

**PROPOSED REGULATION OF THE
STATE BOARD OF OSTEOPATHIC MEDICINE**

LCB FILE NO. R001-24I

**The following document is the initial draft regulation proposed
by the agency submitted on 01/08/2024**

Nevada State Board of Osteopathic Medicine
Draft Regulations Adding Anesthesiologist Assistants to
Chapter 633 of the Nevada Administrative Code

New Provision #1:

1. An anesthesiologist assistant shall not administer general anesthesia, conscious sedation, deep sedation, regional anesthesia blocks, or neuraxial anesthesia to patients unless the general anesthesia, conscious sedation, deep sedation, regional anesthesia blocks, or neuraxial anesthesia is administered:

(a) In an office of an 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 #2:

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) Represented himself or herself, or allowed another person to represent the anesthesiologist assistant, as an osteopathic physician or physician assistant;
 - (b) Assisted in the practice of medicine other than at the direction of or under supervision of the supervising osteopathic anesthesiologist;
 - (c) Assisted in the practice of medicine other than as approved by the supervising osteopathic anesthesiologist;
 - (d) Disobeyed any order of the Board or an investigative committee of the Board, or any provisions of this chapter or any regulations adopted by the Board, the State Board of Health, or the State Board of Pharmacy;
 - (e) Failed to notify the Board in writing within 10 days of the loss of certification by the National Commission for Certification of Anesthesiologist Assistants, its successor organization, or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board;
 - (f) Violated any provision of this chapter or chapter 633 of NRS;
 - (g) Engaged in disruptive behavior with any person in such behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient;
or,
 - (h) Re-administered or re-used a single-use medical device.
2. As used in this section:
 - (a) "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.
 - (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, contains only one dose of a medication and may be used for only one patient.
3. To initiate disciplinary action against an anesthesiologist assistant, a written complaint specifying the charges must be filed with the Board.
4. Before the Board takes disciplinary action against an anesthesiologist assistant, the Board will give to the anesthesiologist assistant and to his or her supervising osteopathic anesthesiologist 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 must be served on the anesthesiologist assistant and the supervising osteopathic anesthesiologist at least 20 days before the date fixed for the hearing. The Board may provide

the anesthesiologist assistant a copy of the complaint and the name of the person who filed the complaint.

New Provision #3:

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 48 months or more before applying for licensure in this State and has allowed his or her certification from the National Commission for Certification of Anesthesiologist Assistants or its successor organization to lapse, he or she must, at the order of the Board, complete a re-entry program approved by the National Commission for Certification of Anesthesiologist Assistants or its successor organization or other re-entry program approved by the Board. If the applicant has not practiced as an anesthesiologist assistant for more than 24 months or more before applying for licensure in this State and has maintained his or her certification from the National Commission for Certification of Anesthesiologist Assistants or its successor organization, he or she must take and pass a competency examination or complete a re-entry program approved by the Board prior to licensure in this State.
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.
6. Submit to the Board an application for licensure as an anesthesiologist assistant on a form provided by the Board.

New Provision #4:

1. An application for licensure as an anesthesiologist assistant must be made on a form provided by the Board. The application must include, without limitation:

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

(b) The education of the applicant, including, without limitation, any postsecondary education related to his or her anesthesiologist assistant program, any other 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) The training and experience of the applicant as an anesthesiologist assistant;

(d) 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;

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

(f) 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;

(g) 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 equivalent thereto in a foreign jurisdiction, excluding any minor traffic offense;

(h) 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 use, sale, manufacture, distribution, prescribing, or dispensing of controlled substances;

(i) The address, e-mail address, and phone number of the applicant's residence and practice location(s);

(j) Whether the applicant read and understood the statements on the application form regarding failure to address a health condition that renders him or her unable to assist in the practice medicine within a reasonable degree of skill and safety to patients.

2. An applicant must submit to the Board:

(a) An official transcript from any postsecondary institution and any postsecondary educational program for anesthesiologist assistants which was approved by the Commission on Accreditation of Allied Health Education Programs;

(b) A notarized copy of the applicant's passport, a certified copy of the applicant's birth certificate, naturalization papers or such other documentation regarding United States citizenship that is satisfactory to the Board or a copy of documentation evidencing the lawful entitlement of the applicant to remain and work in the United States that is satisfactory to the Board;

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

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

(e) Such further information, evidence, and other documents or proof of qualifications as required by the Board.

3. Each application must be signed by the applicant, sworn to before a notary public or other officer authorized to administer oaths, and contain an affidavit affirming that the applicant is the person named in the application and accompanying materials and to the best knowledge and belief of the applicant, the application and all submitted and accompanying materials are complete, correct, and consistent, and was obtained without fraud, misrepresentation or mistake.

4. The application must be accompanied by the applicable non-refundable application and initial license fees.

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

6. If it appears to the Board that:

(a) An applicant for licensure as an anesthesiologist assistant is not qualified or is not of good moral character or reputation; or

(b) Any information submitted to the Board is false or inconsistent; or,

(c) The application is not made in proper form or other deficiencies appear in it,
the application may be rejected.

New Provision #5:

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. Upon approval by the Board, a temporary license may be renewed not more than one additional one year period for a total of not more than two years.

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 #6:

1. The license of an anesthesiologist assistant is valid for 2 years and must be renewed, on or before December 31, of each odd-numbered year.
2. Each person who holds a license in this State to practice as an anesthesiologist assistant shall:
 - (a) Notify the Board in writing of his or her current mailing address, e-mail address, and the name and location of the practice of the anesthesiologist assistant;
 - (b) Notify the Board in writing of any change in his or her mailing address and/or email address within 30 days after the change; and
 - (c) Notify the Board in writing of any change in the name and/or practice location of the anesthesiologist assistant within 30 days after the change.
- 3, The Board may communicate or correspond with any licensee by means of the licensee's last known email address on record with the Board or by means of the licensee's last known mailing address on record with the Board.

New Provision #7:

1. Except as provided in subsection 1 of New Provision #6 , the license of an anesthesiologist assistant may be renewed biennially by applying for renewal on a form provided by the Board not less than 30 days before the expiration of the license, and accompanied by the payment of the applicable license renewal fees. 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 as deemed and defined by the National Commission for Certification of Anesthesiology Assistants or its successor organization as CAA Category 1 – Anesthesia and as required by subsection 2; and,

(c) Submitting all information required to complete the license renewal as determined by the Board.

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 send a renewal notice and renewal instructions to the last known email address or the last known mailing address of the anesthesiologist assistant on record with the Board at least 30 days before the expiration of a license to practice as an anesthesiologist assistant.

4. An expired license of an anesthesiologist assistant will not be renewed unless:

(a) The requirements for renewal of a license prescribed in this section are met;

(b) The Executive Director approves the license renewal; and

(c) The anesthesiologist assistant is found to be in good standing and qualified pursuant to this chapter.

New Provision #8:

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 [\[AB 270\]](#), 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 insignia which identifies him or her as an 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 osteopathic 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 osteopathic anesthesiologist with regard to tasks that the supervising osteopathic anesthesiologist has delegated to the anesthesiologist assistant.
6. An anesthesiologist assistant shall not assist in the practice of osteopathic medicine without supervision from his or her supervising osteopathic 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 osteopathic medicine in a situation described in subsection 6:
 - (a) The anesthesiologist assistant shall assist in the practice of osteopathic medicine as he or she is able based on the need of the patient and the training, education, and experience of the anesthesiologist assistant; and,
 - (b) If a licensed physician is available on-scene, the anesthesiologist assistant may take direction from the licensed physician.

New Provision #9:

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 osteopathic medicine is automatically suspended until further order of the Board.

New Provision #10:

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

New Provision #11:

If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to an anesthesiologist assistant pursuant to NRS 633.510, the Board may deliver a copy of the letter or admonishment to the supervising osteopathic anesthesiologist supervising the anesthesiologist assistant's care of that patient as shown in the patient medical records.

New Provision #12:

1. The Board may issue a license by endorsement as an anesthesiologist assistant to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid and unrestricted license to practice as an anesthesiologist assistant in the District of Columbia or any state or territory of the United States.
2. An application for licensure by endorsement as an anesthesiologist assistant must be made on a form provided by the Board. The applicant must comply with all provisions set forth in New Provision #4.
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, 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 633 and NAC Chapter 633, 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
 - (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 onehalf of the fee established pursuant to NRS 633.501 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 #13:

1. A student in an anesthesiologist assistant training program may assist an anesthesiologist in the delivery of osteopathic 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 any qualified anesthesia provider. 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.
2. As used in this section, a qualified anesthesia provider means an anesthesiologist, an osteopathic anesthesiologist, an anesthesiology fellow that the supervising osteopathic anesthesiologist believes has received adequate clinical training in anesthesiology, an anesthesiology resident that the supervising osteopathic anesthesiologist believes has received adequate clinical training in anesthesiology, a certified anesthesiologist assistant that the supervising osteopathic anesthesiologist believes has received adequate clinical training in anesthesiology, or a certified registered nurse anesthetist that the supervising osteopathic anesthesiologist believes has received adequate clinical training in anesthesiology.

New Provision #14:

1. An osteopathic anesthesiologist that utilizes the services of an anesthesiologist assistant shall include language in the patient consent form that informs the patient that the osteopathic 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 osteopathic anesthesiologist.
2. An osteopathic anesthesiologist who agrees to act as the supervising osteopathic 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 633 and NAC Chapter 633 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 osteopathic anesthesiologist must base the provisions of the written practice protocol on consideration of relevant quality assurance standards, including regular review by the supervising osteopathic anesthesiologist of the medical records of the patients delegated to the anesthesiologist assistant.
3. An anesthesiologist assistant shall perform delegated osteopathic medical tasks only under the medical direction of an osteopathic anesthesiologist. A supervising osteopathic anesthesiologist shall not concurrently supervise more than four anesthesiologist assistants.
4. During an anesthesia service where a transfer of authority from one osteopathic anesthesiologist to another osteopathic anesthesiologist must take place, this transfer must be clearly indicated in the patient's medical records. When a transfer from one anesthesiologist assistant, certified registered nurse anesthetist, osteopathic resident, or osteopathic fellow to another anesthesiologist assistant, certified registered nurse anesthetist, osteopathic resident, or osteopathic fellow is delegated by the supervising osteopathic anesthesiologist during an anesthesia service, the anesthesiologist assistant and the supervising osteopathic anesthesiologist must ensure that this transfer is clearly indicated in the patient's medical records.
5. Every two years, a performance assessment of an anesthesiologist assistant must be performed by a supervising osteopathic anesthesiologist who has worked with or is working with the anesthesiologist assistant. The record of this performance assessment shall be maintained by

both the anesthesiologist assistant and the supervising osteopathic 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 osteopathic 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 bi-annual performance assessment required by subsection 5 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 #15:

ADD to Definitions section of NAC 633 the following definitions:

“Anesthesiologist Assistant” has the meaning ascribed to it in [\[Section 42 of AB 270\]](#).

“Assist in the practice of medicine” has the meaning ascribed to it in [\[Section 43 of AB 270\]](#).

“Supervising osteopathic anesthesiologist” has the meaning ascribed to it in [\[Section 45 of AB 270\]](#).

New Provision #16:

Unprofessional conduct defined.

1. "Unprofessional conduct" includes:
 - (a) Knowingly or willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice as an anesthesiologist assistant, or in applying for the renewal of a license to practice as an anesthesiologist assistant.
 - (b) Failure of a person who is licensed as an anesthesiologist assistant to identify himself or herself professionally by using the term A.A., anesthesiologist assistant, or a similar term.

New Provision #17:

Display of license; identification; separate billing prohibited.

1. An anesthesiologist assistant shall:
 - (a) Keep his or her license available for inspection at his or her primary place of business:
and
 - (b) When engaged in professional duties, identify himself or herself as an anesthesiologist assistant.
2. An anesthesiologist assistant shall not bill a patient separately from his or her supervising osteopathic anesthesiologist.

New Provision #18:

Anesthesiologist Assistants: Action by Board after hearing. If the Board finds, by a preponderance of the evidence, and after notice and hearing in accordance with this chapter, that:

1. The charges in the complaint against an anesthesiologist assistant are true, the Board will issue and serve on the anesthesiologist assistant its written findings and any order of sanctions. The following sanctions may be imposed by order:

(a) Placement on probation for a specified period on any of the conditions specified in the order.

(b) Administration of a public reprimand.

(c) Limitation of the medical services that an anesthesiologist assistant is authorized to perform.

(d) Suspension of a license, for a specified period or until further order of the Board.

(e) Revocation of a license.

(f) A requirement that an anesthesiologist assistant participate in a program to correct alcohol or other substance use disorder or any other impairment.

(g) A requirement that there be additional and specified supervision of the medical services performed by an anesthesiologist assistant.

(h) A requirement that an anesthesiologist assistant perform community service without compensation.

(i) A requirement that an anesthesiologist assistant take a physical or mental examination or an examination testing medical competence.

(j) A requirement that an anesthesiologist assistant fulfill certain training or educational requirements, or both, as specified by the Board.

2. No violation has occurred; the Board will issue a written order dismissing the charges and notify the anesthesiologist assistant that the charges have been dismissed.

New Provision #19:

1. An anesthesiologist assistant who retires from practice is not required biennially to renew his or her license after filing with the Board an affidavit stating the date on which he or she retired from practice and any other evidence that the Board may require to verify the retirement.
2. An anesthesiologist assistant who retires from practice and who desire to return to practice may apply to renew his or her license by paying all back biennial license renewal fees from the date of retirement and submitting verified evidence satisfactory to the Board that the anesthesiologist assistant has attended continuing education courses or programs approved by the Board which total:
 - (a) Twenty-five hours if the anesthesiologist assistant has been retired 1 year or less;
 - (b) Fifty hours within 12 months of the date of application if the anesthesiologist assistant has been retired for more than 1 year.
3. An anesthesiologist assistant who wishes to have a license placed on inactive status must provide the Board with an affidavit stating the date on which the anesthesiologist assistant will cease to practice as an anesthesiologist assistant in Nevada and any other evidence that the Board may require. The Board shall place the license of the anesthesiologist assistant on inactive status upon receipt of the affidavit required pursuant to this subsection.
4. An anesthesiologist assistant whose license has been placed on inactive status:
 - (a) Is not required to biennially renew the license; and,
 - (b) Is exempt from paying an inactive license fee.
5. An anesthesiologist assistant whose license has been placed on inactive status shall not practice as an anesthesiologist assistant. The Board shall consider an anesthesiologist assistant whose license has been placed on inactive status and who practices as an anesthesiologist assistant to be practicing without a license. Such practice constitutes grounds for disciplinary action against the anesthesiologist assistant in accordance with the regulations adopted by the Board pursuant to [\[AB 270 section 49\]](#).
6. An anesthesiologist assistant whose license is on inactive status and who wishes to renew his or her license to practice as an anesthesiologist assistant must:
 - (a) Provide to the Board verified evidence satisfactory to the Board of completion of the total number of hours of continuing education required for:
 - (1) The year preceding the date of the application for renewal of the license; and,
 - (2) Each year after the date the license was placed on inactive status.

- (b) Provide to the Board an affidavit stating that the applicant has not withheld from the Board any information which would constitute grounds for disciplinary action pursuant to NRS Chapter 633 or this chapter; and,
- (c) Comply with all other requirements for renewal.

New Provision #20:

If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to a physician assistant pursuant to NRS 633.510, the Board may deliver a copy of the letter or admonishment to the supervising osteopathic physician.

Amendments to NAC 633:

NAC 633.250 Continuing education required for renewal of license.

1. Each osteopathic physician applying for renewal of his or her license ~~shall attest to the Board~~ provide Certificates of Completion or other proof satisfactory to the Board that he or she has attended during the preceding year at least 35 hours of continuing education courses or programs approved by the Board, which must include at least:

(a) Ten hours of category 1A courses; and

(b) Two hours that relate to the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

2. On or after July 1, 2018, each osteopathic physician shall, not later than 2 years after initial licensure and at least once every 4 years thereafter, attest to the Board when applying for renewal of his or her license that he or she has received the instruction on evidence-based suicide prevention and awareness required by [NRS 633.471](#).

3. As used in this section, “category 1A course” means a course of continuing medical education that is offered by a sponsor accredited to offer such a course by the American Osteopathic Association or the Accreditation Council for Continuing Medical Education.

NAC 633.255 Revocation of suspended license upon failure to renew. A license that the Board has suspended will be revoked pursuant to [NRS 633.481](#) if:

1. The license expires during the period of suspension; and

2. The osteopathic physician, ~~physician assistant, or anesthesiologist assistant~~ fails to renew the license as set forth in [NRS 633.471](#).

NAC 633.335 Fees.

1. Except as otherwise provided in subsection 3, the Board will charge and collect the following fees:

Application and initial license fee for an osteopathic physician.....	\$500
Annual license renewal fee for an osteopathic physician.....	350
Temporary license fee.....	200
Special or authorized facility license fee.....	200

Special or authorized facility license renewal fee.....	200
Late payment fee for an osteopathic physician or physician assistant or anesthesiologist assistant whose license is currently on active status.....	200
Application and initial license fee for a physician assistant.....	300
Annual license renewal fee for a physician assistant.....	150
Application and initial license fee for an anesthesiologist assistant.....	400
Application and initial simultaneous license fee for an anesthesiologist assistant.....	200
Bi-annual license renewal fee for an anesthesiologist assistant...	400
Application for and issuance of temporary license to practice as an anesthesiologist assistant.....	200
License renewal fee for temporary license to practice as an anesthesiology assistant.....	200
Inactive license fee.....	200
Late payment fee for an osteopathic physician or physician assistant or anesthesiologist assistant whose license is currently on inactive status.....	150

2. The Board will charge and collect a fee for fingerprints submitted to the Board pursuant to [NRS 633.309](#) that is equal to the total amount of the fees charged by any local agencies of law enforcement, the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for the handling of the fingerprints of an applicant and issuance of the reports of criminal histories.

3. The Board will reduce by one-half the appropriate application and initial license fee prescribed in subsection 1 for an applicant who applies for an initial license as an osteopathic physician or a physician assistant that will expire less than 6 months after the date of issuance of the license.

4. The Board will reduce by one-half the appropriate application and initial license fee prescribed in section 1 for an applicant who applies for an initial license as an anesthesiologist assistant that will expire less than 12 months after the date of issuance of the license.

NAC 633.350 Unethical conduct.

1. For the purposes of this chapter and [chapter 633](#) of NRS, an osteopathic physician engages in unethical conduct if he or she:

- (a) Engages in sexual misconduct with a patient;
- (b) Abandons a patient;
- (c) Willfully makes and files false reports, records or claims in the osteopathic physician's practice;
- (d) Willfully fails to file or record a medical report required by law, willfully impedes or obstructs the filing or recording of such a report, or willfully induces another person to fail to file or record such a report;
- (e) Fails to generate or create medical records relating to the diagnosis, treatment and care of a patient;
- (f) Prescribes a controlled substance in a manner or an amount that the Board determines is excessive;
- (g) Fails to comply with the terms of an agreement with a diversion program approved by the Board;
- (h) Fails to comply with an order of the Board;
- (i) Violates the provisions of [NRS 633.750](#) concerning retaliation or discrimination against an employee;
- (j) Violates the provisions of [NRS 629.061](#) concerning making the health care records of a patient available for physical inspection and furnishing a copy of the health care records;
- (k) Fails to provide adequate supervision of a medical assistant who is employed or supervised by the osteopathic physician; or
- (l) Engages in any other conduct that the Board determines constitutes unfitness to practice osteopathic medicine.

2. For the purposes of this chapter and [chapter 633](#) of NRS, a physician assistant **or anesthesiologist assistant** engages in unethical conduct if the physician assistant **or anesthesiologist assistant** engages in any conduct which constitutes unethical conduct by an osteopathic physician pursuant to paragraphs (a) to (i), inclusive, **and (l)** of subsection 1.

3. As used in this section, “medical assistant” means any person who:

(a) Is employed by an osteopathic physician;

(b) Is under the direction and supervision of the osteopathic physician;

(c) Assists in the care of a patient; and

(d) Is not required to be certified or licensed by an administrative agency to provide that assistance.

NAC 633.370 Rebuttable presumption of professional incompetence. For the purposes of this chapter and [chapter 633](#) of NRS, if a mental or physical examination or a medical competency examination determines that:

1. An osteopathic physician is not competent to practice osteopathic medicine; or

2. A physician assistant is not competent to perform medical services under the supervision of a supervising physician; or

3. An anesthesiologist assistant is not competent to assist in the practice of medicine under the supervision of a supervising osteopathic physician,

↪ with reasonable skill and safety to patients, the Board will consider that determination to constitute a rebuttable presumption of professional incompetence with regard to the osteopathic physician or physician assistant [or anesthesiologist assistant](#).

NAC 633.430 Procedure at hearings.

1. In a hearing other than a hearing concerning a disciplinary proceeding, the President or presiding officer will call the hearing to order and proceed to take the appearances on behalf of the Board, the applicant or the osteopathic physician, [physician assistant or anesthesiologist assistant](#). [~~or physician assistant~~] The legal counsel for the Board will present the evidence for the Board first and, if the Board allows closing arguments, will present the closing arguments for the Board first.

2. In a hearing concerning a disciplinary proceeding, the Board, hearing officer or panel shall conduct the hearing in accordance with the provisions of [NRS 622A.380](#).

3. The notice of hearing, any petition, answer, response or written stipulation, and, if the hearing concerns a disciplinary proceeding, the complaint or any other responsive pleading, becomes a part of the record without being read into the record, unless a party requests that the document be read into the record.

4. The Board, President, presiding officer, hearing officer or panel may, at any time:
 - (a) Question a witness;
 - (b) Request or allow additional evidence, including additional rebuttal or documentary evidence;
 - (c) Make proposed opinions, findings of fact and conclusions of law;
 - (d) Issue appropriate interim orders;
 - (e) Recess the hearing as required; and
 - (f) Set reasonable limits of time for the presentation of testimony.

5. If closing briefs are permitted, the Board, President, presiding officer, hearing officer or panel shall establish a time frame for the submission of the closing briefs.

NAC 633.450 Summary suspension of license by Board.

1. If a complaint has been filed against an osteopathic physician pursuant to [NRS 633.531](#) or against a physician assistant pursuant to [NAC 633.287](#), or an anesthesiologist assistant pursuant to [New Provision #2], the Board may order the summary suspension of the license of the osteopathic physician, physician assistant, or anesthesiologist assistant pending disciplinary proceedings.

2. The Board will issue such an order if it determines that:

(a) The osteopathic physician, physician assistant, or anesthesiologist assistant [] has violated a provision of this chapter or [chapter 633](#) of NRS;

(b) The summary suspension of the license is necessary to prevent a further violation of this chapter or [chapter 633](#) of NRS; and

(c) The public health, safety or general welfare imperatively requires the summary suspension of the license.

3. An order summarily suspending a license:

(a) Must:

(1) Comply with the applicable provisions of [NRS 233B.127](#); and

(2) Set forth the grounds upon which the order is issued, including a statement of facts;

(b) Is effective upon service on the osteopathic physician, physician assistant, or anesthesiologist assistant [] of the order and complaint; and

(c) Remains in effect until the Board:

(1) Modifies or rescinds the order; or

(2) Issues its final order or decision on the underlying complaint.

4. A hearing on the complaint must be held within 45 days after the effective date of the suspension.

NAC 633.460 Meeting or conference of parties before hearing.

1. The parties to a disciplinary proceeding shall meet or confer, not later than 20 days before the hearing, and:

(a) Exchange copies of all documents that each party intends to offer as evidence in support of its case.

(b) Identify, describe or produce all tangible things, other than documents, that each party intends to offer as evidence in support of its case and, if requested, arrange for the opposing party to inspect, copy, test or sample such evidence under reasonable supervision.

(c) Exchange written lists of persons that each party intends to call as witnesses in support of its case. The list must identify each witness by name and position and, if known, business address. If no business address is available, the party intending to call the witness shall disclose the home address of the witness or make the witness available for service of process. The list must also include, for each witness, a summary of the proposed testimony and the purpose for which the witness will be called.

2. As used in this section, "parties to a disciplinary proceeding" includes:

(a) An osteopathic physician who has been served with a formal complaint alleging a disciplinary violation pursuant to [NRS 633.541](#) or a physician assistant who has been served with a formal complaint alleging a disciplinary violation pursuant to [NAC 633.287](#), or an anesthesiologist assistant who has been served with a formal complaint alleging a disciplinary violation pursuant to [New Provision #2];

(b) The attorney, if any, representing the osteopathic physician or physician assistant **or anesthesiologist assistant**; and

(c) The legal counsel for the Board.

NAC 633.480 Decision or order by Board

1. A decision or order in a disciplinary proceeding adverse to an osteopathic physician, **physician assistant or anesthesiologist assistant** [~~or physician assistant~~] must:

(a) Be in writing;

(b) Except as otherwise provided in subsection 5 of [NRS 233B.121](#), include findings of fact and conclusions of law; and

(c) Specifically set forth the punishment imposed on the osteopathic physician or physician assistant, **or anesthesiologist assistant**;

2. Except as otherwise provided in [NRS 633.671](#), an order of the Board is effective upon being served on the osteopathic physician or physician assistant, **or anesthesiologist assistant**.

NAC 633.490 Limited, suspended, revoked or inactive license: Removal of limitation or suspension; restoration; renewal.

1. If a person whose practice of osteopathic medicine has been limited, **or if a person whose ability to assist in the practice of medicine has been limited**, or whose license to practice osteopathic medicine **or to assist in the practice of medicine** has been suspended, revoked or placed on inactive status, applies to the Board:

(a) Pursuant to [NRS 633.481](#) for the restoration of the revoked license;

(b) Pursuant to [NRS 633.491](#) for the renewal of the license; or

(c) Pursuant to [NRS 633.681](#) for the removal of the limitation or suspension or for the reinstatement of his or her revoked license,

Ê the Board may require the person to submit to an examination testing his or her competence to practice osteopathic medicine.

2. The Board will not remove a limitation or suspension or reinstate a revoked license unless:

(a) The applicant proves by clear and convincing evidence that the requirements for the removal of the limitation or suspension or for the reinstatement of the revoked license have been met; and

(b) The applicant proves by evidence satisfactory to the Board that he or she:

(1) Has complied with all the terms and conditions set forth in any final order of the Board limiting his or her practice or suspending or revoking his or her license; and

(2) Is capable of practicing osteopathic medicine in a safe manner **or capable of assisting in the practice of medicine in a safe manner.**