

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

LCB File No. R069-23

January 10, 2024

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

AUTHORITY: §§ 1-3, 6-10, 16-31, 33-36 and 38-41, NRS 630.130 and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; § 4, NRS 630.130 and 630.268, as amended by section 31 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1557, and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; § 5, NRS 622.530, 630.130 and 630.268, as amended by section 31 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1557, and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; § 11, NRS 630.130, 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, and NRS 630.268, as amended by section 31 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1557, and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; §§ 12-15, NRS 630.130 and 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; § 32, NRS 630.130 and 630.275; § 37, NRS 630.130 and 630.298 and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548.

A REGULATION relating to health care; prescribing requirements governing the issuance, renewal or change of status of a license as an anesthesiologist assistant; authorizing a student in a training program for anesthesiologist assistants to engage in certain supervised activity; prescribing requirements governing the practice and supervision of anesthesiologist assistants; setting forth grounds for disciplinary action against an anesthesiologist assistant; establishing certain procedures for the imposition of such disciplinary action; authorizing the Board of Medical Examiners to order the examination of an anesthesiologist assistant under certain circumstances; providing for the automatic suspension of the license of an anesthesiologist assistant under certain circumstances; authorizing an anesthesiologist assistant or a physician assistant whose practice has been limited or whose license has been suspended to petition for the removal of the limitation or suspension; providing for the appointment of an advisory committee concerning anesthesiologist assistants; prohibiting a physician from failing to adequately supervise an anesthesiologist assistant; providing for the confidentiality

of certain information relating to an anesthesiologist assistant; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, perfusionists, practitioners of respiratory care and anesthesiologist assistants by the Board of Medical Examiners. (Chapter 630 of NRS) Assembly Bill No. 270 (A.B. 270) of the 2023 Legislative Session similarly provides for the licensure of anesthesiologist assistants and requires the Board to adopt regulations establishing the requirements for such licensure. (Sections 2-39 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at pages 1545-1562)

A.B. 270 prescribes certain qualifications for licensure as an anesthesiologist assistant. (Section 8 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1547) **Section 3** of this regulation prescribes the qualifications for licensure as an anesthesiologist assistant, in addition to the qualifications required by A.B. 270. **Section 4** of this regulation establishes the required contents of an application for such licensure. **Section 5** of this regulation establishes the requirements and procedure for licensure by endorsement as an anesthesiologist assistant. **Section 6** of this regulation establishes grounds for the rejection of an application for the issuance or renewal of a license. **Section 7** of this regulation authorizes the Board to deny an application for the issuance or renewal of a license if the applicant has committed any act that would constitute grounds for disciplinary action against a person who is already licensed as an anesthesiologist assistant. **Section 8** of this regulation: (1) sets forth the qualifications required for temporary licensure as an anesthesiologist assistant; and (2) requires the holder of a temporary license to wear an identifying name badge. **Section 9** of this regulation sets forth the required contents of a license as an anesthesiologist assistant. **Section 10** of this regulation requires an anesthesiologist assistant to provide to the Board before practicing as an anesthesiologist assistant: (1) a physical, public address, which may be a location of practice of the anesthesiologist assistant; and (2) a mailing address at which he or she prefers to receive correspondence from the Board.

A.B. 270 requires the Board to prescribe by regulation requirements governing the continuing education that an anesthesiologist assistant must complete to renew his or her license. (NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554) **Section 11** of this regulation prescribes such requirements and sets forth certain procedures concerning the renewal of a license. **Section 12** of this regulation authorizes the Board to issue credit toward the required continuing education to an anesthesiologist assistant who performs a medical review for the Board. **Section 13** of this regulation requires an anesthesiologist assistant to 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. **Section 14** of this regulation requires an anesthesiologist assistant to complete a single course of instruction relating to the screening, brief intervention and referral to treatment approach to substance use disorder. **Section 15** of this regulation entitles an anesthesiologist assistant who takes a continuing education course in certain matters relating to older persons to receive credit towards the continuing education required by **section 11** equal to twice the number of hours the anesthesiologist assistant spends in the course.

Section 16 of this regulation prescribes: (1) the authorized activities of a student in a training program for anesthesiologist assistants; and (2) the requirements governing the supervision and identification of such a student. **Section 17** of this regulation prescribes

requirements and limitations governing the scope of practice of an anesthesiologist assistant. **Section 18** of this regulation prescribes requirements governing the utilization of an anesthesiologist assistant by a supervising anesthesiologist. **Section 19** of this regulation requires at least one supervising anesthesiologist to conduct a biennial performance assessment of each anesthesiologist assistant. **Section 36** of this regulation prohibits a physician from failing to adequately supervise an anesthesiologist assistant.

Section 20 of this regulation prescribes standards of conduct for anesthesiologist assistants. **Section 21** of this regulation authorizes an anesthesiologist assistant to administer general anesthesia, conscious sedation, deep sedation, a regional anesthesia block or neuraxial anesthesia to patients only under certain circumstances. **Section 22** of this regulation requires an anesthesiologist assistant to make a note in the records of each patient concerning the services provided to the patient. **Section 31** of this regulation requires an anesthesiologist who is primarily responsible for the care of a patient after the patient is transferred from one anesthesiologist to another, or one anesthesiologist assistant or certified registered nurse anesthetist to another, to ensure that the transfer is clearly indicated in the medical records of the patient. **Section 2** of this regulation defines the term “certified registered nurse anesthetist,” and **section 33** of this regulation makes a conforming change to indicate the proper placement of **section 2** in the Nevada Administrative Code.

Section 23 of this regulation prohibits certain actions by an anesthesiologist assistant. **Section 24** of this regulation sets forth grounds for disciplinary action by the Board against an anesthesiologist assistant, which include malpractice, and the procedure for initiating such disciplinary action. **Section 34** of this regulation includes within the definition of “malpractice” the failure of an anesthesiologist assistant, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances. **Section 25** of this regulation requires the Board to serve notice on an anesthesiologist assistant and his or her supervising anesthesiologist at least 21 days before a hearing relating to any disciplinary action. **Section 25** also provides that any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by existing law for disciplinary actions against other licensees. **Section 29** of this regulation requires the Board to also deliver a copy to the supervising anesthesiologist of any letter of warning, letter of concern or nonpunitive admonishment issued to an anesthesiologist assistant.

Section 26 of this regulation authorizes the Board or an investigative committee thereof to order an anesthesiologist assistant to undergo a mental or physical examination or another examination testing his or her competence to practice if the conduct of the anesthesiologist assistant raises a reasonable question as to his or her competence to practice with reasonable skill and safety to patients. **Section 26** provides that, except in extraordinary circumstances, a refusal to submit to such an examination constitutes an admission of the charges against the anesthesiologist assistant.

Section 27 of this regulation provides for the automatic suspension of the license of an anesthesiologist assistant if he or she loses certification by the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

Existing law: (1) authorizes a physician, perfusionist or practitioner of respiratory care whose practice has been limited or whose license has been suspended or revoked to petition the Board for removal of the limitation, suspension or revocation; and (2) sets forth procedures for the consideration of such a petition. (NRS 630.358) **Sections 28 and 32** of this regulation enact

similar provisions applicable to the limitation of the practice of or suspension of the license of anesthesiologist assistants and physician assistants, respectively.

Existing regulations provide for the appointment of advisory committees to advise the Board on matters relating to physician assistants, practitioners of respiratory care and perfusionists. (NAC 630.415, 630.560, 630.790) **Section 30** of this regulation provides for the appointment of a similar advisory committee to advise the Board on matters relating to anesthesiologist assistants.

Existing regulations require an original signature or authenticated electronic signature on certain documents submitted to the Board by licensees or applicants for any license to practice medicine or to practice as a physician assistant, practitioner of respiratory care or perfusionist. (NAC 630.045) Existing regulations prescribe procedures for the voluntary surrender of a license to practice medicine, perfusion or respiratory care while an investigation concerning the license or disciplinary proceedings concerning the licensee are pending. (NAC 630.240) Existing regulations require a committee conducting an investigation of a complaint against a physician, physician assistant, practitioner of respiratory care or perfusionist to appoint a group of specialists to review the practice of the licensee and make certain recommendations if the committee finds that the licensee tests positive for exposure to the human immunodeficiency virus. (NAC 630.243) Existing regulations require the Board to keep confidential certain records relating to a program established by the Board to enable a physician, physician assistant, practitioner of respiratory care or perfusionist to correct a dependence on alcohol or a controlled substance or certain other impairments. (NAC 630.275) Existing regulations prescribe procedures concerning prehearing conferences in proceedings relating to physicians, physician assistants, practitioners of respiratory care and perfusionists. (NAC 630.465) Existing regulations prescribe the criteria and procedure for placing a license to practice medicine, perfusion or respiratory care on retired status. (Section 1 of LCB File No. R118-21) **Sections 35 and 37-41** of this regulation make these provisions additionally applicable to anesthesiologist assistants.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 32, inclusive, of this regulation.

Sec. 2. *“Certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014, as amended by section 2.8 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1445.*

Sec. 3. 1. *In addition to the qualifications required by section 8 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1547, an applicant for licensure as an anesthesiologist assistant must have the following qualifications:*

(a) Be able to communicate adequately orally and in writing in the English language.

(b) Be of good moral character and reputation.

(c) If the applicant submits the application at least 24 months after the applicant initially obtained the certification described in paragraph (c) of subsection 1 of section 8 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1547, and the applicant has not practiced as an anesthesiologist assistant for at least 24 months before the date on which the application is submitted, the applicant must, at the order of the Board:

(1) Take and pass a competency examination or other assessment designated by the Board; or

(2) Except as otherwise provided in subsection 2:

(I) Successfully complete a re-entry program approved by the Board; or

(II) Take and pass a competency examination or other assessment designated by the Board and successfully complete a re-entry program approved by the Board.

2. The Board will not require an applicant subject to the provisions of paragraph (c) of subsection 1 who successfully completed a re-entry program approved by the Board within the 24 months immediately preceding the date on which the application is submitted to complete another re-entry program.

Sec. 4. 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 as an anesthesiologist assistant, including, without limitation, postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those 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 experience for the 5 years immediately preceding 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 for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(g) Whether the applicant has ever been arrested for, 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;

(h) Whether the applicant has a medical condition that may affect his or her ability to safely practice as an anesthesiologist assistant;

(i) Whether the applicant uses prescription drugs or other substances that may affect his or her ability to safely practice as an anesthesiologist assistant; and

(j) The various places of his or her residence for the 5 years immediately preceding the date of his or her application.

2. An applicant must submit to the Board:

(a) Proof of graduation from an anesthesiologist assistant program described in paragraph (a) of subsection 1 of section 8 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1547;

(b) Proof of passage of a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(c) Proof of certification issued 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 accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of graduation from an anesthesiologist assistant program as required by subsection 2;

(b) The proof of graduation from an anesthesiologist assistant program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

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

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

Sec. 5. 1. An application for licensure by endorsement as an anesthesiologist assistant must be made on a form supplied by the Board. An application must include:

(a) All information required by section 4 of this regulation;

(b) Proof that the applicant meets the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530; and

(c) The documents described in paragraphs (g) and (h) of subsection 2 of NRS 622.530.

2. 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 within the time required by subsection 4 of NRS 622.530.

3. A license by endorsement to practice as an anesthesiologist assistant issued pursuant to this section may be issued at a meeting of the Board or outside a meeting of Board by the President of the Board and the Executive Director of the Board. If the license is issued outside a meeting of the Board pursuant to this subsection, such an action shall be deemed to be an action of the Board.

4. In addition to the grounds set forth in this chapter and chapter 630 of NRS, the Board may deny an application for licensure by endorsement pursuant to this section:

(a) If the applicant does not meet the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530; or

(b) For the reasons set forth in subsection 6 of NRS 622.530.

5. 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, as amended by section 31 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1557, for the initial issuance of the license.

Sec. 6. The Board may reject an application for licensure as an anesthesiologist assistant if the Board determines that:

- 1. The applicant is not qualified or is not of good moral character or reputation;*
- 2. The applicant has submitted a false credential; or*
- 3. The application is not made in proper form or is otherwise deficient.*

Sec. 7. 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 section 24 of this regulation.

Sec. 8. 1. The Board will issue a temporary license as an anesthesiologist assistant to any qualified applicant who:

(a) Meets the requirements of subsections 1 and 2 of section 9 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548; and

(b) Pursuant to subsection 3 of section 9 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548, submits proof of registration for a certification examination required by paragraph (b) of subsection 1 of section 8 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1547.

2. The holder of a temporary license shall wear at all times while on duty a name badge that identifies the holder as a “Graduate Anesthesiologist Assistant” or “Anesthesiologist Assistant Graduate.”

3. The holder of a temporary license may apply to the Board to renew the temporary license in the same manner as the original application. The Board may, upon the applicant’s compliance with the provisions of this section and subsection 3 of section 9 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548, renew the temporary license

once for a period of 1 additional year. A temporary license may not be renewed more than once.

Sec. 9. *The license issued by the Board to an anesthesiologist assistant 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.*

Sec. 10. *1. Before practicing as an anesthesiologist assistant, an anesthesiologist assistant shall provide to the Board:*

(a) A physical, public address, which may be a location of practice of the anesthesiologist assistant; and

(b) A mailing address at which the anesthesiologist assistant prefers to receive correspondence from the Board.

2. Within 30 days after any change to the information provided to the Board pursuant to subsection 1, an anesthesiologist assistant shall provide updated information to the Board.

Sec. 11. *1. The license of an anesthesiologist assistant 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. The Board will not renew the license unless the anesthesiologist assistant provides satisfactory proof:*

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

(b) That he or she has completed the amount of continuing education required by subsection 2, which, except for credit issued pursuant to section 12 of this regulation, must be:

- (1) Approved by the Board; or*

(2) Recognized as Category 1 credits by the American Medical Association.

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 licensing period, 40 hours.

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

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

(d) If licensed during the fourth 6 months of the biennial licensing period, 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 biennial licensing period, the Board will make such reasonable attempts as are practicable to send:

(a) A renewal notice to the licensee at least 60 days before the expiration of the license; and

(b) Instructions for renewal to the last known electronic mail address of the licensee on record with the Board.

4. If a licensee fails to pay the fee for renewal after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing education required by subsections 1 and 2, his or her license expires. Within 2 years after the date on which the license expires, the license may be reinstated if the holder:

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

(b) Submits proof that he or she completed the number of hours of continuing education required by subsections 1 and 2; and

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

Sec. 12. The Board may issue not more than 10 hours of continuing education during a biennial licensing period to an anesthesiologist assistant who performs a medical review for the Board. The hours issued by the Board:

- 1. May be credited against the hours of continuing education required for a biennial licensing period by section 11 of this regulation;*
- 2. Except as otherwise provided in subsection 3, must be equal to the actual time involved in performing the medical review; and*
- 3. May not exceed 10 hours per medical review.*

Sec. 13. 1. Pursuant to the provisions of NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, an anesthesiologist assistant shall complete, within 2 years after initial licensure, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

2. In addition to the requirements set forth in NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, 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 to the anesthesiologist assistant, upon successful completion of the course, a certificate of Category 1 credit as recognized by the American Medical Association; and

(b) Is in addition to the continuing education required by section 11 of this regulation.

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 while serving:

(1) In the military; or

(2) As a public health officer.

Sec. 14. 1. Pursuant to NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, an anesthesiologist assistant shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

2. An anesthesiologist assistant is entitled to receive credit towards the continuing education required pursuant to subsection 2 of section 11 of this regulation for each hour of continuing education completed pursuant to subsection 1.

Sec. 15. 1. Except as otherwise provided in subsections 3 and 4, if an anesthesiologist assistant takes a continuing education course on geriatrics and gerontology, the anesthesiologist assistant is entitled to receive credit towards the continuing education required by section 11 of this regulation 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 subsections 3 and 4, 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 education required by section 11 of this regulation 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 education for 4 hours of time spent in a continuing education course described in subsection 1 or 2, or both.

4. An anesthesiologist assistant is only entitled to receive the additional credit for a continuing education course pursuant to subsection 1 or 2, but not both.

Sec. 16. 1. A student in a training program for anesthesiologist assistants:

(a) May assist an anesthesiologist in the practice of medicine;

(b) May perform medical tasks delegated by such an anesthesiologist; and

(c) Shall not assist any person other than an anesthesiologist in the practice of medicine or perform medical tasks delegated by a person who is not an anesthesiologist.

2. An anesthesiologist may delegate the supervision of a student in a training program for anesthesiologist assistants only to a provider of anesthesia.

3. A student in a training program for anesthesiologist assistants shall wear at all times while on duty a name badge that identifies the student as a "Student Anesthesiologist Assistant" or "Anesthesiologist Assistant Student."

4. Nothing in this section limits the number of otherwise qualified providers of anesthesia whom an anesthesiologist may supervise.

5. As used in this section, "provider of anesthesia" means:

(a) An anesthesiologist;

- (b) An anesthesiology fellow;*
- (c) An anesthesiology resident;*
- (d) An anesthesiologist assistant; or*
- (e) A certified registered nurse anesthetist determined by a supervising anesthesiologist to have received adequate clinical training in anesthesiology.*

Sec. 17. 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 section 7 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1546, 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. An anesthesiologist assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as an “Anesthesiologist Assistant” or “Certified Anesthesiologist Assistant.”

3. An anesthesiologist assistant shall not 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 training, skills, scope of practice or professional designation of the anesthesiologist assistant.

4. An anesthesiologist assistant shall comply with the regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs and devices.

5. *An anesthesiologist assistant shall be deemed the agent of his or her 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 6:*

(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.*

Sec. 18. 1. *An anesthesiologist who utilizes the services of an anesthesiologist assistant shall provide notice of that fact to any patient of the anesthesiologist. If the anesthesiologist provides a patient with a form on which the patient may provide informed consent to treatment, such notice must be included on the form.*

2. *Notice provided pursuant to subsection 1 must include, without limitation:*

(a) *An explanation of the role of the anesthesiologist assistant; and*

(b) An explanation that the anesthesiologist assistant is not a physician and provides anesthesia care to a patient only under the constant medical direction of a supervising anesthesiologist.

3. The supervising anesthesiologist of an anesthesiologist assistant shall:

(a) Communicate with the anesthesiologist assistant regarding the care of all patients;

(b) Adopt a written protocol regarding the practice and supervision of anesthesiologist assistants that meets the requirements of subsection 4; and

(c) Provide a copy of the written protocol adopted pursuant to paragraph (b) to:

(1) Each anesthesiologist assistant that the supervising anesthesiologist supervises; and

(2) The Board, upon request of the Board.

4. A written protocol regarding the practice and supervision of anesthesiologist assistants adopted pursuant to paragraph (b) of subsection 3 must:

(a) Comply with the provisions of this chapter and chapter 630 of NRS with regard to the tasks that the anesthesiologist assistant may perform;

(b) Detail the tasks that the anesthesiologist assistant may perform and the manner in which the supervising anesthesiologist will supervise the anesthesiologist assistant in the performance of those tasks;

(c) Provide for regular review by the supervising anesthesiologist of the medical records of any patients delegated to the anesthesiologist assistant; and

(d) Be based upon consideration of relevant quality assurance standards.

5. A supervising anesthesiologist may not simultaneously supervise a greater number of anesthesiologist assistants than authorized by federal law or regulations governing Medicare and Medicaid, or any guidance adopted pursuant thereto.

Sec. 19. 1. Every 2 years, at least one supervising anesthesiologist who has supervised or is supervising an anesthesiologist assistant shall conduct a performance assessment of the anesthesiologist assistant. To the greatest extent practicable, the assessment must be conducted by the supervising anesthesiologist with the most knowledge of the performance of the anesthesiologist assistant during the relevant biennium. A supervising anesthesiologist may gather information for a performance assessment conducted pursuant to this subsection through direct observation or review of available information, including, without limitation, a review of reports which evidence performance of the anesthesiologist assistant, or a combination of both. The performance assessment must include, without limitation:

(a) An assessment of the medical competency of the anesthesiologist assistant;

(b) A review of selected charts, which may include, without limitation, electronic medical records; and

(c) An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients who are representative of all patients to whom the anesthesiologist assistant provided care during the relevant biennium.

2. The requirements of subsection 1 shall be deemed to be satisfied for an anesthesiologist assistant working in a facility which is required by local, state or federal statutes or regulations to have a director of anesthesia services perform a review of the anesthesiologist assistant.

3. Except as otherwise provided in this subsection, a supervising anesthesiologist who conducts a performance assessment pursuant to subsection 1 or a review which is deemed by subsection 2 to satisfy the requirements of subsection 1 and an anesthesiologist assistant who is the subject of such a performance assessment or review shall maintain a record of the

performance assessment or review, as applicable, for not less than 6 years. A record which is maintained by the employer of the anesthesiologist assistant or facility where the anesthesiologist assistant is employed shall be deemed to satisfy the requirements of this subsection if the record is available to the Board for review upon request of the Board. The anesthesiologist assistant, supervising anesthesiologist, employer or facility, as applicable, shall provide a copy of the performance assessment or review, as applicable, to the Board upon request of the Board.

Sec. 20. *An anesthesiologist assistant shall:*

- 1. Provide competent medical care and assume as his or her primary responsibility the health, safety, welfare and dignity of all patients;*
- 2. Deliver health services to patients without regard to race, religious creed, color, age, sex, disability, sexual orientation, gender identity or expression, national origin or ancestry;*
- 3. Adhere to all state and federal laws governing informed consent concerning the health care of a patient;*
- 4. Seek consultation with his or her supervising anesthesiologist or supervising anesthesiologists, as applicable, other providers of health care or qualified professionals having special skills, knowledge or experience whenever the welfare of a patient will be safeguarded or advanced by such consultation;*
- 5. Become familiar with and adhere to all state and federal laws applicable to his or her practice as an anesthesiologist assistant, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and other federal and state laws and regulations governing the confidentiality of health information;*

6. *Provide only those services for which the anesthesiologist assistant is licensed and qualified by education, training and experience;*

7. *Avoid conflicts of professional interest; and*

8. *Comply with all applicable provisions of chapter 629 of NRS and the regulations adopted pursuant thereto.*

Sec. 21. *1. An anesthesiologist assistant shall not administer general anesthesia, conscious sedation, deep sedation, a regional anesthesia block or neuraxial anesthesia to patients unless the general anesthesia, conscious sedation, deep sedation, regional anesthesia block or neuraxial anesthesia 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, if the anesthesiologist assistant is otherwise legally permitted to do so.

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.

Sec. 22. *1. An anesthesiologist assistant shall make a note in the records of every patient for whom the anesthesiologist assistant assists in the practice of medicine concerning the services provided to the patient.*

2. A note described in subsection 1 must include, without limitation:

(a) A clear indication of the times that the anesthesiologist assistant provided care to the patient;

(b) The name of the supervising anesthesiologist; and

(c) The date of the anesthesia service.

Sec. 23. 1. 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) 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;

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

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

- (h) Engage in conduct that violates the trust of a patient and exploits the relationship between the anesthesiologist assistant and the patient for financial or other personal gain;*
- (i) Engage in or conceal conduct which brings the profession of assisting anesthesiologists into disrepute;*
- (j) 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;*
- (k) 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 obstruct or induce another person to obstruct such a filing;*
- (l) Fail to report any person that the anesthesiologist assistant knows, or has reason to know, is in violation of the provisions of this chapter or chapter 630 of NRS relating to the practice of medicine or practice as an anesthesiologist assistant;*
- (m) Misrepresent in any manner, either directly or indirectly, his or her skills, training, professional credentials, identity or services; or*
- (n) 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.

Sec. 24. 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 authorized another person to represent the anesthesiologist assistant to be a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to section 12 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548, or subsection 6 of section 17 of this regulation; 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 or chapter 630 of NRS;

(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 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 in the practice of medicine;

(i) Has lost his or her certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

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

(k) Has assisted in the practice of medicine after his or her license as an anesthesiologist assistant expired or was revoked or suspended;

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

(m) Has had a license as an anesthesiologist assistant revoked, suspended, modified or limited by any other jurisdiction or has surrendered such a license or discontinued assisting in 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; or

(n) Has 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 initiate disciplinary action against an anesthesiologist assistant, an investigative committee of the Board must file with the Board a written complaint, specifying the charges.

Sec. 25. Before the Board takes disciplinary action against an anesthesiologist assistant, the Board will provide to the anesthesiologist assistant and to each supervising anesthesiologist of the anesthesiologist assistant a written notice specifying the charges made against the anesthesiologist assistant and 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 each 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.

Sec. 26. 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, the Board or committee, as applicable, 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 an examination pursuant to subsection 1 when the anesthesiologist assistant is directed to do so in writing by the Board.

3. For the purposes 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 section 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.

Sec. 27. *If an anesthesiologist assistant loses certification issued by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, his or her license to assist in the practice of medicine is automatically suspended until further order of the Board.*

Sec. 28. 1. *Any person whose practice as an anesthesiologist assistant has been limited or whose license as an anesthesiologist assistant has been suspended until further order of the Board may petition the Board for removal of the limitation or suspension.*

2. In hearing a petition made 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 as an anesthesiologist assistant, or any

other examination it designates, and submit such other evidence of changed conditions and of fitness as it deems proper;

(b) Will determine whether, under all circumstances, the time of the petition is reasonable; and

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

4. The Board will not remove a limitation or suspension unless it is satisfied that the licensee has complied with all of the terms and conditions set forth in the final order of the Board and that the licensee is capable of practicing as an anesthesiologist assistant in a safe manner.

Sec. 29. 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 care of the relevant patient as shown in the medical records of the patient.

Sec. 30. 1. The Board will appoint three licensed anesthesiologist assistants to an advisory committee. If appointed on or after January 1, 2027, the anesthesiologist assistants appointed pursuant to this subsection 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 may appoint to the advisory committee described in subsection 1 a supervising anesthesiologist. A supervising anesthesiologist appointed pursuant to this

subsection must have lived in and actively and continuously practiced in this State as a licensed physician for at least 3 years before his or her appointment.

3. 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.

4. 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.

5. The members of the advisory committee serve without compensation.

Sec. 31. *If any of the following transfers occur during the provision of anesthesia or any related service, the anesthesiologist who is primarily responsible for the care of the patient after the transfer shall ensure that the transfer is clearly indicated in the medical records of the patient:*

1. A transfer of authority from one anesthesiologist to another anesthesiologist.

2. A transfer of duties from one anesthesiologist assistant or certified registered nurse anesthetist to another anesthesiologist assistant or certified registered nurse anesthetist.

Sec. 32. *1. Any person whose practice as a physician assistant has been limited or whose license as a physician assistant has been suspended until further order of the Board may petition the Board for removal of the limitation or suspension.*

2. In hearing a petition made 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 as a physician assistant, or any other

examination it designates, and submit such other evidence of changed conditions and of fitness as it deems proper;

(b) Will determine whether, under all circumstances, the time of the petition is reasonable; and

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

4. The Board will not remove a limitation or suspension unless it is satisfied that the licensee has complied with all of the terms and conditions set forth in the final order of the Board and that the licensee is capable of practicing as a physician assistant in a safe manner.

Sec. 33. NAC 630.010 is hereby amended to read as follows:

630.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in ~~NRS 630.005 to 630.026, inclusive, and~~ NAC 630.025 *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 34. NAC 630.040 is hereby amended to read as follows:

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.

Sec. 35. NAC 630.045 is hereby amended to read as follows:

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 requirements 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.

Sec. 36. NAC 630.230 is hereby amended to read as follows:

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 an anesthesiologist assistant* or adequate collaboration with an advanced practice registered nurse with whom the physician is collaborating;

(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. A physician or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS and any regulation adopted pursuant thereto.

3. 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.

Sec. 37. NAC 630.240 is hereby amended to read as follows:

630.240 1. If a licensee desires to surrender his or her license to practice medicine, *practice as an anesthesiologist assistant, practice* perfusion or *practice* respiratory care while an investigation concerning the license or disciplinary proceedings concerning the licensee 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 section 1 of LCB File No. R118-21 does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

Sec. 38. NAC 630.243 is hereby amended to read as follows:

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 *most recent* guidelines on ~~["Health Care Workers Infected with HIV"]~~ *the exposure of health care workers to the human immunodeficiency virus* 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.

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

630.275 1. The Board will, pursuant to subsection 3 of NRS 630.336, keep confidential all records relating to a program established by the Board to enable a physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist to correct:

- (a) A dependence upon alcohol or a controlled substance; or
- (b) Any other impairment which could result in the revocation of his or her license.

2. The Board will, pursuant to subsection 4 of NRS 622.330, keep confidential a consent or settlement agreement between the Board and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

Sec. 40. NAC 630.465 is hereby amended to read as follows:

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.

Sec. 41. Section 1 of LCB File No. R118-21 is hereby amended to read as follows:

Section 1. A licensee may apply to the Board to change the status of his or her license to practice medicine, *practice as an anesthesiologist assistant, practice* perfusion or *practice* respiratory care to retired by filing with the Board a notice in writing that states the intention of the licensee to retire from active practice. Upon the provision of such notice, the Board will change the status of the license to retired if:

1. The licensee 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.