# SENATE BILL NO. 271-SENATOR HARDY

## MARCH 13, 2019

### Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to physician assistants. (BDR 54-522)

FISCAL NOTE: Effect on Local Government: No. Effect on the State: Yes.

EXPLANATION - Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to professions; authorizing a physician assistant to provide emergency care in certain emergency situations without the supervision of a physician or osteopathic physician; authorizing a physician to refuse to act as a supervising physician; prohibiting a supervising physician or supervising osteopathic physician from supervising more than 10 physician assistants at the same time; authorizing a supervising physician to supervise a physician assistant in person, electronically, telephonically or by fiber optics; providing that a person may be simultaneously licensed as a physician assistant by the Board of Medical Examiners and the State Board of Osteopathic Medicine; requiring a supervising physician and supervising osteopathic physician to review and initial charts of patients of certain physician assistants; authorizing the Board of Medical Examiners and the State Board of Osteopathic Medicine to adopt certain regulations; adding a physician assistant as a voting member to the Board of Medical Examiners and the State Board of Osteopathic Medicine; providing that a license as a physician assistant is valid for 2 years; and providing other matters properly relating thereto.

#### Legislative Counsel's Digest:

Existing law provides various requirements that govern the supervision of physician assistants by: (1) physicians who engage in the practice of medicine pursuant to chapter 630 of NRS; and (2) osteopathic physicians who engage in the





4 practice of osteopathic medicine pursuant to chapter 633 of NRS. (NRS 630.271-630.2752, 633.432-633.469)

5 6 7 8 Existing regulations provide that a physician assistant governed by chapter 630 of NRS is considered to be and is deemed the agent of his or her supervising physician in the performance of all medical activities. Existing regulations 9 authorize a physician assistant to perform medical services without supervision 10 from his or her supervising physician in: (1) life-threatening emergencies, including 11 at the scene of an accident; or (2) emergency situations, including human-caused or 12 13 natural disaster relief efforts. In such situations, the physician assistant: (1) is not the agent of the supervising physician and the supervising physician is not 14 responsible or liable for any medical services provided by the physician assistant; 15 (2) shall provide whatever medical services he or she is able to provide based on his 16 or her training, education and experience; (3) may take direction from a physician 17 on-scene; and (4) shall make a reasonable effort to contact his or her supervising 18 physician to advise the supervising physician of the incident and the physician 19 assistant's role in providing medical services. (NAC 630.375) Section 2 of this bill 20 incorporates those provisions from existing regulations into statute in chapter 630 21 22 23 of NRS. Section 25 of this bill incorporates those provisions from existing regulations into statute in chapter 633 of NRS.

Existing law: (1) authorizes an osteopathic physician to refuse to act as a  $\overline{24}$ supervising osteopathic physician for a physician assistant; and (2) provides that certain agreements are void. (NRS 633.468) Section 3 of this bill creates a similar provision for a physician licensed pursuant to chapter 630 of NRS.

25 26 27 28 29 Existing law authorizes an osteopathic physician to provide supervision to a physician assistant in person, electronically, telephonically or by fiber optics. (NRS 633.469) Section 4 of this bill authorizes a supervising physician licensed pursuant 30 to chapter 630 of NRS to provide supervision to his or her physician assistant in 31 person, electronically, telephonically or by fiber optics. Section 14 of this bill 32 makes conforming changes. Sections 4 and 27 of this bill prohibit a supervising 33 physician or a supervising osteopathic physician from providing supervision to 34 more than 10 physician assistants at the same time. Sections 4 and 27 also provide 35 that when providing supervision in person during the first 30 days of supervision, a 36 physician or osteopathic physician shall be physically present at the same location 37 but does not need to be in the same room as the physician assistant.

38 Existing law provides fees for licensure of physician assistants. Sections 5 and 39 16 of this bill provide that a person who is applying for a license to practice as a 40 physician assistant under chapter 630 or 633 of NRS and wishes to be 41 simultaneously licensed as a physician assistant under both chapters 630 and 633 of 42 43 NRS must: (1) submit an application for a license to the Board of Medical Examiners under chapter 630 of NRS and to the State Board of Osteopathic 44 Medicine under chapter 633 of NRS; and (2) pay the fee for application and 45 issuance of a simultaneous license as a physician assistant to both Boards. Sections 46 **12 and 30** of this bill provide that the fee that each Board charges for a 47 simultaneous license is equal to half of the fee that each Board would charge for a 48 license that is issued to a person who is licensed by only one Board.

49 Sections 6 and 17 of this bill provide that a person who is applying to renew a 50 license to practice as a physician assistant under chapter 630 or 633 of NRS and 51 wishes to be simultaneously licensed as a physician assistant under both chapters 52 53 630 and 633 of NRS must: (1) submit an application to renew a license to practice as a physician assistant with the Board he or she is currently licensed under and 54 submit an application for a license to practice as a physician assistant to the Board 55 that he or she is not currently licensed under; and (2) pay the fee for biennial 56 simultaneous registration of a physician assistant to both Boards. Sections 12 and 57 30 provide that the fee that each Board charges for biennial simultaneous





58 registration is equal to half of the fee each Board would charge for biennial 59 registration for a person who is licensed by only one Board.

Sections 7 and 18 of this bill provide that a person who is licensed to practice as a physician assistant, who is not applying for a renewal of his or her license and who wishes to be simultaneously licensed as a physician assistant under chapters 630 and 633 of NRS must: (1) apply for a license to the Board that he or she is not licensed under; and (2) pay the full fee for the license as a physician assistant. Section 26 of this bill makes a conforming change.

**Sections 8 and 19** of this bill require a supervising physician or supervising osteopathic physician to review and initial a certain amount of charts of patients of a physician assistant only if the physician assistant has not practiced as a physician assistant before. **Sections 8 and 19** provide that a supervising physician or supervising osteopathic physician is required to review and initial charts of patients of the physician assistant only to the extent that the charts include medical services provided by the physician assistant that are applicable to the supervising physician or supervising osteopathic physician.

74 Existing law provides that the Board of Medical Examiners consists of 9 75 members appointed by the Governor and provides the qualifications of the 76 members. (NRS 630.050, 630.060) Section 9 of this bill provides that the Board 77 consists of 10 members appointed by the Governor. Section 10 of this bill requires 78 the additional member of the Board to be a person who is licensed to practice as a 79 physician assistant in this State. Section 11 of this bill makes a conforming change. 80 Existing law provides that the State Board of Osteopathic Medicine consists of 81 seven members appointed by the Governor and provides the qualifications of the 82 members. (NRS 633.181, 633.191) Section 20 of this bill provides that the Board 83 consists of eight members appointed by the Governor. Section 21 of this bill 84 requires one member of the Board to be a person who is licensed to practice as a 85 physician assistant in this State. Section 31 of this bill makes a conforming change.

Existing law authorizes a physician assistant to provide such medical services as the physician assistant is authorized to perform by his or her supervising physician. (NRS 630.271) Section 13 of this bill additionally authorizes a physician assistant to provide such medical services as are within the supervising physician's scope of practice or, with the approval of the supervising physician, within the physician assistant's training. Section 22 of this bill makes a similar addition to the authorized duties of a physician assistant to a supervising osteopathic physician.

<u>93</u> Existing law requires the State Board of Osteopathic Medicine to adopt 94 regulations regarding the procedures for applications for and the issuance of a 95 license to practice as a physician assistant. (NRS 633.434) Existing regulations 96 provide that a license to practice as a physician assistant is valid for 1 year. (NAC 97 633.285) Existing law provides a \$400 fee for the application and initial license to 98 practice as a physician assistant and a \$400 fee for the annual renewal of such a 99 license. (NRS 633.501) Section 23 of this bill provides that the Board may issue to 100 a qualified applicant a biennial license as a physician assistant instead of an annual 101 license. Section 24 of this bill requires the Board to adopt regulations regarding the 102 procedures for applications for and the issuance and renewal of biennial licenses. 103 **Section 30** of this bill provides an \$800 fee for the biennial registration of a 104 physician assistant. Sections 28 and 29 of this bill make conforming changes.





# THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

| 1  | <b>Section 1.</b> Chapter 630 of NRS is hereby amended by adding        |
|----|---|
| 2  | thereto the provisions set forth as sections 2 to 8, inclusive, of this |
| 3  | act.  |
| 4  | Sec. 2. 1. Except as otherwise provided in this section, a              |
| 5  | physician assistant is considered to be and is deemed the agent of      |
| 6  | his or her supervising physician in the performance of all medical      |
| 7  | activities.   |
| 8  | 2. A physician assistant shall not perform medical services             |
| 9  | without supervision from his or her supervising physician, except       |
| 10 | in:   |
| 11 | (a) Life-threatening emergencies, including, without                    |
| 12 | limitation, at the scene of an accident; or                             |
| 13 | (b) Emergency situations, including, without limitation,                |
| 14 | human-caused or natural disaster relief efforts.                        |
| 15 | 3. When a physician assistant performs medical services in              |
| 16 | an emergency described in subsection 2:                                 |
| 17 | (a) The physician assistant is not the agent of his or her              |
| 18 | supervising physician and the supervising physician is not              |
| 19 | responsible or liable for any medical services provided by the          |
| 20 | physician assistant;  |
| 21 | (b) The physician assistant may provide whatever medical                |
| 22 | services possible based on the need of the patient and the training,    |
| 23 | education and experience of the physician assistant;                    |
| 24 | (c) If a physician is available on-scene, the physician assistant       |
| 25 | may take direction from the physician; and                              |
| 26 | (d) The physician assistant shall make a reasonable effort to           |
| 27 | contact his or her supervising physician, as soon as possible, to       |
| 28 | advise him or her of the incident and the physician assistant's role    |
| 29 | in providing medical services.  |
| 30 | Sec. 3. 1. A physician may at any time refuse to act as a               |
| 31 | supervising physician for a physician assistant.                        |
| 32 | 2. A condition, stipulation or provision in a contract or other         |
| 33 | agreement which:  |
| 34 | (a) Requires a physician to act as a supervising physician for a        |
| 35 | physician assistant;  |
| 36 | (b) Penalizes a physician for refusing to act as a supervising          |
| 37 | physician for a physician assistant; or                                 |
| 38 | (c) Limits a supervising physician's authority with regard to           |
| 39 | any protocol, standing order or delegation of authority applicable      |
| 40 | to a physician assistant supervised by the physician,                   |
| 41 | ⇒ is against public policy and is void.                                 |
|    |   |





1 Sec. 4. 1. A supervising physician shall not provide 2 supervision to more than 10 physician assistants at the same time.

3 2. A supervising physician shall provide supervision to his or 4 her physician assistant continuously whenever the physician 5 assistant is performing his or her professional duties.

6 3. Except as otherwise provided in subsection 4, a supervising 7 physician may provide supervision to his or her physician assistant 8 in person, electronically, telephonically or by fiber optics. When 9 providing supervision electronically, telephonically or by fiber 10 optics, a supervising physician may be at a different site than the 11 physician assistant, including a site located within or outside this 12 State or the United States.

4. A supervising physician shall provide supervision to his or
her physician assistant in person at all times during the first 30
days that the supervising physician supervises the physician
assistant. The provisions of this subsection do not apply to a
federally-qualified health center.

18 5. A supervising physician providing supervision in person 19 pursuant to subsection 4 shall provide supervision in person by 20 being physically present at the same location at which the 21 physician assistant is performing medical services. The 22 supervising physician does not need to be in the same room that 23 the physician assistant is in to provide supervision in person.

24 **6.** Before beginning to supervise a physician assistant, a 25 supervising physician must communicate to the physician 26 assistant:

(a) The scope of practice of the physician assistant;

(b) The access to the supervising physician that the physician
 assistant will have; and

30 (c) Any processes for evaluation that the supervising physician
31 will use to evaluate the physician assistant.

7. A supervising physician shall not delegate to his or her
physician assistant, and the physician assistant shall not accept, a
task that is beyond the physician assistant's capability to complete
safely.

*8. As used in this section, "federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).*

**Sec. 5.** If a person who is applying for a license to practice as a physician assistant pursuant to the provisions of this chapter wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS, such a person must:

43 1. Apply for a license to practice as a physician assistant to:
44 (a) The Board pursuant to this chapter; and





1 (b) The State Board of Osteopathic Medicine pursuant to 2 chapter 633 of NRS; and

3 2. Pay all applicable fees, including, without limitation, the 4 following fees to the Board and the State Board of Osteopathic 5 Medicine:

6 (a) The fee for application for and issuance of a simultaneous
7 license as a physician assistant pursuant to NRS 630.268; and

8 (b) The application and initial simultaneous license fee for a 9 physician assistant pursuant to NRS 633.501.

10 Sec. 6. If a person who is applying to renew a license to 11 practice as a physician assistant pursuant to the provisions of this 12 chapter wishes to hold a simultaneous license to practice as a 13 physician assistant pursuant to the provisions of chapter 633 of 14 NRS, such a person must:

1. Apply:

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(a) To renew a license to practice as a physician assistant to
 the Board pursuant to this chapter; and

18 (b) For a license to practice as a physician assistant to the 19 State Board of Osteopathic Medicine pursuant to chapter 633 of 20 NRS; and

21 2. Pay all applicable fees, including, without limitation, the 22 following fees to the Board and the State Board of Osteopathic 23 Medicine:

24 (a) The fee for biennial simultaneous registration of a 25 physician assistant pursuant to NRS 630.268; and

(b) The application and initial simultaneous license fee for a
 physician assistant pursuant to NRS 633.501.

28 Sec. 7. If a person is licensed to practice as a physician 29 assistant pursuant to the provisions of this chapter, is not applying 30 to renew his or her license and wishes to hold a simultaneous 31 license to practice as a physician assistant pursuant to the 32 provisions of chapter 633 of NRS, the person must:

*1.* Apply for a license to practice as a physician assistant to
the State Board of Osteopathic Medicine pursuant to chapter 633
of NRS; and

2. Pay all applicable fees, including, without limitation, the
full application and initial license fee for a physician assistant
pursuant to NRS 633.501.

**Sec. 8.** 1. A supervising physician shall review and initial charts of patients of the physician assistant pursuant to subsection 2 only if the physician assistant has not practiced as a physician assistant before such supervision. A supervising physician is not required to review and initial any additional charts of patients of the physician assistant pursuant to this chapter or any regulations adopted pursuant thereto.





Except as otherwise provided in subsection 3, during the 1 2. 2 first 90 days of supervision, a supervising physician shall review 3 and initial at least 100 charts of patients of the physician assistant or 10 percent of the total number of charts of patients of the 4 5 physician assistant, whichever is greater.

6 If a supervising physician has reviewed and initialed less 3. 7 than 100 charts of patients of the physician assistant during the first 90 days of supervision, the supervising physician shall 8 continue to review and initial charts of patients of the physician 9 assistant after the first 90 days of supervision until the supervising 10 physician has reviewed and initialed at least 100 charts of patients 11 12 of the physician assistant.

13 4. A supervising physician is required to review and initial 14 charts of patients of the physician assistant only to the extent that 15 the charts include medical services which were provided within the 16 portion of the practice of the physician assistant that the 17 supervising physician supervises. 18

**Sec. 9.** NRS 630.050 is hereby amended to read as follows:

19 630.050 1. The Board of Medical Examiners consists of 20 **[nine]** 10 members appointed by the Governor.

21 No person may be appointed as a member of the Board to 2. 22 serve for more than two consecutive full terms, but a person may be 23 reappointed after the lapse of 4 years. 24

Sec. 10. NRS 630.060 is hereby amended to read as follows:

25 630.060 1. Six members of the Board must be persons who 26 are licensed to practice medicine in this State, are actually engaged 27 in the practice of medicine in this State and have resided and 28 practiced medicine in this State for at least 5 years preceding their 29 respective appointments.

One member of the Board must be a person who is licensed 30 2. 31 to practice as a physician assistant in this State, is actually 32 engaged in practicing as a physician assistant in this State and has 33 resided and practiced as a physician assistant in this State for at 34 least 5 years preceding his or her appointment.

35 3. One member of the Board must be a person who has resided 36 in this State for at least 5 years and who represents the interests of 37 persons or agencies that regularly provide health care to patients 38 who are indigent, uninsured or unable to afford health care. This 39 member must not be licensed under the provisions of this chapter.

40 <del>[3.]</del> **4**. The remaining two members of the Board must be 41 persons who have resided in this State for at least 5 years and who: 42

(a) Are not licensed in any state to practice any healing art;

43 (b) Are not the spouse or the parent or child, by blood, marriage 44 or adoption, of a person licensed in any state to practice any healing 45 art:





(c) Are not actively engaged in the administration of any facility
 for the dependent as defined in chapter 449 of NRS, medical facility
 or medical school; and

4 (d) Do not have a pecuniary interest in any matter pertaining to 5 the healing arts, except as a patient or potential patient.

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[4.] 5. The members of the Board must be selected without regard to their individual political beliefs.

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**Sec. 11.** NRS 630.075 is hereby amended to read as follows:

9 The Board may, by majority vote, select physicians, 630.075 10 *physician assistants* and members of the public, who must meet the same qualifications as required for members of the Board, to serve 11 12 as advisory members of the Board. One or more advisory members 13 may be designated by the Board to assist a committee of its members in an investigation as provided in NRS 630.311 but may 14 not vote on any matter before the committee. Advisory members 15 may also serve as members of the panel selected to hear charges as 16 17 provided in NRS 630.339 and may vote on any recommendation 18 made by the panel to the Board.

Sec. 12. NRS 630.268 is hereby amended to read as follows:

20 630.268 1. The Board shall charge and collect not more than 21 the following fees:

| 23 | For application for and issuance of a license to    |       |
|----|---|-------|
| 24 | practice as a physician, including a license by     |       |
| 25 |   | \$600 |
| 26 | For application for and issuance of a temporary,    |       |
| 27 | locum tenens, limited, restricted, authorized       |       |
| 28 | facility, special, special purpose or special event |       |
| 29 | license   | .400  |
| 30 | For renewal of a limited, restricted, authorized    |       |
| 31 | facility or special license                         | .400  |
| 32 | For application for and issuance of a license as a  |       |
| 33 | physician assistant, including a license by         |       |
| 34 |   | .400  |
| 35 | For application for and issuance of a               |       |
| 36 | simultaneous license as a physician assistant       | .200  |
| 37 | For biennial registration of a physician assistant  | . 800 |
| 38 | For biennial simultaneous registration of a         |       |
| 39 | physician assistant                                 | . 400 |
| 40 | For biennial registration of a physician            | . 800 |
| 41 | For application for and issuance of a license as a  |       |
| 42 | perfusionist or practitioner of respiratory care    | .400  |
| 43 | For biennial renewal of a license as a perfusionist | . 600 |
| 44 | For biennial registration of a practitioner of      |       |
| 45 | respiratory care                                    | . 600 |
|    |   |       |



| 1 | For biennial registration for a physician who is on   |       |
|---|---|-------|
| 2 | inactive status                                       | \$400 |
| 3 | For written verification of licensure                 |       |
| 4 | For a duplicate identification card                   |       |
| 5 | For a duplicate license                               | 50    |
| 6 | For computer printouts or labels                      | 500   |
| 7 | For verification of a listing of physicians, per hour |       |
| 8 | For furnishing a list of new physicians               | 100   |

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10 Except as otherwise provided in subsections 4 and 5, in 2. addition to the fees prescribed in subsection 1, the Board shall 11 12 charge and collect necessary and reasonable fees for the expedited 13 processing of a request or for any other incidental service the Board 14 provides.

15 3. The cost of any special meeting called at the request of a 16 licensee, an institution, an organization, a state agency or an 17 applicant for licensure must be paid for by the person or entity 18 requesting the special meeting. Such a special meeting must not be 19 called until the person or entity requesting it has paid a cash deposit 20 with the Board sufficient to defray all expenses of the meeting.

21 If an applicant submits an application for a license by 4. 22 endorsement pursuant to:

23 (a) NRS 630.1607, and the applicant is an active member of, or 24 the spouse of an active member of, the Armed Forces of the United 25 States, a veteran or the surviving spouse of a veteran, the Board 26 shall collect not more than one-half of the fee set forth in subsection 27 1 for the initial issuance of the license. As used in this paragraph, 28 "veteran" has the meaning ascribed to it in NRS 417.005.

29 (b) NRS 630.2752, the Board shall collect not more than one-30 half of the fee set forth in subsection 1 for the initial issuance of the 31 license.

32 5. If an applicant submits an application for a license by 33 endorsement pursuant to NRS 630.1606 or 630.2751, as applicable, the Board shall charge and collect not more than the fee specified in 34 35 subsection 1 for the application for and initial issuance of a license. 36

Sec. 13. NRS 630.271 is hereby amended to read as follows:

37 630.271 1. A physician assistant may perform such medical 38 services as [the]:

39 (a) The physician assistant is authorized to perform by his or her supervising physician [.]; and 40

41 (b) Are within the supervising physician's scope of practice or, 42 with the approval of the supervising physician, within the 43 physician assistant's training.

44 2. The Board and supervising physician shall limit the 45 authority of a physician assistant to prescribe controlled substances





to those schedules of controlled substances that the supervisingphysician is authorized to prescribe pursuant to state and federallaw.

**Sec. 14.** NRS 630.275 is hereby amended to read as follows:

5 630.275 The Board shall adopt regulations regarding the 6 licensure of a physician assistant, including, but not limited to:

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1. The educational and other qualifications of applicants.

2. The required academic program for applicants.

9 3. The procedures for applications for and the issuance of licenses.

4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.

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5. The tests or examinations of applicants by the Board.

6. The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractors, podiatric physicians and optometrists under chapters 631, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.

7. The duration, renewal and termination of licenses, includinglicenses by endorsement.

8. The grounds and procedures respecting disciplinary actionsagainst physician assistants.

9. The supervision of medical services of a physician assistant
by a supervising physician . [, including, without limitation,
supervision that is performed electronically, telephonically or by
fiber optics from within or outside this State or the United States.]

10. A physician assistant's use of equipment that transfers
information concerning the medical condition of a patient in this
State electronically, telephonically or by fiber optics, including,
without limitation, through telehealth, from within or outside this
State or the United States.

34 **Sec. 15.** Chapter 633 of NRS is hereby amended by adding 35 thereto the provisions set forth as sections 16 to 19, inclusive, of this 36 act.

**Sec. 16.** If a person who is applying for a license to practice as a physician assistant pursuant to the provisions of this chapter wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS, such a person must:

42 1. Apply for a license to practice as a physician assistant to:

43 (a) The Board pursuant to this chapter; and

44 (b) The Board of Medical Examiners pursuant to chapter 630 45 of NRS; and





1 2. Pay all applicable fees, including, without limitation, the 2 following fees to the Board and the Board of Medical Examiners:

3 (a) The application and initial simultaneous license fee for a 4 physician assistant pursuant to NRS 633.501; and

5 (b) The fee for application for and issuance of a simultaneous 6 license as a physician assistant pursuant to NRS 630.268.

7 Sec. 17. If a person who is applying to renew a license to 8 practice as a physician assistant pursuant to the provisions of this 9 chapter wishes to hold a simultaneous license to practice as a 10 physician assistant pursuant to the provisions of chapter 630 of 11 NRS, such a person must:

1. Apply:

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(a) To renew a license to practice as a physician assistant to
 the Board pursuant to this chapter; and

(b) For a license to practice as a physician assistant to the
Board of Medical Examiners pursuant to chapter 630 of NRS; and
2. Pay all applicable fees, including, without limitation, the

18 following fees to the Board and the Board of Medical Examiners:

(a) The biennial simultaneous registration fee for a physician
 assistant pursuant to NRS 633.501; and

(b) The fee for application for and issuance of a simultaneous
 license as a physician assistant pursuant to NRS 630.268.

23 Sec. 18. If a person is licensed to practice as a physician 24 assistant pursuant to the provisions of this chapter and is not 25 applying to renew his or her license and wishes to hold a 26 simultaneous license to practice as a physician assistant pursuant 27 to the provisions of chapter 630 of NRS, such a person must:

*1.* Apply for a license to practice as a physician assistant to
the Board of Medical Examiners pursuant to chapter 630 of NRS;
and

2. Pay all applicable fees, including, without limitation, the
full fee for application for and issuance of a license as a physician
assistant pursuant to NRS 630.268.

**Sec. 19.** 1. A supervising osteopathic physician shall review and initial charts of patients of the physician assistant pursuant to subsection 2 only if the physician assistant has not practiced as a physician assistant before such supervision. A supervising osteopathic physician is not required to review and initial any additional charts of patients of the physician assistant pursuant to this chapter or any regulations adopted pursuant thereto.

41 2. Except as otherwise provided in subsection 3, during the 42 first 90 days of supervision, a supervising osteopathic physician 43 shall review and initial at least 100 charts of patients of the 44 physician assistant or 10 percent of the total number of charts of 45 patients of the physician assistant, whichever is greater.





If a supervising osteopathic physician has reviewed and 1 3. 2 initialed less than 100 charts of patients of the physician assistant 3 during the first 90 days of supervision, the supervising osteopathic physician shall continue to review and initial charts of patients of 4 5 the physician assistant after the first 90 days of supervision until 6 the supervising osteopathic physician has reviewed and initialed at 7 least 100 charts of patients of the physician assistant. 8 4. A supervising osteopathic physician is required to review

9 and initial charts of patients of the physician assistant only to the 10 extent that the charts include medical services which were 11 provided within the portion of the practice of the physician 12 assistant that the supervising osteopathic physician supervises.

Sec. 20. NRS 633.181 is hereby amended to read as follows:

14 633.181 The State Board of Osteopathic Medicine consists of 15 [seven] *eight* members appointed by the Governor.

16 Sec. 21. NRS 633.191 is hereby amended to read as follows:

17 633.191 1. Five members of the Board must:

18 (a) Be licensed under this chapter;

(b) Be actually engaged in the practice of osteopathic medicinein this State; and

(c) Have been so engaged in this State for a period of more than5 years preceding their appointment.

2. One member of the Board must:

(a) Be licensed to practice as a physician assistant under this
 chapter;

(b) Be actually engaged in practicing as a physician assistant
 in this State; and

(c) Have been so engaged in this State for a period of more
 than 5 years preceding their appointment.

30 **3.** One member of the Board must be a resident of the State of 31 Nevada and must represent the interests of persons or agencies that 32 regularly provide health care to patients who are indigent, uninsured 33 or unable to afford health care. This member must not be licensed 34 under the provisions of this chapter.

35 [3.] 4. The remaining member of the Board must be a resident 36 of the State of Nevada who is:

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(a) Not licensed in any state to practice any healing art;

(b) Not the spouse or the parent or child, by blood, marriage or
 adoption, of a person licensed in any state to practice any healing
 art; and

41 (c) Not actively engaged in the administration of any medical
42 facility or facility for the dependent as defined in chapter 449 of
43 NRS.





1 Sec. 22. NRS 633.432 is hereby amended to read as follows:

2 633.432 A physician assistant may perform such medical 1. 3 services as:

4 (a) The physician assistant is authorized to perform by his or her 5 supervising osteopathic physician; and

6 (b) Are within the supervising osteopathic physician's scope of 7 practice  $\square$  or, with the approval of the supervising osteopathic 8 physician, within the physician assistant's training.

9 The Board and supervising osteopathic physician shall limit 2. the authority of a physician assistant to prescribe controlled 10 substances to those schedules of controlled substances that the 11 12 supervising osteopathic physician is authorized to prescribe pursuant 13 to state and federal law.

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Sec. 23. NRS 633.433 is hereby amended to read as follows:

15 633.433 The Board may issue a *biennial* license as a physician 16 assistant to an applicant who is qualified under the regulations of the 17 Board to perform medical services under the supervision of a 18 supervising osteopathic physician. The application for a license as a 19 physician assistant must include all information required to 20 complete the application.

NRS 633.434 is hereby amended to read as follows: Sec. 24.

22 The Board shall adopt regulations regarding the 633.434 23 licensure of a physician assistant, including, without limitation: 24

The educational and other qualifications of applicants. 1.

2. The required academic program for applicants.

26 3. The procedures for applications for and the issuance of 27 licenses.

28 4. The procedures deemed necessary by the Board for 29 applications for and the issuance of initial licenses by endorsement 30 pursuant to NRS 633.4335 and 633.4336.

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5. The tests or examinations of applicants by the Board.

32 6. The medical services which a physician assistant may 33 perform, except that a physician assistant may not perform osteopathic manipulative therapy or those specific functions and 34 duties delegated or restricted by law to persons licensed as dentists, 35 36 chiropractors, doctors of Oriental medicine, podiatric physicians, 37 optometrists and hearing aid specialists under chapters 631, 634, 634A, 635, 636 and 637B, respectively, of NRS. 38

39 7. The grounds and procedures respecting disciplinary actions 40 against physician assistants.

41 The supervision of medical services of a physician assistant 8. 42 by a supervising osteopathic physician.

The biennial renewal of licenses, including licenses by 43 9. 44 endorsement pursuant to NRS 633.4335 and 633.4336.





1 **Sec. 25.** NRS 633.452 is hereby amended to read as follows: 2 633.452 1. [A] Except as otherwise provided in this section, 3 *a* physician assistant *[licensed under the provisions of this chapter* who is responding to a need for medical care created by an 4 5 emergency or disaster, as declared by an applicable governmental 6 entity, may render emergency care that is directly related to the 7 emergency or disaster] is considered to be and is deemed the agent 8 of his or her supervising osteopathic physician in the performance 9 of all medical activities. 2. A physician assistant shall not perform medical services 10 without [the] supervision [of an] from his or her supervising 11 12 osteopathic physician [, as required by this chapter. The provisions 13 of this subsection apply only for the duration of the emergency or 14 disaster. -2. An osteopathic physician who supervises a physician 15 16 assistant who is rendering emergency care that is directly related to 17 an emergency or disaster, as described in subsection 1, shall not be 18 required to meet the requirements set forth in this chapter for such 19 supervision.] except in: 20 (a) Life-threatening including, without emergencies, 21 limitation, at the scene of an accident; or 22 (b) Emergency situations, including, without limitation, 23 human-caused or natural disaster relief efforts. 24 When a physician assistant performs medical services in 3. 25 an emergency described in subsection 2: 26 (a) The physician assistant is not the agent of his or her 27 supervising osteopathic physician and the supervising osteopathic 28 physician is not responsible or liable for any medical services 29 provided by the physician assistant; (b) The physician assistant may provide whatever medical 30 services possible based on the need of the patient and the training, 31 32 education and experience of the physician assistant; (c) If an osteopathic physician is available on-scene, the 33 physician assistant may take direction from the osteopathic 34 physician; and 35 36 (d) The physician assistant shall make a reasonable effort to 37 contact his or her supervising osteopathic physician, as soon as 38 possible, to advise him or her of the incident and the physician assistant's role in providing medical services. 39 40 **Sec. 26.** NRS 633.466 is hereby amended to read as follows: 41 633.466 1. [A] Notwithstanding the provisions of section 16, 42 17 or 18 of this act, a physician assistant may be supervised by a 43 physician licensed to practice medicine in this State pursuant to 44 chapter 630 of NRS in place of his or her supervising osteopathic 45 physician if:





1 (a) The physician assistant works in a geographical area where 2 the physician assistant can be conveniently supervised only by such 3 a physician; and

4 (b) The supervising osteopathic physician and the physician 5 licensed pursuant to chapter 630 of NRS agree to the arrangement.

6 2. A physician assistant so supervised is not a physician 7 assistant for the purposes of chapter 630 of NRS solely because of 8 that supervision.

9 3. The State Board of Osteopathic Medicine shall adopt jointly 10 with the Board of Medical Examiners regulations necessary to 11 administer the provisions of this section.

**Sec. 27.** NRS 633.469 is hereby amended to read as follows:

13 633.469 1. A supervising osteopathic physician shall not 14 provide supervision to more than 10 physician assistants at the 15 same time.

16 2. A supervising osteopathic physician shall provide
17 supervision to his or her physician assistant continuously whenever
18 the physician assistant is performing his or her professional duties.

19 <del>[2.]</del> 3. Except as otherwise provided in subsection [3, ]4, a 20 supervising osteopathic physician may provide supervision to his or 21 her physician assistant in person, electronically, telephonically or by 22 fiber optics. When providing supervision electronically, 23 telephonically or by fiber optics, a supervising osteopathic physician 24 may be at a different site than the physician assistant, including a 25 site located within or outside this State or the United States.

[3.] 4. A supervising osteopathic physician shall provide
supervision to his or her physician assistant in person at all times
during the first 30 days that the supervising osteopathic physician
supervises the physician assistant. The provisions of this subsection
do not apply to a federally qualified health center.

31 **[4.]** 5. A supervising osteopathic physician providing 32 supervision in person pursuant to subsection 4 shall provide 33 supervision in person by being physically present at the same 34 location at which the physician assistant is performing medical 35 services. The supervising osteopathic physician does not need to be 36 in the same room that the physician assistant is in to provide 37 supervision in person.

**6.** Before beginning to supervise a physician assistant, a supervising osteopathic physician must communicate to the physician assistant:

(a) The scope of practice of the physician assistant;

42 (b) The access to the supervising osteopathic physician that the 43 physician assistant will have; and

44 (c) Any processes for evaluation that the supervising osteopathic45 physician will use to evaluate the physician assistant.



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1 [5.] 7. A supervising osteopathic physician shall not delegate 2 to his or her physician assistant, and the physician assistant shall not 3 accept, a task that is beyond the physician assistant's capability to 4 complete safely.

5 **[6.]** 8. As used in this section, "federally qualified health 6 center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B). 7 Sec. 28. NRS 633.471 is hereby amended to read as follows:

8 633.471 1. Except as otherwise provided in subsection 9 and 9 NRS 633.491, every holder of a license, *except a physician* 10 *assistant*, issued under this chapter, except a temporary or a special 11 license, may renew the license on or before January 1 of each 12 calendar year after its issuance by:

13 (a) Applying for renewal on forms provided by the Board;

14 (b) Paying the annual license renewal fee specified in this 15 chapter;

16 (c) Submitting a list of all actions filed or claims submitted to 17 arbitration or mediation for malpractice or negligence against the 18 holder during the previous year;

(d) Submitting evidence to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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(e) Submitting all information required to complete the renewal.

27 2. The Secretary of the Board shall notify each licensee of the 28 requirements for renewal not less than 30 days before the date of 29 renewal.

30 3. The Board shall request submission of verified evidence of 31 completion of the required number of hours of continuing medical 32 education annually from no fewer than one-third of the applicants 33 for renewal of a license to practice osteopathic medicine or 34 *biennially from no fewer than one-third of applicants for renewal* 35 *of* a license to practice as a physician assistant. Upon a request from 36 the Board [, an] :

(a) An applicant for renewal of a license to practice osteopathic
medicine [or a license to practice as a physician assistant] shall
submit verified evidence satisfactory to the Board that in the year
preceding the application for renewal the applicant attended courses
or programs of continuing medical education approved by the Board
totaling the number of hours established by the Board [-]; and

43 (b) An applicant for renewal of a license to practice as a 44 physician assistant shall submit verified evidence satisfactory to 45 the Board in the licensing period preceding the application for





renewal that the applicant attended courses or programs of
 continuing medical education approved by the Board totaling the
 number of hours established by the Board.

4 4. The Board shall require each holder of a license to practice 5 osteopathic medicine to complete a course of instruction within 2 6 years after initial licensure that provides at least 2 hours of 7 instruction on evidence-based suicide prevention and awareness as 8 described in subsection 7.

5. The Board shall encourage each holder of a license to practice osteopathic medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug.

6. The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of at least 2 hours of continuing education credits in ethics, pain management or addiction care.

7. The Board shall require each holder of a license to practice
osteopathic medicine to receive as a portion of his or her continuing
education at least 2 hours of instruction every 4 years on evidencebased suicide prevention and awareness which may include, without
limitation, instruction concerning:

(a) The skills and knowledge that the licensee needs to detect
behaviors that may lead to suicide, including, without limitation,
post-traumatic stress disorder;

29 (b) Approaches to engaging other professionals in suicide 30 intervention; and

31 (c) The detection of suicidal thoughts and ideations and the 32 prevention of suicide.

8. A holder of a license to practice osteopathic medicine may
not substitute the continuing education credits relating to suicide
prevention and awareness required by this section for the purposes
of satisfying an equivalent requirement for continuing education in
ethics.

9. Members of the Armed Forces of the United States and the
United States Public Health Service are exempt from payment of the
annual license renewal fee during their active duty status.

41 Sec. 29. NRS 633.491 is hereby amended to read as follows:

42 633.491 1. A licensee who retires from practice is not 43 required annually to renew his or her license after filing with the 44 Board an affidavit stating the date on which he or she retired from





practice and any other evidence that the Board may require to verify
 the retirement.

2. An osteopathic physician or physician assistant who retires from practice and who desires to return to practice may apply to renew his or her license by paying all back annual license renewal fees *or biennial registration fees* from the date of retirement and submitting verified evidence satisfactory to the Board that the licensee has attended continuing education courses or programs approved by the Board which total:

10 (a) Twenty-five hours if the licensee has been retired 1 year or 11 less.

(b) Fifty hours within 12 months of the date of the application ifthe licensee has been retired for more than 1 year.

3. A licensee who wishes to have a license placed on inactive status must provide the Board with an affidavit stating the date on which the licensee will cease the practice of osteopathic medicine or cease to practice as a physician assistant in Nevada and any other evidence that the Board may require. The Board shall place the license of the licensee on inactive status upon receipt of:

20 (a) The affidavit required pursuant to this subsection; and

21 (b) Payment of the inactive license fee prescribed by 22 NRS 633.501.

4. An osteopathic physician or physician assistant whoselicense has been placed on inactive status:

(a) Is not required to annually *or biennially* renew the license.

(b) Shall annually pay the inactive license fee prescribed byNRS 633.501.

(c) Shall not practice osteopathic medicine or practice as aphysician assistant in this State.

5. An osteopathic physician or physician assistant whose
license is on inactive status and who wishes to renew his or her
license to practice osteopathic medicine or license to practice as a
physician assistant must:

(a) Provide to the Board verified evidence satisfactory to the
Board of completion of the total number of hours of continuing
medical education required for:

37 (1) The year preceding the date of the application for renewal38 of the license; and

39 (2) Each year after the date the license was placed on40 inactive status.

41 (b) Provide to the Board an affidavit stating that the applicant 42 has not withheld from the Board any information which would 43 constitute grounds for disciplinary action pursuant to this chapter.

44 (c) Comply with all other requirements for renewal.





1 **Sec. 30.** NRS 633.501 is hereby amended to read as follows: 2 633.501 Except as otherwise provided in subsection 2, the 1. 3 Board shall charge and collect fees not to exceed the following 4 amounts: (a) Application and initial license fee for an 5 6 osteopathic physician.....\$800 (b) Annual license renewal fee for an osteopathic 7 8 9 10 11 12 13 14 (i) Application and initial license fee for a physician 15 16 17 (j) [Annual license renewal] Application and initial 18 19 20 <del>(k)]</del> 800 (1) Biennial simultaneous registration fee for a 21 22 23 The Board may prorate the initial license fee for a new 24 2. 25 license issued pursuant to paragraph (a) or (i) of subsection 1 which 26 expires less than 6 months after the date of issuance. 27 3. The cost of any special meeting called at the request of a 28 licensee, an institution, an organization, a state agency or an 29 applicant for licensure must be paid by the person or entity 30 requesting the special meeting. Such a special meeting must not be called until the person or entity requesting the meeting has paid a 31 32 cash deposit with the Board sufficient to defray all expenses of the 33 meeting. 4. If an applicant submits an application for a license by 34 35 endorsement pursuant to: (a) NRS  $\overline{633.399}$  or 633.400 and is an active member of, or the 36 37 spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board 38 shall collect not more than one-half of the fee set forth in subsection 39 1 for the initial issuance of the license. As used in this paragraph, 40 "veteran" has the meaning ascribed to it in NRS 417.005. 41 42 (b) NRS 633.4336, the Board shall collect not more than one-43 half of the fee set forth in subsection 1 for the initial issuance of the 44 license.





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1 Sec. 31. NRS 633.660 is hereby amended to read as follows:

633.660 The Board may delegate its authority to conduct a
hearing concerning the discipline of a licensee pursuant to chapter
622A of NRS to:

1. A person; or

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6 2. A group of such members of the Board as the President of 7 the Board may designate from time to time, which group must 8 consist of not less than three members of the Board, at least one of 9 whom was appointed to the Board pursuant to subsection [2] 3 or 10 [3] 4 of NRS 633.191.

11 Sec. 32. This act becomes effective:

12 1. Upon passage and approval for the purposes of adopting 13 regulations and performing any other preparatory administrative 14 tasks that are necessary to carry out the provisions of this act; and

15 2. January 1, 2020, for all other purposes.



