civil action.

Sec. 61. NRS 630.356 is hereby amended to read as follows:

630.356 1. Any person aggrieved by a final order of the Board is entitled to judicial review of the Board's order.

2. Every order that imposes a sanction against a licensee pursuant to subsection 4 or 5 of NRS 630.352 or any regulation of the Board is effective from the date the Secretary-Treasurer certifies the order until the date the order is modified or reversed by a final judgment of the court. ~~[The court shall not stay the order of the Board pending a final determination by the court.]~~

3. The district court shall give a petition for judicial review of the Board's order priority over other civil matters which are not expressly given priority by law.

Sec. 62. NRS 630.358 is hereby amended to read as follows:

630.358 1. Any person:

(a) Whose practice of medicine, perfusion or respiratory care has been limited; or

(b) Whose license to practice medicine, perfusion or respiratory care has been ~~[:~~

~~(1) Suspended]~~ ***suspended*** until further order ~~[; or~~

~~(2) Revoked,~~

~~➥ by an order]~~ of the Board,

➥ may ~~[apply to]~~ ***petition*** the Board for removal of the limitation or ~~[restoration of the license.]~~ ***suspension.***

2. In hearing ~~[the application,]~~ ***a petition received pursuant to subsection 1,*** the Board:

(a) May require the person to submit to a mental or physical examination or an examination testing his or her competence to practice ~~[medicine, perfusion or respiratory care by physicians, perfusionists or practitioners]~~ ***as a physician, physician assistant, anesthesiologist assistant, perfusionist or practitioner*** of respiratory care, as appropriate, or other examinations it designates and submit such other evidence of changed conditions and of fitness as it deems proper;

(b) Shall determine whether under all the circumstances the time of the ~~[application]~~ ***petition*** is reasonable; and

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

3. The licensee has the burden of proving by clear and convincing evidence that the requirements for ~~[restoration of the license or]~~ removal of the limitation ***or suspension*** have been met.

4. The Board shall not ~~[restore a license]~~ ***remove a limitation or suspension*** unless it is satisfied that the person has complied with all of the terms and conditions set forth in the final order of the Board and that the person is capable of practicing ~~[medicine, perfusion or respiratory care]~~ ***as a physician, physician assistant, anesthesiologist assistant, perfusionist or practitioner of respiratory care, as appropriate,*** in a safe manner.

5. To restore a license that has been revoked by the Board, ~~[the applicant]~~ ***a person*** must apply for a license and ~~[take an examination]~~ ***meet all of the requirements for the issuance of the license at the time of the application*** as though the applicant had never been licensed under this chapter.

Sec. 63. NRS 630.364 is hereby amended to read as follows:

630.364 1. Any person or organization who furnishes information concerning an applicant for a license or a licensee in good faith in accordance with the provisions of this chapter is immune from any civil action for furnishing that information.

2. The Board and any of its members and its staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and the employees or volunteers of a diversion program are immune from any civil liability for:

(a) Any decision or action taken in good faith in response to information acquired by the Board.

(b) Disseminating information concerning an applicant for a license or a licensee to other boards or agencies of the State, the Attorney General, any hospitals, medical societies, insurers, employers, patients and their families or any law enforcement agency.

3. Except as otherwise provided in subsection 4, the Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a ~~[~~physician~~]~~ ***licensee*** for:

(a) Disclosing to a governmental entity ***in good faith*** a violation of any law, rule or regulation by an applicant for a license ~~[~~to practice medicine~~]~~ or by a ~~[~~physician;~~]~~ ***licensee;*** or

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

4. A ~~[~~physician~~]~~ ***licensee*** who discloses information to or cooperates with a governmental entity pursuant to subsection 3 with respect to the violation of any law, rule or regulation by the ~~[~~physician~~]~~ ***licensee*** is subject to investigation and any other administrative or disciplinary action by the Board under the provisions of this chapter for such violation.

5. As used in this section:

(a) "Diversion program" means a program approved by the Board to correct a licensee's alcohol or other substance use disorder or any other impairment.

(b) "Governmental entity" includes, without limitation:

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

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

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

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

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

Sec. 64. NRS 630.371 is hereby amended to read as follows:

630.371 Laser surgery or intense pulsed light therapy on the globe of the eye of a patient may be performed only by a licensed physician who has completed a program of progressive postgraduate education in ophthalmology as a resident in the United States or ~~[~~Canada~~]~~ ***an equivalent foreign country*** in a program approved by the Board, the Accreditation Council for Graduate Medical Education ***,*** or ~~[~~the Council on Medical Education of the Canadian Medical Association.~~]~~ ***its successor organization, or an***

organization that accredits graduate medical education in an equivalent foreign country and is nationally recognized in that country.

Sec. 65. NRS 630.373 is hereby amended to read as follows:

630.373 1. ~~[A]~~ ***Except as otherwise provided in subsection 2, a*** physician ***, physician assistant or anesthesiologist assistant*** shall not administer or supervise directly the administration of general anesthesia, ***tumescent anesthesia,*** conscious sedation or deep sedation to patients unless the general anesthesia, ***tumescent anesthesia,*** conscious sedation or deep sedation is administered:

(a) In an office of a physician or osteopathic physician which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

(b) In a facility which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

(c) In a medical facility as that term is defined in NRS 449.0151; or

(d) Outside of this State.

2. ***The Board may adopt regulations that authorize a physician, physician assistant or anesthesiologist assistant to administer or supervise directly the administration of tumescent anesthesia in a location that does not meet the requirements of subsection 1.***

3. As used in this section:

(a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

(b) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(c) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

(d) "Tumescent anesthesia" means local anesthesia caused by the subcutaneous injection of a dilute mixture that includes, without limitation, local anesthetic and epinephrine.

Sec. 66. Chapter 632 of NRS is hereby amended by adding thereto the provisions set forth as sections 67 and 68 of this act.

Sec. 67. ***1. "Medical assistant" means a person who:***

(a) Performs clinical tasks under the supervision of a registered nurse, including, without limitation, an advanced practice registered nurse; and

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

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

Sec. 68. ***Each time an advanced practice registered nurse performs a routine physical examination of a person who is at least 12 years of age but not more than 18 years of age, the advanced practice registered nurse shall ask the person the questions prescribed in the Medical History Form and the Physical Examination Form of the Preparticipation Physical Evaluation Form developed jointly by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine, or any successor form.***

Sec. 69. NRS 632.010 is hereby amended to read as follows:

632.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 632.011 to 632.0195, inclusive, ***and section 67 of this act*** have the meanings ascribed to them in those sections.

Sec. 70. NRS 632.120 is hereby amended to read as follows:

632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing or a certificate to practice as a nursing assistant or medication aide - certified.

(2) Of professional conduct for the practice of nursing.

(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(4) For the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to make the diagnoses, evaluations and examinations described in NRS 432B.6078, 432B.60816, 433A.162, 433A.240, 433A.335, 433A.390, 433A.430, 484C.300 and 484C.320 to 484C.350, inclusive, the certifications described in NRS 432B.6075, 432B.60814, 433A.170, 433A.195 and 433A.200 and the sworn statements or declarations described in NRS 433A.210 and 433A.335.

(b) Prepare and administer examinations for the issuance of a license or certificate under this chapter.

(c) Investigate and determine the eligibility of an applicant for a license or certificate under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

(e) Develop and disseminate annually to each registered nurse who cares for children information concerning the signs and symptoms of pediatric cancer.

2. The Board may adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license or certificate under this chapter.

(b) Standards for the continuing professional competence of licensees or holders of a certificate. The Board may evaluate licensees or holders of a certificate periodically for compliance with those standards.

(c) Requirements governing the supervision of a medical assistant, including, without limitation, regulations which prescribe limitations on the possession and administration of a dangerous drug by a medical assistant.

3. The Board may adopt regulations establishing a schedule of reasonable fees and charges, in addition to those set forth in NRS 632.345, for:

(a) Investigating licensees or holders of a certificate and applicants for a license or certificate under this chapter;

(b) Evaluating the professional competence of licensees or holders of a certificate;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the Board; and

(e) Surveying, evaluating and approving schools of practical nursing, and schools and courses of professional nursing,

➥ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term "in the process of obtaining accreditation."

5. The Board may adopt such other regulations, not inconsistent with state or federal law, as may be necessary to carry out the provisions of this chapter relating to nursing assistant trainees, nursing assistants and medication aides - certified.

6. The Board may adopt such other regulations, not inconsistent with state or federal law, as are necessary to enable it to administer the provisions of this chapter.

Sec. 70.5. NRS 632.2397 is hereby amended to read as follows:

632.2397 1. A certified registered nurse anesthetist may:

(a) Under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access

hospital ***or a hospital located in a city whose population is less than 25,000*** in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

(b) Possess and administer controlled substances, poisons, dangerous drugs and devices in other circumstances under which a registered nurse is authorized to possess and administer controlled substances, poisons, dangerous drugs and devices.

2. A certified registered nurse anesthetist shall not order or prescribe a controlled substance, poison, dangerous drug or device except as authorized by paragraph (a) of subsection 1.

3. As used in this section, "critical access hospital" means a hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. 1395i-4(e).

Sec. 71. NRS 632.347 is hereby amended to read as follows:

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

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

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

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

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

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

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

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

(f) Is a person with mental incompetence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(m) Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing

assistant or medication aide - certified, or has committed an act in another state which would constitute a violation of this chapter.

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

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

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

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

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

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

(q) Is an advanced practice registered nurse who has failed to obtain any training required by the Board pursuant to NRS 632.2375.

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

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

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

(u) Has performed or supervised the performance of a pelvic examination in violation of NRS 629.085.

(v) Has failed to comply with the provisions of NRS 441A.315 or any regulations adopted pursuant thereto.

(w) Has failed to supervise adequately a medical assistant pursuant to the regulations of the Board.

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

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

4. As used in this section:

(a) “Individualized investigational treatment” has the meaning ascribed to it in NRS 454.690.

(b) “Investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

Sec. 72. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

Each time an osteopathic physician or physician assistant performs a routine physical examination of a person who is at least 12 years of age but not more than 18 years of age, the physician or physician assistant shall ask the person the questions prescribed in the Medical History Form and the Physical Examination Form of the Preparticipation Physical Evaluation Form developed jointly by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine, or any successor form.

Sec. 73. NRS 633.2815 is hereby amended to read as follows:

633.2815 ***1.*** On or before the last day of each quarter, the Board shall provide the Board of Medical Examiners a list of all anesthesiologist assistants licensed by the Board.

2. The Board and the Board of Medical Examiners shall share information as necessary to enforce the provisions of NRS 630.26835, 630.2684, 630.26845 and 633.4256.

Sec. 74. NRS 633.2815 is hereby amended to read as follows:

633.2815 ***1.*** On or before the last day of each quarter, the Board shall provide the Board of Medical Examiners a list of all anesthesiologist assistants licensed by the Board.

2. The Board and the Board of Medical Examiners shall share information as necessary to enforce the provisions of NRS 630.26835, 630.2684, 630.26845, 633.4256, 633.4258 and 633.426.

Sec. 75. NRS 633.282 is hereby amended to read as follows:

633.282 ***1.*** On or before the last day of each quarter, the Board shall provide to the Board of Medical Examiners a list of all physician assistants licensed by the Board.

2. The Board and the Board of Medical Examiners shall share information as necessary to enforce the provisions of NRS 630.2677, 630.2735, 630.2755, 633.4332, 633.438, 633.4718.

Sec. 76. NRS 633.4256 is hereby amended to read as follows:

633.4256 ***1.*** A person applying for a license to practice as an anesthesiologist assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS;

~~[2.]~~ ***(b)*** Apply for a license to practice as an anesthesiologist assistant to:

~~[(a)]~~ ***(1)*** The Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** The Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 633.501; and

~~[(b)]~~ ***(2)*** The fee for application for and issuance of a simultaneous license as an anesthesiologist assistant ***established*** pursuant to NRS 630.268.

2. If a person who applies for an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS and pays the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 and the person does not pay the fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the issuance of his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the person that he or she is required to pay to the Board the difference between:

(1) The application and initial license fee for an anesthesiologist assistant established pursuant to NRS 633.501; and

(2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501; and

(b) The person shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 77. NRS 633.4258 is hereby amended to read as follows:

633.4258 ***1.*** A person applying to renew an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous anesthesiologist assistant license pursuant to the provisions of chapter 630 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS;

~~[2.]~~ ***(b)*** Apply:

~~[(a)]~~ ***(1)*** To renew an anesthesiologist assistant license to the Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** For an anesthesiologist assistant license to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for ~~[initial]~~ ***biennial*** simultaneous ***renewal of an anesthesiologist assistant*** license ~~[as an anesthesiologist assistant]~~ ***established*** pursuant to NRS 633.501; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 630.268.

2. If an applicant to renew an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS and pays the fee for biennial simultaneous renewal of an anesthesiologist assistant license established pursuant to NRS 633.501 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the renewal of his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:

(1) The fee for biennial renewal of an anesthesiologist assistant license established pursuant to NRS 633.501; and

(2) The fee for biennial simultaneous renewal of an anesthesiologist assistant license established pursuant to NRS 633.501; and

(b) The anesthesiologist assistant shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 78. NRS 633.426 is hereby amended to read as follows:

633.426 ***1.*** If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS, the person must:

~~[1.]~~ ***(a)*** Apply for an anesthesiologist assistant license to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[2.]~~ ***(b)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The fee for biennial simultaneous ~~[registration]~~ ***renewal*** of an anesthesiologist assistant ***license established*** pursuant to NRS 633.501; and

~~[(b)]~~ ***(2)*** The application and initial simultaneous license fee for an anesthesiologist assistant ***established*** pursuant to NRS 630.268.

2. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter pays the fee for biennial simultaneous renewal of an anesthesiologist assistant license established pursuant to NRS 633.501 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the next time the person renews his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:

(1) The fee for biennial renewal of an anesthesiologist assistant license established pursuant to NRS 633.501; and

(2) The fee for biennial simultaneous renewal of an anesthesiologist assistant license established pursuant to NRS 633.501; and

(b) The anesthesiologist assistant shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 79. NRS 633.4332 is hereby amended to read as follows:

633.4332 ***1.*** A person applying for a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS;

~~[2.]~~ ***(b)*** Apply for a license to practice as a physician assistant to:

~~[(a)]~~ ***(1)*** The Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** The Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[~~(a)~~]~~ ***(1)*** The application and initial simultaneous license fee for a physician assistant ***established*** pursuant to NRS 633.501; and

~~[~~(b)~~]~~ ***(2)*** The fee for application for and issuance of a simultaneous license as a physician assistant ***established*** pursuant to NRS 630.268.

2. If a person who applies for a license to practice as a physician assistant pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS and pays the application and initial simultaneous license fee for a physician assistant established pursuant to NRS 633.501 but does not pay the fee for application for and issuance of a simultaneous license as a physician assistant established pursuant to NRS 630.268 within 1 year after the issuance of his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the person that he or she is required to pay to the Board the difference between:

(1) The application and initial license fee for a physician assistant established pursuant to NRS 633.501; and

(2) The application and initial simultaneous license fee for a physician assistant established pursuant to NRS 633.501; and

(b) The person shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 80. NRS 633.438 is hereby amended to read as follows:

633.438 ***1.*** If a person licensed to practice as a physician assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS, the person must:

~~[~~1.~~]~~ ***(a)*** Apply for a license to practice as a physician assistant to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[~~2.~~]~~ ***(b)*** Pay all applicable fees, including, without limitation:

~~[~~(a)~~]~~ ***(1)*** The annual simultaneous registration fee for a physician assistant ***established*** pursuant to NRS 633.501; and

~~[~~(b)~~]~~ ***(2)*** The fee for application for and issuance of a simultaneous license as a physician assistant ***established*** pursuant to NRS 630.268.

2. If a person licensed as a physician assistant pursuant to the provisions of this chapter pays the annual simultaneous

registration fee for a physician assistant established pursuant to NRS 633.501 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the fee for application for and issuance of a simultaneous license as a physician assistant established pursuant to NRS 630.268 within 1 year after the next time the person renews his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the person that he or she is required to pay to the Board the difference between:

(1) The annual registration fee for a physician assistant established pursuant to NRS 633.501; and

(2) The annual simultaneous registration fee for a physician assistant established pursuant to NRS 633.501; and

(b) The person shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 81. NRS 633.4718 is hereby amended to read as follows:

633.4718 ***1.*** A person applying to renew a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS must:

~~[1.]~~ ***(a)*** Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS;

~~[2.]~~ ***(b)*** Apply:

~~[(a)]~~ ***(1)*** To renew a license to practice as a physician assistant to the Board pursuant to this chapter; and

~~[(b)]~~ ***(2)*** For a license to practice as a physician assistant to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

~~[3.]~~ ***(c)*** Pay all applicable fees, including, without limitation:

~~[(a)]~~ ***(1)*** The annual simultaneous registration fee for a physician assistant ***established*** pursuant to NRS 633.501; and

~~[(b)]~~ ***(2)*** The fee for application for and issuance of a simultaneous license as a physician assistant ***established*** pursuant to NRS 630.268.

2. If an applicant to renew a license to practice as a physician assistant pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS and pays the annual simultaneous registration fee for a physician assistant established pursuant to NRS 633.501 but does not pay the fee for application for and issuance of a simultaneous

license as a physician assistant established pursuant to NRS 630.268 within 1 year after the renewal of his or her license pursuant to this chapter:

(a) The State Board of Osteopathic Medicine shall notify the physician assistant that he or she is required to pay to the Board the difference between:

(1) The annual registration fee for a physician assistant established pursuant to NRS 633.501; and

(2) The annual simultaneous registration fee for a physician assistant established pursuant to NRS 633.501; and

(b) The physician assistant shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

Sec. 82. NRS 652.210 is hereby amended to read as follows:

652.210 1. Except as otherwise provided in ~~[subsection]~~ ***subsections*** 2 ***and 3*** and NRS 126.121 and 652.186, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a perfusionist, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS, a licensed anesthesiologist assistant, a licensed dentist or a registered pharmacist may manipulate a person for the collection of specimens. ~~[The]~~ ***Except as otherwise provided in subsection 2, the*** persons described in this subsection may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127.

2. ***In addition to the laboratory tests authorized by subsection 1, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127 if:***

(a) The practitioner of respiratory care has been properly trained to perform the test; and

(b) Performing the test is within the scope of practice of a practitioner of respiratory care.

3. The technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures.

Sec. 83. 1. A special license or a restricted license issued pursuant to NRS 630.261 expires on January 1, 2026.

2. A special purpose license issued pursuant to NRS 630.261 before January 1, 2026, shall be deemed equivalent to a telemedicine license issued pursuant to NRS 630.261, as amended by section 25 of this act, on or after January 1, 2026.

3. The amendatory provisions of sections 29, 31, 32, 33, 38 and 42 of this act apply to any person who has indicated to the Board of Medical Examiners that he or she intends to apply to the State Board of Osteopathic Medicine for a simultaneous license as a physician assistant or anesthesiologist assistant, as applicable, before, on or after January 1, 2026.

4. The amendatory provisions of sections 76, 79, 80 and 81 of this act apply to any person who has indicated to the State Board of Osteopathic Medicine that he or she intends to apply to the Board of Medical Examiners for a simultaneous license as a physician assistant or anesthesiologist assistant, as applicable, before, on or after January 1, 2026.

5. Notwithstanding the amendatory provisions of section 65 of this act, a physician, physician assistant or anesthesiologist assistant who is administering or supervising directly the administration of tumescent anesthesia in a location not authorized by NRS 630.373, as amended by section 65 of this act, on January 1, 2026, may continue to administer or supervise directly the administration of tumescent anesthesia in such a location until July 1, 2026.

Sec. 84. NRS 630.1606, 630.2692, 630.2693 and 630.324 are hereby repealed.

Sec. 85. 1. This section and section 70.5 of this act become effective upon passage and approval.

2. Sections 1 to 70, inclusive, 71, 72, 75, 76 and 79 to 84, 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, 2026, for all other purposes.

3. Section 73 of this act becomes 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, 2026, for all other purposes,

➥ if and only if no bill is enacted by the Legislature and approved by the Governor this session to authorize the State Board of

Osteopathic Medicine to charge fees for the renewal and simultaneous renewal of a license as an anesthesiologist assistant.

4. Sections 74, 77 and 78 of this bill 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, 2026, for all other purposes,

➥ if and only if a bill is enacted by the Legislature and approved by the Governor this session to authorize the State Board of Osteopathic Medicine to charge fees for the renewal and simultaneous renewal of a license as an anesthesiologist assistant.

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