

**ADOPTED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB File No. R033-24

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

AUTHORITY: §§ 1, 2, 4, 13, 14 and 19, NRS 630.130; § 3, NRS 630.130 and 630.1605; §§ 5 and 16, NRS 630.130 and 630.279; §§ 6 and 18, NRS 630.130 and 630.269; §§ 7 and 8, NRS 630.130 and section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548 (NRS 630.26825); §§ 9-11, NRS 630.130 and 630.275; § 12, NRS 233B.100 and 630.130; § 15, NRS 622.530, 630.130 and 630.279; § 17, NRS 622.530, 630.130 and 630.269.

A REGULATION relating to health care; requiring an applicant for a license to practice medicine or a physician who wishes to practice in a new medical specialty area to designate to the Board of Medical Examiners each medical specialty he or she practices; prohibiting the issuance of certain licenses by endorsement under certain circumstances; deeming a physician to be the supervising physician of a certified registered nurse anesthetist under certain circumstances; providing that the Board will notify applicants for certain licenses of deficiencies in their application; authorizing such an applicant to appeal the denial of his or her application; prohibiting certain providers of health care from engaging in certain activity; revising the procedure for the submission and consideration of certain petitions or requests; abolishing locum tenens licensure for physician assistants; abolishing certain advisory committees; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Board of Medical Examiners to adopt regulations as necessary to carry out the provisions governing physicians, perfusionists, physician assistants, practitioners of respiratory care and anesthesiologist assistants. (NRS 630.130, 630.269, 630.275, 630.279, section 10 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1548 (NRS 630.26825)) **Section 2** of this regulation requires an applicant for a license to practice medicine or a physician who wishes to practice in a new medical specialty area to designate to the Board each medical specialty area in which the applicant or physician, as applicable, intends to practice. **Section 2:** (1) prescribes the required qualifications to practice in a medical specialty area; and (2) prohibits a physician from practicing outside of his or her medical specialty area except in certain circumstances. **Sections 5-7** of this regulation: (1) provide that the Board will notify an applicant for a license as a practitioner of respiratory care, a perfusionist or an anesthesiologist assistant of any deficiencies in his or her application; and (2) authorize such an applicant to appeal the denial of his or her application.

Existing law authorizes the Board to issue a license by endorsement to practice medicine if the applicant is similarly licensed in another jurisdiction and meets certain other requirements. (NRS 630.1605) Existing regulations authorize the issuance of a license by endorsement as a practitioner of respiratory care or a perfusionist under similar circumstances. (NAC 630.513, 630.715) **Sections 3, 15 and 17** of this regulation prohibit the issuance of a license by endorsement to practice medicine, to practice as a perfusionist or to practice as a practitioner of respiratory care if the applicant has been the subject of certain disciplinary action related to his or her practice in another jurisdiction.

Existing law authorizes a certified registered nurse anesthetist, under the supervision of a licensed physician, to order, prescribe, possess and administer controlled substances, poisons, dangerous drugs or devices to treat a patient under the care of a licensed physician in certain circumstances. (Section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444 (NRS 632.2397)) **Section 4** of this regulation deems the physician who is treating a patient while the patient receives care from a certified registered nurse anesthetist who is engaging in those activities to be the supervising physician of the certified registered nurse anesthetist.

Sections 8, 9, 16 and 18 of this regulation prohibit an anesthesiologist assistant, physician, physician assistant, practitioner of respiratory care or perfusionist from engaging in sexual impropriety toward a patient. **Section 16** also clarifies that the Board may discipline a practitioner of respiratory care who violates certain provisions of law regulating the practice of respiratory care.

Existing regulations authorize a physician assistant to perform only services that are within the scope of practice of his or her supervising physician. (NAC 630.360) **Section 10** of this regulation revises this provision to instead require a physician assistant to practice within the scope of the medical specialty area of his or her supervising physician, as designated pursuant to **section 2**. **Section 11** of this regulation additionally requires a supervising physician to ensure that a physician assistant performs only medical services that are within the scope of the medical specialty area of the supervising physician.

Existing law requires each agency to prescribe by regulation the form and procedure by which a person may petition the agency for the adoption, filing, amendment or repeal of a regulation. (NRS 233B.100) **Section 12** of this regulation: (1) requires that such a petition be submitted to the Board in writing and include certain information; and (2) provides that the Board will notify the petitioner of its decision on the petition within 30 days after receiving the petition. **Section 19** of this regulation repeals certain provisions governing a petition for the adoption, filing, amendment or repeal of a regulation that have been superseded by **section 12**.

Existing regulations authorize the holder of or an applicant for a license as a physician, perfusionist, physician assistant, practitioner of respiratory care or anesthesiologist assistant to petition the Board for a declaratory order or an advisory opinion. (NAC 630.450) **Section 13** of this regulation requires that such a petition concern the application of a statute or regulation within the jurisdiction of the Board. **Section 13** additionally prohibits the holder of or an applicant for a license who has an open investigation by or pending disciplinary proceeding before the Board from requesting a declaratory order or an advisory opinion concerning: (1) a statute or regulation that is at issue in the investigation or disciplinary proceeding; or (2) a factual circumstance that is substantially similar to the factual circumstance at issue in the investigation or disciplinary proceeding. **Sections 13 and 14** of this regulation establish the procedure for the

consideration of: (1) such a petition; or (2) a petition concerning a matter other than the adoption of a regulation, a declaratory order or an advisory opinion.

Section 19 repeals regulations: (1) authorizing the issuance of a locum tenens license to enable a physician assistant who is licensed in another state to substitute for a physician assistant who is licensed in this State on a temporary basis; and (2) establishing advisory committees for physician assistants and practitioners of respiratory care. **Section 16** makes a conforming change to remove a reference to a section repealed by **section 19**.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this regulation.

Sec. 2. 1. *Each applicant for a license to practice medicine or physician who wishes to practice in a new medical specialty area must:*

(a) Designate to the Board each medical specialty area in which the applicant or physician, as applicable, intends to practice; and

(b) Provide to the Board:

(1) Evidence that the applicant or physician, as applicable, meets the requirements of paragraph (a) or (b) of subsection 2; or

(2) The evidence required by subsection 3.

2. *A physician may only practice in a medical specialty area if the physician has:*

(a) Been certified in that medical specialty area by a specialty board of the American Board of Medical Specialties;

(b) Successfully completed a postgraduate training program which is approved by the Accreditation Council for Graduate Medical Education and which provides the physician with complete training in the medical specialty area; or

(c) Obtained the approval of the Board pursuant to subsection 3 to practice in that medical specialty area.

3. An applicant for a license to practice medicine or a physician who wishes to practice in a medical specialty area for which no specialty board of the American Board of Medical Specialties exists may request the approval of the Board to practice in that medical specialty area by submitting to the Board evidence that the applicant or physician, as applicable:

(a) Is not able to satisfy the requirements of paragraph (b) of subsection 2; and

(b) Has successfully completed training in the medical specialty area that is substantially similar in rigor, length and examinations of competency as is required by a specialty board of the American Board of Medical Specialties.

4. For the purposes of paragraph (e) of subsection 1 of NRS 630.306, a physician who practices outside the medical specialty area designated pursuant to this section shall, except as otherwise provided in this section, be deemed to be performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training. This subsection does not apply to a physician who is practicing outside of the medical specialty area designated pursuant to this section in:

(a) A life-threatening emergency, including, without limitation, at the scene of an accident;

(b) An emergency situation, including, without limitation, human-caused or natural disaster relief efforts; or

(c) Any other situation where the physician is authorized by law to practice outside of that medical specialty area.

Sec. 3. *The Board will not issue a license by endorsement to practice medicine pursuant to NRS 630.1605, 630.1606 or 630.1607 if an applicant has:*

1. Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in

which the applicant currently holds or has held a license to practice medicine or an equivalent license;

2. Had his or her license to practice medicine or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

3. Been refused or denied a license to practice medicine or an equivalent license in the District of Columbia or any state or territory of the United States.

Sec. 4. *For the purposes of this chapter and chapter 630 of NRS, a physician who is treating a patient while the patient is receiving care from a certified registered nurse anesthetist who performs any activity described in paragraph (a) of subsection 1 of section 2.6 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1444 (NRS 632.2397), shall be deemed the supervising physician of the certified registered nurse anesthetist.*

Sec. 5. *1. The Board will notify an applicant for a license as a practitioner of respiratory care of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.*

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

Sec. 6. *1. The Board will notify an applicant for a license as a perfusionist of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.*

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

Sec. 7. *1. The Board will notify an applicant for a license as an anesthesiologist assistant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.*

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

Sec. 8. *An anesthesiologist assistant shall not engage in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.*

Sec. 9. 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 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; ~~for~~

(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 **H**; *or*

(m) Engage in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.

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. 10. NAC 630.360 is hereby amended to read as follows:

630.360 1. The medical services which a physician assistant is authorized to perform must be:

(a) Commensurate with the education, training, experience and level of competence of the physician assistant; and

(b) Within the scope ~~[of the practice]~~ of the *medical specialty area of his or her* supervising physician ~~[of the physician assistant.]~~, *as designated to the Board pursuant to section 2 of this regulation.*

2. The physician assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as a physician assistant.

3. No physician assistant may represent himself or herself in any manner which would tend to mislead the general public or the patients of the supervising physician.

Sec. 11. NAC 630.370 is hereby amended to read as follows:

630.370 1. Except as otherwise provided in NAC 630.375, the supervising physician is responsible for all the medical activities of his or her physician assistant and shall ensure that:

(a) The physician assistant is clearly identified to the patients as a physician assistant;

(b) *The physician assistant performs only medical services that are within the scope of the medical specialty area of his or her supervising physician, as designated to the Board pursuant to section 2 of this regulation;*

(c) The physician assistant performs only those medical services which have been approved by his or her supervising physician;

~~[(e)]~~ (d) The physician assistant does not represent himself or herself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and

~~(d)~~ (e) There is strict compliance with:

(1) The provisions of the certificate of registration issued to his or her physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and

(2) The regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review and initial selected charts of the patients of the physician assistant. Unless the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician must be available at all times that his or her physician assistant is performing medical services to consult with his or her assistant. Those consultations may be indirect, including, without limitation, by telephone.

3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant. The requirements of this subsection are satisfied if the supervising physician spends part of a day at any location where the physician assistant uses telehealth to provide medical services.

4. Except as otherwise provided in this subsection, if the supervising physician is unable to supervise the physician assistant as required by this section, the supervising physician shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. If the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician is not required to comply with this subsection.

5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:

(a) An assessment of the medical competency of the physician assistant.

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

(c) An assessment of a representative sample of the referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient.

(d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant. The requirements of this paragraph are satisfied if a program includes direct observation of a physician assistant while the physician assistant uses telehealth to provide such services.

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.

6. Except as otherwise provided in subsection 7, a physician may supervise a physician assistant if the physician:

(a) Holds an active license in good standing to practice medicine issued by the Board;

(b) Actually practices medicine in this State; and

(c) Has not been specifically prohibited by the Board from acting as a supervising physician.

7. If the Board has disciplined a physician assistant pursuant to NAC 630.410, a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board to act as the supervising physician of that physician assistant.

Sec. 12. NAC 630.420 is hereby amended to read as follows:

630.420 ~~{A}~~

- 1. Pursuant to NRS 233B.100, any interested person may petition ~~{requesting}~~ the Board for the adoption, filing, amendment or repeal of any regulation. ~~{must be accompanied by a draft of the proposed regulation in a form suitable for filing with the Secretary of State.}~~*
- 2. A petition for the adoption, filing, amendment or repeal of a regulation must be in writing and filed with the Board.*
- 3. The petition must include:*
 - (a) The name and address of the petitioner;*
 - (b) The reason for petitioning for the adoption, filing, amendment or repeal of the regulation;*
 - (c) The proposed language of the regulation to be adopted, filed, amended or repealed in a format that is suitable for submission to the Legislative Counsel pursuant to NRS 233B.063;*
 - (d) The statutory authority for the adoption, filing, amendment or repeal of the regulation;*
and
 - (e) Any relevant data, views and arguments that support the petition for the adoption, filing, amendment or repeal of the regulation.*
- 4. The Board may refuse to act upon a petition for the adoption, filing, amendment or repeal of a regulation if the petition does not meet the requirements of subsection 2 or does not include the information required by subsection 3.*
- 5. The Board will notify the petitioner in writing of the decision of the Board regarding the petition within 30 days after the date on which the petitioner filed the petition. If the Board approves the petition for the adoption, filing, amendment or repeal of a regulation, the Board*

will initiate regulation-making proceedings concerning that regulation within 30 days after the date on which the petitioner filed the petition.

Sec. 13. NAC 630.450 is hereby amended to read as follows:

630.450 1. A petition for a declaratory order or advisory opinion ~~may~~ :

(a) *May* be filed only by a holder of or applicant for a license ~~is~~; and

(b) *Must concern the application of a statute or regulation within the jurisdiction of the Board, including, without limitation, a statute in chapter 629 or 630 of NRS or a regulation in chapter 630 of NAC.*

2. ~~The original and 12 copies of the~~ *A holder of or an applicant for license who is currently being investigated or has a pending disciplinary proceeding before the Board may not petition for a declaratory order or advisory opinion concerning:*

(a) *A statute or regulation specifically at issue in the investigation or disciplinary proceeding; or*

(b) *A factual circumstance that is substantially similar to the factual circumstance at issue in the investigation or disciplinary proceeding.*

3. *The Board will consider at a regularly scheduled meeting any petition ~~must be~~ for a declaratory order or advisory opinion that is* filed with the Board not less than ~~31~~ 30 days before ~~its next regularly scheduled~~ *the* meeting. ~~The petition must be submitted to the Board at that~~ *If such a petition is filed less than 30 days before the next regularly scheduled meeting, the Board will consider the petition at the following regularly scheduled* meeting. Within 30 days ~~thereafter,~~ *after considering a petition,* the Board will issue its declaratory order or advisory opinion ~~is~~, *unless the Board approves a reasonable request for a reasonable and specified extension of time.*

4. The Board may deny a petition for declaratory order or advisory opinion submitted pursuant to this section if the Board determines that the petition:

(a) Does not meet the requirements of subsection 1; or

(b) Is prohibited by subsection 2.

Sec. 14. NAC 630.455 is hereby amended to read as follows:

630.455 ~~[A]~~ **1.** *The Board may consider at a regularly scheduled meeting any* request for the Board to consider or take action upon a matter ~~[at a meeting]~~ other than a petition described in NAC 630.420 or 630.450 ~~[must be]~~ *that is* received by the Board at least ~~[31]~~ **30** days before the date of the meeting. *If such a request is received less than 30 days before the date of the next regularly scheduled meeting, the Board may consider or take action upon the request at the following regularly scheduled meeting.*

2. The Executive Director or his or her designee or the President of the Board will review a request described in subsection 1 to determine if the request should be considered at a meeting of the Board.

Sec. 15. NAC 630.513 is hereby amended to read as follows:

630.513 **1.** An application for licensure by endorsement as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

(a) The date of birth and the birthplace of the applicant, his or her sex and the various places of his or her residence after reaching 18 years of age;

(b) The education of the applicant, including, without limitation, all high schools, postsecondary institutions and professional institutions attended, the length of time in attendance at each high school or institution and whether he or she is a graduate of those schools and institutions;

(c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;

(d) The professional training and experience of the applicant;

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to engage in the practice of respiratory care;

(f) Whether the applicant has 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 license to engage in the practice of respiratory care;

(g) Whether the applicant has had a license to engage in the practice of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States;

(h) Whether the applicant has pending any disciplinary action concerning his or her license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

(i) Whether the applicant has ever been convicted of a felony or an offense involving moral turpitude;

(j) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances; and

(k) A public address where the applicant may be contacted by the Board.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

(b) Proof that he or she has engaged in the practice of respiratory care for a period of at least 12 months immediately preceding the date on which the application is submitted;

(c) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization, or another educational program as approved by the Board;

(d) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515;

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

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520;

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

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

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

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

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

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to engage in the practice of respiratory care to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2,

↳ whichever occurs later.

7. A license by endorsement to engage in the practice of respiratory care in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a practitioner of respiratory care or an equivalent license;

(b) Had his or her license as a practitioner of respiratory care or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States;
or

(c) Been refused or denied a license as a practitioner of respiratory care or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in *subsection 9 and* NAC 630.510 and 630.540, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; 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 licensee based on that conviction.

Sec. 16. NAC 630.540 is hereby amended to read as follows:

630.540 A practitioner of respiratory care is subject to discipline or denial of licensure by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the practitioner of respiratory care:

1. Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license or renewing a license.

2. Performed respiratory care services other than as permitted by law.
3. Committed malpractice in the performance of respiratory care services, which may be evidenced by claims settled against a practitioner of respiratory care.
4. Disobeyed any order of the Board or an investigative committee of the Board or violated a provision of this chapter ~~H~~ *or chapter 630 of NRS.*
5. Is not competent to provide respiratory care services.
6. Lost his or her certification by the National Board for Respiratory Care or its successor organization.
7. Failed to notify the Board of loss of certification by the National Board for Respiratory Care or its successor organization.
8. Falsified records of health care.
9. Rendered respiratory care to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.
10. Practiced respiratory care after his or her license has expired or been suspended.
11. Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of respiratory care or the ability to practice respiratory care.
12. Has had a license to practice respiratory care revoked, suspended, modified or limited by any other jurisdiction or has surrendered such license or discontinued the practice of respiratory care 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.
13. Engaged in any sexual activity with a patient who is currently being treated by the practitioner of respiratory care.

14. *Engaged in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.*

15. Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.

~~{15.}~~ 16. Engaged in conduct that violates the trust of a patient and exploits the relationship between the practitioner of respiratory care and the patient for financial or other personal gain.

~~{16.}~~ 17. Engaged in conduct which brings the respiratory care profession into disrepute, including, without limitation, conduct which violates any provision of a national code of ethics adopted by the Board by regulation.

~~{17.}~~ 18. Engaged 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 practitioner of respiratory care and the patient in a sexual manner.

~~{18.}~~ 19. Made or filed a report that the practitioner of respiratory care knows to be false, failed to file a record or report as required by law or willfully obstructed or induced another to obstruct such filing.

~~{19.}~~ 20. Altered the medical records of a patient.

~~{20.}~~ 21. Failed to report any person that the practitioner of respiratory care knows, or has reason to know, is in violation of the provisions of chapter 630 of NRS or NAC 630.500 to ~~{630.560.}~~ 630.555, inclusive, relating to the practice of respiratory care.

~~{21.}~~ 22. Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.

~~{22.}~~ 23. Held himself or herself out or permitted another to represent him or her as a licensed physician.

~~{23.}~~ 24. 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.

~~{24.}~~ 25. Failed to comply with any applicable provisions of chapter 629 of NRS and any regulation adopted pursuant thereto.

Sec. 17. NAC 630.715 is hereby amended to read as follows:

630.715 1. An application for licensure by endorsement as a perfusionist must be made on a form supplied by the Board. The application must include:

- (a) The date and place of birth of the applicant;
- (b) The gender of the applicant;
- (c) The education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and institutions;
- (d) Whether the applicant has ever applied for a license or certificate to practice perfusion in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;
- (e) The training and experience of the applicant in the practice of perfusion;
- (f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice perfusion;

(g) Whether the applicant has 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 license to practice perfusion;

(h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States;

(i) Whether the applicant has pending any disciplinary action concerning his or her license to practice perfusion in the District of Columbia or any state or territory of the United States;

(j) If the applicant has ever been convicted of a felony or an offense involving moral turpitude, the dates, circumstances and disposition of each such occurrence;

(k) If the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or dispensing of a controlled substance, the dates, circumstances and disposition of each such occurrence; and

(l) Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to practice perfusion in the District of Columbia or any state or territory of the United States.

(b) Proof that he or she has engaged in the practice of perfusion for a period of at least 12 months immediately preceding the date on which the application is submitted.

(c) Proof of completion of a perfusion education program that satisfies the requirements of NRS 630.2691. For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor.

(d) Unless the examination requirement is waived pursuant to NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.

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

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520.

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete.

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for

submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

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

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

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

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice perfusion to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2,

↳ whichever occurs later.

7. A license by endorsement to practice perfusion in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a

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

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a perfusionist or an equivalent license;

(b) Had his or her license as a perfusionist or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a perfusionist or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in ***subsection 9 and*** NAC 630.710 and 630.770, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; 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 licensee based on that conviction.

Sec. 18. NAC 630.770 is hereby amended to read as follows:

630.770 1. A perfusionist is subject to discipline pursuant to chapter 630 of NRS or denial of licensure by the Board if, after notice and hearing, the Board finds that the perfusionist:

- (a) Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for or renewing a license.
- (b) Performed perfusion services other than as permitted by law.
- (c) Committed malpractice in the performance of perfusion services, which may be evidenced by claims settled against the perfusionist.
- (d) Disobeyed any order of the Board or an investigative committee of the Board or violated any provision of this chapter or chapter 630 of NRS.
- (e) Is not competent to provide perfusion services.
- (f) Lost his or her certification by the American Board of Cardiovascular Perfusion or its successor organization.
- (g) Failed to notify the Board of loss of certification by the American Board of Cardiovascular Perfusion or its successor organization within 30 days after the loss of certification.
- (h) Falsified or altered records of health care.
- (i) Rendered perfusion services to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.
- (j) Practiced perfusion after his or her license as a perfusionist had expired or been revoked or suspended.
- (k) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of perfusion or the ability to practice perfusion.
- (l) Has had a license to practice perfusion revoked, suspended, modified or limited by another state or jurisdiction or has surrendered such a license or discontinued the practice of perfusion 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.

(m) Engaged in any sexual activity with a patient who was being treated by the perfusionist.

(n) *Engaged in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.*

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

~~(p)~~ (p) Engaged in conduct which brings the profession of perfusion into disrepute, including, without limitation, conduct that violates the provisions of section 3 of LCB File No. R002-23.

~~(q)~~ (q) Engaged in sexual contact with a surrogate of a patient or with any person related to a patient, including, without limitation, a spouse, parent or legal guardian of a patient, that exploits the relationship between the perfusionist and the patient in a sexual manner.

~~(r)~~ (r) Made or filed a report that the perfusionist knew to be false, failed to file a record or report as required by law or willfully obstructed or induced another person to obstruct any such filing.

~~(s)~~ (s) Failed to report to the Board any person that the perfusionist knew, or had reason to know, was in violation of any provision of this chapter or chapter 630 of NRS relating to the practice of perfusion.

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

~~(u)~~ (u) Held himself or herself out or permitted another person to represent the perfusionist as a licensed physician.

~~(v)~~ (v) Violated any provision that would subject a person to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

~~(w)~~ (w) Failed to comply with any applicable provision of chapter 629 of NRS or any regulation adopted pursuant thereto.

2. A person who has been licensed as a perfusionist by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board upon hearing a complaint for disciplinary action against the person.

3. If a perfusionist loses his or her certification by the American Board of Cardiovascular Perfusion or its successor organization, his or her license to practice perfusion is automatically suspended pending further action by the Board of Medical Examiners.

Sec. 19. NAC 630.325, 630.415, 630.430, 630.440 and 630.560 are hereby repealed.

TEXT OF REPEALED SECTIONS

NAC 630.325 Locum tenens license. (NRS 630.130, 630.275) The Board may issue a locum tenens license, which is effective for not more than 3 months after issuance, to any physician assistant who is licensed or certified as a physician assistant and in good standing in another state and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician assistant to serve as a substitute for another physician assistant who

is licensed to practice as a physician assistant in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to this section is not renewable.

NAC 630.415 Advisory committee. (NRS 630.130, 630.275)

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

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

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

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

NAC 630.430 Filing of petition; copies. (NRS 630.130) A petition described in NAC 630.420 must be filed with the Board. The original and 12 copies of the petition must be filed, together with the original and 12 copies of the proposed regulation.

NAC 630.440 Submission, consideration and disposition of petitions. (NRS 630.130)

1. Any petition described in NAC 630.420 filed more than 30 days before the next regularly scheduled meeting of the Board will be considered by the Board at that meeting. Any petition filed 30 days or less before the next regularly scheduled meeting of the Board will be considered at the first regular meeting scheduled more than 30 days after the petition is filed.

2. The Board will, within 30 days after consideration of a petition, deny the petition in writing stating the reasons for the denial or initiate proceedings under NRS 233B.060 for adoption of the proposed regulation.

NAC 630.560 Advisory committee. (NRS 630.130, 630.279)

1. The Board will appoint three licensed practitioners of respiratory care to an advisory committee. These practitioners of respiratory care must have lived in and actively and continuously practiced in this State as practitioners of respiratory care for at least 3 years before their appointment.

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

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

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