ADOPTED REGULATION OF THE

BOARD OF MEDICAL EXAMINERS

LCB File No. R108-01

Effective November 29, 2001

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

AUTHORITY: §§1-8, 22, 23, 25 and 46, NRS 630.130; §§9-11 and 13-21, NRS 630.130 and section 9 of Senate Bill No. 91 of the 71st session of the Nevada Legislature, chapter 152, Statutes of Nevada 2001, at page 758 (NRS 630.279); §12, NRS 630.130; §24, NRS 630.130 and 630.253; §§26-45, NRS 630.130 and 630.275.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 22, inclusive, of this regulation.

Sec. 2. ***As used in sections 2 to 8, inclusive, of this regulation, unless the context otherwise requires, "conventional treatment" means the health care methods of diagnoses, treatments or interventions that are:***

1. Generally accepted methods of routine practice offered by most licensed physicians;

2. Based upon medical training, experience and peer-reviewed scientific literature; and

3. Ordinarily utilized by physicians in good standing practicing in the same specialty or field.

Sec. 3. ***Except as otherwise provided in sections 4 to 8, inclusive, of this regulation, a licensee may practice medicine by utilizing any means or instrumentality. A licensee is subject to disciplinary action by the board if the board finds that the licensee has violated any of the provisions of sections 4 to 8, inclusive, of this regulation.***

Sec. 4. ***A licensee shall not practice medicine by utilizing any means or instrumentality that:***

1. Has a risk for a patient which is unreasonably greater than the means or instrumentality ordinarily utilized by physicians in good standing practicing in the same specialty or field; or

2. Is provided as a substitute for any conventional treatment which has proven to be of substantial benefit to the patient.

Sec. 5. *Before offering advice about the means or instrumentality of treatment, the licensee shall undertake an assessment of the patient. The assessment must be documented in the medical chart of the patient and should include, without limitation, the conventional methods of diagnosis ordinarily utilized by physicians in good standing practicing in the same specialty or field. The assessment may include nonconventional methods of diagnosis. The assessment must include the following:*

1. An adequate medical record.

2. Documentation as to whether conventional treatment options, including, without limitation, referral options for conventional treatment, ordinarily utilized by physicians in good standing practicing in the same specialty or field have been:

(a) Discussed with the patient;

(b) Offered to the patient;

(c) Refused by the patient; or

(d) Undertaken with the patient and, if so, the outcome of the treatment.

3. If a treatment is offered which is not considered to be conventional, documentation of written informed consent by the patient for each treatment plan, including, without limitation, documentation that the risks and benefits of the use of both the conventional and the other means or instrumentality of treatment were discussed with the patient or guardian.

4. A review of the current diagnosis and conventional treatment.

5. Documentation as to whether the other means or instrumentality of treatment could interfere with any other ongoing conventional treatment.

Sec. 6. *The licensee may offer the patient any means or instrumentality of treatment other than conventional treatment if it is offered pursuant to a documented treatment plan tailored for the individual needs of the patient. The documented treatment plan must:*

1. Evaluate treatment progress or success with stated objectives, including, without limitation, pain relief and improved physical or psychosocial function.

2. Consider pertinent medical history, previous medical records and physical examinations, and the need for further testing, consultations, referrals or the use of other treatment modalities.

Sec. 7. *To utilize means or instrumentalities of treatment other than conventional treatment, the licensee must document and conduct periodic reviews of the care of the patient. The periodic reviews must:*

1. Consider the individual circumstances of the patient;

2. Be conducted at reasonable intervals in consideration of the individual circumstances of the patient;

3. Report the progress in reaching treatment objectives; and

4. Take into consideration the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint.

Sec. 8. *The licensee shall maintain complete and accurate records of the care provided to the patient, including, without limitation, the requirements of sections 4 to 7, inclusive, of this regulation.*

Sec. 9. ***An applicant for licensure as a practitioner of respiratory care must have the following qualifications:***

1. If he has not practiced as a practitioner of respiratory care for 12 months or more before applying for licensure in this state, he must, at the order of the board, take and pass an examination that the board deems appropriate to test the professional competency of the practitioner.

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

3. Be of good moral character and reputation.

4. Be in compliance with the provisions of section 7 of Senate Bill No. 91 of the 71st session of the Nevada Legislature, chapter 152, Statutes of Nevada 2001, at page 758 (NRS 630.277).

Sec. 10. ***1. An application for licensure 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 sex and the various places of his 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 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 another state and, if so, when and where and the results of his application;

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

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

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

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

(h) A public address where the applicant may be contacted by the board.

2. An applicant must submit to the board:

(a) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the National Board for Respiratory Care or its successor organization;

(b) Proof of passage of the examinations required by section 7 of Senate Bill No. 91 of the 71st session of the Nevada Legislature, chapter 152, Statutes of Nevada 2001, at page 758 (NRS 630.277) and sections 9 and 12 of this regulation; and

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

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

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

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

Sec. 11. *If it appears that:*

1. An applicant for licensure as a practitioner of respiratory care is not qualified or is not of good moral character or reputation;

2. Any credential submitted is false; or

3. The application is not made in proper form or other deficiencies appear in it,

FLUSH *the application may be rejected.*

Sec. 12. *1. Upon payment of a fee, the board may issue a temporary license to practice respiratory care as an intern for a period of 12 months to an applicant for licensure providing the applicant shows:*

(a) Written evidence, verified by oath, that the applicant is a graduate of a respiratory education program; and

(b) That he is scheduled to sit for the national exam administered by the National Board for Respiratory Care or its successor organization.

2. During the 12-month period, the applicant shall wear a name badge that prominently displays the phrase "Graduate Therapist" while on the job.

Sec. 13. *The license as a practitioner of respiratory care issued by the board must contain:*

1. The name of the practitioner of respiratory care;

2. The duration of the license; and

3. Any other limitations or requirements that the board prescribes.

Sec. 14. *1. All licenses to practice respiratory care issued with an effective date between January 1, 2002, and February 29, 2003:*

(a) Are effective until March 1, 2004; and

(b) Must be renewed before the expiration of business on February 29, 2004.

2. On or before March 1 of each alternate year after March 1, 2004, each holder of a license to practice respiratory care shall pay the applicable fee for biennial registration to the secretary-treasurer of the board.

3. A practitioner of respiratory care who has been licensed by the board but is not currently licensed, has surrendered his license or has failed to renew his license may be disciplined by the board, if the board deems necessary, upon hearing a complaint for disciplinary action against him.

4. If the board determines that the conduct of a practitioner of respiratory care when he was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this state, the board will, if appropriate, refuse to license the practitioner of respiratory care.

Sec. 15. *1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:*

(a) Of current certification by the National Board for Respiratory Care or its successor organization; and

(b) That he has completed the number of contact hours of continuing professional education required by subsections 2 and 3.

2. To renew a license for the practice of respiratory care, a licensee shall complete the number of contact hours of continuing education required by subsection 3, of which:

(a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.

(b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the board.

3. The following contact hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:

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

(b) If licensed during the second 6 months of the biennial period of registration, 15 hours.

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

(d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours.

4. A practitioner of respiratory care shall notify the board within 10 days if his certification by the National Board for Respiratory Care or its successor organization is withdrawn.

5. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the board will make such reasonable attempts as are practicable to:

(a) Mail a renewal notice at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send a renewal application to a licensee at the last known address of the licensee on record with the board.

6. If a licensee fails to pay the fee for biennial registration after it becomes due, his license to practice respiratory therapy in this state is automatically suspended. Within 2 years after the date his license is suspended, the holder may be reinstated to practice respiratory care if he:

(a) Pays twice the amount of the current fee for biennial registration to the secretary-treasurer of the board; and

(b) Is found to be in good standing and qualified pursuant to the provisions of chapter 630 of NAC and section 7 of Senate Bill No. 91 of the 71st session of the Nevada Legislature, chapter 152, Statutes of Nevada 2001, at page 758 (NRS 630.277).

Sec. 16. *If a licensee loses certification by the National Board for Respiratory Care or its successor organization, his license to practice respiratory care is automatically suspended until further order of the board.*

Sec. 17. *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.

5. Is not competent to provide respiratory care services.

6. Lost his certification by the National Board of 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 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 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. 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. 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. 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. 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. Altered the medical records of a patient.

20. 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 sections 9 to 21, inclusive, of this regulation relating to the practice of respiratory care.

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

22. Held himself out or permitted another to represent him as a licensed physician.

23. 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.

Sec. 18. *Before the board takes disciplinary action against a practitioner of respiratory care, the board will give to the practitioner of respiratory care a written notice specifying the charges made against the practitioner of respiratory care and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the practitioner of respiratory care at least 20 days before the date fixed for the hearing. Service of the notice will be made, and any investigation and subsequent proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.*

Sec. 19. *1. If the board or any investigative committee of the board has reason to believe that the conduct of any practitioner of respiratory care has raised a reasonable question as to his competence to practice as a practitioner of respiratory care with reasonable skill and safety to patients, the board may order that the practitioner of respiratory care undergo a mental or physical examination or an examination testing his competence to practice as a practitioner of respiratory care administered by physicians or practitioners of respiratory care or any other examination designated by the board to assist the board or committee in determining the fitness of the practitioner of respiratory care to practice as a practitioner of respiratory care.*

2. Every practitioner of respiratory care who applies for or is issued a license and who accepts the privilege of performing respiratory care in this state shall be deemed to have given his consent to submit to such an examination pursuant to subsection 1 if he is directed to do so in writing by the board.

3. For the purpose of this section, a report of the testimony or an examination by an examining physician or practitioner of respiratory care does not constitute a privileged communication.

4. Except in extraordinary circumstances, as determined by the board, the failure of a licensed practitioner of respiratory care to submit to an examination if he is directed to do so pursuant to this section constitutes an admission of the charges against him. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A practitioner of respiratory care who is subject to an examination pursuant to this section shall pay the costs of the examination.

Sec. 20. ***If the board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:***

1. The charges in a complaint against a practitioner of respiratory care are true, the board will issue and serve on the practitioner of respiratory care its written findings and any order of sanctions. The following sanctions may be imposed on a practitioner of respiratory care by order of the board:

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

(b) Administration of a public reprimand.

(c) Suspension of his license for a specified period or until further order of the board.

(d) Revocation of his license to practice.

(e) A requirement that he participate in a program to correct alcohol or drug dependence or any other impairment.

(f) A requirement that there be specified supervision of his practice.

(g) A requirement that he perform public service without compensation.

(h) A requirement that he take a physical or mental examination or an examination testing his medical competence.

(i) A requirement that he fulfill certain training or educational requirements, or both, as specified by the board.

(j) A fine not to exceed $1,500.

(k) A requirement that the practitioner of respiratory care pay all costs incurred by the board relating to the disciplinary proceedings.

2. No violation has occurred, the board will issue a written order dismissing the charges and notify the practitioner of respiratory care that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the practitioner of respiratory care, the board may provide to the practitioner of respiratory care a copy of the complaint and the name of the person who filed the complaint.

Sec. 21. *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 and a written summary of any projects pending before the committee.

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.

Sec. 22. *For the purposes of subsection 1 of NRS 630.164, "medically underserved area" means any geographic area designated by the board with a population to primary care physician ratio of 2,500:1. When designating a geographic area as medically underserved, the board may consider any additional criteria proposed by the officer of rural health of the University of Nevada School of Medicine or a board of county commissioners.*

Sec. 23. NAC 630.135 is hereby amended to read as follows:

630.135 1. A resident physician who wishes to renew a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application for renewal with the board.

2. The application must be:

(a) Completed by the applicant; and

(b) Certified by the director of the program of clinical training.

3. ***As a condition of renewal of a limited license to practice medicine as a resident physician in a graduate program of clinical training, the licensee shall submit an annual report signed by the director of the program of clinical training that has been:***

(a) Submitted on a form supplied by the board; and

(b) Signed by the chair of the Graduate Medical Education Committee.

4. The holder of a limited license may be disciplined if information supplied to the board by the director of the program of clinical training constitutes grounds for:

(a) Disciplinary action pursuant to NRS 630.301 to 630.3065, inclusive; or

(b) Denial or revocation of a license pursuant to NRS 630.161.

5. The board may deny the application for any of the reasons set forth as grounds for the denial of a license to practice medicine pursuant to NRS 630.200.

Sec. 24. NAC 630.153 is hereby amended to read as follows:

630.153 1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the board by the final date set by the board for submitting applications for biennial registration evidence, in such form as the board requires, that he has completed 40 hours of continuing medical education during the preceding 2 years in one or more educational programs, 2 hours of which must be in

medical ethics and 20 hours of which must be in the scope of practice or specialty of the holder of the license. Each educational program must:

(a) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license;

(b) Be approved by the board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association or the ~~[Liaison Committee on]~~ ***Accreditation Council for*** Continuing Medical Education.

2. Any holder of a license who has completed a full year of residency or fellowship in the United States or Canada any time during the period for biennial registration immediately preceding the submission of the application for biennial registration is exempt from the requirements set forth in subsection 1.

3. If the holder of a license fails to submit evidence of his completion of continuing medical education within the time and in the manner prescribed by subsection 1, his license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, he:

(a) Pays a fee to the board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.290;

(b) Submits to the board, in such form as it requires, evidence that he has completed 40 hours of Category 1 continuing medical education as recognized by the American Medical Association within the preceding 2 years; and

(c) Is found by the board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

4. The board may issue up to 20 hours of continuing medical education credit during a single biennial period to a holder of a license to practice medicine if the licensee performs a medical review for the board. The hours issued by the board:

(a) May be credited against the 40 hours required for any single biennial registration period pursuant to subsection 1; and

(b) Without exceeding the limit of 20 hours, must be equal to the actual time involved in performing the medical review.

Sec. 25. NAC 630.205 is hereby amended to read as follows:

630.205 1. A physician or ~~[physician's]~~ ***physician*** assistant who is authorized to prescribe controlled substances may prescribe an appetite suppressant to control the weight of a patient if the appetite suppressant is prescribed for use in the treatment of exogenous obesity as part of a program of medical treatment which includes dietary restrictions, modification of behavior and exercise and:

(a) The physician or ~~[physician's]~~ ***physician*** assistant determines that the patient's obesity represents a threat to the patient's health; or

(b) The patient's weight exceeds by not less than 20 percent the upper limit of the patient's healthy weight as set forth in Figure 3 of "Nutrition and Your Health: Dietary Guidelines for Americans," fourth edition, published jointly by the Department of Health and Human Services and the Department of Agriculture which the board hereby adopts by reference. A copy of the publication may be obtained from the Consumer Information Center, Department 378-C, Pueblo, Colorado 81009, for the cost of $0.50.

2. A physician or ~~[physician's]~~ ***physician*** assistant shall not prescribe an appetite suppressant for more than 3 months, unless the patient:

(a) Has lost an average of not less than 2 pounds per month since he began taking the appetite suppressant; or

(b) Has maintained his weight at the level which was established by his physician or a ~~[physician's]~~ ***physician*** assistant under the supervision of his physician.

3. A physician or ~~[physician's]~~ ***physician*** assistant who prescribes an appetite suppressant for more than 3 months shall maintain a record of the patient's weight at the beginning and end of each month during which the patient takes the appetite suppressant.

4. Before prescribing an appetite suppressant, a physician or ~~[physician's]~~ ***physician*** assistant shall obtain a medical history and perform a physical examination of the patient and conduct appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient.

5. As used in this section, "appetite suppressant" means a drug or other substance listed in schedule IV pursuant to NAC 453.540 which is used to suppress the appetite of a natural person.

Sec. 26. NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or ~~[physician's]~~ ***physician*** assistant shall not:

(a) Falsify records of health care;

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

(c) Render professional services to a patient while the physician or ~~[physician's]~~ ***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's]~~ ***physician*** assistant and performed outside his own office;

(g) ~~[Treat any patient in a manner not recognized scientifically as being beneficial;~~

~~(h)]~~ Prescribe controlled substances listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530, controlled substance analogs, chorionic gonadotrophic hormones, thyroid preparations or thyroid synthetics for the control of weight;

~~[(i)]~~ ***(h)*** Allow any person to act as a medical assistant in the treatment of a patient of the physician or ~~[physician's]~~ ***physician*** assistant, unless the medical assistant has sufficient training to provide the assistance;

~~[(j)]~~ ***(i)*** Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or ~~[physician's assistant;~~

~~(k)]~~ ***physician assistant;***

(j) If the person is a physician, fail to provide adequate supervision of a ~~[physician's]~~ ***physician*** assistant or an advanced practitioner of nursing;

~~[(l)]~~ ***(k)*** 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; or

~~[(m)]~~ ***(l)*** Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

2. As used in this section:

(a) "Acute pain" has the meaning ascribed to it in section 3 of the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

(b) "Chronic pain" has the meaning ascribed to it in section 3 of the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

(c) "Controlled substance analog" means:

(1) A substance whose chemical structure is substantially similar to the chemical structure of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530; or

(2) A substance which has, is represented as having or is intended to have a stimulant, depressant or hallucinogenic effect on the central nervous system of a person that is substantially similar to, or greater than, the stimulant, depressant or hallucinogenic effect on the central nervous system of a person of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530.

(d) "Medical assistant" means any person who:

(1) Is employed by a physician or ~~[physician's]~~ ***physician*** assistant;

(2) Is under the direction and supervision of the physician or ~~[physician's]~~ ***physician*** assistant;

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

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

Sec. 27. NAC 630.243 is hereby amended to read as follows:

630.243 If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician or ~~[physician's]~~ ***physician*** assistant who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:

1. Review all the circumstances of the practice of the physician or ~~[physician's]~~ ***physician*** assistant; and

2. Advise the committee, in accordance with the guidelines on "Health Care Workers Infected with HIV" established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician or ~~[physician's]~~ ***physician*** assistant.

Sec. 28. NAC 630.280 is hereby amended to read as follows:

630.280 ~~[1. Except as otherwise provided in subsection 2, an]~~ ***An*** applicant for licensure as a ~~[physician's]~~ ***physician*** assistant must have the following qualifications:

~~[(a)]~~ ***1.*** If he has not practiced as a ~~[physician's]~~ ***physician*** assistant for 12 months or more before applying for licensure in this state, he must, at the order of the board, have taken and passed the same examination to test medical competency as that given to applicants for initial licensure.

~~[(b)]~~ ***2.*** Be able to communicate adequately orally and in writing in the English language.

~~[(c)]~~ ***3.*** Be of good moral character and reputation.

~~[(d)]~~ ***4.*** Have attended and completed a course of training in residence as a ~~[physician's]~~ ***physician*** assistant approved by the Committee on Allied Health Education and Accreditation,

the Commission on Accreditation of Allied Health Education Programs or the Accreditation Review Committee on Education for the Physician Assistant, which ~~[is]~~ ***are*** affiliated with the American Medical Association.

~~[(e)]~~ ***5.*** Be certified by the National Commission on Certification of ~~[Physicians' Assistants.~~ ~~(f)]~~ ***Physician Assistants.***

6. Possess a high school diploma ~~[.~~

~~2. An applicant who was certified as a physician's assistant in this state before July 1, 1985, and who otherwise satisfies the requirements for licensure set forth in NAC 630.280 to 630.415, inclusive, may practice as a physician's assistant within the scope of practice in which he was certified before July 1, 1985, whether or not he is certified by the National Commission on Certification of Physicians' Assistants.]~~ ***, general equivalency diploma or post-secondary degree.***

Sec. 29. NAC 630.290 is hereby amended to read as follows:

630.290 1. An application for licensure as a ~~[physician's]~~ ***physician*** assistant must be made on a form supplied by the board. The application must state:

(a) The date and place of the applicant's birth, his sex, the various places of his residence from the date of graduation from high school and at least two references from persons who have knowledge of the applicant's training or experience;

(b) The applicant's education, including, without limitation, high schools and postsecondary institutions attended, the length of time in attendance at each and whether he is a graduate of those schools and institutions;

(c) Whether the applicant has ever applied for a license or certificate as a ~~[physician's]~~ ***physician*** assistant in another state and, if so, when and where and the results of his application;

(d) The applicant's practical training and experience;

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

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

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of controlled substances.

2. The application must also include:

(a) The name and address of the practice of each supervising physician and the type of practice of the applicant;

(b) The address of each location where the applicant will practice;

(c) A description of the medical services to be performed by the ~~[physician's]~~ ***physician*** assistant, including, but not limited to, those medical services to be performed in the supervising physician's office, in a hospital and in other settings; and

(d) A list of any poisons, controlled substances, dangerous drugs or devices which the supervising physician prohibits the ~~[physician's]~~ ***physician*** assistant to prescribe, possess, administer or dispense in or out of the presence of the supervising physician.

3. An applicant must submit to the board:

(a) Proof of completion of a training program as a ~~[physician's]~~ ***physician*** assistant which is approved by the Committee on Allied Health Education and Accreditation or the Commission on

Accreditation of Allied Health Education Programs, both of which are affiliated with the American Medical Association;

(b) Proof of passage of the examination given by the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants; and

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

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

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

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

Sec. 30. NAC 630.310 is hereby amended to read as follows:

630.310 If it appears that:

1. An applicant for licensure as a ~~[physician's]~~ ***physician*** assistant is not qualified or is not of good moral character or reputation;

2. Any credential submitted is false; or

3. The application is not made in proper form or other deficiencies appear in it,

FLUSH the application may be rejected.

Sec. 31. NAC 630.320 is hereby amended to read as follows:

630.320 1. The board will issue a temporary license to any qualified applicant who:

(a) Meets the educational and training requirements for certification as a ~~[physician's]~~ ***physician*** assistant of the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants and is scheduled to and does sit for the first proficiency examination offered by the

National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants following the completion of his training;

(b) Has taken the proficiency examination offered by the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants but has not yet been notified of the results; or

(c) Is licensed or certified in another state, meets the requirements for licensure pursuant to NAC 630.280 and is scheduled to sit for the next examination offered by the board.

2. A ~~[physician's]~~ ***physician*** assistant with a temporary license may perform services only under the immediate supervision of a supervising physician.

Sec. 32. NAC 630.325 is hereby amended to read as follows:

630.325 The board may issue a locum tenens license, which is effective for not more than 3 months after issuance, to any ~~[physician's]~~ ***physician*** assistant who is licensed or certified as a ~~[physician's]~~ ***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's]~~ ***physician*** assistant to serve as a substitute for another ~~[physician's]~~ ***physician*** assistant who is licensed to practice as a ~~[physician's]~~ ***physician*** assistant in this state and who is absent from his practice for reasons deemed sufficient by the board. A license issued pursuant to this section is not renewable.

Sec. 33. NAC 630.330 is hereby amended to read as follows:

630.330 The license issued by the board must contain:

1. The name of the ~~[physician's]~~ ***physician*** assistant;

2. The name of each supervising physician;

3. The duration of the license;

4. The kinds and amounts of controlled substances, poisons, dangerous drugs or devices which the ~~[physician's]~~ ***physician*** assistant may prescribe, possess, administer or dispense;

5. The area in which the ~~[physician's]~~ ***physician*** assistant may possess those controlled substances, poisons, dangerous drugs and devices; and

6. Any other limitations or requirements which the board prescribes.

Sec. 34. NAC 630.340 is hereby amended to read as follows:

630.340 1. The license of a ~~[physician's]~~ ***physician*** assistant is valid for 2 years.

2. The supervising physician shall immediately notify the board of the termination of employment of a ~~[physician's]~~ ***physician*** assistant. The supervising physician and the ~~[physician's]~~ ***physician*** assistant shall submit to the board a summary of the reasons for and circumstances of the termination of employment.

3. A ~~[physician's]~~ ***physician*** assistant who has been licensed by the board but is not currently licensed, has surrendered his license or has failed to renew his license will be disciplined by the board, if the board deems it necessary, upon hearing a complaint for disciplinary action against him.

4. If the board determines that the conduct of a ~~[physician's]~~ ***physician*** assistant when he was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this state, the board will, if appropriate, refuse to license the ~~[physician's]~~ ***physician*** assistant.

Sec. 35. NAC 630.350 is hereby amended to read as follows:

630.350 1. The license of a ~~[physician's]~~ ***physician*** assistant may be renewed biennially. The application must be filed with the board not less than 30 days before the expiration of the

license. The license will not be renewed unless the ~~[physician's]~~ ***physician*** assistant provides satisfactory proof:

(a) Of current certification by the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants; and

(b) That he has completed ~~[, during the preceding 2 years, 40]~~ ***the following number of*** hours of continuing medical education as defined by the American Academy of ~~[Physicians' Assistants.~~

~~2. A physician's assistant must]~~ ***Physician Assistants:***

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

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

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

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

2. A physician assistant shall notify the board within 10 days if his certification by the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants is withdrawn.

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

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

(b) Send a renewal application to a licensee at the last known address of the licensee on record with the board.

4. If a licensee fails to pay the fee for biennial registration after it becomes due, his license to practice in this state is automatically suspended. Within 2 years after the date his license is suspended, the holder may be reinstated to practice as a physician assistant if he:

(a) Pays twice the amount of the current fee for biennial registration to the secretary-treasurer of the board; and

(b) Is found to be in good standing and qualified pursuant to chapter 630 of NAC.

Sec. 36. NAC 630.360 is hereby amended to read as follows:

630.360 1. The medical services which a ~~[physician's]~~ ***physician*** assistant is authorized to perform must be:

(a) Commensurate with his education, training, experience and level of competence; and

(b) Within the scope of the practice of his supervising physician.

2. The ~~[physician's]~~ ***physician*** assistant shall wear at all times while on duty a placard, plate or insignia which identifies him as a ~~[physician's]~~ ***physician*** assistant.

3. No ~~[physician's]~~ ***physician*** assistant may represent himself in any manner which would tend to mislead the general public or the patients of the supervising physician.

4. A ~~[physician's]~~ ***physician*** assistant shall notify the board in writing within 72 hours after any change relating to his supervising physician.

Sec. 37. NAC 630.370 is hereby amended to read as follows:

630.370 1. The supervising physician is responsible for all the medical activities of his ~~[physician's]~~ ***physician*** assistant. The supervising physician shall ensure that:

(a) The ~~[physician's]~~ ***physician*** assistant is clearly identified to the patients as a ~~[physician's]~~ ***physician*** assistant;

(b) The ~~[physician's]~~ ***physician*** assistant performs only those medical services which have been approved by his supervising physician;

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

(d) There is strict compliance with:

(1) The provisions of the license issued by the board to his ~~[physician's]~~ ***physician*** assistant regarding controlled substances, poisons, dangerous drugs or devices;

(2) The provisions of the certificate of registration issued to his ~~[physician's]~~ ***physician*** assistant by the state board of pharmacy pursuant to NRS 639.1373; and

(3) 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's]~~ ***physician*** assistant. He shall be available at all times that his ~~[physician's]~~ ***physician*** assistant is providing medical services, to consult with his 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's]~~ ***physician*** assistant provides medical services to act as a consultant to the ~~[physician's]~~ ***physician*** assistant and to monitor the quality of care provided by the ~~[physician's]~~ ***physician*** assistant.

4. If the supervising physician is unable to supervise the ~~[physician's]~~ ***physician*** assistant as required by this section, he shall designate a qualified substitute physician, who practices

medicine in the same specialty as the supervising physician, to supervise the assistant. If the substitute physician's supervision will exceed 72 hours, the supervising physician shall notify the board of the designated substitute for approval by the board.

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

(a) An assessment of the medical competency of the ~~[physician's]~~ ***physician*** assistant;

(b) A review and initialing of selected charts;

(c) An assessment of a representative sample of the referrals or consultations made by the ~~[physician's]~~ ***physician*** assistant with other health professionals as required by the condition of the patient;

(d) Direct observation of the ability of the ~~[physician's]~~ ***physician*** assistant to take a medical history from and perform an examination of patients representative of those cared for by the ~~[physician's]~~ ***physician*** assistant; and

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each ~~[physician's]~~ ***physician*** assistant supervised.

6. A physician may not supervise a ~~[physician's]~~ ***physician*** assistant unless the physician has been approved by the board and has paid the applicable fee.

Sec. 38. NAC 630.380 is hereby amended to read as follows:

630.380 1. A ~~[physician's]~~ ***physician*** assistant is subject to disciplinary action by the board if, after notice and hearing in accordance with this chapter, the board finds that the ~~[physician's]~~ ***physician*** assistant:

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

(b) Has held himself out or permitted another to represent him to be a licensed physician;

(c) Has performed medical services otherwise than at the direction or under the supervision of the supervising physician;

(d) Has performed medical services which have not been approved by his supervising physician;

(e) Is guilty of gross or repeated malpractice in the performance of medical services for acts committed before October 1, 1997;

(f) Is guilty of malpractice in the performance of medical services for acts committed on or after October 1, 1997;

(g) Is guilty of disobedience of any order of the board or an investigative committee of the board, provision in the regulations of the state board of health or the state board of pharmacy or provision of this chapter;

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

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

(j) Is not competent to provide medical services;

(k) Failed to notify the board of loss of certification by the National Commission on Certification of ~~[Physicians']~~ ***Physician*** Assistants;

(l) Is guilty of violating a provision of NAC 630.230; or

(m) Is guilty of violating a provision of NRS 630.301 to 630.3065, inclusive.

2. To institute disciplinary action against a ~~[physician's]~~ ***physician*** assistant, a written complaint, specifying the charges, must be filed with the board by the investigative committee of the board.

3. A ~~[physician's]~~ ***physician*** assistant is not subject to disciplinary action solely for prescribing or administering to a patient under his care a controlled substance which is listed in schedule II, III, IV or V by the state board of pharmacy pursuant to NRS 453.146.

Sec. 39. NAC 630.390 is hereby amended to read as follows:

630.390 Before the board takes disciplinary action against a ~~[physician's]~~ ***physician*** assistant, the board will give to the ~~[physician's]~~ ***physician*** assistant and to his supervising physician a written notice specifying the charges made against the ~~[physician's]~~ ***physician*** assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the ~~[physician's]~~ ***physician*** assistant and the supervising physician at least 20 days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

Sec. 40. NAC 630.395 is hereby amended to read as follows:

630.395 If there is reason to believe that the conduct of any licensed ~~[physician's]~~ ***physician*** assistant has raised a reasonable question as to his competence to practice with reasonable skill and safety to patients, an examination testing the medical competence of the ~~[physician's]~~ ***physician*** assistant may be ordered by the board or the investigative committee of the board to determine his fitness to practice. A ~~[physician's]~~ ***physician*** assistant who is subject to an examination pursuant to this section shall pay the cost of the examination.

Sec. 41. NAC 630.400 is hereby amended to read as follows:

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

2. Every ~~[physician's]~~ ***physician*** assistant who applies for or is issued a license and who accepts the privilege of performing medical services in this state shall be deemed to have given his consent to submit to such an examination pursuant to subsection 1 when he is directed to do so in writing by the board.

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

4. Except in extraordinary circumstances, as determined by the board, the failure of a licensed ~~[physician's]~~ ***physician*** assistant to submit to an examination when he is directed to do so pursuant to this section constitutes an admission of the charges against him. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A ~~[physician's]~~ ***physician*** assistant who is subject to an examination pursuant to this section shall pay the costs of the examination.

Sec. 42. NAC 630.410 is hereby amended to read as follows:

630.410 If the board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

1. The charges in the complaint against the ~~[physician's]~~ ***physician*** assistant are true, the board will issue and serve on the ~~[physician's]~~ ***physician*** 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 his practice or exclusion of one or more specified branches of medicine from his practice.

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

(e) Revocation of his license to practice.

(f) A requirement that he participate in a program to correct alcohol or drug dependence or any other impairment.

(g) A requirement that there be additional and specified supervision of his practice.

(h) A requirement that he perform public service without compensation.

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

(j) A requirement that he fulfill certain training or educational requirements, or both, as specified by the board.

(k) A fine not to exceed $5,000.

(l) A requirement that the ~~[physician's]~~ ***physician*** assistant pay all costs incurred by the board relating to the disciplinary proceedings.

2. No violation has occurred, it will issue a written order dismissing the charges and notify the ~~[physician's]~~ ***physician*** assistant that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the ~~[physician's]~~ ***physician*** assistant, the board may provide to the ~~[physician's]~~ ***physician*** assistant a copy of the complaint and the name of the person who filed the complaint.

Sec. 43. NAC 630.415 is hereby amended to read as follows:

630.415 1. The board will appoint three licensed ~~[physicians']~~ ***physician*** assistants to an advisory committee. These ~~[physicians']~~ ***physician*** assistants must have lived in and actively and continuously practiced in this state as licensed ~~[physicians']~~ ***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 and a written summary of any projects pending before the committee.

3. At the request of the board, the advisory committee shall review and make recommendations to the board concerning any matters relating to licensed ~~[physicians']~~ ***physician*** assistants.

Sec. 44. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or ~~[physician's]~~ ***physician*** assistant of a formal complaint that has been filed with the board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the board or panel of members of the board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents

presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

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

Sec. 45. NAC 630.470 is hereby amended to read as follows:

630.470 1. The president of the board shall determine whether a hearing will be held before the board, a hearing officer or a panel of members of the board. Any hearing before the board must be held before a majority of the members of the board.

2. If a licensee fails to appear at a scheduled hearing and no continuance has been requested and granted, the evidence may be heard and the matter may be considered and disposed of on the basis of the evidence before the board, panel or hearing officer in the manner required by this section.

3. The presiding member of the board or panel, or the hearing officer will call the hearing to order and proceed to take the appearances on behalf of the board, panel or hearing officer and the

licensee, any other party and their counsel. The board, panel or hearing officer will act upon any pending motions, stipulations and preliminary matters. The notice of hearing, complaint, petition, answer, response or written stipulation becomes a part of the record without being read unless a party requests that the document be read verbatim into the record. The board will present its evidence first and then the licensee will submit his evidence. Closing statements by the parties may be allowed by the board, panel or hearing officer.

4. Prehearing depositions of witnesses and parties may not be taken and no formal discovery of evidence, except as otherwise provided in NAC 630.465, will be allowed.

5. The board, panel or hearing officer will hear the evidence presented, make appropriate rulings on the admissibility of evidence, and maintain procedure and order during the hearing. The board, panel or hearing officer may not dismiss the complaint.

6. The presiding member of the board or panel or the hearing officer may, upon his motion or the motion of a party, order a witness, other than the licensee, to be excluded from the hearing to prevent that witness from hearing the testimony of another witness at the hearing.

7. Briefs must be filed upon the order of the board, panel or hearing officer. The time for filing briefs will be set by the board, panel or hearing officer.

8. ***The hearing officer or panel of members of the board conducting a hearing shall:***

(a) Submit to the board a synopsis of the testimony taken at the hearing; and

(b) Make a recommendation to the board on the veracity of witnesses if there is conflicting evidence or the credibility of witnesses is a determining factor.

9. A case shall be deemed submitted for decision by the board after the taking of evidence, the filing of briefs or the presentation of such oral arguments as may have been permitted ~~[.]~~ ***, the filing of the transcript of the hearing and the filing of the synopsis of the testimony taken at***

the hearing. The board will issue its order or render its decision within 90 days after the hearing or the submission of the case, whichever is later.

Sec. 46. NAC 630.495 is hereby amended to read as follows:

630.495 1. Except as otherwise provided in subsection 2, a physician ~~[must]~~ ***shall*** not simultaneously:

(a) Supervise more than three ~~[physicians']~~ ***physician*** assistants;

(b) Collaborate with more than three advanced practitioners of nursing; or

(c) Supervise or collaborate with a combination of more than three ~~[physicians']~~ ***physician*** assistants and advanced practitioners of nursing.

2. A physician may petition the board for approval to supervise or collaborate with more ~~[physicians']~~ ***physician*** assistants and advanced practitioners of nursing than he would otherwise be allowed pursuant to subsection 1. The board will not approve the petition unless the physician provides satisfactory proof to the board that:

(a) Special circumstances regarding his practice exist that necessitate his supervision or collaboration with more ~~[physicians']~~ ***physician*** assistants and advanced practitioners of nursing than would otherwise be allowed pursuant to subsection 1; and

(b) He will be able to supervise or collaborate with the number of ~~[physicians']~~ ***physician*** assistants and advanced practitioners of nursing for which he is requesting approval in a satisfactory manner.