

**PROPOSED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB FILE NO. R069-23I

**THE FOLLOWING DOCUMENT IS THE INITIAL DRAFT REGULATION PROPOSED
BY THE AGENCY SUBMITTED ON 09/19/2023**

DRAFT REGULATIONS ADDING ANESTHESIOLOGIST ASSISTANTS TO THE NAC

New Provision #1:

1. *If the Board or any investigative committee of the Board has reason to believe that the conduct of any anesthesiologist assistant has raised a reasonable question as to his or her competence to practice as an anesthesiologist assistant with reasonable skill and safety to patients, it may order that the anesthesiologist assistant undergo a mental or physical examination or an examination testing his or her competence to practice as an anesthesiologist assistant by physicians or any other examination designated by the Board to assist the Board or committee in determining the fitness of the anesthesiologist assistant to practice as an anesthesiologist assistant.*

2. *Every anesthesiologist assistant who applies for or is issued a license and who accepts the privilege of assisting in the practice of medicine in this State shall be deemed to have given his or her consent to submit to such an examination pursuant to subsection 1 when the anesthesiologist assistant is directed to do so in writing by the Board.*

3. *For the purpose of this section, the report of testimony or examination by the examining physicians does not constitute a privileged communication.*

4. *Except in extraordinary circumstances, as determined by the Board, the failure of a licensed anesthesiologist assistant to submit to an examination when he or she is directed to do so pursuant to this provision constitutes an admission of the charges against him or her. A default and final order may be entered without the taking of testimony or presentation of evidence.*

5. *An anesthesiologist assistant who is subject to an examination pursuant to this section shall pay the costs of the examination.*

New Provision #2:

1. *Any person:*

(a) *Whose license to practice as a physician assistant or an anesthesiologist assistant has been limited; or*

(b) *Whose license to practice as a physician assistant or an anesthesiologist assistant has been suspended until further order of the Board,*

→ *may petition the Board for removal of the limitation or suspension of the license.*

2. *In hearing the petition, the Board:*

(a) *May require the person to submit to a mental or physical examination or an examination testing his or her competence practice as a physician assistant or an anesthesiologist assistant, 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 request is reasonable; and*

(c) *May deny the request 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 removal of the limitation or suspension of the license have been met.*

4. *The Board shall not remove a suspension unless it is satisfied that the licensee has complied with all of the terms and conditions set forth in the order of the Board and that the*

license is capable of practicing as a physician assistant or an anesthesiologist assistant in a safe manner.

New Provision #3:

1. An anesthesiologist assistant shall not administer general anesthesia, conscious sedation, or deep sedation to patients unless the general 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 unless the anesthesiologist assistant is legally permitted to do so in that State.

2. 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.

New Provision #4:

1. A person who is licensed as an anesthesiologist assistant shall not:

(a) Falsify or alter records of health care;

(b) Falsify or alter the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;

(c) Render professional services to a patient while the anesthesiologist assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;

(d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception, or subterfuge;

(e) Allow any person to act as a medical assistant in the treatment of a patient of the anesthesiologist assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is supervised by the anesthesiologist assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;

(j) Engage in any sexual activity with a patient who is currently being treated by the anesthesiologist assistant;

(k) Engage in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient;

(l) Engage in conduct that violates the trust of a patient and exploits the relationship between the anesthesiologist and the patient for financial or other personal gain;

(m) Engage in conduct which brings the medical profession into disrepute, including, without limitation, conduct which violates any provision of a national code of ethics adopted by the Board by regulation;

(n) Engage in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent, or legal guardian, that exploits the relationship between the anesthesiologist assistant and the patient in a sexual manner;

(o) Make or file a report that the anesthesiologist assistant knows to be false, fail to file a record or report as required by law or willfully obstructed or induced another to obstruct such filing;

(p) Fail to report any person that the anesthesiologist assistant knows, or has reason to know, is in violation of the provisions of NRS or NAC Chapters 630, inclusive, relating to the practice of medicine.

(q) Administer or use, or allow any person under his or her supervision, direction, or control to administer or use, a single-use medical device:

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device.

2. As used in this section:

(a) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:

(1) Contains only one dose of a medication; and

(2) May be used for only one patient.

(b) "Single-use medical device" means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe, and single-dose vial.

New Provision #5:

An applicant for licensure as an anesthesiologist assistant must have the following qualifications:

1. If the applicant has not practiced as an anesthesiologist assistant for 24 months or more before applying for licensure in this State, he or she must, at the order of the Board, have taken and passed:

a. The same examination to test medical competency as that given to applicants for initial licensure; or

b. An examination designated by the Board, if the applicant is currently certified as an anesthesiologist assistant by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board, and ineligible to take the examination described in paragraph (a).

2. Be able to communicate adequately orally and in writing in the English language.

3. Be of good moral character and reputation.

4. *Graduated from a postsecondary anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization.*

5. *Be certified by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board.*

New Provision #6:

1. *An application for licensure as an anesthesiologist assistant must be made on a form supplied by the Board. The application must state:*

(a) *The date and place of the applicant's birth and his or her sex;*

(b) *Information about the applicant's postsecondary education related to his or her anesthesiologist assistant program, including, without limitation, postsecondary institutions attended, the length of time in attendance at each and whether he or she is a graduate of those schools and institutions;*

(c) *Whether the applicant has ever applied for a license or certificate as an anesthesiologist assistant in another state and, if so, when and where and the results of his or her application;*

(d) *The applicant's work activities for the preceding five years from the date of his or her application;*

(e) *Whether the applicant has ever been investigated for misconduct as an anesthesiologist assistant or had a license or certificate as an anesthesiologist assistant revoked, modified, limited, or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant by a licensing body in any jurisdiction;*

(f) *Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense;*

(g) *Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances; and*

(h) *The various places of his or her residence for the preceding five years from the date of his or her application.*

2. *An applicant must submit to the Board:*

(a) *Proof of completion of a postsecondary educational program as an anesthesiologist assistant which was approved by the Commission on Accreditation of Allied Health Education Programs;*

(b) *Proof of passage of the examination given by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization;*

(c) *Proof of certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization; and*

(d) *Such further evidence and other documents or proof of qualifications as required by the Board.*

3. *Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.*

4. *The application must be accompanied by the applicable fee.*

5. *An applicant shall pay the reasonable costs of any examination required for licensure.*

New Provision #7:

If it appears that:

1. *An applicant for licensure as an anesthesiologist assistant is not qualified or is not of good moral character or reputation;*
2. *Any credential submitted is false; or*
3. *The application is not made in proper form or other deficiencies appear in it,*
→ *the application may be rejected.*

New Provision #8:

The Board may deny an application for the issuance or renewal of a license to practice as an anesthesiologist assistant if the applicant has committed any of the acts described in subsection 1 of New Provision #16.

New Provision #9:

1. *The Board will issue a temporary license to any qualified anesthesiologist assistant applicant who:*

(a) *Meets the educational and training requirements for certification as an anesthesiologist assistant by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, and is scheduled to sit for the first proficiency examination offered by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, following the completion of his or her training; or*

(b) *Has taken the proficiency examination offered by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, but has not yet been notified of the results.*

2. *A temporary license is valid for not more than one year from the date of issuance.*

3. *While working with a temporary license, the applicant shall wear a name badge that identifies him or her as a “Graduate Anesthesiologist Assistant” or “Anesthesiologist Assistant Graduate.”*

New Provision #10:

The license issued by the Board must contain:

1. *The name of the anesthesiologist assistant;*
2. *The duration of the license; and*
3. *Any other limitations or requirements which the Board prescribes.*

New Provision #11:

1. *The license of an anesthesiologist assistant is valid for 2 years and must be renewed, on or before June 30, or if June 30 is a Saturday, Sunday, or legal holiday, the next business day after June 30, of each odd-numbered year.*

2. *Before assisting in the practice of medicine, an anesthesiologist assistant, on a form prescribed by the Board, shall notify the Board of the name and location(s) of the practice of the anesthesiologist assistant. When practice locations for the anesthesiologist change, he or she must provide updated information to the Board within 30 days.*

New Provision #12:

1. *The license of an anesthesiologist assistant may be renewed biennially. The license will not be renewed unless the anesthesiologist assistant provides satisfactory proof:*

(a) Of current certification by National Commission for Certification of Anesthesiologist Assistants, or its successor organization; and

(b) That he or she has completed the required number of hours of continuing medical education approved by the Board or as deemed Category 1 by the American Medical Association and as required by subsection 2.

2. *The following hours of continuing education are required to renew a license to practice as an anesthesiologist assistant:*

(a) If licensed during the first 6 months of the biennial period of registration, 40 hours.

(b) If licensed during the second 6 months of the biennial period of registration, 30 hours.

(c) If licensed during the third 6 months of the biennial period of registration, 20 hours.

(d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

3. *To allow for the renewal of a license to practice as an anesthesiologist assistant by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:*

(a) Send a renewal notice to the anesthesiologist at least 60 days before the expiration of a license to practice as an anesthesiologist assistant; and

(b) Send renewal instructions to the last known email address of the anesthesiologist assistant on record with the Board.

4. *If an anesthesiologist assistant fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by subsection 1, his or her license to practice in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice as an anesthesiologist assistant if the holder:*

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 2; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

5. *The Board may issue not more than 10 contact hours of continuing education during a biennial licensing period to anesthesiologist assistant if the anesthesiologist assistant performs a medical review for the Board. The hours issued by the Board:*

(a) May be credited against the hours required for a biennial licensing period pursuant to subsection 2; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

New Provision #13:

1. *Pursuant to the provisions of NRS 630.253, an anesthesiologist assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction within two years of initial licensure.*

2. *In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:*

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the anesthesiologist assistant; and

(b) Is in addition to the continuing education required pursuant to New Provision #12.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to an anesthesiologist assistant:

(a) After January 1, 2002; and

(b) As a part of the training the anesthesiologist assistant received:

(1) While serving in the military; or

(2) While serving as a public health officer.

New Provision #14:

1. Except as otherwise provided in subsections 4 and 5, if an anesthesiologist assistant takes a continuing education course on geriatrics and gerontology, the anesthesiologist assistant is entitled to receive credit towards the continuing medical education required pursuant to New Provision #12 equal to twice the number of hours the anesthesiologist assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsection 3, if an anesthesiologist assistant takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the anesthesiologist assistant is entitled to receive credit towards the continuing medical education required pursuant to New Provision #12 equal to twice the number of hours the anesthesiologist assistant actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. During any biennial licensing period, an anesthesiologist assistant may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1 or 2.

New Provision #15:

1. The tasks which an anesthesiologist assistant is authorized to perform must be commensurate with the education, training, experience, and level of competence of the anesthesiologist assistant. An anesthesiologist assistant may not perform any tasks in the care of a patient that are outside the scope of practice of his or her supervising anesthesiologist. In addition to the activities authorized by AB270, subsection 7, a supervising anesthesiologist may authorize an anesthesiologist assistant to participate in administrative activities and clinical teaching activities, if those activities are within the education, training, experience, and level of competence of the anesthesiologist assistant.

2. The anesthesiologist assistant shall wear at all times while on duty a placard, plate or insignie which identifies him or her as an "Anesthesiologist Assistant" or "Certified Anesthesiologist Assistant."

3. No anesthesiologist assistant may represent himself or herself in any manner which would tend to mislead the general public, the patients of the supervising anesthesiologist, or other health professionals as to the anesthesiologist assistant's training, skills, scope of practice or professional designation.

4. *Anesthesiologist assistants must comply with the regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs, or devices.*

5. *An anesthesiologist assistant is an agent of the supervising anesthesiologist with regard to tasks that the supervising anesthesiologist has delegated to the anesthesiologist assistant.*

6. *An anesthesiologist assistant shall not assist in the practice of medicine without supervision from his or her supervising anesthesiologist, except in:*

(a) Life-threatening emergencies, including, without limitation, at the scene of an accident; or

(b) Emergency situations, including, without limitation, human-caused or natural disaster relief efforts.

7. *When an anesthesiologist assistant assists in the practice of medicine in a situation described in subsection 5:*

(a) The anesthesiologist assistant shall assist in the practice of medicine as he or she is able based on the need of the patient and the training, education, and experience of the anesthesiologist assistant.

(b) If a licensed physician is available on-scene, the anesthesiologist assistant may take direction from the physician.

New Provision #16:

1. *An anesthesiologist assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the anesthesiologist assistant:*

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or permitted another to represent the anesthesiologist assistant as a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to section 12 in AB270; or

(2) At the direction and under the immediate supervision of the supervising anesthesiologist of the anesthesiologist assistant;

(d) Is guilty of malpractice in the assisting of the practice of medicine;

(e) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter;

(f) Is guilty of administering, dispensing, or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and as directed by the supervising anesthesiologist of the anesthesiologist assistant;

(g) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution, or use of a controlled substance;

(h) Is not competent to assist with the practice of medicine;

(i) Failed to notify the Board of an involuntary loss of certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, within 30 days after the involuntary loss of certification;

(j) Lost his or her certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization;

(k) Is guilty of violating a provision of NRS Chapter 630 or NAC Chapter 630;

(l) Assisted with the practice of medicine after his or her anesthesiologist assistant license

expired or was suspended;

(m) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to assisting with the practice of medicine or the ability to assist with the practice of medicine;

(n) Has had an anesthesiologist assistant license revoked, suspended, modified, or limited by any other jurisdiction or has surrendered such license or discontinued assisting with the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer;

(o) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution, or use of a controlled substance;

(p) Violated any provision that would subject a practitioner of medicine to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

2. To institute disciplinary action against an anesthesiologist assistant, a written complaint, specifying the charges, must be filed with the Board by the investigative committee of the Board.

New Provision #17:

1. Anesthesiologist assistants shall make a note in the records of every patient for whom the anesthesiologist assistant assists in the practice of medicine. The notes made by the anesthesiologist assistant in the patient records, at a minimum, must include documentation that clearly indicates that times that the anesthesiologist assistant was responsible for the care of a patient and must include the name of the supervising anesthesiologist and the date of the anesthesia service.

2. Failure to include this information in patient records may be grounds for disciplinary action against the anesthesiologist assistant.

3. Before the Board takes disciplinary action against an anesthesiologist assistant, the Board will give to the anesthesiologist assistant and to his or her supervising anesthesiologist for that patient's case, a written notice specifying the charges made against the anesthesiologist assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the anesthesiologist assistant and the supervising anesthesiologist at least 21 business days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against other licensees.

New Provision #18:

1. The Board will appoint three licensed anesthesiologist assistants to an advisory committee. Starting in January 2027, these anesthesiologist assistants must have lived in and actively and continuously practiced in this State as licensed anesthesiologist assistants for at least 3 years before their appointment.

2. The Board will give appointees to the advisory committee written notice of their appointment and terms of office. The term of each appointee to the advisory committee must not exceed 4 years, except that a member of the advisory committee must continue to serve until the Board appoints a replacement as his or her successor.

3. At the request of the Board, the advisory committee shall review and make recommendations to the Board concerning any matters relating to licensed anesthesiologist assistants.

4. *The members of the advisory committee serve without compensation.*

New Provision #19:

If an anesthesiologist assistant loses certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, his or her license to assist with the practice of medicine is automatically suspended until further order of the Board.

New Provision #20:

An anesthesiologist assistant shall comply with any applicable provisions of chapter 629 of NRS or any regulation adopted pursuant thereto.

New Provision #21:

If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to an anesthesiologist assistant pursuant to NRS 630.299, the Board will deliver a copy of the letter or admonishment to the supervising anesthesiologist supervising the anesthesiologist assistant's care of that patient as shown in the patient medical records.

New Provision #22:

1. *An application for licensure by endorsement as an anesthesiologist assistant must be made on a form supplied by the Board.*

2. *The applicant must include all information required by New Provision #6.*

3. *Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as an anesthesiologist assistant to the applicant not later than:*

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable background check as required by NRS 630.167(1),

→ whichever occurs later.

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

5. *In addition to the grounds set forth in NRS Chapter 630 and NAC Chapter 630, the Board may deny an application for licensure by endorsement pursuant to this provision if:*

(a) An applicant willfully fails to provide a complete set of his or her 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 or proof that that applicant has previously passed a comparable criminal background check as required by NRS 630.167(1); or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

6. *If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the surviving spouse of an active member of, the Armed Forces of the United*

States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

7. An applicant seeking licensure by endorsement pursuant to this section may not have been disciplined and may not be currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as an anesthesiologist assistant.

8. An applicant seeking licensure by endorsement pursuant to this section may not have been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her practice as an anesthesiologist assistant.

9. An applicant seeking licensure by endorsement pursuant to this section may not have had his or her license to practice as an anesthesiologist assistant suspended or revoked in the District of Columbia or any state or territory of the United States.

10. An applicant seeking licensure by endorsement pursuant to this section may not have been refused or denied a license to practice as an anesthesiologist assistant in the District of Columbia or state or territory of the United States.

New Provision #23:

A student in an anesthesiologist assistant training program may assist only an anesthesiologist in the delivery of medical care and may perform only medical care tasks assigned by the anesthesiologist. An anesthesiologist may delegate the supervision of a student in an anesthesiologist assistant training program to only a qualified anesthesiologist, an anesthesiology fellow, an anesthesiology resident that the supervising anesthesiologist feels has received adequate clinical training in anesthesiology, or an anesthesiologist assistant. Students in an anesthesiologist assistant training program must wear a name badge that identifies them as "Student Anesthesiologist Assistant" or "Anesthesiologist Assistant Student." This section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise.

New Provision #24:

1. An anesthesiologist that utilizes the services of an anesthesiologist assistant shall post a notice to that effect in a conspicuous place in his or her practice locations and include language in the patient consent form that the anesthesiologist uses an anesthesiologist assistant. This language must explain the role of an anesthesiologist assistant, and include, without limitation, that the anesthesiologist assistant is a non-physician anesthesia care provider who provides patient care under the constant medical direction of a supervising anesthesiologist.

2. An anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol regarding the supervision of anesthesiologist assistants. This written practice protocol must be provided to each anesthesiologist assistant that he or she supervises, and this written practice protocol must be provided to the Board upon request. The written practice protocol must comply with NRS Chapter 630 and NAC Chapter 630 with regard to the tasks that an anesthesiologist assistant may perform and must detail the tasks that the anesthesiologist assistant is authorized to provide and the manner in which the supervising anesthesiologist will supervise the anesthesiologist assistant. The anesthesiologist must base the provisions of the written practice protocol on consideration of relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients delegated to the

anesthesiologist assistant.

3. A supervising anesthesiologist may not simultaneously supervise more anesthesiologist assistants than the federal guidelines for Medicare and Medicaid allow.

4. During an anesthesia service where a transfer of authority from one anesthesiologist to another anesthesiologist must take place, this transfer must be clearly indicated in the patient's medical records. When a transfer from one anesthesiologist assistant to another anesthesiologist assistant is delegated by the supervising anesthesiologist during an anesthesia service, this transfer must be clearly indicated in the patient's medical records.

5. Each year, an annual performance assessment of an anesthesiologist assistant must be performed by a supervising anesthesiologist who has worked with or is working with the anesthesiologist assistant. The record of this annual performance assessment should be maintained by both the anesthesiologist assistant and the supervising anesthesiologist. For convenience, it is permissible for the employer and/or facility where the anesthesiologist assistant is employed to keep this record as long as it remains available to the Board for review when requested. Whenever possible, the supervising anesthesiologist conducting this performance assessment should be conducted by a supervising anesthesiologist with the most knowledge of the anesthesiologist assistant's performance throughout the year. Information for this performance assessment may be gathered through direct observation, review of available information, including a review of reports which evidence performance of the anesthesiologist assistant or a combination of both. These performance assessments should be available for review by the Board upon request. Anesthesiologist assistants working in facilities required by local, state, or federal statutes or regulations to have reviews performed by a director of anesthesia services are deemed to have satisfied this requirement.

6. The annual performance assessment required by subsection 6 must include, at a minimum:

- a. An assessment of the medical competency of the anesthesiologist assistant;*
- b. A review of selected charts; and*
- c. An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients representative of those cared for by the anesthesiologist assistant.*

New Provision #25:

1. Anesthesiologist assistants shall:

- a. Be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all patients.*
- b. Deliver needed health care services to patients without regard to sex, age, race, creed, socioeconomic and political status, or sexual orientation.;*
- c. Adhere to all state and federal laws governing informed consent concerning the patient's health care;*
- d. Seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the supervising anesthesiologist and the anesthesiologist assistant regarding the care of all patients;*
- e. Take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession;*

f. Provide only those services for which they are licensed and qualified via education and/or experience;

g. Not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services;

h. Uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community;

i. Strive to maintain and increase the quality of individual health care service through individual study and continuing education;

j. Have the duty to respect the law, to uphold the dignity of the profession, and to accept its ethical principles. Anesthesiologist assistants shall not participate in or conceal any activity that will bring discredit or dishonor to the anesthesiologist assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession;

k. Use the knowledge and experience acquired as professionals to contribute to an improved community; and

l. Place service before material gain and must carefully guard against conflicts of professional interest.

Amendment to LCB File No. R118-21 New Provision #3:

A licensee may apply to the Board to change the status of his or her license to practice medicine, *to assist with the practice of medicine*, perfusion or respiratory care to retired by filing with the Board a notice in writing the states the intention of the licensee to retire from active practice.

Upon the provision of such notice, the Board will change the statute of the license to retired if:

1. The license is otherwise in good standing;
2. There are no complaints or investigations pending against the licensee; and
3. No disciplinary action is pending against the licensee.

Amendment to NAC 630.040:

For the purposes of this chapter and chapter 630 of NRS, “malpractice” means the failure of a physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

Amendment to NAC 630.045:

1. Any document submitted to the Board by a licensee or an applicant for a license to practice medicine, to practice as a physician assistant, *to practice as an anesthesiologist assistant*, to practice as a practitioner of respiratory care or to practice as a perfusionist must bear the original signature or an authenticated electronic signature of the licensee or applicant.

2. The Board may refuse to accept any document submitted by a licensee or an applicant for a license that does not comply with the requirement of subsection 1.

3. As used in this section, “document” means any written submission, notification or communication, including, without limitation:

- (a) An application for a license;
- (b) A request for renewal of a license;
- (c) A request for a change of status; or
- (d) A notification of a change of address.

Amendment to NAC 630.210:

A physician, ~~or~~ physician assistant *or anesthesiologist assistant* shall seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

Amendment to NAC 630.230:

1. A person who is licensed as a physician or physician assistant shall not:
 - (a) Falsify records of health care;
 - (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
 - (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
 - (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
 - (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
 - (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
 - (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;
 - (h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;
 - (i) If the person is a physician, fail to provide adequate supervision of a physician assistant *or anesthesiologist assistant* or an advanced practice registered nurse;
 - (j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;
 - (k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187; or
 - (l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:
 - (1) For more than one procedure;
 - (2) For more than one patient; or
 - (3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device.
2. As used in this section:
 - (a) "Chronic pain" has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187.
 - (b) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:

- (1) Contains only one dose of a medication; and
- (2) May be used for only one patient.

(c) “Single-use medical device” means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

Amendment to NAC 630.240:

1. If a licensee desires to surrender his or her license to practice medicine, *assist with the practice of medicine*, *practice* perfusion or *practice* respiratory care while an investigation concerning the license or disciplinary proceedings concerning the license are pending, the licensee shall submit to the Board a sworn written statement of surrender of the license accompanied by delivery to the Board of the actual license issued to him or her.
2. The voluntary surrender of a license is not effective until it is accepted by the Board in a public meeting. An order accepting such a surrender must prescribe a period of at least 1 year but not more than 10 years during which the holder of the surrendered license is prohibited from applying for reinstatement of the license.
3. The Board will:
 - a. Make the voluntary surrender of a license public; and
 - b. Deem the voluntary surrender of a license to be disciplinary action and report the surrender to applicable national databases.
4. The voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status pursuant to **LCB File No. R118-21** does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

Amendment to NAC 630.243:

If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:

1. Review all the circumstances of the practice of the physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist; and
2. Advise the committee, in accordance with the guidelines on “Health Care Workers Infected with HIV” established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist.

Amendment to NAC 630.465:

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.
2. Each party shall provide to every other party a copy of the list of proposed witnesses and

their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.