

**ADOPTED REGULATION OF THE
STATE BOARD OF NURSING**

LCB File No. R112-11

Effective February 15, 2012

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

AUTHORITY: §§1, 4, 21-27, 30, 37, 40-50, 63 and 64, NRS 632.120; §§2, 5-17, 28, 29, 31 and 33, NRS 632.120 and 632.292; §3, 18 and 19, NRS 632.120 and 632.293; §20, NRS 632.120 and 632.294; §32, NRS 632.120, 632.160 and 632.280; §34, NRS 632.120 and 632.345; §35, NRS 632.120, 632.341 and 632.342; §36, NRS 632.120, 632.292 and 632.342; §§38 and 39, NRS 632.073 and 632.120; §51, NRS 450B.160 and 632.120; §§52-59, NRS 632.120, 632.430 and 632.440; §60, NRS 632.120 and 632.320; §61, NRS 632.120, 632.320 and 632.325; §62, NRS 632.120 and 632.330.

A REGULATION relating to nursing; establishing the requirements for training programs for medication aides - certified; requiring approval of the State Board of Nursing to employ a medication aide - certified; establishing the requirements to engage in the practice of a medication aide - certified; eliminating the fees for temporary and duplicate licenses and certificates; revising the requirements for obtaining and renewing a nursing assistant certificate; making various changes to the advisory committee appointed to advise and report to the State Board of Nursing; making various changes to the requirements for a course in intravenous therapy; revising the requirements for application for a program of nursing; revising the duties of an administrator of a program of nursing; making various changes to provisions governing programs of nursing; revising provisions governing unprofessional conduct; expanding the period of time during which a license or certificate may be revoked; and providing other matters properly relating thereto.

Section 1. Chapter 632 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 20, inclusive, of this regulation.

Sec. 2. *“Approved program for medication aides - certified” means a training program for medication aides - certified that complies with the standards established by the Board.*

Sec. 3. *“Designated facility” means:*

1. *A convalescent home.*
2. *A facility for long-term care.*
3. *A rehabilitation facility.*
4. *A nursing home.*

Sec. 4. *“Social media” means any form of electronic communication through which a person can create a community on the Internet to share information, ideas, personal messages and other content.*

Sec. 5. 1. *Before a person may provide training to medication aides - certified in this State, the person must apply to the Board for approval of the training program. The application must be in writing on a form provided by the Board and include, without limitation:*

- (a) *The content of the training program to be offered.*
 - (b) *The number of hours of clinical instruction and instruction in the classroom and laboratory.*
 - (c) *The behavioral objectives of each unit of instruction.*
 - (d) *The methods to be used to teach each unit of instruction.*
 - (e) *The methods to be used to evaluate the achievement of behavioral objectives.*
 - (f) *A description of the facilities to be used for clinical instruction and instruction in the classroom and laboratory.*
2. *The application must be accompanied by the appropriate fee.*
 3. *The application is valid for 1 year after the date of receipt by the Board and must be renewed annually if the applicant wishes to continue to provide training to medication aides - certified in this State.*

4. The Board will evaluate the application to determine whether the training program qualifies as an approved program for medication aides - certified.

Sec. 6. Before the Board approves a training program for medication aides - certified, it will determine if the program will be:

1. Administered in accordance with the provisions of this chapter and any other applicable law.

2. Administered by a registered nurse licensed in this State.

Sec. 7. 1. If the Board fails to approve a training program for medication aides - certified, it will notify the applicant by mail of the reasons the program was not approved.

2. A trainee who successfully completes a training program for medication aides - certified which is not approved by the Board is not eligible to take a competency evaluation test.

Sec. 8. An approved program for medication aides - certified must provide training to enable each trainee to:

1. Learn the fundamentals of safety and the proper care of patients by a medication aide - certified at a designated facility.

2. Demonstrate the proper procedures for:

(a) The administration of medication:

(1) In the appropriate manner;

(2) At the appropriate time;

(3) To the correct patient; and

(4) In the correct dosage; and

(b) Documenting the administration of medication.

3. *Perform three safety checks to ensure the proper administration of medication.*
4. *Understand the causes of errors in the administration of medication.*
5. *Support and promote the rights of patients.*
6. *Understand the scope of practice of a medication aide - certified and the role of the delegating and supervising nurse.*
7. *Understand that a medication aide - certified may not accept the delegation of any duty that is beyond the scope of practice of the medication aide - certified.*
8. *Understand the ethical and legal issues regarding the administration of medication and the rights of patients regarding the administration of medication.*

Sec. 9. *Each approved program for medication aides - certified must provide at least 60 hours of instruction in theory and laboratory skills and at least 40 hours in supervised clinical experience. The instruction and clinical experience must provide training in:*

1. The fundamental roles and responsibilities of a medication aide - certified relating to medication, including, without limitation:

(a) The proper procedure for the administration of medication so that the medication aide - certified is prepared to demonstrate the procedure required pursuant to subsection 2 of section 8 of this regulation;

(b) Mathematics necessary to provide the proper dosage, including, without limitation, weights and measurements;

(c) The basics of the administration of medication, including, without limitation, understanding:

- (1) Terminology and abbreviations used in relation to medication;*
- (2) Range of dosages for medication;*

- (3) The medical need for the medication;*
 - (4) The therapeutic effect of certain medication;*
 - (5) The possible side effects of certain medication;*
 - (6) Precautions that must be taken before administering certain medication;*
 - (7) The contraindications of certain medication;*
 - (8) Allergies or adverse reactions to certain medication;*
 - (9) Patient tolerance of certain medication;*
 - (10) The interactions between certain medications;*
 - (11) The additive or antagonist effect of certain medication; and*
 - (12) The idiosyncratic and paradoxical reactions of certain medication;*
- (d) The manner in which medication is ordered, documented, stored and disposed; and*
 - (e) The proper manner in which to prepare and administer medication.*
- 2. The safety and care of patients by a medication aide - certified in a designated facility, including, without limitation:*
 - (a) How to prevent errors in the administration of medication;*
 - (b) The causes of errors in the administration of medication;*
 - (c) The procedure for reporting errors in the administration of medication;*
 - (d) The manner in which a medication aide - certified may promote the independence of patients; and*
 - (e) Respecting the rights of patients.*
- 3. Communication with the patient and personnel of the designated facility and documentation of the administration of medication, including, without limitation:*

(a) The ability to listen effectively and build relationships with patients and personnel of the designated facility;

(b) Reporting symptoms or side effects exhibited by a patient;

(c) Reporting any changes in a patient's condition; and

(d) Understanding the role of the delegating or supervising nurse.

4. Other relevant information relating to the administration of medication, including, without limitation:

(a) Various manners in which to administer medication;

(b) Factors which affect the manner in which the body processes medication;

(c) Different types of medication that affect the different systems of the body and the manner in which the body processes those medications; and

(d) The manner in which to locate information on specific types of medication, including, without limitation, through the use of reference manuals.

5. The ethical and legal issues of the administration of medication, including, without limitation:

(a) The role of a medication aide - certified;

(b) The legal and ethical responsibilities of a medication aide - certified who accepts a delegated duty;

(c) The legal and ethical issues relating to the rights of patients; and

(d) The legal and ethical issues relating to the:

(I) Administration of medication:

(I) In the appropriate manner;

(II) At the appropriate time;

(III) To the correct patient; and

(IV) In the correct dosage.

(2) Documentation of the administration of medication.

Sec. 10. *An approved program for medication aides - certified must provide:*

1. At least one instructor for each 15 trainees to provide theoretical instruction in the classroom; and

2. At least one instructor for each four trainees to provide instruction on nursing skills and the administration of medication in clinical practice or through the use of simulators.

Sec. 11. *1. The instructors for an approved program for medication aides - certified must be registered nurses who are approved by the Board.*

2. The Board will approve a registered nurse to be an instructor if the nurse:

(a) Holds a current active license in good standing to practice nursing in this State;

(b) Has at least 3 years of experience in nursing, 1 year of which must be in the caring for the elderly or the chronically ill;

(c) Has obtained experience administering medication in a designated facility within the immediately preceding 5 years or has observed other nurses administering medication in a designated facility within the immediately preceding 2 years;

(d) Complies with the continuing education requirements prescribed by the Board;

(e) Holds a current certificate as a medication aide - certified instructor; and

(f) Has successfully completed a course of training for instructors of medication aides - certified approved by the Board.

3. The Board will issue a certificate of approval to teach medication aides - certified if the instructor:

- (a) Meets the requirements of subsection 2;*
- (b) Submits an application to the Board; and*
- (c) Pays the applicable fee to the Board.*

4. The Board will renew a certificate of approval to teach medication aides - certified annually if the instructor provides evidence satisfactory to the Board that the instructor meets the requirements of this section and has received compensation for teaching at least once in the preceding 2 years.

Sec. 12. 1. *Each classroom and clinical facility used by an approved program for medication aides - certified must be:*

- (a) Adequate in size, number and type.*
- (b) Clean and in a safe condition.*
- (c) Maintained at a comfortable temperature.*
- (d) Adequately lighted.*

2. Each clinical facility selected for training must be approved by the Board. Before the Board will approve a facility as a clinical facility, it will consider:

- (a) Whether the facility complies with the statutes and regulations governing medical facilities;*
- (b) Whether the facility has not been allowed to participate in the program for Medicare or Medicaid during the immediately preceding 2 years;*
- (c) Whether the facility has administrative support;*
- (d) The number of programs and trainees using the facility; and*
- (e) Whether the facility is able to provide learning experiences in the care of the elderly or the chronically ill.*

Sec. 13. *The coordinator of an approved program for medication aides - certified shall:*

- 1. Assist with the development of the budget of the program.*
- 2. Assist with the development of procedures for admission to the program.*
- 3. Select and supervise as many qualified instructors as necessary to carry out the program.*
- 4. Obtain adequate education facilities for training, including areas to practice nursing skills, and sufficient equipment for administering medication.*
- 5. Obtain long-term care clinical facilities for training.*
- 6. Provide each trainee with instructional materials during those hours in which they can be put to maximum use.*
- 7. Plan an orientation program for trainees at each clinical facility used for training. The time spent for orientation may not be included in the 100 hours required for training pursuant to section 9 of this regulation.*
- 8. Ensure that each trainee is clearly identified as a trainee in a manner which is easily recognizable to each patient, member of a patient's family, visitor or member of the medical staff for whom the trainee works.*
- 9. Develop a system of maintaining permanent records which are essential to the operation of the program, including, without limitation:*
 - (a) The current and final records of each trainee, which must include, without limitation, a list of the duties relating to the administration of medication to be performed and the skills to be learned in the program, with notations of satisfactory or unsatisfactory performance, the date of the performance and the name of the supervising instructor.*
 - (b) The current records of the activities of the program.*

(c) The records of each instructor.

↪ Records maintained pursuant to this subsection must be retained by the coordinator of the approved training program for medication aides - certified for not less than 4 years after the date on which the record is created.

10. Develop written policies for admission to, continuance in, and dismissal and withdrawal from the program.

11. Report to the academic administrator of the Board the name of each trainee who satisfactorily completes the program within 30 days after the completion of the program.

12. Report to the Board the name of any trainee involved in an error in the administration of medication, including a root cause analysis of the error.

13. Submit annual reports on forms provided by the Board containing information required by the Board.

Sec. 14. *The administrator of an approved program for medication aides - certified shall provide for the safekeeping of the permanent records and reports of the program. Those records must include, without limitation:*

1. The name, address and birthdate of each trainee who enters and completes the program.

2. The name, address and birthdate of each trainee who enters and withdraws or is dismissed from the program before completing it.

3. The final grade of each trainee.

4. A copy of the certificate of completion given to each trainee.

5. The date on which each training program is begun and completed.

6. The name, address and approval number of each instructor.

Sec. 15. *Any revision of an approved program for medication aides - certified must be approved by the Board before it is used. A revision includes, without limitation, a change or addition in:*

- 1. The objectives of the program.*
- 2. The number of hours of instruction required for the successful completion of the program.*
- 3. The content of the program.*
- 4. A facility used for training.*
- 5. An administrator, coordinator or instructor for the program.*

Sec. 16. *1. The Board will:*

(a) Review an approved program for medication aides - certified annually; and

(b) Inspect the facilities used by an approved program for medication aides - certified at least one time in every 24-month period, or more frequently if the Executive Director determines a need exists.

2. Continued approval of an approved program for medication aides - certified will be based upon:

(a) Information contained in the application for approval which is submitted pursuant to section 5 of this regulation;

(b) The annual review conducted in accordance with subsection 1 and the inspection of the facilities, if any;

(c) Whether the graduates of the program have a passage rate on the national medication aide - certified examination approved by the Board of not less than 80 percent; and

(d) The resolution of any deficiencies identified by the Board in previous inspections.

3. The Board will notify the administering body and the coordinator of the approved program for medication aides - certified of the outcome of its review by listing commendations, recommendations and deficiencies in the program.

Sec. 17. *1. The Executive Director will send a written notice by certified mail to the administrative body and coordinator of an approved program for medication aides - certified if the Board intends to withdraw its approval of that program. The notice must specify the reasons for the withdrawal. The coordinator of the program or the administrative body may rebut the reasons for the withdrawal contained in the notice within 15 days after the date on which the notice was received. The Executive Director will send a written notice of the final determination of the Board to the administrative body and the coordinator of the program.*

2. The Board may withdraw its approval of an approved program for medication aides - certified if:

(a) The program fails to comply with the requirements of any statute or regulation;

(b) More than 20 percent of the trainees in the program fail the national medication aide - certified certification examination approved by the Board;

(c) The program has not admitted any trainees within the immediately preceding 12 months; or

(d) The Board finds three or more instances in which one or more trainees of the program have engaged in unsafe or abusive conduct during the medication administration evaluation test. For the purposes of conducting an investigation pursuant to NRS 632.310, three documented and substantiated incidents of unsafe or abusive conduct by trainees of an approved program for medication aides - certified during the competency evaluation test make

out a prima facie case for the withdrawal of approval of an approved program for medication aides - certified.

3. If the Board withdraws its approval, the administrator of the approved program for medication aides - certified must take such action as is necessary to retain safely the records of each trainee in the program and to ensure that the trainees complete training.

Sec. 18. *1. Before a designated facility may employ medication aides - certified, the designated facility must submit an application, on a form prescribed by the Board, to the Board for approval. The application must include, without limitation:*

(a) Documentation demonstrating that the designated facility is certified to participate in Medicare and Medicaid.

(b) The job description of the medication aide - certified.

(c) The name of the advanced practitioner of nursing or registered nurse who will be supervising or delegating duties to the medication aide - certified.

(d) The policies and procedures developed by the designated facility to carry out the duties to be delegated to a medication aide - certified, including, without limitation, policies and procedures to ensure patient safety and reporting errors in the administration of medication.

2. The policies and procedures submitted to the Board pursuant to paragraph (d) of subsection 1 must include, without limitation, provisions requiring:

(a) A medication aide - certified to report to his or her supervising advanced practitioner of nursing or registered nurse:

(1) Any signs or symptoms exhibited by a patient which the medication aide - certified believes may indicate a threat to the life of the patient;

(2) Any event which occurs that the medication aide - certified believes may be a present threat to the life of a patient; and

(3) Medication that has been administered to a patient that the medication aide - certified believes has not produced the expected result or appears to be adversely affecting the health of a patient.

(b) An advanced practitioner of nursing or registered nurse who supervises a medication aide - certified to retain responsibility for:

(1) The overall provision of care by the medication aide - certified; and

(2) Supervising and evaluating the medication aide - certified, including, without limitation, ensuring that the medication aide - certified administers medication and performs delegated duties in accordance with the accepted standard of care required for a medication aide - certified.

(c) An advanced practitioner of nursing or a registered nurse who supervises a medication aide - certified to review:

(1) Each order for medication submitted by a licensed physician, licensed physician assistant, licensed dentist, licensed podiatric physician or an advanced practitioner of nursing; and

(2) The record of each patient relating to medication.

Sec. 19. 1. *The Board will review the application submitted pursuant to section 18 of this regulation and provide written notice to the designated facility of its determination within 30 days after the application is received.*

2. If the Board denies an application submitted pursuant to section 18 of this regulation, the designated facility may correct any deficiencies and resubmit the application to the Board within 30 days after receipt of the written notice of denial pursuant to subsection 1.

3. The Board may withdraw the approval to employ medication aides - certified if the Board determines that the designated facility has violated any statute or regulation or the facility no longer qualifies as a designated facility. If the Board withdraws approval, the Board must send a written notice by certified mail to the designated facility specifying the reasons for the withdrawal. The designated facility may rebut the reasons for the withdrawal contained in the notice within 15 days after the date on which the notice is received. The Board will send a written notice of its final determination to the designated facility.

Sec. 20. *1. A medication aide - certified may administer medication using the methods set forth in NRS 632.294 and perform other related duties of a medication aide - certified:*

(a) At a designated facility that has been approved by the Board to employ medication aides - certified pursuant to section 19 of this regulation;

(b) Under the supervision of an advanced practitioner of nursing or a registered nurse; and

(c) If the duties are directly related to the administration of medication and have been delegated to the medication aide - certified by an advanced practitioner of nursing or a registered nurse who is present in the designated facility.

2. In addition to the acts prohibited pursuant to subsection 3 of NRS 632.294, a medication aide - certified shall not:

(a) Administer medication:

(1) If the patient must be assessed to determine whether the medication is necessary; or

(2) If the dosage of the medication has not been calculated or converted;

(b) Administer medication or carry out other related duties if the supervising advanced practitioner of nursing or registered nurse of the medication aide - certified is not present in the designated facility;

(c) Administer medication or carry out other related duties if the health or needs of the patient change;

(d) Administer medication if the medication has not been reconstituted or mixed; or

(e) Care for a patient or perform other related duties.

3. A medication aide - certified who has reason to believe that he or she has made an error in the administration of medication shall follow the policies and procedures adopted by the designated facility pursuant to section 18 of this regulation to report the possible error to the advanced practitioner of nursing or registered nurse who is supervising the medication aide - certified. An advanced practitioner of nursing or registered nurse who receives such a report shall assist the medication aide - certified to complete the documentation for the report.

Sec. 21. NAC 632.010 is hereby amended to read as follows:

632.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 632.015 to 632.101, inclusive, *and sections 2, 3 and 4 of this regulation* have the meanings ascribed to them in those sections.

Sec. 22. NAC 632.037 is hereby amended to read as follows:

632.037 “Clinical nurse specialist” means a registered nurse who ~~[, through study and supervised practice at the]~~ *has a* graduate ~~[level, is proficient in a defined area of knowledge and practice]~~ *degree* in a selected clinical area of nursing.

Sec. 23. NAC 632.039 is hereby amended to read as follows:

632.039 “Competency evaluation test” means a system of evaluation which:

1. Complies with federal and state standards;
2. Includes one component consisting of a written or oral examination;
3. Includes one component consisting of a test of manual skills; and
4. Verifies a trainee’s knowledge of and ability to perform the duties of a nursing assistant

~~or~~ *or medication aide - certified, as applicable.*

Sec. 24. NAC 632.060 is hereby amended to read as follows:

632.060 “Intravenous therapy” means an infusion of fluids through a vein at a regulated rate of flow as prescribed by a *licensed* physician , *a licensed physician assistant, a licensed dentist or a licensed podiatric physician* for the purpose of replacing fluid, maintaining fluid balance or adding medications or nutrients.

Sec. 25. NAC 632.096 is hereby amended to read as follows:

632.096 “Trainee” means a person admitted to an approved program ~~or~~ *or an approved program for medication aides - certified, as applicable.*

Sec. 26. NAC 632.150 is hereby amended to read as follows:

632.150 1. In addition to those requirements contained in chapter 632 of NRS, an applicant for a license to practice as a registered nurse must:

- (a) Have graduated from a nursing program approved by the Board.
- (b) Have successfully completed courses on the theory of and have clinical experience in medical-surgical nursing, maternal and child nursing and psychiatric nursing if the applicant graduated from an accredited school of professional nursing after January 1, 1952.
- (c) On or after July 1, 1982, ~~obtain a passing score as determined by the Board on~~ *pass* the examination for licensure ~~or~~ *approved by the Board.*

2. An applicant for a license to practice as a licensed practical nurse must:
 - (a) Have graduated from high school or passed the general educational development test.
 - (b) Have graduated or received a certificate of completion from a program for registered nurses or practical nurses approved by the Board.
 - (c) Have successfully completed a course of study on the theory of and have clinical practice in medical-surgical nursing, maternal and child health nursing and principles of mental health if the applicant graduated from an accredited school of practical or vocational nursing after January 1, 1952.
 - (d) ~~[Obtain a passing score as determined by the Board on]~~ *Pass* the examination for licensure ~~[.]~~ *approved by the Board.*

Sec. 27. NAC 632.155 is hereby amended to read as follows:

- 632.155 1. An application must be completed and filed in the office of the Board . ~~[at least 4 months before the date of the examination.]~~
2. The application must be accompanied by:
 - (a) A complete set of the applicant's fingerprints ~~[.]~~ *or two completed fingerprint cards;* and
 - (b) The appropriate fee.
 3. ~~[Examinations will be offered at least once a year at a time and place determined by the Board.]~~
- ~~—4.]~~ The candidate must write the first examination within 90 days after receiving authorization from the Board to write the examination.

Sec. 28. NAC 632.166 is hereby amended to read as follows:

632.166 ~~[1.]~~ Each trainee who graduates from an approved program *or an approved program for medication aides - certified* may take a competency evaluation test not more than three times.

~~[2.—The Board will, upon the request of a graduate of an approved program, mail to him or her an application for certification to practice as a nursing assistant.]~~

Sec. 29. NAC 632.167 is hereby amended to read as follows:

632.167 1. A trainee who receives an application for certification to practice as a nursing assistant *or a medication aide - certified* must submit to the Board the completed application .
~~[not later than 6 weeks before the date of the competency evaluation test for which he or she is applying.]~~

2. The application must be accompanied by:

(a) A copy of a certificate or transcript received by the applicant upon the completion of an approved program ~~[.]~~ *or an approved program for medication aides - certified, as applicable.*

(b) The appropriate fee.

(c) A complete set of the applicant's fingerprints ~~[.]~~ *or two completed fingerprint cards.*

Sec. 30. NAC 632.168 is hereby amended to read as follows:

632.168 1. The Board will notify the testing service administering the test of those persons who are eligible to take a competency evaluation test.

2. The applicant must apply to the testing service by the required deadline and submit the appropriate fee.

~~[3.—The Board will administer a competency evaluation test at least once every 3 months.]~~

Sec. 31. NAC 632.170 is hereby amended to read as follows:

632.170 ~~[In addition to the requirements set forth in NAC 632.173, to]~~ **To** be licensed without examination:

1. An applicant for a license to practice as a registered nurse must:

(a) Have completed a course of study in an accredited school of professional nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing, maternal and child health nursing, and mental health and psychiatric nursing.

(b) Submit to the Board:

(1) A completed application;

(2) A complete set of his fingerprints ~~[;]~~ ***or two completed fingerprint cards;*** and

(3) The appropriate fee.

2. An applicant for a license to practice as a licensed practical nurse must:

(a) Have graduated from high school or passed the general educational development test.

(b) Have completed a course of study in an accredited school of practical or vocational nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing and maternal-child nursing, including mental health concepts.

(c) Hold a current license in good standing from another state or country which was issued by a recognized legal agency.

(d) Submit to the Board:

(1) A completed application;

(2) A complete set of his fingerprints ~~[;]~~ ***or two completed fingerprint cards;*** and

(3) The appropriate fee.

3. An applicant for certification to practice as a nursing assistant *or a medication aide - certified* must:

(a) Submit to the Board a completed application accompanied by a complete set of his fingerprints ~~[-]~~ *or two completed fingerprint cards*; and

(b) Request and confirm receipt by the Board of verification from the appropriate agency that he holds a current certificate to practice as a nursing assistant ~~[-]~~ *or a medication aide - certified, as applicable.*

Sec. 32. NAC 632.173 is hereby amended to read as follows:

632.173 In addition to complying with the requirements set forth in NAC 632.170, any person who *has not practiced within the immediately preceding 5 years, but who has passed an examination in another jurisdiction, and* wishes to obtain a license ~~[without examination]~~ *by endorsement* must submit proof to the Board that:

1. The ~~[examination which the]~~ person *has* passed ~~[in the jurisdiction in which he or she is licensed or registered tested the same subjects as or equivalent subjects to the subjects tested on the examination given by the Board.]~~ *the National Council Licensure Examination within the immediately preceding 5 years; or*

2. The ~~[scoring weight given to each subject on the examination which the]~~ person ~~[passed was comparable to the weight given to each subject on the examination given]~~ *has successfully completed a review course within the immediately preceding 5 years which has been approved* by the Board.

~~[3.—The examiners who scored the examination which the person passed applied the same criteria as the Board to determine the minimum acceptable level of knowledge, skills and ability to practice nursing.]~~

Sec. 33. NAC 632.175 is hereby amended to read as follows:

632.175 1. A temporary license or certificate may be issued upon application for a period of 6 months. ~~[The fee for a temporary license or certificate applies toward the fee for a permanent license or certificate.]~~

2. A nurse , ~~[or]~~ nursing assistant *or medication aide - certified* seeking renewal of his or her license or certificate may be issued a temporary license or certificate if the nurse , ~~[or]~~ nursing assistant *or medication aide - certified* needs additional time to provide the Board with evidence that he or she is of good moral character and is free from physical or mental disability which would impair or interfere with his or her ability to perform in his or her area of practice safely and competently.

3. If it is determined that satisfactory proof of an applicant's ability to read, write and speak English as required by NAC 632.180 is not evident, no temporary license or certificate will be issued.

Sec. 34. NAC 632.190 is hereby amended to read as follows:

632.190 The following fees are established:

1. For a registered nurse:

[Application for a temporary license.....]\$50.00]
Application for a license.....	\$100.00
NCLEX Verification or the National [Disciplinary] <i>Practitioner</i> Data Bank	
Verification.....	5.00
Application for certification as an advanced practitioner of nursing	200.00

Fee for examination on law relating to pharmacy for advanced practitioner of nursing.....	150.00
Application for certification as a certified registered nurse anesthetist	200.00
Biennial fee for renewal of certification as an advanced practitioner of nursing or a certified registered nurse anesthetist	200.00

2. For a practical nurse:

Application for a temporary license.....	\$50.00
Application for a license.....	\$90.00
NCLEX Verification or the National Disciplinary Data Bank Verification	5.00

3. For a registered nurse or practical nurse:

Biennial renewal fee.....	\$100.00
Duplicate license.....	30.00
Fee for the reinstatement of a license.....	100.00
Proctoring an examination.....	150.00

4. For a nursing assistant ~~[-]~~ *or medication aide - certified:*

Application for a certificate.....	\$50.00
Biennial renewal fee.....	50.00

~~Duplicate certificate 30.00~~

Manual skills certification examination 90.00

Approval of proctors for manual skills certification examination 50.00

Approval of training programs:

 If using model curriculum 250.00

 If using alternate curriculum 250.00

Annual approval of instructors of training programs 100.00

Annual fee for review of training programs 100.00

5. Validation of licensure or certification:

For a registered nurse \$25.00

For a licensed practical nurse 25.00

For a nursing assistant *or medication aide - certified* 25.00

6. Survey and evaluation of school of practical nursing, or school and course

 of professional nursing \$150.00

per day ,

per consultant

7. Miscellaneous:

For duplicating the records of the Board.....\$0.60 per page

For taking disciplinary action against a licensee.....Actual costs, including the costs incurred which are related to any assistance received from the Office of the Attorney General.

For monitoring a licensee who has been placed on probationActual costs

For submission of fingerprints of a person to the Department of Public Safety for review and forwarding to the Federal Bureau of Investigation for a report of the person's criminal history Actual costs as specified by the Department of Public Safety and the Federal Bureau of Investigation

For taking fingerprints..... \$15.00

Sec. 35. NAC 632.192 is hereby amended to read as follows:

632.192 1. Each licensee or holder of a certificate who wishes to renew his or her license or certificate must submit an application for renewal of the license or certificate to the Board before the expiration of the license or certificate. The application for renewal must be received by the Board on or before the end of the business day on which the authorization to practice expires.

2. The Board will find that the licensee or holder of the certificate has made sufficient application for renewal of the authorization to practice and will renew that person's license or certificate if:

(a) The application for renewal is:

(1) Truthful, accurate and complete, and made on the form supplied by the Board.

(2) Accompanied by payment of the required fee. If the fee is paid in a form other than cash, it must be made on an account with a sufficient amount of money for payment of the instrument or by a valid debit or credit card.

(3) Accompanied by proof that the requirement of continuing education is met.

(4) Accompanied by a complete set of the applicant's fingerprints ~~and~~ *or two completed fingerprint cards*, if so required by the Board.

(5) Accompanied by proof that the licensee has satisfied the requirements of subsection 4, if the application is for renewal of a license and the licensee has not practiced nursing during the immediately preceding 5-year period.

(6) Accompanied by the ~~documentation~~ *attestation* required pursuant to NAC 632.193, if the application is for the renewal of a certificate to practice as a nursing assistant ~~and~~ *or medication aide - certified*.

(b) The applicant attests that he or she has committed no act which could subject his or her application to denial nor developed any condition which may interfere with his or her ability to practice in a safe and effective manner.

3. If an application does not meet the requirements of subsection 2, the staff of the Board will not renew the license or certificate. If the applicant makes an application to appear before the Board, the staff may issue a temporary license or certificate which remains valid for not more

than 6 months after the date on which the temporary license or certificate was issued. If the license or certificate is not renewed because the applicant paid the required fee with an instrument written on an account with an insufficient amount of money for payment of the instrument, the staff may require the payment of a late fee and a fee to cover the administrative cost of handling the instrument.

4. An applicant for renewal of a license who has not practiced nursing during the immediately preceding 5-year period must complete a course or program approved by the Board if the applicant has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS. The Board may issue to the applicant a temporary license for not more than 6 months after the date on which it was issued for the sole purpose of completing the course or program in which the applicant is enrolled. Upon submission of evidence of completion of the course or program, the Board will issue to the applicant a permanent license if he or she has satisfied the requirements of subsection 2.

5. An original license or certificate is valid for the period from the date of issuance to the licensee's or certificate holder's second birthday after issuance. Thereafter, each license or certificate will expire biennially on the licensee's or certificate holder's birthday. In a leap year the license or certificate of a licensee or certificate holder born on February 29 expires on February 28.

Sec. 36. NAC 632.193 is hereby amended to read as follows:

632.193 1. To renew his certificate, a nursing assistant must submit to the Board ~~an~~ *an attestation, on a form provided by the Board, attesting that he or she has completed:*

(a) ~~Documentation of completion of 24~~ *Twenty-four* hours of continuing training in the ~~previous~~ *immediately preceding* 2 years ; ~~by submitting a photocopy of a certificate of completion;~~ and

(b) ~~An attestation, on forms provided by the Board, in which the nursing assistant attests that he has completed at~~ *At* least 40 hours of employment as a nursing assistant under the direct supervision of a registered nurse or licensed practical nurse during the 2 years immediately preceding the date of the renewal of the certificate.

2. *To renew his or her certificate, a medication aide - certified must submit to the Board an attestation, on a form provided by the Board, attesting that he or she has completed:*

(a) Twenty-four hours of continuing training in the immediately preceding 2 years; and

(b) At least 200 hours of employment as a medication aide - certified under the direct supervision of an advanced practitioner of nursing or a registered nurse during the 2 years immediately preceding the date of the renewal of the certificate.

3. The certificate of completion must include:

(a) The name of the participant;

(b) The name of the training program;

(c) The number of hours of the training program;

(d) The name and signature of the instructor who taught the training program; and

(e) The date and location of the training program.

~~3.~~ 4. To be satisfactory to the Board a training program must relate to standards of care in nursing and must ~~be~~ *consist of* one of the following:

(a) Training in the facility in which the nursing assistant *or medication aide - certified* works;

(b) An academic study ~~[;]~~ *or all of the courses required to obtain a license to practice as a registered nurse or a licensed practical nurse, if a nursing assistant or medication aide - certified is pursuing such a license, or both;*

(c) A workshop ~~[approved]~~ *conducted by a provider of continuing education that has been approved* by the Board; *or*

(d) ~~[An extension course approved by the Board; or~~

~~—(e) Home study.~~

~~—4.] An online course for nursing assistants or medication aides - certified, as applicable.~~

5. A medical facility, educational institution or other organization that offers a training program must keep a record of the information required pursuant to subsection ~~[2]~~ 3 for at least 4 years.

~~[5.]~~ 6. The Board will perform random audits of nursing assistants *or medication aides - certified* for compliance with the requirement for supervised employment set forth in paragraph (b) of subsection 1 ~~[;]~~ *or paragraph (b) of subsection 2, as applicable.* If audited by the Board, a nursing assistant *or medication aide - certified* must prove that he has complied with the requirement for supervised employment set forth in paragraph (b) of subsection 1 *or paragraph (b) of subsection 2, as applicable,* by submitting to the Board a letter written by the employer of the nursing assistant *or medication aide - certified* on the stationery of the employer or on a form prescribed by the Board and must include in the letter or on the form:

(a) The name of the nursing assistant ~~[;]~~ *or medication aide - certified;*

(b) The name of the employer;

(c) A statement indicating that, since his last renewal by the Board, the ~~[nursing]~~ :

(1) Nursing assistant provided at least 40 hours of nursing services or services related to *the scope of practice of a nursing assistant* for monetary compensation under the direct supervision of a registered nurse or licensed practical nurse; *or*

(2) Medication aide - certified provided at least 200 hours of nursing services or services related to the scope of practice of a medication aide - certified for monetary compensation under the direct supervision of an advanced practitioner of nursing or a registered nurse; and

(d) Any other information the Board may require for the renewal of the certificate.

Sec. 37. NAC 632.200 is hereby amended to read as follows:

632.200 The name of a registered nurse, certified nursing assistant , *medication aide - certified* or an applicant for registration will be changed on the records of the Board if the request is made on a form provided by the Board giving the required information.

Sec. 38. NAC 632.210 is hereby amended to read as follows:

632.210 1. The Board will appoint an advisory committee to advise and report to the Board on matters related to:

(a) The protection of the public through the safe practice of nursing by any person licensed or certified pursuant to the provisions of this chapter or chapter 632 of NRS, including, without limitation, a person who has practiced nursing while, with or without good cause, the person's physical, mental or emotional condition impaired his or her ability to act in a manner consistent with established or customary standards of nursing.

(b) The Alternative Program for Chemically Dependent Nurses established by the Board to serve as an alternative to disciplinary action of persons who are licensed or certified pursuant to the provisions of this chapter or chapter 632 of NRS and who ~~[are chemically dependent.]~~ *have a substance use disorder*. The advisory committee shall evaluate and monitor any licensee or

holder of a certificate who is a participant in the Alternative Program for Chemically Dependent Nurses.

2. The advisory committee will consist of at least six persons who are knowledgeable concerning any conditions, diagnoses or addictions that may negatively impact the safe practice of nursing. The Board will designate a member of the advisory committee, who may be a member *or staff* of the Board, to serve as the chair of the advisory committee.

Sec. 39. NAC 632.211 is hereby amended to read as follows:

632.211 1. ~~{The Board will appoint a committee to advise and report to the Board on matters related to complaints concerning the practice of nursing and standards of practice. The committee will consist of at least 25 persons who are knowledgeable in areas of specialized practice, a member of the Board and a member of the Board's staff, who shall serve as chair of the committee.~~

~~—2.}~~ The Board will appoint a committee to advise and report to the Board on matters related to the establishment of ~~{state standards of}~~ *a scope of practice for* nursing ~~{practice.}~~ *in this State.* The committee will consist of at least 10 persons who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice, and a member of the Board's staff, who shall serve as chair of the committee.

~~{3.—The Board will appoint a committee to advise and report to the Board on matters related to this chapter and chapter 632 of NRS as they relate to national standards for nursing practice to this State. The committee will consist of at least eight persons who are knowledgeable of this chapter and chapter 632 of NRS, and a member of the Board's staff, who shall serve as chair of the committee.~~

~~4.1~~ 2. The Board will appoint a committee, consisting of at least seven persons, to advise and report to the Board on matters related to this chapter and chapter 632 of NRS as they relate to licensees and holders of certificates maintaining competency through:

- (a) Academic education, including continuing education; and
- (b) Acquisition of new knowledge, skills and abilities.

~~5.1~~ 3. The Board will appoint a committee to advise and report to the Board on matters related to the practice of advanced practitioners of nursing. The committee will consist of not more than ~~seven~~ 10 persons who are knowledgeable in areas concerning the practice of advanced practitioners of nursing.

~~6.1~~ 4. Each person appointed to a committee pursuant to this section, other than a member of the Board or the Board's staff, serves as a volunteer.

Sec. 40. NAC 632.212 is hereby amended to read as follows:

632.212 1. The Board will interpret the practice of professional nursing to include, but not be limited to, the duties specified in NAC 632.214 to 632.224, inclusive.

2. A registered nurse shall demonstrate in the performance of those duties competence in:

- (a) The diagnosis and treatment of human responses to actual or potential health problems;
- (b) Exercising sound judgment;
- (c) Making decisions;
- (d) Carrying out his or her duties based on an established plan of care;
- (e) Evaluating, assessing and altering, if appropriate, the established plan of care;
- (f) Delegating appropriate duties to other ~~nurses;~~ *persons*;
- (g) Supervising a ~~nurse~~ *person* to whom the registered nurse has delegated nursing duties;
- (h) Maintaining accountability in the delegation of care;

- (i) Administering medication and carrying out treatments which are properly authorized;
- (j) Determining the necessity and appropriateness of health care services for a patient or prospective patient and determining that patient's eligibility for payment of those health care services by a licensed insurer;
- (k) Managing the cases of patients assigned to him or her by coordinating services and collaborating with other health care professionals in the provision of health care services;
- (l) Planning for the discharge of patients; and
- (m) Managing risk in the provision of health care services.

Sec. 41. NAC 632.216 is hereby amended to read as follows:

632.216 1. A registered nurse shall perform or supervise:

- (a) The assessment and evaluation of the health of each patient under the care of the registered nurse based on his or her knowledge or understanding of the biological, psychological, social and cultural factors affecting the patient's condition;
- (b) The development of a written plan for the care of each patient under the care of the registered nurse based on the present and predicted needs of the patient, and shall review and revise that plan if necessary;
- (c) The evaluation of a patient's health and the initiation of acts which are necessary to provide adequate care to a patient when needed, giving direct care to a patient, assisting with the care of the patient or delegating the care of the patient to persons qualified to provide that care;
- (d) Making judgments and decisions regarding the status of a patient and the planning, carrying out, evaluation, and modification of the patient's care as needed;
- (e) The documentation of observations, assessments and responses of patients and the care provided ~~by nurses for~~ to those patients; and

(f) In situations which threaten the life of a patient, acts which are necessary to stabilize the patient's condition and prevent more serious complications, performed pursuant to an established policy.

2. A registered nurse may perform:

(a) The duties of a circulating nurse or surgical first assistant in an operating room; *and*

(b) Uncomplicated deliveries of infants if:

(1) The registered nurse is an advanced practitioner of nursing; and

(2) The delivery is performed under the direction of a physician . ~~;~~ *and*

~~(c) The duties of a licensed practical nurse.]~~

Sec. 42. NAC 632.222 is hereby amended to read as follows:

632.222 1. A registered nurse may delegate nursing care to other ~~[nurses]~~ *personnel* and supervise other personnel in the provision of *that* care if those persons are qualified to provide that care.

2. A registered nurse shall perform or supervise any act necessary to ensure the quality and sufficiency of ~~[the]~~ *delegated* nursing care ~~[of]~~ *provided to* a patient . ~~[which is delegated to or by other nurses under his or her supervision.]~~

3. Before delegating the care of a patient , ~~[to another nurse,]~~ a registered nurse shall consider the following:

(a) The amount of direction required by the ~~[nurse]~~ *person* to whom the care is being delegated;

(b) The complexity of the nursing care needed by the patient, recognizing that simple care may be performed by following an established policy while more complex care requires greater knowledge and a higher level of judgment, direction and supervision;

(c) The educational preparation and demonstrated competency of the ~~nurse~~ *person* to whom the care is delegated; and

(d) The established policies and procedures relating to the care of the patient and the procedures used to communicate to other providers of health care the patient's symptoms, reactions and progress.

4. A registered nurse who delegates nursing care *or duties relating to that care* to ~~another nurse or assigns duties relating to that care to~~ other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.

Sec. 43. NAC 632.224 is hereby amended to read as follows:

632.224 1. A registered nurse who supervises other persons shall:

(a) Determine the priority of the needs of each patient and group of patients under his or her care;

(b) Provide direction in formulating, interpreting and carrying out the objectives and policies related to nursing care;

(c) Assist those persons who are being supervised to develop the skills needed for their competence in providing for the care of a patient;

(d) Assist the persons who are being supervised in carrying out the planned care of a patient; and

(e) Evaluate the effectiveness of the nursing care given to each patient or group of patients under his or her care.

2. A registered nurse who is employed as a chief nurse is responsible for the management of other personnel under his or her supervision and shall:

(a) Establish the authorized scope of practice for the ~~nurses~~ *personnel* he or she supervises and establish and document a process to carry out, maintain and improve the knowledge, skills and ability of those ~~nurses~~ *persons* to provide safe and effective care.

(b) Before assigning those persons, verify their ability to carry out safely duties which are identified in a written policy and to follow the procedures established by the employing agency.

(c) Establish written guidelines to be followed by personnel under his or her supervision for receiving and administering prescriptions. The guidelines must include procedures for:

- (1) Identifying the type of patient to be served;
- (2) Identifying the intended medical treatment; and
- (3) Resolving any questions related to a prescription,

↪ if the prescription is not received directly from an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician.

(d) Ensure that the guidelines established pursuant to paragraph (c) are available at each site where nursing care is provided under the supervision of the chief nurse.

(e) Create a safe and effective system for delivery of nursing care which complies with nationally recognized standards.

(f) Maintain a ~~copy~~ *list* of the references used to determine the authorized scope of practice for the ~~nurses~~ *personnel* he or she supervises and make them available to governmental agencies upon request.

3. If a chief nurse is not assigned to the practice area of a registered nurse, the registered nurse ~~shall~~ *must* determine the authorized scope of his or her practice and establish and document verification of his or her competency.

Sec. 44. NAC 632.225 is hereby amended to read as follows:

632.225 1. A registered nurse may perform a skill, assessment, intervention or other duty in addition to those taught in a basic educational program for a professional nurse if:

(a) The performance of the skill, assessment, intervention or other duty is within the authorized scope of practice of a registered nurse in this State.

(b) In performing the skill, assessment, intervention or other duty the registered nurse follows the applicable written procedures and policies approved by the medical staff, the nursing administration and the administration of the employing agency.

(c) Before performing the skill, assessment, intervention or other duty the registered nurse submits to his or her employer proof that he or she:

(1) Has completed a comprehensive program of study and supervised clinical practice which was approved by the Board on or after January 1, 1986;

(2) Has completed a comprehensive program of study and supervised clinical practice from another state;

(3) Maintains certification from a national organization recognized by the Board for this purpose; or

(4) Has acquired the additional knowledge, skill and ability.

2. The registered nurse and his or her employer shall each maintain evidence of:

(a) The original documentation and demonstration of the acquired knowledge, skill and ability; and

(b) Annual verification of the registered nurse's continued competency regarding that knowledge, skill and ability through ~~annual~~ recertification or records of ~~annual~~ evaluations documenting satisfactory repeated performances of the knowledge, skill and ability in the nurse's area of practice.

3. For the purposes of paragraph (a) of subsection 1, a skill, assessment, intervention or other duty is within the authorized scope of practice of a registered nurse if it has been described as being performed by a registered nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which:

(a) Are listed in the annual *Cumulative Index to Nursing and Allied Health Literature* that was most recently approved by the Board; or

(b) Have been individually approved by the Board.

Sec. 45. NAC 632.226 is hereby amended to read as follows:

632.226 1. A school nurse who is a registered nurse shall direct and provide school nursing services.

2. In carrying out a plan of nursing care for a pupil with special needs pursuant to NRS 391.208, a school nurse who is a registered nurse may delegate nursing services to a qualified person.

3. A school nurse may delegate only those duties that the Board has approved. The Board will maintain a list of the duties it has approved for delegation and provide a copy of the list to a school nurse or member of the general public upon request.

4. A licensed practical nurse who is employed by a school district to provide nursing services in a school may not delegate nursing services or assign duties relating to such services to another person.

5. A school nurse shall develop safe and effective procedures for the administration of medication to pupils that comply with nationally recognized standards and the laws of this State.

6. A school nurse may not administer medication to a pupil or delegate that duty to another person unless:

(a) The school nurse has obtained written authorization from the parent or legal guardian of the pupil to administer the medication;

(b) The medication is labeled; and

(c) The school nurse verifies that the medication has been prescribed and dispensed by a person authorized to do so pursuant to chapter 453, 454 or 639 of NRS or the laws of another state or the District of Columbia.

7. A record of the medication administered to a pupil must be maintained at the school the pupil attends. ~~Each~~ *Each* time the school nurse ~~is~~ or ~~a~~ *the* person to whom he or she delegated the duty ~~is~~ administers medication to the pupil ~~is~~ *, it must be indicated in the record.*

8. As used in this section:

(a) “Qualified person” means a person who is:

(1) Certified or licensed by this State to provide nursing services to a pupil;

(2) Willing to provide nursing services to a pupil and who the school nurse has determined has the knowledge and skill to provide nursing services to the pupil in a safe and effective manner; or

(3) Except as otherwise provided in this subparagraph, exempt from the requirement of obtaining a license to practice nursing pursuant to subsection 1 of NRS 632.340 and whom the parent or legal guardian of the pupil designates as a person who may provide nursing services to the pupil. A parent or legal guardian may not designate a person who is employed by the school

district in which the pupil attends school as a person who may provide nursing services to the pupil.

(b) “School nurse” means a licensee who is qualified as set forth in subsection 2 of NRS 391.207 and the regulations adopted pursuant thereto as a school nurse and who is serving in that capacity.

Sec. 46. NAC 632.230 is hereby amended to read as follows:

632.230 A licensed practical nurse:

1. May not independently carry out those duties which require the substantial judgment, knowledge and skill of a registered nurse.
2. Shall determine before the performance of any task that he or she has the knowledge, skill and experience to perform the task competently.
3. May supervise other personnel in the provision of care.

~~[4.—Who delegates nursing care to another licensed practical nurse or assigns duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.]~~

Sec. 47. NAC 632.242 is hereby amended to read as follows:

632.242 1. A licensed practical nurse may collect data and perform a skill, intervention or other duty in addition to those taught in an educational program for practical nurses if:

(a) The collection of data or performance of the additional skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse in this State.

(b) In collecting data and performing the additional skill, intervention or other duty, the licensed practical nurse follows the applicable written procedures and policies approved by the medical staff, the nursing administration and the administration of the employing agency.

(c) Before collecting data or performing the skill, intervention or other duty, the licensed practical nurse submits to his or her employer proof that he or she:

(1) Has completed a comprehensive program of study and supervised clinical practice which was approved by the Board on or after January 1, 1986;

(2) Has completed a comprehensive program of study and supervised clinical practice from another state; or

(3) Has acquired the additional knowledge, skill and ability.

2. The licensed practical nurse and his or her employer shall each maintain evidence of:

(a) The original documentation and demonstration of the acquired knowledge, skill and ability; and

(b) Annual verification of the nurse's continued competency regarding that knowledge, skill and ability through ~~annual~~ recertification or records of ~~annual~~ evaluations documenting satisfactory repeated performances of the knowledge, skill and ability in the nurse's area of practice.

3. For the purposes of paragraph (a) of subsection 1, collection of data and a skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse if it has been described as being performed by a licensed practical nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which:

(a) Are listed in the *Cumulative Index to Nursing and Allied Health Literature*, as adopted by reference in NAC 632.110; or

(b) Have been individually approved by the Board.

Sec. 48. NAC 632.249 is hereby amended to read as follows:

632.249 1. Each registered nurse, licensed practical nurse, certified nursing assistant, *medication aide - certified*, nursing student and nurse certified in an advanced specialty shall identify himself or herself by his or her appropriate title:

- (a) When recording information on a record;
- (b) When introducing himself or herself to a client, patient or prospective patient; and
- (c) On a name tag which:

(1) Includes, at a minimum, his or her first name and the first initial of his or her last name, and his or her title;

(2) Is prominently displayed on his or her clothing; and

(3) Is clearly legible from a distance of at least 3 feet.

2. In addition to the requirements set forth in subsection 1, each registered nurse, licensed practical nurse, certified nursing assistant, *medication aide - certified*, nursing student and nurse certified in an advanced specialty shall, when practicing telenursing, identify orally the state in which he or she is licensed or certified.

3. As used in this section:

(a) “Nurse certified in an advanced specialty” includes, but is not limited to, a clinical nurse specialist, advanced practitioner of nursing, certified registered nurse anesthetist and attendant as that term is defined in NAC 632.565.

(b) “Telenursing” means the provision of nursing care or advice from a remote location through the use of telecommunications equipment, including, but not limited to, a telephone, teletype, facsimile machine and any equipment capable of transmitting a video image.

Sec. 49. NAC 632.470 is hereby amended to read as follows:

632.470 1. The course must be taught in an educational institution or a medical facility as defined in NRS 449.0151.

2. The course must be taught by a registered nurse who has had : ~~[, during the 2-year period before the course is taught:]~~

(a) ~~[At least 6 months' experience as a member of a team which performed intravenous therapy in a licensed health and care facility;]~~ *Recent clinical experience providing intravenous therapy; or*

(b) ~~[At least 6 months' experience, which included starting and superimposing fluids, in a clinical area with a high volume of intravenous therapy; or~~

~~—(c)]~~ Experience in teaching courses in intravenous therapy.

3. The ratio of faculty members to students in the laboratory or in an area used for clinical practice in the course must not be more than 1 to 10.

Sec. 50. NAC 632.475 is hereby amended to read as follows:

632.475 1. The course must include the following subjects:

(a) The current regulation concerning licensed practical nurses and intravenous therapy;

(b) The anatomy, physiology and physics related to intravenous therapy;

(c) Identifying the purposes of intravenous therapy;

(d) Identifying the major routes for fluid replacement;

(e) Locating and naming the common intravenous sites;

(f) Identifying the types of fluids used in intravenous therapy;

(g) Preparing patients for intravenous therapy;

(h) Administering intravenous therapy, including:

(1) Setting up equipment for intravenous therapy;

- (2) Inserting devices that act like needles in the periphery, which are not longer than 3 inches;
- (3) Inserting tubing into bottles of additives;
- (4) Calculating drops per minute;
- (5) Regulating intravenous flow according to calculation;
- (6) Using electronic regulating mechanisms;
- (7) Superimposing and piggybacking containers of solutions;
- (8) Discontinuing peripheral intravenous devices that act like needles which are not longer than 3 inches; and
- (9) Recording intravenous therapy;
- (i) Identifying possible complications from intravenous therapy;
- (j) The management of intravenous therapy;
- (k) The pharmacology of medications and solutions used in intravenous therapy; ~~and~~
- (l) The appropriate technique for changing a sterile dressing on a peripheral and central venous site ~~and~~; *and*

(m) Flushing and drawing blood from a peripherally inserted central catheter.

2. The course must include at least ~~20~~ 30 hours of instruction and 10 hours of clinical *or laboratory* practice. The clinical *or laboratory* practice must include three successful venipunctures on live subjects ~~and~~ *or through the use of a simulator.*

3. A licensed practical nurse shall provide evidence of the maintenance or improvement of his or her knowledge and skills required to perform venipuncture and intravenous therapy to his or her employer or the Board, or both, upon request.

Sec. 51. NAC 632.575 is hereby amended to read as follows:

632.575 A registered nurse who is employed as an attendant must submit to the Board an application for renewal of his or her certificate of completion of training as an attendant ~~[pursuant to subsections 7 and 8 of NRS 450B.160]~~ on a form provided by the Board with the application the registered nurse submits for renewal of his or her license as a registered nurse pursuant to NAC 632.192.

Sec. 52. NAC 632.605 is hereby amended to read as follows:

632.605 1. A university or college which wishes to establish a program of nursing in this State must submit an application to the Board. The Board will prescribe the form for the application.

2. The administrator of the program shall submit to the Board, at least 6 months before the program is offered, a statement of intent which must include:

(a) Proof that the program is approved by the system of universities or community colleges of the state in which it is accredited;

(b) The results of a survey which demonstrates the need for the program of nursing;

(c) The type of program which will be offered;

(d) The name, address and status of the accreditation of the institution offering the program;

(e) The relationship of the program of nursing to that institution;

(f) Evidence of budgetary support, including, without limitation, a notarized accounting statement which conforms to generally accepted standards of accounting and which demonstrates funding sufficient to establish and sustain a program of nursing;

(g) *A detailed schedule of the entire cost of enrollment in the program of nursing, including, without limitation, tuition, fees and any cost associated with the use or purchase of equipment;*

(h) The projected enrollment;

~~[(h)]~~ (i) Evidence that a sufficient number of qualified members of the faculty are available to conduct the program;

~~[(i)]~~ (j) *Evidence that a sufficient number of clinical placements are available in each area of nursing for which the program offers education;*

(k) A description of the proposed clinical facilities to be used;

~~[(k)]~~ (l) The resources available at the site of the program;

~~[(l)]~~ (m) The proposed schedule for beginning the program;

~~[(m)]~~ (n) *The plan for the mentoring and development of the administrator of the program developed by the administrator pursuant to NAC 632.660, if any;*

(o) A written plan describing how the program will ensure that, within 2 years after the first class is graduated, the graduates of the program have a rate of passage on the National Council Licensure Examination of not less than 80 percent the first time the graduate takes the examination;

(p) A statement of the transferability of credits earned in the program to institutions of the Nevada System of Higher Education; and

~~[(p)]~~ (q) Any additional information requested by the Board.

Sec. 53. NAC 632.615 is hereby amended to read as follows:

632.615 A university or college may apply for provisional approval of a program of nursing offered by the university or college if:

1. A qualified administrator is at the site and there are sufficient qualified members of the faculty to begin the program;

2. A written proposal for the program, developed in accordance with the national *curriculum and patient safety* standards for nursing education approved by the Board, has been submitted to the Board; and

3. A visit to the facilities has been conducted by the Board.

Sec. 54. NAC 632.660 is hereby amended to read as follows:

632.660 1. Each administrator of a program of nursing must:

(a) Be licensed to practice as a registered nurse in this State; ~~and~~

(b) Have at least 5 years of experience as a registered nurse, 3 *years* of which must be teaching in a program of nursing accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education ~~and~~; *and*

(c) If the administrator does not have experience in the administration of a program of nursing, develop and complete a plan for his or her own mentoring and development.

2. The administrator of a program of nursing which grants a bachelor's degree in nursing must have a master's degree with a major in nursing and a doctorate degree in nursing or a related field from an accredited school.

3. The administrator of a program of nursing which grants an associate degree in nursing must have a master's degree in nursing from an accredited school.

4. The administrator of a program of practical nursing must have a master's degree in nursing from an accredited school.

Sec. 55. NAC 632.665 is hereby amended to read as follows:

632.665 1. The administrator of a program of nursing shall:

(a) Devote a sufficient amount of time to administer the program;

(b) Prepare and administer the budget for the program;

- (c) Notify the Board of any substantial change in the program or its administration;
- (d) Notify the Board of any sentinel event; ~~and~~
- (e) Devote sufficient time to faculty development and faculty mentoring programs ~~and~~; *and*
- (f) *Ensure that the program complies with the written plan submitted to the Board*

pursuant to paragraph (o) of subsection 2 of NAC 632.605.

2. The instructional duties of the administrator of a program of nursing must be consistent with the scope of his administrative duties.

3. As used in this section, “sentinel event” has the meaning ascribed to it in NRS 439.830.

Sec. 56. NAC 632.675 is hereby amended to read as follows:

632.675 1. A program of nursing must have a competent and stable faculty. The majority of the members of the faculty must be full-time employees.

2. Of the faculty who are hired after August 13, 2004:

(a) At least 75 percent of the members must hold at least a master’s degree with a major in nursing and have completed training which is related to the area of teaching of the member; and

(b) Except as otherwise provided in subsection 3, the remainder of such members, if any, must hold at least:

(1) A master’s *or doctoral* degree with a major in nursing;

(2) A bachelor’s degree with a major in nursing and a master’s *or doctoral* degree in a field related to nursing; or

(3) A graduate degree from an accredited school of nursing as defined in NRS 632.011.

3. The Executive Director of the Board may, for good cause shown, waive the requirements of paragraph (b) of subsection 2.

4. The members of the faculty shall develop and evaluate the curriculum and the educational practices of the program.

5. Except as otherwise provided in this subsection, in courses relating to the care of patients, there must be at least one member of the faculty for every eight students. The Executive Director of the Board may, upon a showing of good cause, waive the requirement.

6. A program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students must require:

(a) Each preceptor to have clinical expertise and to have demonstrated competence in the specialty of the students whom he or she will instruct;

(b) Each preceptor to be approved by the faculty of the program of nursing;

(c) The faculty of the program of nursing to provide to each preceptor an orientation concerning the roles and responsibilities of students, members of the faculty and preceptors; and

(d) The faculty of the program of nursing to develop written objectives and provide a copy of those objectives to each preceptor,

↳ before the preceptor begins his or her instruction of the students.

7. In addition to the requirements set forth in subsection 6, a program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students:

(a) Must ensure that each preceptor is assigned to instruct not more than two students at the same time;

(b) Must designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;

(c) Must require that each preceptor be present in the clinical facility and available to the students at all times when the students provide nursing services to patients; and

(d) May use a preceptor to reinforce basic nursing skills or to teach nursing skills which build on the basic nursing skills that the students have acquired.

8. There must be at least one qualified administrator for each department or division of the program.

9. If a university or college offers a program of nursing for more than one level of preparation, there must be one person who is responsible for each such level.

Sec. 57. NAC 632.685 is hereby amended to read as follows:

632.685 1. The curriculum of a program of nursing must:

(a) Reflect the philosophy and objectives of the program;

(b) Be based on a rationale that ensures sufficient preparation for the safe and effective practice of nursing; and

(c) Contain theory and clinical experiences that are integrated throughout the program of nursing.

2. Credits for courses must be awarded appropriately.

3. A program of nursing must not use a standardized examination for determining the successful completion of the program.

Sec. 58. NAC 632.690 is hereby amended to read as follows:

632.690 1. A program of nursing which educates practical nurses must include instruction in the following areas of nursing:

(a) Care provided to persons who require medical and surgical care;

(b) Maternal and child health; and

(c) Mental health.

2. A program of nursing which educates registered nurses must include instruction relating to:

(a) Basic principles of biology, microbiology, psychology, sociology, mathematics and therapeutic communication; and

(b) The theory and practice of nursing, including, without limitation, the attainment, intervention and maintenance of physical and mental health and the prevention of illness across the life span of patients, in a variety of clinical settings, and must include, without limitation, instruction in evidence-based nursing practice and technological skills commensurate with safely delivering patient care;

(c) Professional values, boundaries and ethics ~~§~~, *including, without limitation, the appropriate use of social media;*

(d) The provisions of this chapter and chapter 632 of NRS; and

(e) The role of regulation and accreditation in the provision of health care and patient safety.

3. Courses relating to theory and clinical experience must be taught in a concurrent or sequential manner.

4. The administrator of a program of nursing shall prepare and maintain records of the evaluation of the curriculum by members of the faculty and students enrolled in the program.

Sec. 59. NAC 632.703 is hereby amended to read as follows:

632.703 1. A program of nursing which conducts a portion of its program in Nevada shall submit to the Board a report, on a form provided by the Board, which includes:

(a) Proof of its current accreditation or approval by the state in which the program originates or by any applicable national nursing accreditation body;

(b) All correspondence received within the preceding year from the accrediting body or bodies; and

(c) Evidence satisfactory to the Board that the portion of the program conducted in Nevada is conducted in compliance with the provisions of this chapter and chapter 632 of NRS relating to conducting a program of nursing.

2. The administrator of the program of nursing shall:

(a) Notify the Board in writing of any ~~adverse~~ action taken *in favor of or* against the program by the accrediting body or bodies within 30 days after the action is taken; and

(b) Complete and submit an annual school report on forms provided by the Board.

3. The Board may conduct a complete visit to the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on accreditation from the state in which the program originates.

4. A program of nursing conducted over the Internet or any other nontraditional course of instruction in nursing shall not provide clinical instruction in this State without the approval of the Board.

5. Each member of the faculty of a program of nursing who conducts a portion of the program in this State must be licensed in this State.

Sec. 60. NAC 632.890 is hereby amended to read as follows:

632.890 The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

1. Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry, sexual orientation or sex in the rendering of nursing services.

2. Performing acts beyond the scope of the practice of nursing.

3. Assuming duties and responsibilities within the practice of nursing without adequate training.
4. Assuming duties and responsibilities within the practice of nursing if competency is not maintained or the standards of competence are not satisfied, or both.
5. Disclosing the contents of the examination for licensure or certification, or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
6. Assigning or delegating functions, tasks or responsibilities of licensed or certified persons to unqualified persons.
7. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person.
8. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
9. Practicing nursing while, with or without good cause, his physical, mental or emotional condition impairs his ability to act in a manner consistent with established or customary nursing standards, or both.
10. Practicing nursing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the nurse , ~~[or]~~ nursing assistant *or medication aide - certified* as determined by a test of the blood, saliva, breath, hair or urine of the nurse , ~~[or]~~ nursing assistant *or medication aide - certified* given while the nurse , ~~[or]~~ nursing assistant *or medication aide - certified* is on duty.
11. Having present in the body of the nurse , ~~[or]~~ nursing assistant ~~[]~~ *or medication aide - certified* alcohol or a controlled substance or dangerous drug that is not legally prescribed during

a test of the blood, saliva, breath, hair or urine of the nurse , ~~or~~ nursing assistant *or medication aide - certified* given as a condition of employment.

12. Failing to respect and maintain a patient's right to privacy.

13. Violating a patient's confidentiality.

14. Performing or offering to perform the functions of a licensee or holder of a certificate by false representation or under a false or an assumed name.

15. Failing to report the gross negligence of a licensee or holder of a certificate in the performance of his duties or a violation of the provisions of this chapter or chapter 632 of NRS.

16. Failing to document properly the administration of a controlled substance, including, but not limited to:

(a) Failing to document the administration of a controlled substance on the Controlled Substance Administration Record, the patient's Medication Administration Record and the Nursing Progress Notes, including the patient's response to the medication;

(b) Documenting as wastage a controlled substance and taking that controlled substance for personal or other use;

(c) Failing to document the wastage of a controlled substance that was not legally administered to a patient;

(d) Soliciting the signature on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage; or

(e) Signing any record as a witness attesting to the wastage of a controlled substance which he did not actually witness.

17. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from a:

- (a) Patient;
 - (b) Family member of a patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
18. Diverting supplies, equipment or drugs for personal or unauthorized use.
19. Aiding, abetting or assisting any person in performing any acts prohibited by law.
20. Inaccurate recording, falsifying or otherwise altering or destroying records.
21. Obtaining, possessing, furnishing or administering prescription drugs to any person, including himself, except as directed by a person authorized by law to prescribe drugs.
22. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
23. Exploiting a patient for financial gain or offering, giving, soliciting or receiving fees or gifts for the referral of a:
- (a) Patient;
 - (b) Family member of a patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
24. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.
25. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
26. Failing to abide by any state or federal statute or regulation relating to the practice of nursing.

27. Failing to perform nursing functions in a manner consistent with established or customary standards.
28. Causing a patient *or the family of the patient* physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
29. Engaging in sexual contact with a patient or client.
30. Failing as a chief nurse to:
 - (a) Institute standards of nursing practice so that safe and effective nursing care is provided to patients;
 - (b) Institute standards of competent organizational management and management of human resources so that safe and effective nursing care is provided to patients; or
 - (c) Create a safe and effective environment, including the failure to assess the knowledge, skills and ability of a licensee or holder of a certificate and determine his competence to carry out the requirements of his job.
31. Failing to report the unauthorized practice of nursing.
32. Endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence.
33. Abusing a patient.
34. Neglecting a patient.
35. Misappropriating the property of a patient.
36. Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.

37. Engaging in the practice of nursing or performing the services of a nursing assistant *or medication aide - certified* without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.

38. Displaying a license, certificate, diploma or permit, or a copy of a license, certificate, diploma or permit, which has been fraudulently purchased, issued, counterfeited or materially altered.

39. Engaging in a pattern of conduct that demonstrates failure to exercise the knowledge, skills, and abilities using the methods ordinarily exercised by a reasonable and prudent nurse to protect the public.

40. *Committing an error in the administration or delivery of medication to a patient.*

41. *Failing to cooperate with an investigation conducted by the Board.*

42. Engaging in any other unprofessional conduct with a patient or client that the Board determines is outside the professional boundaries generally considered acceptable in the profession ~~(1)~~, *including, without limitation, a violation of the guidelines of the American Nurses Association or the National Council of State Boards of Nursing concerning the appropriate use of social media.*

Sec. 61. NAC 632.926 is hereby amended to read as follows:

632.926 ~~(1)~~ Based on the evidence presented at the hearing, the Board will do one of the following:

~~(a)~~ 1. Dismiss *or close* the complaint.

~~(b)~~ 2. Reprimand the licensee or holder of a certificate.

~~(c)~~ 3. Deny licensure or certification.

~~(d)~~ 4. Deny renewal or reissuance of a license or certificate.

~~[(e)]~~ 5. Impose and collect an administrative fine.

~~[(f)]~~ 6. Accept the voluntary surrender of the license or certificate in lieu of imposing any other disciplinary action set forth in this section.

~~[(g)]~~ 7. Suspend the license or certificate and order its surrender.

~~[(h)]~~ 8. Revoke the license or certificate and order its surrender.

~~[(i)]~~ 9. Enter an order of suspension or revocation but stay the order for good cause subject to probation of a designated period and issue a restricted license.

~~[(j)]~~ 10. Take any other action deemed appropriate by the Board.

~~[2.— If the Board accepts the voluntary surrender or orders a suspension or revocation of a license or certificate, the licensee or holder of a certificate must physically surrender the license or certificate to the Board on or before the date the order is effective.]~~

Sec. 62. NAC 632.929 is hereby amended to read as follows:

632.929 1. The Board will, in each order of revocation it issues, prescribe a period during which a licensee or holder of a certificate may not apply for the reissuance of his or her license or certificate. The period will not be less than 1 year or more than ~~[(10)]~~ 20 years.

2. An applicant for reissuance of a license or certificate must:

(a) Submit an application for reissuance on a form provided by the Board;

(b) If he or she is applying for reissuance of a license, satisfy all requirements for renewal of a license;

(c) If he or she is applying for reissuance of a certificate, satisfy all requirements for renewal of a certificate;

(d) Attest that he or she has not, during the period of revocation of the license or certificate, violated any state or federal statute or regulation governing the practice of nursing or the practice of a nursing assistant ~~[]~~ *or medication aide - certified*; and

(e) Attest that there is no disciplinary action pending against him or her before any board or other regulatory body having jurisdiction over the practice of nursing or the practice of a nursing assistant ~~[]~~ *or medication aide - certified*.

3. The Board may designate requirements in addition to the requirements of subsection 2 that must be satisfied before an applicant will be considered for reissuance of a license or certificate, including, without limitation, completion of additional courses or programs . ~~[if the applicant's license or certificate has been revoked for more than 2 years.]~~

4. The Executive Director of the Board or a person designated by the Executive Director:

(a) May review an application for reissuance of a license or certificate to determine whether the application satisfies the requirements of this section.

(b) May deny an application which he or she determines does not satisfy the requirements.

~~[(c) Shall forward to the Board an application which he or she determines satisfies the requirements.]~~

5. In considering the reissuance of a license or certificate which has been revoked, the Board will evaluate:

(a) The severity of the act which resulted in revocation of the license or certificate;

(b) The conduct of the applicant after the revocation of the license or certificate;

(c) The lapse of time since revocation;

(d) The degree of compliance with all conditions the Board may have stipulated as a prerequisite for reissuance of the license or certificate;

(e) The degree of rehabilitation attained by the applicant as evidenced by statements to the Board from qualified people who have professional knowledge of the applicant; and

(f) The truthfulness of the attestations made by the applicant pursuant to subsection 2.

6. An applicant for reissuance of a license or certificate may be requested to appear before the Board.

7. After evaluation, the Board will deny or grant the reissuance of the license or certificate.

Sec. 63. NAC 632.935 is hereby amended to read as follows:

632.935 1. A person requesting an advisory opinion , ~~or~~ a declaratory order *or a practice decision* of the Board shall submit the request to the Executive Director. Nine typewritten, double-spaced copies of the request must be submitted and signed by the person. The request must state clearly the facts involved and the question to which the Board is requested to reply.

2. Before issuing an opinion , ~~or~~ order ~~or~~ *or decision*, an informal or formal hearing may be scheduled on the question raised in the petition.

3. A violation of an advisory opinion ~~is cause~~ , *a declaratory order or a practice decision:*
(a) Is cause for an informal hearing by the Board to determine the applicability of the statutes to the conduct at issue. ~~[A violation of a declaratory order constitutes]~~

(b) Constitutes a violation of the statutes or the regulations of the Board, and is cause for a formal disciplinary hearing.

Sec. 64. NAC 632.940 is hereby amended to read as follows:

632.940 Any alleged violation of the statutes *or regulations* must be brought to the attention of the Executive ~~Secretary~~ *Director or his or her designee*.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R112-11**

The Nevada State Board of Nursing adopted regulations assigned LCB File No. R112-11, which pertain to chapter 632 of the Nevada Administrative Code.

INFORMATIONAL STATEMENT

1. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

The Nevada State Board of Nursing (“Board”) solicited public comment in a variety of ways. The Board complied with NRS Chapter 233B by providing notice of the workshop and hearing. Additionally, Board staff announced the opportunity for, and the Board’s desire to receive public comment on all regulation changes at every Board committee meeting and every speaking engagement.

A summary of the public response would be, in a word, positive. Although the Board can certainly make the tough choices about changing regulations to better protect the public, none of the adopted regulations were controversial. This group of adopted regulations were generally proposed by nurses to better the practice of nursing and better protect the public. Additionally, the Board was required to pass regulations in support of the recently passed Nevada Revised Statute that created the classification of Medication Aide – Certified.

An explanation of how an interested person may obtain a copy of the summary of public response would be to go to the Nevada State Board of Nursing’s website.

2. The number of persons who:

- (a) **Attended each hearing:** Several people attended the hearing on these regulations, and several people attended the workshop on these regulations.
- (b) **Testified at each hearing:** One person testified at the hearing on these regulations, and one person testified at the workshop on these regulations. The comments of both persons resulted in changes to the proposed regulations. Both persons were happy with the changes.
- (c) **Submitted written comments:** No one submitted written comments on proposed regulation change at the workshop.

3. A description of how comment was solicited from businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Comment was solicited from businesses in the same way that comment was solicited from individuals.

An explanation of how an interested person may obtain a copy of the summary of public response would be to go to the Nevada State Board of Nursing's website. Additionally, an explanation of the process was printed in the NSBN News magazine. Also, a summary of the public response was available at the workshop and hearing.

4. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

All of the regulations, but for two proposed regulations, were adopted without changing any part of the proposed regulation. A summary of the reasons for this would be that the Board has had extensive meetings, workshops, hearings, and discussions with the LCB about the proposed regulations and therefore, the final proposed regulations that were adopted had gone through the necessary revisions prior to adoption of the regulations.

5. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and each case must include: Both adverse and beneficial effects; and both immediate and long term effects.

The Nevada State Board of Nursing adopted approximately twenty new regulations in response to the passage of Senate Bill 411, which created a new classification of certificate holders to be certified by the Nevada State Board of Nursing: Medication Aide – Certified.

- . (a) Both adverse and beneficial effects would be zero adverse effects and great beneficial effects because now there is a new classification of health care worker to administer medications to patients in limited facilities to the citizens of Nevada.
- . (b) Both immediate and long-term effects would be good because of the added health care workers to Nevada.

NAC 632.010

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds clarifying language.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds clarifying language.

NAC 632.037

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds clarifying language.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds clarifying language.

NAC 632.039

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.060

- . (a) Both adverse and beneficial effects would be zero as the regulations would conform to the statute which allows Advanced Practitioners of Nursing, PAs and others to prescribe dangerous drugs.
- . (b) Both immediate and long-term effects would be beneficial as the regulations would conform to the statute which allows Advanced Practitioners of Nursing, PAs and others to prescribe dangerous drugs.

NAC 632.096

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.150

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice. That is, applicants no longer “obtain a passing score” since the test is now a pass or fail examination.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice. That is, applicants no longer “obtain a passing score” since the test is now a pass or fail examination.

NAC 632.155

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice. That is, applicants no longer have to apply “4 months before the date of the examination” and the examination is offered year around upon demand.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice. That is, applicants no longer have to apply “4 months before the date of the examination” and the examination is offered year around upon demand.

NAC 632.166

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.167

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.168

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice. The Board no longer administers a competency examination.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice. The Board no longer administers a competency examination

NAC 632.170

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation, and inserts language allowing applicants to submit fingerprints by two methods.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation, and inserts language allowing applicants to submit fingerprints by two methods.

NAC 632.173

- . (a) Both adverse and beneficial effects of the adoption of this regulation would be an improvement in the quality of health care in Nevada because until the regulation was passed nurses applying for licensure in Nevada from another state were not required to have practiced within the last five years. Prior to these regulation amendment only nurses who renew their Nevada licenses must attest they have practiced nursing in the last five years. This is necessary to ensure that nurses who come from other states are safe to practice and meet the same standards as Nevada nurses.
- . (b) Both immediate and long-term effects would be an improvement in the quality of health care in Nevada because until the regulation was passed nurses becoming licensed in Nevada from another state were not required to have practiced within the last five years. Prior to these regulation amendment only nurses who renew their Nevada licenses must attest they have practiced nursing in the last five years. This is necessary to ensure that nurses who come from other states are safe to practice and meet the same standards as Nevada nurses.

NAC 632.175

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice because although the Board issues temporary licenses, there is no separate fee involved. An applicant pays one fee and, if qualified, she is issued a temporary license. The applicant is issued a permanent license when all remaining requirements are met.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice because although the Board issues temporary licenses, there is no separate fee involved. An applicant pays one fee and, if qualified, she is issued a temporary license. The applicant is issued a permanent license when all remaining requirements are met.

NAC 632.190

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation, and the amendment deletes fees that are no longer assessed.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation, and the amendment deletes fees that are no longer assessed.

NAC 632.192

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.193

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, because the Board no longer requires CNAs to provide certificates of continuing education hours or hours of employment. The Board randomly audits CNAs for compliance with the regulation. Requirements for Medication Aide – Certified were also added.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, because the Board no longer requires CNAs to provide certificates of continuing education hours or hours of employment. The Board randomly audits CNAs for compliance with the regulation. Requirements for Medication Aide – Certified were also added.

NAC 632.200

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.210

- . (a) Both adverse and beneficial effects would be zero because the amendment only changes the term “chemically dependent” to the new, nationally recognized descriptive term “substance use disorder”.
- . (b) Both immediate and long-term effects would be zero because the amendment only changes the term “chemically dependent” to the new, nationally recognized descriptive term “substance use disorder”.

NAC 632.211

- . (a) Both adverse and beneficial effects would be zero because the amendment only deletes committees that are no longer utilized.
- . (b) Both immediate and long-term effects would be zero because the amendment only deletes committees that are no longer utilized.

NAC 632.212

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.

NAC 632.216

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.

NAC 632.222

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.

NAC 632.224

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and allows nurses to delegate duties to medication aides – certified and other qualified persons.

NAC 632.225

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.226

- . (a) Adverse effects would be zero because the amendment only brings the wording of the regulation into current practice, but beneficial effects are that students are better protected by requiring anyone who administers medications to document the administration.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice; students are better protected by requiring anyone who administers medications to document the administration.

NAC 632.230

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.242

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.249

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the medication aide – certified to the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation.

NAC 632.470

- . (a) Adverse would be zero because the amendment only brings the wording of the regulation into current practice, but beneficial effects are that instructors for IV therapy would be better prepared.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and instructors for IV therapy would be better prepared.

NAC 632.475

- . (a) Adverse effects would be zero because the amendment only brings the wording of the regulation into current practice, but beneficial effects are that LPNs may practice within their prescribed scope of practice and be better able to care for patients in a timely manner.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice and LPNs may practice within their prescribed scope of practice and be better able to care for patients in a timely manner.

NAC 632.575

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice and clarifies the regulation.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice and clarifies the regulation.

NAC 632.605

- . (a) Both adverse and beneficial effects of the adoption of this regulation would be an improvement in the quality of the programs for the education of nurses because the

added requirements for starting a program would provide greater likelihood the program will succeed, and provide greater protection for the student who wants to graduate from an approved program.

- . (b) Both immediate and long-term effects would be an improvement in the quality of the programs for the education of nurses because the added requirements for starting a program would provide greater likelihood the program will succeed, and provide greater protection for the student who wants to graduate from an approved program.

NAC 632.615

- . (a) Adverse effects would be zero because the amendment only brings the wording of the regulation into current practice, and beneficial effects are that including safety standards in nursing curriculum better protects Nevada citizens.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and including safety standards in nursing curriculum better protects Nevada citizens.

NAC 632.660

- . (a) Both adverse and beneficial effects of the adoption of this regulation would be an improvement in the quality of the programs for the education of nurses because the added requirements for starting a program would provide greater likelihood the program will succeed, and provide greater protection for the student who wants to graduate from an approved program.
- . (b) Both immediate and long-term effects would be an improvement in the quality of the programs for the education of nurses because the added requirements for starting a program would provide greater likelihood the program will succeed, and provide greater protection for the student who wants to graduate from an approved program.

NAC 632.665

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.675

- . (a) Both adverse and beneficial effects would be zero because the amendment only adds the term doctoral degree to the faculty educational requirement, which may improve nursing education in Nevada.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the term doctoral degree to the faculty educational requirement, which may improve nursing education in Nevada.

NAC 632.685

- . (a) The beneficial effects of the adoption of this regulation would be an improvement in the quality of the programs for the education of nurses because adding the restriction on the use of standardized tests protects the nursing student by not allowing a program to pass the student through the whole program but not allow the

student to graduate from the program solely based on the student not passing a standardized test.

- . (b) Both immediate and long-term effects would be an improvement in the quality of the programs for the education of nurses adding the restriction on the use of standardized tests protects the nursing student by not allowing a program to pass the student through the whole program but not allow the student to graduate from the program solely based on the student not passing a standardized test.

NAC 632.690

- . (a) Adverse effects would be zero because the amendment only brings the wording of the regulation into current practice. Beneficial effects are greater protection of patient confidentiality.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and greater protection of patient confidentiality.

NAC 632.703

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice, and clarifies the responsibility of the program administrator.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice, and clarifies the responsibility of the program administrator.

NAC 632.890

- . (a) Adverse effects would be zero because the amendment only adds the medication aide – certified to the regulation. Beneficial effects are that the amendment allows the Board to discipline nurses who make a medication error, who do not cooperate with a formal investigation, or who violate social media rules.
- . (b) Both immediate and long-term effects would be zero because the amendment only adds the medication aide – certified to the regulation, and allows the Board to discipline nurses who make a medication error, who do not cooperate with a formal investigation, or who violate social media rules.

NAC 632.926

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.929

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.935

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

NAC 632.940

- . (a) Both adverse and beneficial effects would be zero because the amendment only brings the wording of the regulation into current practice.
- . (b) Both immediate and long-term effects would be zero because the amendment only brings the wording of the regulation into current practice.

6. The estimated cost to the agency for enforcement of the adopted regulation:

The agency has adequate staff in place to enforce these adopted regulations, so there will be no additional cost to the agency.

7. A description of any regulations of other State or governmental agencies which the regulation overlaps or duplicates and a statement explaining why the duplication or overlap is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

The Nevada State Board of Nursing is not aware of any similar regulations of other state or government agencies that the proposed regulations overlap or duplicate.

8. If the regulation includes provisions that are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

There is no federal regulation of the same activity, therefore these regulations are not more stringent than a federal regulation that regulates the same activity.

9. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

The adoption of NAC 632.190 has one new fee. The new fee is sought in regards to certifying medication aides – certified.

10. Is the proposed regulation likely to impose a direct and significant economic burden upon a small business or directly restrict the formation, operation or expansion of a small business? What methods did the agency use in determining the impact of the regulation on a small business?

The proposed regulations will not impose a direct or significant economic burden upon a small business, or restrict the formation of a small business. The Nevada State Board of Nursing regulates the education of nurses and the practice of nursing. This authority does not regulate impact small businesses. The Board determines the impact of these

regulations on small businesses by asking for comments or feedback on the regulations and no comments were received from small businesses.