

Amendment No. 401

Senate Amendment to Senate Bill No. 184	(BDR 54-25)
Proposed by: Senate Committee on Commerce and Labor	
Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.



SENATE BILL NO. 184—SENATOR HARDY

MARCH 8, 2021

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to the practice of medicine. (BDR 54-25)

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

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

AN ACT relating to professions; authorizing the Board of Medical Examiners and the State Board of Osteopathic Medicine to issue a license to practice medicine or a license to practice osteopathic medicine, respectively, to certain persons; ~~authorizing a physician assistant to provide emergency care in certain emergency situations without the supervision of a physician or osteopathic physician; revising requirements governing the supervision of a physician assistant;~~ providing that a person may be simultaneously licensed as a physician assistant by the respective Boards; providing for a fee for a simultaneous license; requiring the respective Boards to supply a list of physician assistants licensed by the respective Boards; revising the requirements governing licensure as a physician assistant; ~~authorizing certain licensed physician assistants to use the title “inactive physician assistant”; providing penalties;~~ and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law establishes requirements that govern the supervision of physician assistants
2 by: (1) allopathic physicians who engage in the practice of medicine pursuant to chapter 630
3 of NRS; and (2) osteopathic physicians who engage in the practice of osteopathic medicine
4 pursuant to chapter 633 of NRS. (NRS 630.271-630.2752, 633.432-633.469) Existing law
5 requires an applicant for a license to practice medicine or for a license to practice osteopathic
6 medicine to satisfy various requirements, including educational requirements. (NRS 630.160,
7 633.305, 633.311) **Sections 2 and 24** of this bill authorize the Board of Medical Examiners
8 and the State Board of Osteopathic Medicine to issue a license to practice medicine or a
9 license to practice osteopathic medicine, respectively, to a person who: (1) has received a
10 doctorate degree from a medical school or a school of osteopathic medicine located in the
11 United States or Canada and who has completed 2 years of postgraduate residency training; or
12 (2) has received a doctorate degree from a medical school or a school of osteopathic medicine
13 located outside of the United States and Canada and who has completed 3 years of
14 postgraduate residency training. **Section 13** of this bill exempts such an applicant for a license
15 to practice medicine as an allopathic physician who is a graduate of a foreign medical school
16 from a requirement that the graduate must have passed the examination given by the

17 Educational Commission for Foreign Medical Graduates. **Sections 15 and 33** of this bill
18 authorize the issuance of a special volunteer medical license to practice allopathic or
19 osteopathic medicine to a physician who meets the requirements prescribed in **section 2 or 24**,
20 as applicable. **Sections 12, 31 and 32** of this bill make conforming changes by exempting
21 persons who meet the requirements of **section 2 or 24** from the general requirements for
22 licensure as an allopathic physician or osteopathic physician, as applicable.

23 ~~[Existing regulations provide that a physician assistant governed by chapter 630 of NRS
24 is considered to be and is deemed the agent of his or her supervising physician in the
25 performance of all medical activities. (NAC 630.375) Existing regulations also authorize a
26 physician assistant to perform medical services without supervision from his or her
27 supervising physician in: (1) life-threatening emergencies, including at the scene of an
28 accident; or (2) emergency situations, including human caused or natural disaster relief
29 efforts. (NAC 630.375) In such situations, the physician assistant: (1) is not the agent of the
30 supervising physician and the supervising physician is not responsible or liable for any
31 medical services provided by the physician assistant; (2) is required to provide whatever
32 medical services he or she is able to provide based on his or her training, education and
33 experience; (3) may take direction from a licensed physician on scene; and (4) is required to
34 make a reasonable effort to contact his or her supervising physician to advise the supervising
35 physician of the incident and the physician assistant's role in providing medical services.
36 (NAC 630.375) Sections 3 and 38 of this bill incorporate those provisions from existing
37 regulations into statute in chapters 630 and 633 of NRS.]~~

38 ~~— Existing law: (1) authorizes an osteopathic physician to refuse to act as a supervising
39 osteopathic physician for a physician assistant; and (2) provides that certain agreements
40 governing the supervision of a physician assistant by an osteopathic physician are void. (NRS
41 633.468) Section 4 of this bill creates a similar provision for an allopathic physician licensed
42 pursuant to chapter 630 of NRS. Sections 4 and 40 of this bill require an allopathic physician
43 or osteopathic physician who refuses to act as a supervising allopathic or osteopathic
44 physician, as applicable, to provide written notice of his or her refusal to provide such
45 supervision to the physician assistant and the applicable Board. Sections 4 and 40 also require
46 a physician assistant, after receiving such notice, to: (1) immediately stop performing medical
47 services for patients of the supervising physician who has refused to supervise the physician
48 assistant; and (2) notify the applicable Board within 5 business days of the physician assistant
49 entering into a new contract with a new supervising allopathic or osteopathic physician, as
50 applicable.]~~

51 Existing law authorizes an osteopathic physician to supervise a physician assistant in
52 person, electronically, telephonically or by fiber optics. (NRS 633.469) ~~[Section 5 of this bill
53 authorizes a supervising allopathic physician licensed pursuant to chapter 630 of NRS to
54 provide supervision to his or her physician assistant in person, electronically, telephonically or
55 by fiber optics.]~~ **Section 19** of this bill ~~[makes conforming changes by removing]~~ **removes** the
56 authority of the Board of Medical Examiners to adopt regulations relating to the supervision
57 of a physician assistant electronically, telephonically or by fiber optics. ~~[Sections 5 and 41 of
58 this bill require the Board of Medical Examiners and the State Board of Osteopathic
59 Medicine, respectively, to adopt regulations prescribing the maximum number of physician
60 assistants that an allopathic or osteopathic physician may supervise at the same time. Sections
61 5 and 41 also require an allopathic or osteopathic physician providing supervision in person
62 during the first 30 days of supervision of a physician assistant who is newly licensed or who
63 has not practiced before to be physically present at the same location as the physician
64 assistant, but does not require the physician to be in the same room as the physician assistant.]~~

65 **Sections 6 and 25** of this bill require a person who is applying for a license to practice as
66 a physician assistant under chapter 630 or 633 of NRS and wishes to be simultaneously
67 licensed as a physician assistant under both chapters 630 and 633 of NRS to: (1) indicate in
68 his or her application that he or she wishes to hold a simultaneous license; (2) submit an
69 application for a license to the Board of Medical Examiners under chapter 630 of NRS and to
70 the State Board of Osteopathic Medicine under chapter 633 of NRS; and (3) pay the fee for the
71 application and issuance of a simultaneous license as a physician assistant to both Boards.
72 **Sections 7 and 26** of this bill require a person who is applying to renew a license to practice
73 as a physician assistant under chapter 630 or 633 of NRS and wishes to be simultaneously
74 licensed as a physician assistant under both chapters 630 and 633 of NRS to: (1) indicate in
75 his or her application that he or she wishes to hold a simultaneous license; (2) submit an

76 application to renew a license to practice as a physician assistant with the Board under which
77 he or she is currently licensed and submit an application for a license to practice as a
78 physician assistant to the Board under which he or she is not currently licensed; and (3) pay
79 the fee for simultaneous registration of a physician assistant to both Boards. Existing law
80 provides certain fees for a physician assistant. (NRS 630.268, 633.501) **Sections 16 and 44** of
81 this bill provide that the fee that each Board charges for simultaneous registration is equal to
82 half of the fee each Board would charge for registration for a person who is licensed by only
83 one Board.

84 **Sections 8 and 27** of this bill require a person who is licensed to practice as a physician
85 assistant who is not applying for a renewal of his or her license and who wishes to be
86 simultaneously licensed as a physician assistant under both chapters 630 and 633 of NRS to:
87 (1) apply for a license to the Board under which he or she is not licensed; and (2) pay the fee
88 for application and issuance of a simultaneous license as a physician assistant to both Boards.
89 **Section 39** of this bill makes a conforming change to exempt a physician assistant from
90 certain requirements governing the supervision of a physician assistant licensed pursuant to
91 chapter 633 of NRS by an allopathic physician licensed pursuant to chapter 630 of NRS.

92 **Sections 9 and 28** of this bill require the Board of Medical Examiners and the State
93 Board of Osteopathic Medicine to provide to the State Board of Osteopathic Medicine or the
94 Board of Medical Examiners, respectively, a list of all physician assistants who are licensed
95 by the respective Boards.

96 ~~[Sections 10 and 29 of this bill require a supervising allopathic physician or supervising
97 osteopathic physician to review and initial a certain amount of charts of patients of a physician
98 assistant who has not previously practiced as a physician assistant.]~~

99 Existing law provides that the provisions governing allopathic physicians, physician
100 assistants, medical assistants, perfusionists and practitioners of respiratory care and
101 osteopathic medicine do not apply to certain persons and in certain circumstances. (NRS
102 630.047, 633.171) **Sections 11 and 30** of this bill provide that such provisions do not apply
103 to: (1) the performance of medical services by a student enrolled in an educational program
104 for a physician assistant which is accredited by the Accreditation Review Commission on
105 Education for the Physician Assistant, Inc., as part of such a program; and (2) a physician
106 assistant of any division or department of the United States in the discharge of his or her
107 official duties.

108 Existing law authorizes a person holding a license as an allopathic or osteopathic
109 physician, physician assistant, perfusionist or practitioner of respiratory care to place his or
110 her license on inactive status. (NRS 630.255, 633.491) **Section 14** of this bill authorizes the
111 Board of Medical Examiners to place any physician assistant who notifies the Board in
112 writing on inactive status. **Sections 14 and 43** of this bill: (1) prohibit a physician assistant
113 with a license on inactive status from practicing as a physician assistant; and (2) require the
114 Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively, to
115 exempt a physician assistant with a license on inactive status from paying certain fees.

116 ~~[Existing law authorizes a physician assistant to provide only those medical services he
117 or she is authorized to perform by his or her supervising physician. (NRS 630.271) Section 17
118 of this bill additionally requires services performed by a physician assistant to be within the
119 scope of practice of the supervising physician.]~~

120 ~~— Existing law authorizes the Board of Medical Examiners and the State Board of
121 Osteopathic Medicine to issue a license to practice as a physician assistant to an applicant who
122 is qualified under the regulations of the respective Boards. (NRS 630.273, 633.433) Sections
123 18 and 34 of this bill authorize the respective Boards to issue a license to practice as a
124 physician assistant to an applicant who: (1) meets the qualifications set forth in chapter 630 or
125 633 of NRS, as applicable; (2) is qualified under the regulations of the respective Boards; and
126 (3) passes the Physician Assistant National Certifying Examination.]~~

127 Existing law prescribes certain requirements relating to the renewal of a license to
128 practice as a physician assistant. (NRS 630.275, 633.471) **Sections 19 and 42** of this bill
129 prohibit the Board of Medical Examiners and the State Board of Osteopathic Medicine from
130 requiring a physician assistant to receive or maintain certification by the National Commission
131 on Certification of Physician Assistants to satisfy any continuing education requirements for
132 the renewal of a license.

133 Existing law authorizes an applicant for the issuance of a license by endorsement to
134 practice as a physician assistant to submit to the Board of Medical Examiners or the State

135 Board of Osteopathic Medicine an application for such a license if the applicant satisfies
 136 certain requirements, including being certified in a specialty recognized by certain
 137 professional organizations. (NRS 630.2751, 630.2752, 633.4335, 633.4336) Sections 20, 21,
 138 35 and 36 of this bill remove the requirement that an applicant for the issuance of a license by
 139 endorsement be certified in a specialty recognized by such organizations.

140 ~~[Existing law makes it unlawful for any person to hold himself or herself out as a~~
 141 ~~physician assistant without being licensed by the Board of Medical Examiners or the State~~
 142 ~~Board of Osteopathic Medicine. (NRS 630.400, 633.741) Sections 22 and 45 of this bill~~
 143 ~~authorize a person to use the title "inactive physician assistant" if he or she: (1) meets the~~
 144 ~~qualifications for licensure as a physician assistant but does not hold a current license; and (2)~~
 145 ~~is certified by the National Commission on Certification of Physician Assistants. Sections 22~~
 146 ~~and 45 prohibit an inactive physician assistant from acting or practicing as a physician~~
 147 ~~assistant.~~

148 ~~Existing law requires the State Board of Osteopathic Medicine to adopt regulations~~
 149 ~~regarding the procedures for applications for and the issuance of a license to practice as a~~
 150 ~~physician assistant. (NRS 633.434) Section 37 of this bill requires the Board to adopt~~
 151 ~~regulations regarding the procedures for applications for the renewal of such licenses.]~~

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

1 **Section 1.** Chapter 630 of NRS is hereby amended by adding thereto the
 2 provisions set forth as sections 2 to 10, inclusive, of this act.

3 **Sec. 2. 1.** *Except as otherwise provided in NRS 630.161, the Board may*
 4 *issue a license to any person who:*

5 *(a) Has received a degree of doctor of medicine from a medical school*
 6 *approved by the Liaison Committee on Medical Education of the American*
 7 *Medical Association and the Association of American Medical Colleges and has*
 8 *completed 2 years of postgraduate residency training; or*

9 *(b) Has received a degree of doctor of medicine from a medical school which*
 10 *provides a course of professional instruction equivalent to that provided in*
 11 *medical schools in the United States and is approved by the Liaison Committee*
 12 *on Medical Education and has completed 3 years of postgraduate residency*
 13 *training.*

14 **2.** *The Board may issue a license to practice medicine after the Board*
 15 *verifies, through any readily available source, that the applicant has complied*
 16 *with the provisions of subsection 1. The verification may include, without*
 17 *limitation, using the Federation Credentials Verification Service. If any*
 18 *information is verified by a source other than the primary source of the*
 19 *information, the Board may require subsequent verification of the information by*
 20 *the primary source of the information.*

21 **3.** *The provisions of subsections 4 and 5 of NRS 630.160 apply to a license*
 22 *issued pursuant to this section.*

23 **Sec. 3.** ~~*1. Except as otherwise provided in this section, a physician*~~
 24 ~~*assistant is considered to be and is deemed the agent of his or her supervising*~~
 25 ~~*physician in the performance of all medical activities.*~~

26 ~~*2. A physician assistant shall not perform medical services without*~~
 27 ~~*supervision from his or her supervising physician, except in:*~~

28 ~~*(a) Life threatening emergencies, including, without limitation, at the scene*~~
 29 ~~*of an accident, or*~~

30 ~~*(b) Emergency situations, including, without limitation, human caused or*~~
 31 ~~*natural disaster relief efforts.*~~

~~3. When a physician assistant performs medical services in an emergency described in subsection 2:~~

~~(a) The physician assistant is not the agent of his or her supervising physician and the supervising physician is not responsible or liable for any medical services provided by the physician assistant;~~

~~(b) The physician assistant may provide whatever medical services possible based on the need of the patient and the training, education and experience of the physician assistant;~~

~~(c) The physician assistant may take direction from a physician who is at the scene of the emergency; and~~

~~(d) The physician assistant shall make a reasonable effort to contact his or her supervising physician, as soon as possible, to advise him or her of the incident and the physician assistant's role in providing medical services.]~~

~~(Deleted by amendment.)~~

~~Sec. 4. [1. Subject to the provisions of this section, a physician may at any time refuse to act as a supervising physician for a physician assistant.~~

~~2. A condition, stipulation or provision in a contract or other agreement which:~~

~~(a) Requires a physician to act as a supervising physician for a physician assistant;~~

~~(b) Penalizes a physician for refusing to act as a supervising physician for a physician assistant; or~~

~~(c) Limits the authority of a supervising physician with regard to any protocol, standing order or delegation of authority applicable to a physician assistant supervised by the physician,~~

~~is against public policy and void.~~

~~3. If a physician refuses to act as a supervising physician for a physician assistant pursuant to this section, the supervising physician or his or her designee must provide written notice to the physician assistant and the Board. Such written notice must clearly state that the supervising physician:~~

~~(a) Refuses to act as a supervising physician for the physician assistant; and~~

~~(b) No longer serves as the supervising physician.~~

~~4. The supervising physician shall not refuse to act as a supervising physician to a physician assistant until the physician assistant receives the notice required by subsection 3.~~

~~5. Upon receiving the written notice described in subsection 3 from a supervising physician, a physician assistant must:~~

~~(a) Immediately stop performing medical services for any patients of the supervising physician; and~~

~~(b) Notify the Board of any contract with a new supervising physician within 5 business days after entering into the contract.] (Deleted by amendment.)~~

~~Sec. 5. [1. The Board shall establish by regulation the maximum number of physician assistants that a supervising physician may supervise at the same time and may establish different maximum numbers for different practice areas.~~

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

~~3. Except as otherwise provided in subsection 4, a supervising physician may provide supervision to his or her physician assistant in person, electronically, telephonically or by fiber optics. When providing supervision electronically, telephonically or by fiber optics, a supervising physician may be at a different site than the physician assistant, including a site located within or outside this 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 if the physician assistant has not been previously licensed or has not previously practiced as a physician assistant. The provisions of this subsection do not apply to a federally qualified health center.~~

~~5. A supervising physician providing supervision pursuant to subsection 4 must be physically present at the same location as the physician assistant performing the medical services but is not required to be in the same room as the physician assistant.~~

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

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

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

~~(c) Any processes for evaluation that the supervising physician 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).] (Deleted by amendment.)~~

Sec. 6. A person applying for a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS must:

1. Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS;

2. Apply for a license to practice as a physician assistant to:

(a) The Board pursuant to this chapter; and

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

3. Pay all applicable fees, including, without limitation:

(a) The fee for application for and issuance of a simultaneous license as a 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.

Sec. 7. A person applying to renew a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS must:

1. Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 633 of NRS;

2. Apply:

(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 State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

3. Pay all applicable fees, including, without limitation:

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

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

3 **Sec. 8.** *If a person licensed to practice as a physician assistant pursuant to*
4 *the provisions of this chapter is not applying to renew his or her license and*
5 *wishes to hold a simultaneous license to practice as a physician assistant*
6 *pursuant to the provisions of chapter 633 of NRS, the person must:*

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

9 2. *Pay all applicable fees, including, without limitation:*

10 (a) *The fee for biennial simultaneous registration of a physician assistant*
11 *pursuant to NRS 630.268; and*

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

14 **Sec. 9.** *On or before the last day of each quarter, the Board shall provide to*
15 *the State Board of Osteopathic Medicine a list of all physician assistants licensed*
16 *by the Board.*

17 **Sec. 10.** ~~*1. A supervising physician shall review and initial charts of any*~~
18 ~~*patient of a physician assistant pursuant to the provisions of subsection 2 who*~~
19 ~~*has not previously practiced as a physician assistant.*~~

20 ~~*2. Except as otherwise provided in subsection 3, during the first 90 days of*~~
21 ~~*supervision, a supervising physician shall review and initial at least 100 charts or*~~
22 ~~*10 percent of the total number of charts of patients of the physician assistant,*~~
23 ~~*whichever is greater.*~~

24 ~~*3. If a supervising physician has reviewed and initialed less than 100 charts*~~
25 ~~*of patients of the physician assistant during the first 90 days of supervision, the*~~
26 ~~*supervising physician must continue to review and initial charts of patients of the*~~
27 ~~*physician assistant after the first 90 days of supervision until the supervising*~~
28 ~~*physician reviews and initials at least 100 charts of patients of the physician*~~
29 ~~*assistant.*~~

30 ~~*4. A supervising physician shall review and initial charts of patients of the*~~
31 ~~*physician assistant only to the extent that the charts include medical services*~~
32 ~~*provided within the portion of the practice of the physician assistant that the*~~
33 ~~*supervising physician supervises.*~~

34 ~~*5. The Board shall not adopt regulations requiring a supervising physician*~~
35 ~~*to review and initial the charts of a patient of a physician assistant the*~~
36 ~~*supervising physician is supervising in addition to what is required by this*~~
37 ~~*section.*~~ **(Deleted by amendment.)**

38 **Sec. 11.** NRS 630.047 is hereby amended to read as follows:

39 630.047 1. This chapter does not apply to:

40 (a) A medical officer or perfusionist or practitioner of respiratory care of the
41 Armed Forces or a medical officer or perfusionist or practitioner of respiratory care
42 of any division or department of the United States in the discharge of his or her
43 official duties, including, without limitation, providing medical care in a hospital in
44 accordance with an agreement entered into pursuant to NRS 449.2455;

45 (b) Physicians who are called into this State, other than on a regular basis, for
46 consultation with or assistance to a physician licensed in this State, and who are
47 legally qualified to practice in the state where they reside;

48 (c) Physicians who are legally qualified to practice in the state where they
49 reside and come into this State on an irregular basis to:

50 (1) Obtain medical training approved by the Board from a physician who is
51 licensed in this State; or

52 (2) Provide medical instruction or training approved by the Board to
53 physicians licensed in this State;

1 (d) Physicians who are temporarily exempt from licensure pursuant to NRS
2 630.2665 and are practicing medicine within the scope of the exemption;

3 (e) Any person permitted to practice any other healing art under this title who
4 does so within the scope of that authority, or healing by faith or Christian Science;

5 (f) The practice of respiratory care by a student as part of a program of study in
6 respiratory care that is approved by the Board, or is recognized by a national
7 organization which is approved by the Board to review such programs, if the
8 student is enrolled in the program and provides respiratory care only under the
9 supervision of a practitioner of respiratory care;

10 (g) The practice of respiratory care by a student who:

11 (1) Is enrolled in a clinical program of study in respiratory care which has
12 been approved by the Board;

13 (2) Is employed by a medical facility, as defined in NRS 449.0151; and

14 (3) Provides respiratory care to patients who are not in a critical medical
15 condition or, in an emergency, to patients who are in a critical medical condition
16 and a practitioner of respiratory care is not immediately available to provide that
17 care and the student is directed by a physician to provide respiratory care under the
18 supervision of the physician until a practitioner of respiratory care is available;

19 (h) The practice of respiratory care by a person on himself or herself or
20 gratuitous respiratory care provided to a friend or a member of a person's family if
21 the provider of the care does not represent himself or herself as a practitioner of
22 respiratory care;

23 (i) A person who is employed by a physician and provides respiratory care or
24 services as a perfusionist under the supervision of that physician;

25 (j) The maintenance of medical equipment for perfusion or respiratory care that
26 is not attached to a patient; ~~and~~;

27 (k) A person who installs medical equipment for respiratory care that is used in
28 the home and gives instructions regarding the use of that equipment if the person is
29 trained to provide such services and is supervised by a provider of health care who
30 is acting within the authorized scope of his or her practice ~~and~~;

31 *(l) The performance of medical services by a student enrolled in an*
32 *educational program for a physician assistant which is accredited by the*
33 *Accreditation Review Commission on Education for the Physician Assistant, Inc.,*
34 *or its successor organization, as part of such a program; and*

35 *(m) A physician assistant of any division or department of the United States*
36 *in the discharge of his or her official duties unless licensure by a state is required*
37 *by the division or department of the United States.*

38 2. This chapter does not repeal or affect any statute of Nevada regulating or
39 affecting any other healing art.

40 3. This chapter does not prohibit:

41 (a) Gratuitous services outside of a medical school or medical facility by a
42 person who is not a physician, perfusionist, physician assistant or practitioner of
43 respiratory care in cases of emergency.

44 (b) The domestic administration of family remedies.

45 **Sec. 12.** NRS 630.160 is hereby amended to read as follows:

46 630.160 1. Every person desiring to practice medicine must, before
47 beginning to practice, procure from the Board a license authorizing the person to
48 practice.

49 2. Except as otherwise provided in NRS 630.1605 to 630.161, inclusive, and
50 630.258 to 630.2665, inclusive, *and section 2 of this act*, a license may be issued to
51 any person who:

52 (a) Has received the degree of doctor of medicine from a medical school:

1 (1) Approved by the Liaison Committee on Medical Education of the
2 American Medical Association and Association of American Medical Colleges; or

3 (2) Which provides a course of professional instruction equivalent to that
4 provided in medical schools in the United States approved by the Liaison
5 Committee on Medical Education;

6 (b) Is currently certified by a specialty board of the American Board of
7 Medical Specialties and who agrees to maintain the certification for the duration of
8 the licensure, or has passed:

9 (1) All parts of the examination given by the National Board of Medical
10 Examiners;

11 (2) All parts of the Federation Licensing Examination;

12 (3) All parts of the United States Medical Licensing Examination;

13 (4) All parts of a licensing examination given by any state or territory of
14 the United States, if the applicant is certified by a specialty board of the American
15 Board of Medical Specialties;

16 (5) All parts of the examination to become a licentiate of the Medical
17 Council of Canada; or

18 (6) Any combination of the examinations specified in subparagraphs (1),
19 (2) and (3) that the Board determines to be sufficient;

20 (c) Is currently certified by a specialty board of the American Board of
21 Medical Specialties in the specialty of emergency medicine, preventive medicine or
22 family medicine and who agrees to maintain certification in at least one of these
23 specialties for the duration of the licensure, or:

24 (1) Has completed 36 months of progressive postgraduate:

25 (I) Education as a resident in the United States or Canada in a program
26 approved by the Board, the Accreditation Council for Graduate Medical Education,
27 the Royal College of Physicians and Surgeons of Canada, the Collège des médecins
28 du Québec or the College of Family Physicians of Canada, or, as applicable, their
29 successor organizations; or

30 (II) Fellowship training in the United States or Canada approved by the
31 Board or the Accreditation Council for Graduate Medical Education;

32 (2) Has completed at least 36 months of postgraduate education, not less
33 than 24 months of which must have been completed as a resident after receiving a
34 medical degree from a combined dental and medical degree program approved by
35 the Board; or

36 (3) Is a resident who is enrolled in a progressive postgraduate training
37 program in the United States or Canada approved by the Board, the Accreditation
38 Council for Graduate Medical Education, the Royal College of Physicians and
39 Surgeons of Canada, the Collège des médecins du Québec or the College of Family
40 Physicians of Canada, or, as applicable, their successor organizations, has
41 completed at least 24 months of the program and has committed, in writing, to the
42 Board that he or she will complete the program; and

43 (d) Passes a written or oral examination, or both, as to his or her qualifications
44 to practice medicine and provides the Board with a description of the clinical
45 program completed demonstrating that the applicant's clinical training met the
46 requirements of paragraph (a).

47 3. The Board may issue a license to practice medicine after the Board verifies,
48 through any readily available source, that the applicant has complied with the
49 provisions of subsection 2. The verification may include, but is not limited to, using
50 the Federation Credentials Verification Service. If any information is verified by a
51 source other than the primary source of the information, the Board may require
52 subsequent verification of the information by the primary source of the information.

1 4. Notwithstanding any provision of this chapter to the contrary, if, after
2 issuing a license to practice medicine, the Board obtains information from a
3 primary or other source of information and that information differs from the
4 information provided by the applicant or otherwise received by the Board, the
5 Board may:

6 (a) Temporarily suspend the license;

7 (b) Promptly review the differing information with the Board as a whole or in a
8 committee appointed by the Board;

9 (c) Declare the license void if the Board or a committee appointed by the
10 Board determines that the information submitted by the applicant was false,
11 fraudulent or intended to deceive the Board;

12 (d) Refer the applicant to the Attorney General for possible criminal
13 prosecution pursuant to NRS 630.400; or

14 (e) If the Board temporarily suspends the license, allow the license to return to
15 active status subject to any terms and conditions specified by the Board, including:

16 (1) Placing the licensee on probation for a specified period with specified
17 conditions;

18 (2) Administering a public reprimand;

19 (3) Limiting the practice of the licensee;

20 (4) Suspending the license for a specified period or until further order of
21 the Board;

22 (5) Requiring the licensee to participate in a program to correct an alcohol
23 or other substance use disorder;

24 (6) Requiring supervision of the practice of the licensee;

25 (7) Imposing an administrative fine not to exceed \$5,000;

26 (8) Requiring the licensee to perform community service without
27 compensation;

28 (9) Requiring the licensee to take a physical or mental examination or an
29 examination testing his or her competence to practice medicine;

30 (10) Requiring the licensee to complete any training or educational
31 requirements specified by the Board; and

32 (11) Requiring the licensee to submit a corrected application, including the
33 payment of all appropriate fees and costs incident to submitting an application.

34 5. If the Board determines after reviewing the differing information to allow
35 the license to remain in active status, the action of the Board is not a disciplinary
36 action and must not be reported to any national database. If the Board determines
37 after reviewing the differing information to declare the license void, its action shall
38 be deemed a disciplinary action and shall be reportable to national databases.

39 **Sec. 13.** NRS 630.195 is hereby amended to read as follows:

40 630.195 1. Except as otherwise provided in NRS 630.1606 and 630.1607 ~~and~~
41 *and section 2 of this act*, in addition to the other requirements for licensure, an
42 applicant for a license to practice medicine who is a graduate of a foreign medical
43 school shall submit to the Board proof that the applicant has received:

44 (a) The degree of doctor of medicine or its equivalent, as determined by the
45 Board; and

46 (b) The standard certificate of the Educational Commission for Foreign
47 Medical Graduates or a written statement from that Commission that the applicant
48 passed the examination given by the Commission.

49 2. The proof of the degree of doctor of medicine or its equivalent must be
50 submitted directly to the Board by the medical school that granted the degree. If
51 proof of the degree is unavailable from the medical school that granted the degree,
52 the Board may accept proof from any other source specified by the Board.

1 **Sec. 14.** NRS 630.255 is hereby amended to read as follows:

2 630.255 1. Any licensee who changes the location of his or her practice of
3 medicine from this State to another state or country, has never engaged in the
4 practice of medicine in this State after licensure or has ceased to engage in the
5 practice of medicine in this State for 12 consecutive months may be placed on
6 inactive status by order of the Board. *Any physician assistant who notifies the*
7 *Board of his or her desire to be placed on inactive status in writing on a form*
8 *prescribed by the Board may be placed on inactive status by order of the Board.*

9 2. Each inactive licensee shall maintain a permanent mailing address with the
10 Board to which all communications from the Board to the licensee must be sent. An
11 inactive licensee who changes his or her permanent mailing address shall notify the
12 Board in writing of the new permanent mailing address within 30 days after the
13 change. If an inactive licensee fails to notify the Board in writing of a change in his
14 or her permanent mailing address within 30 days after the change, the Board may
15 impose upon the licensee a fine not to exceed \$250.

16 3. In addition to the requirements of subsection 2, any licensee who changes
17 the location of his or her practice of medicine from this State to another state or
18 country shall maintain an electronic mail address with the Board to which all
19 communications from the Board to him or her may be sent.

20 4. *An inactive physician assistant shall not practice as a physician assistant.*
21 *The Board shall consider an inactive physician assistant who practices as a*
22 *physician assistant to be practicing without a license. Such practice constitutes*
23 *grounds for disciplinary action against the physician assistant in accordance with*
24 *the regulations adopted by the Board pursuant to NRS 630.275.*

25 5. *The Board shall exempt an inactive physician assistant from paying the*
26 *applicable fee for biennial registration prescribed by NRS 630.268.*

27 6. Before resuming the practice of medicine *or practice as a physician*
28 *assistant* in this State, the inactive licensee must:

29 (a) Notify the Board in writing of his or her intent to resume the practice of
30 medicine *or practice as a physician assistant, as applicable*, in this State;

31 (b) File an affidavit with the Board describing the activities of the licensee
32 during the period of inactive status;

33 (c) Complete the form for registration for active status;

34 (d) Pay the applicable fee for biennial registration; and

35 (e) Satisfy the Board of his or her competence to practice medicine ~~+~~

36 ~~—5.1~~ *or practice as a physician assistant, as applicable.*

37 7. If the Board determines that the conduct or competence of the licensee
38 during the period of inactive status would have warranted denial of an application
39 for a license to practice medicine *or practice as a physician assistant* in this State,
40 the Board may refuse to place the licensee on active status.

41 **Sec. 15.** NRS 630.258 is hereby amended to read as follows:

42 630.258 1. A physician who is retired from active practice and who:

43 (a) Wishes to donate his or her expertise for the medical care and treatment of
44 persons in this State who are indigent, uninsured or unable to afford health care; or

45 (b) Wishes to provide services for any disaster relief operations conducted by a
46 governmental entity or nonprofit organization,

47 may obtain a special volunteer medical license by submitting an application to
48 the Board pursuant to this section.

49 2. An application for a special volunteer medical license must be on a form
50 provided by the Board and must include:

51 (a) Documentation of the history of medical practice of the physician;

1 (b) Proof that the physician previously has been issued an unrestricted license
 2 to practice medicine in any state of the United States and that the physician has
 3 never been the subject of disciplinary action by a medical board in any jurisdiction;

4 (c) Proof that the physician satisfies the requirements for licensure set forth in
 5 NRS 630.160 *or section 2 of this act, as applicable*, or the requirements for
 6 licensure by endorsement set forth in NRS 630.1605, 630.1606 or 630.1607;

7 (d) Acknowledgment that the practice of the physician under the special
 8 volunteer medical license will be exclusively devoted to providing medical care:

9 (1) To persons in this State who are indigent, uninsured or unable to afford
 10 health care; or

11 (2) As part of any disaster relief operations conducted by a governmental
 12 entity or nonprofit organization; and

13 (e) Acknowledgment that the physician will not receive any payment or
 14 compensation, either direct or indirect, or have the expectation of any payment or
 15 compensation, for providing medical care under the special volunteer medical
 16 license, except for payment by a medical facility at which the physician provides
 17 volunteer medical services of the expenses of the physician for necessary travel,
 18 continuing education, malpractice insurance or fees of the State Board of
 19 Pharmacy.

20 3. If the Board finds that the application of a physician satisfies the
 21 requirements of subsection 2 and that the retired physician is competent to practice
 22 medicine, the Board must issue a special volunteer medical license to the physician.

23 4. The initial special volunteer medical license issued pursuant to this section
 24 expires 1 year after the date of issuance. The license may be renewed pursuant to
 25 this section, and any license that is renewed expires 2 years after the date of
 26 issuance of the renewed license.

27 5. The Board shall not charge a fee for:

28 (a) The review of an application for a special volunteer medical license; or

29 (b) The issuance or renewal of a special volunteer medical license pursuant to
 30 this section.

31 6. A physician who is issued a special volunteer medical license pursuant to
 32 this section and who accepts the privilege of practicing medicine in this State
 33 pursuant to the provisions of the special volunteer medical license is subject to all
 34 the provisions governing disciplinary action set forth in this chapter.

35 7. A physician who is issued a special volunteer medical license pursuant to
 36 this section shall comply with the requirements for continuing education adopted by
 37 the Board.

38 **Sec. 16.** NRS 630.268 is hereby amended to read as follows:

39 630.268 1. The Board shall charge and collect not more than the following
 40 fees:

41

42 For application for and issuance of a license to practice as a
 43 physician, including a license by endorsement \$600

44 For application for and issuance of a temporary, locum
 45 tenens, limited, restricted, authorized facility, special,
 46 special purpose or special event license..... 400

47 For renewal of a limited, restricted, authorized facility or
 48 special license 400

49 For application for and issuance of a license as a physician
 50 assistant, including a license by endorsement 400

51 *For application for and issuance of a simultaneous license*
 52 *as a physician assistant..... 200*

53 For biennial registration of a physician assistant 800

For biennial simultaneous registration of a physician assistant..... 400

For biennial registration of a physician..... 800

For application for and issuance of a license as a perfusionist or practitioner of respiratory care \$400

For biennial renewal of a license as a perfusionist..... 600

For biennial registration of a practitioner of respiratory care..... 600

For biennial registration for a physician who is on inactive status..... 400

For written verification of licensure..... 50

For a duplicate identification card..... 25

For a duplicate license 50

For computer printouts or labels 500

For verification of a listing of physicians, per hour 20

For furnishing a list of new physicians 100

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

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

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

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

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

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

Sec. 17. ~~[NRS 630.271 is hereby amended to read as follows:~~

~~630.271 1. A physician assistant may perform such medical services as [the] +~~

~~(a) The physician assistant is authorized to perform by his or her supervising physician [Such services may include], including, without limitation, ordering home health care for a patient []; and~~

~~(b) Are within the scope of practice of the supervising physician.~~

~~2. The Board and supervising physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.] (Deleted by amendment.)~~

Sec. 18. ~~[NRS 630.273 is hereby amended to read as follows:~~

~~630.273 The Board may issue a license to an applicant who [is qualified under].~~

~~1. Meets the qualifications set forth in this chapter and the regulations of the Board to perform medical services under the supervision of a supervising physician [The];~~

~~2. Submits an application for a license as a physician assistant [must include] which includes all information required to complete the application []; and~~

~~3. Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physicians Assistants, or its successor organization, or by another nationally recognized organization as determined by the Board for the accreditation of physician assistants.] (Deleted by amendment.)~~

Sec. 19. NRS 630.275 is hereby amended to read as follows:

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

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
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.
5. The tests or examinations of applicants *required* 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, including licenses by endorsement. *The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirements for the renewal of licenses.*

8. The grounds and procedures respecting disciplinary actions against 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.

Sec. 20. NRS 630.2751 is hereby amended to read as follows:

630.2751 1. The Board may issue a license by endorsement to practice as a physician assistant to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant ~~[-~~

~~(a) Holds;] holds~~ a corresponding valid and unrestricted license to practice as a physician assistant in the District of Columbia or any state or territory of the United States . ~~[- and~~

~~(b) Is certified in a specialty recognized by the American Board of Medical Specialties.]~~

2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:

- (a) Proof satisfactory to the Board that the applicant:

1 (1) Satisfies the requirements of subsection 1;

2 (2) Has not been disciplined or investigated by the corresponding
3 regulatory authority of the District of Columbia or any state or territory in which
4 the applicant currently holds or has held a license to practice as a physician
5 assistant; and

6 (3) Has not been held civilly or criminally liable for malpractice in the
7 District of Columbia or any state or territory of the United States;

8 (b) A complete set of fingerprints and written permission authorizing the Board
9 to forward the fingerprints in the manner provided in NRS 630.167;

10 (c) An affidavit stating that the information contained in the application and
11 any accompanying material is true and correct; and

12 (d) Any other information required by the Board.

13 3. Not later than 15 business days after receiving an application for a license
14 by endorsement to practice as a physician assistant pursuant to this section, the
15 Board shall provide written notice to the applicant of any additional information
16 required by the Board to consider the application. Unless the Board denies the
17 application for good cause, the Board shall approve the application and issue a
18 license by endorsement to practice as a physician assistant to the applicant not later
19 than:

20 (a) Forty-five days after receiving the application; or

21 (b) Ten days after the Board receives a report on the applicant's background
22 based on the submission of the applicant's fingerprints,
23 whichever occurs later.

24 4. A license by endorsement to practice as a physician assistant may be issued
25 at a meeting of the Board or between its meetings by the President and Executive
26 Director of the Board. Such an action shall be deemed to be an action of the Board.

27 **Sec. 21.** NRS 630.2752 is hereby amended to read as follows:

28 630.2752 1. The Board may issue a license by endorsement to practice as a
29 physician assistant to an applicant who meets the requirements set forth in this
30 section. An applicant may submit to the Board an application for such a license if
31 the applicant:

32 (a) Holds a corresponding valid and unrestricted license to practice as a
33 physician assistant in the District of Columbia or any state or territory of the United
34 States; *and*

35 (b) ~~Is certified in a specialty recognized by the American Board of Medical
36 Specialties; and~~

37 ~~—(e) Is an active member of, or the spouse of an active member of, the Armed
38 Forces of the United States, a veteran or the surviving spouse of a veteran.~~

39 2. An applicant for a license by endorsement pursuant to this section must
40 submit to the Board with his or her application:

41 (a) Proof satisfactory to the Board that the applicant:

42 (1) Satisfies the requirements of subsection 1;

43 (2) Has not been disciplined or investigated by the corresponding
44 regulatory authority of the District of Columbia or the state or territory in which the
45 applicant holds a license to practice as a physician assistant; and

46 (3) Has not been held civilly or criminally liable for malpractice in the
47 District of Columbia or any state or territory of the United States;

48 (b) A complete set of fingerprints and written permission authorizing the Board
49 to forward the fingerprints in the manner provided in NRS 630.167;

50 (c) An affidavit stating that the information contained in the application and
51 any accompanying material is true and correct; and

52 (d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice as a physician assistant pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice as a physician assistant to the applicant not later than:

(a) Forty-five days after receiving all the additional information required by the Board to complete the application; or

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints,
 ➤ whichever occurs later.

4. A license by endorsement to practice as a physician assistant may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice as a physician assistant in accordance with regulations adopted by the Board.

6. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.

Sec. 22. ~~[NRS 630.400 is hereby amended to read as follows:~~

~~630.400 1. It is unlawful for any person to:~~

~~(a) Present to the Board as his or her own the diploma, license or credentials of another;~~

~~(b) Give either false or forged evidence of any kind to the Board;~~

~~(c) Practice medicine, perfusion or respiratory care *or practice as a physician assistant* under a false or assumed name or falsely personate another licensee;~~

~~(d) Except as otherwise provided by a specific statute, practice medicine, perfusion or respiratory care *or practice as a physician assistant* without being licensed under this chapter;~~

~~(e) Hold himself or herself out as a perfusionist or use any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;~~

~~(f) *[Hold] Except as authorized by subsection 2, hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant without being licensed by the Board;* or~~

~~(g) Hold himself or herself out as a practitioner of respiratory care or use any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board.~~

~~2. A person who meets the qualifications for licensure to practice as a physician assistant pursuant to this chapter and holds a certification from the National Commission on Certification of Physician Assistants, or its successor organization, but does not possess a current license pursuant to this chapter may use the title "inactive physician assistant" and shall not act or practice as a physician assistant.~~

~~3. Unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, a person who violates any provision of subsection 1 [.] *or 2,*~~

~~(a) If no substantial bodily harm results, is guilty of a category D felony; or~~

~~(b) If substantial bodily harm results, is guilty of a category C felony,~~

~~and shall be punished as provided in NRS 193.130.~~

~~[2.] 4. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1 [.] or prohibited by subsection 2, the Board may:~~

~~(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1 [.] or 2. An order to cease and desist must include a telephone number with which the person may contact the Board.~~

~~(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.~~

~~(c) Assess against the person an administrative fine of not more than \$5,000.~~

~~(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c). (Deleted by amendment.)~~

Sec. 23. Chapter 633 of NRS is hereby amended by adding thereto the provisions set forth as sections 24 to 29, inclusive, of this act.

Sec. 24. 1. *Except as otherwise provided in NRS 633.315, the Board may issue a license to any person who:*

(a) Has received a degree of doctor of medicine from a school of osteopathic medicine located in the United States or Canada and has completed 2 years of postgraduate residency training; or

(b) Has received a degree of doctor of medicine from a school of osteopathic medicine located outside of the United States and Canada and has completed 3 years of postgraduate residency training.

2. *The applicant for a license shall submit verified proof satisfactory to the Board that the applicant meets the requirements of subsection 1.*

Sec. 25. *A person applying for a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS must:*

1. *Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS;*

2. *Apply for a license to practice as a physician assistant to:*

(a) The Board pursuant to this chapter; and

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

3. *Pay all applicable fees, including, without limitation:*

(a) The application and initial simultaneous license 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.

Sec. 26. *A person applying to renew a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS must:*

1. *Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS;*

2. *Apply:*

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

1 (b) For a license to practice as a physician assistant to the Board of Medical
2 Examiners pursuant to chapter 630 of NRS; and

3 3. Pay all applicable fees, including, without limitation:

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

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

8 **Sec. 27.** If a person licensed to practice as a physician assistant pursuant to
9 the provisions of this chapter is not applying to renew his or her license and
10 wishes to hold a simultaneous license to practice as a physician assistant
11 pursuant to the provisions of chapter 630 of NRS, the person must:

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

14 2. Pay all applicable fees, including, without limitation:

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

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

19 **Sec. 28.** On or before the last day of each quarter, the Board shall provide
20 to the Board of Medical Examiners a list of all physician assistants licensed by
21 the Board.

22 **Sec. 29.** ~~[1. A supervising osteopathic physician shall review and initial
23 charts of any patient of a physician assistant pursuant to the provisions of
24 subsection 2 who has not previously practiced as a physician assistant.~~

25 ~~2. Except as otherwise provided in subsection 3, during the first 90 days of
26 supervision, a supervising osteopathic physician shall review and initial at least
27 100 charts or 10 percent of the total number of charts of patients of the physician
28 assistant, whichever is greater.~~

29 ~~3. If a supervising osteopathic physician has reviewed and initialed less
30 than 100 charts of patients of the physician assistant during the first 90 days of
31 supervision, the supervising osteopathic physician must continue to review and
32 initial charts of patients of the physician assistant after the first 90 days of
33 supervision until the supervising osteopathic physician reviews and initials at
34 least 100 charts of patients of the physician assistant.~~

35 ~~4. A supervising osteopathic physician shall review and initial charts of
36 patients of the physician assistant only to the extent that the charts include
37 medical services provided within the portion of the practice of the physician
38 assistant that the supervising osteopathic physician supervises.~~

39 ~~5. The Board shall not adopt regulations requiring a supervising physician
40 to review and initial the charts of a patient of a physician assistant the
41 supervising physician is supervising in addition to what is required by this
42 section.] (Deleted by amendment.)~~

43 **Sec. 30.** NRS 633.171 is hereby amended to read as follows:

44 633.171 1. This chapter does not apply to:

45 (a) The practice of medicine or perfusion pursuant to chapter 630 of NRS,
46 dentistry, chiropractic, podiatry, optometry, respiratory care, faith or Christian
47 Science healing, nursing, veterinary medicine or fitting hearing aids.

48 (b) A medical officer of the Armed Forces or a medical officer of any division
49 or department of the United States in the discharge of his or her official duties,
50 including, without limitation, providing medical care in a hospital in accordance
51 with an agreement entered into pursuant to NRS 449.2455.

1 (c) Osteopathic physicians who are called into this State, other than on a
2 regular basis, for consultation or assistance to a physician licensed in this State, and
3 who are legally qualified to practice in the state where they reside.

4 (d) Osteopathic physicians who are temporarily exempt from licensure
5 pursuant to NRS 633.420 and are practicing osteopathic medicine within the scope
6 of the exemption.

7 (e) *The performance of medical services by a student enrolled in an*
8 *educational program for a physician assistant which is accredited by the*
9 *Accreditation Review Commission on Education for the Physician Assistant, Inc.,*
10 *or its successor organization, as part of such a program.*

11 (f) *A physician assistant of any division or department of the United States in*
12 *the discharge of his or her official duties unless licensure by a state is required by*
13 *the division or department of the United States.*

14 2. This chapter does not repeal or affect any law of this State regulating or
15 affecting any other healing art.

16 3. This chapter does not prohibit:

17 (a) Gratuitous services of a person in cases of emergency.

18 (b) The domestic administration of family remedies.

19 **Sec. 31.** NRS 633.305 is hereby amended to read as follows:

20 633.305 Except as otherwise provided in NRS 633.399, 633.400, 633.4335
21 and 633.4336 ~~and~~ **and section 24 of this act:**

22 1. Every applicant for a license shall:

23 (a) File an application with the Board in the manner prescribed by regulations
24 of the Board;

25 (b) Submit verified proof satisfactory to the Board that the applicant meets any
26 age, citizenship and educational requirements prescribed by this chapter; and

27 (c) Pay in advance to the Board the application and initial license fee specified
28 in NRS 633.501.

29 2. An application filed with the Board pursuant to subsection 1 must include
30 all information required to complete the application.

31 3. The Board may hold hearings and conduct investigations into any matter
32 related to the application and, in addition to the proofs required by subsection 1,
33 may take such further evidence and require such other documents or proof of
34 qualifications as it deems proper.

35 4. The Board may reject an application if the Board has cause to believe that
36 any credential or information submitted by the applicant is false, misleading,
37 deceptive or fraudulent.

38 **Sec. 32.** NRS 633.311 is hereby amended to read as follows:

39 633.311 1. Except as otherwise provided in NRS 633.315 and 633.381 to
40 633.419, inclusive, **and section 24 of this act**, an applicant for a license to practice
41 osteopathic medicine may be issued a license by the Board if:

42 (a) The applicant is 21 years of age or older;

43 (b) The applicant is a graduate of a school of osteopathic medicine;

44 (c) The applicant:

45 (1) Has graduated from a school of osteopathic medicine before 1995 and
46 has completed:

47 (I) A hospital internship; or

48 (II) One year of postgraduate training that complies with the standards
49 of intern training established by the American Osteopathic Association;

50 (2) Has completed 3 years, or such other length of time as required by a
51 specific program, of postgraduate medical education as a resident in the United
52 States or Canada in a program approved by the Board, the Bureau of Professional

1 Education of the American Osteopathic Association or the Accreditation Council
2 for Graduate Medical Education; or

3 (3) Is a resident who is enrolled in a postgraduate training program in this
4 State, has completed 24 months of the program and has committed, in writing, that
5 he or she will complete the program;

6 (d) The applicant applies for the license as provided by law;

7 (e) The applicant passes:

8 (1) All parts of the licensing examination of the National Board of
9 Osteopathic Medical Examiners;

10 (2) All parts of the licensing examination of the Federation of State
11 Medical Boards;

12 (3) All parts of the licensing examination of the Board, a state, territory or
13 possession of the United States, or the District of Columbia, and is certified by a
14 specialty board of the American Osteopathic Association or by the American Board
15 of Medical Specialties; or

16 (4) A combination of the parts of the licensing examinations specified in
17 subparagraphs (1), (2) and (3) that is approved by the Board;

18 (f) The applicant pays the fees provided for in this chapter; and

19 (g) The applicant submits all information required to complete an application
20 for a license.

21 2. An applicant for a license to practice osteopathic medicine may satisfy the
22 requirements for postgraduate education or training prescribed by paragraph (c) of
23 subsection 1:

24 (a) In one or more approved postgraduate programs, which may be conducted
25 at one or more facilities in this State or, except for a resident who is enrolled in a
26 postgraduate training program in this State pursuant to subparagraph (3) of
27 paragraph (c) of subsection 1, in the District of Columbia or another state or
28 territory of the United States;

29 (b) In one or more approved specialties or disciplines;

30 (c) In nonconsecutive months; and

31 (d) At any time before receiving his or her license.

32 **Sec. 33.** NRS 633.416 is hereby amended to read as follows:

33 633.416 1. An osteopathic physician who is retired from active practice and
34 who:

35 (a) Wishes to donate his or her expertise for the medical care and treatment of
36 persons in this State who are indigent, uninsured or unable to afford health care; or

37 (b) Wishes to provide services for any disaster relief operations conducted by a
38 governmental entity or nonprofit organization,

39 may obtain a special volunteer license to practice osteopathic medicine by
40 submitting an application to the Board pursuant to this section.

41 2. An application for a special volunteer license to practice osteopathic
42 medicine must be on a form provided by the Board and must include:

43 (a) Documentation of the history of medical practice of the osteopathic
44 physician;

45 (b) Proof that the osteopathic physician previously has been issued an
46 unrestricted license to practice osteopathic medicine in any state of the United
47 States and that the osteopathic physician has never been the subject of disciplinary
48 action by a medical board in any jurisdiction;

49 (c) Proof that the osteopathic physician satisfies the requirements for licensure
50 set forth in NRS 633.311 *or section 24 of this act, as applicable*, or the
51 requirements for licensure by endorsement set forth in NRS 633.399 or 633.400;

1 (d) Acknowledgment that the practice of the osteopathic physician under the
2 special volunteer license to practice osteopathic medicine will be exclusively
3 devoted to providing medical care:

4 (1) To persons in this State who are indigent, uninsured or unable to afford
5 health care; or

6 (2) As part of any disaster relief operations conducted by a governmental
7 entity or nonprofit organization; and

8 (e) Acknowledgment that the osteopathic physician will not receive any
9 payment or compensation, either direct or indirect, or have the expectation of any
10 payment or compensation, for providing medical care under the special volunteer
11 license to practice osteopathic medicine, except for payment by a medical facility at
12 which the osteopathic physician provides volunteer medical services of the
13 expenses of the osteopathic physician for necessary travel, continuing education,
14 malpractice insurance or fees of the State Board of Pharmacy.

15 3. If the Board finds that the application of an osteopathic physician satisfies
16 the requirements of subsection 2 and that the retired osteopathic physician is
17 competent to practice osteopathic medicine, the Board shall issue a special
18 volunteer license to practice osteopathic medicine to the osteopathic physician.

19 4. The initial special volunteer license to practice osteopathic medicine issued
20 pursuant to this section expires 1 year after the date of issuance. The license may be
21 renewed pursuant to this section, and any license that is renewed expires 2 years
22 after the date of issuance.

23 5. The Board shall not charge a fee for:

24 (a) The review of an application for a special volunteer license to practice
25 osteopathic medicine; or

26 (b) The issuance or renewal of a special volunteer license to practice
27 osteopathic medicine pursuant to this section.

28 6. An osteopathic physician who is issued a special volunteer license to
29 practice osteopathic medicine pursuant to this section and who accepts the privilege
30 of practicing osteopathic medicine in this State pursuant to the provisions of the
31 special volunteer license to practice osteopathic medicine is subject to all the
32 provisions governing disciplinary action set forth in this chapter.

33 7. An osteopathic physician who is issued a special volunteer license to
34 practice osteopathic medicine pursuant to this section shall comply with the
35 requirements for continuing education adopted by the Board.

36 **Sec. 34.** ~~[NRS 633.433 is hereby amended to read as follows:~~

37 ~~633.433 The Board may issue a license as a physician assistant to an applicant
38 who [is qualified under]:~~

39 ~~1. Meets the qualifications set forth in this chapter and the regulations of the
40 Board to perform medical services under the supervision of a supervising
41 osteopathic physician [The]; and~~

42 ~~2. Submits an application for a license as a physician assistant [must include]
43 that includes all information required to complete the application []; and~~

44 ~~3. Has passed the Physician Assistant National Certifying Examination
45 administered by the National Commission on Certification of Physician
46 Assistants, or its successor organization, or by another nationally recognized
47 organization as determined by the Board for the accreditation of physician
48 assistants.] (Deleted by amendment.)~~

49 **Sec. 35.** NRS 633.4335 is hereby amended to read as follows:

50 633.4335 1. The Board may issue a license by endorsement to practice as a
51 physician assistant to an applicant who meets the requirements set forth in this
52 section. An applicant may submit to the Board an application for such a license if
53 the applicant ~~is~~

1 ~~—(a) Holds~~ **holds** a corresponding valid and unrestricted license to practice as a
 2 physician assistant in the District of Columbia or any state or territory of the United
 3 States. ~~[-and~~

4 ~~—(b) Is certified in a specialty recognized by the American Board of Medical
 5 Specialties or the American Osteopathic Association.]~~

6 2. An applicant for a license by endorsement pursuant to this section must
 7 submit to the Board with his or her application:

8 (a) Proof satisfactory to the Board that the applicant:

9 (1) Satisfies the requirements of subsection 1;

10 (2) Has not been disciplined and is not currently under investigation by the
 11 corresponding regulatory authority of the District of Columbia or any state or
 12 territory in which the applicant currently holds or has held a license to practice as a
 13 physician assistant; and

14 (3) Has not been held civilly or criminally liable for malpractice in the
 15 District of Columbia or any state or territory of the United States;

16 (b) A complete set of fingerprints and written permission authorizing the Board
 17 to forward the fingerprints in the manner provided in NRS 633.309;

18 (c) An affidavit stating that the information contained in the application and
 19 any accompanying material is true and correct;

20 (d) The application and initial license fee specified in this chapter; and

21 (e) Any other information required by the Board.

22 3. Not later than 15 business days after receiving an application for a license
 23 by endorsement to practice as a physician assistant pursuant to this section, the
 24 Board shall provide written notice to the applicant of any additional information
 25 required by the Board to consider the application. Unless the Board denies the
 26 application for good cause, the Board shall approve the application and issue a
 27 license by endorsement to practice as a physician assistant to the applicant not later
 28 than:

29 (a) Forty-five days after receiving the application; or

30 (b) Ten days after the Board receives a report on the applicant's background
 31 based on the submission of the applicant's fingerprints,

32 **↳** whichever occurs later.

33 4. A license by endorsement to practice as a physician assistant may be issued
 34 at a meeting of the Board or between its meetings by the President and Executive
 35 Director of the Board. Such an action shall be deemed to be an action of the Board.

36 **Sec. 36.** NRS 633.4336 is hereby amended to read as follows:

37 633.4336 1. The Board may issue a license by endorsement to practice as a
 38 physician assistant to an applicant who meets the requirements set forth in this
 39 section. An applicant may submit to the Board an application for such a license if
 40 the applicant:

41 (a) Holds a corresponding valid and unrestricted license to practice as a
 42 physician assistant in the District of Columbia or any state or territory of the United
 43 States; **and**

44 (b) ~~Is certified in a specialty recognized by the American Board of Medical
 45 Specialties or the American Osteopathic Association; and~~

46 ~~—(c)~~ Is an active member of, or the spouse of an active member of, the Armed
 47 Forces of the United States, a veteran or the surviving spouse of a veteran.

48 2. An applicant for a license by endorsement pursuant to this section must
 49 submit to the Board with his or her application:

50 (a) Proof satisfactory to the Board that the applicant:

51 (1) Satisfies the requirements of subsection 1;

52 (2) Has not been disciplined and is not currently under investigation by the
 53 corresponding regulatory authority of the District of Columbia or the state or

1 territory in which the applicant holds a license to practice as a physician assistant;
2 and

3 (3) Has not been held civilly or criminally liable for malpractice in the
4 District of Columbia or any state or territory of the United States;

5 (b) A complete set of fingerprints and written permission authorizing the Board
6 to forward the fingerprints in the manner provided in NRS 633.309;

7 (c) An affidavit stating that the information contained in the application and
8 any accompanying material is true and correct;

9 (d) The application and initial license fee specified in this chapter; and

10 (e) Any other information required by the Board.

11 3. Not later than 15 business days after receiving an application for a license
12 by endorsement to practice as a physician assistant pursuant to this section, the
13 Board shall provide written notice to the applicant of any additional information
14 required by the Board to consider the application. Unless the Board denies the
15 application for good cause, the Board shall approve the application and issue a
16 license by endorsement to practice as a physician assistant to the applicant not later
17 than:

18 (a) Forty-five days after receiving all the additional information required by the
19 Board to complete the application; or

20 (b) Ten days after the Board receives a report on the applicant's background
21 based on the submission of the applicant's fingerprints,

22 **↳** whichever occurs later.

23 4. A license by endorsement to practice as a physician assistant may be issued
24 at a meeting of the Board or between its meetings by the President and Executive
25 Director of the Board. Such an action shall be deemed to be an action of the Board.

26 5. At any time before making a final decision on an application for a license
27 by endorsement pursuant to this section, the Board may grant a provisional license
28 authorizing an applicant to practice as a physician assistant in accordance with
29 regulations adopted by the Board.

30 6. As used in this section, "veteran" has the meaning ascribed to it in NRS
31 417.005.

32 **Sec. 37. [NRS 633.434 is hereby amended to read as follows:**

33 ~~633.434. The Board shall adopt regulations regarding the licensure of a~~
34 ~~physician assistant, including, without limitation:~~

35 ~~1. The educational and other qualifications of applicants.~~

36 ~~2. The required academic program for applicants.~~

37 ~~3. The procedures for applications for and the issuance of licenses.~~

38 ~~4. The procedures deemed necessary by the Board for applications for and the~~
39 ~~issuance of initial licenses by endorsement pursuant to NRS 633.4335 and~~
40 ~~633.4336.~~

41 ~~5. The tests or examinations of applicants required by the Board.~~

42 ~~6. The medical services which a physician assistant may perform, except that~~
43 ~~a physician assistant may not perform osteopathic manipulative therapy or those~~
44 ~~specific functions and duties delegated or restricted by law to persons licensed as~~
45 ~~dentists, chiropractors, doctors of Oriental medicine, podiatric physicians,~~
46 ~~optometrists and hearing aid specialists under chapters 631, 634, 634A, 635, 636~~
47 ~~and 637B, respectively, of NRS.~~

48 ~~7. The grounds and procedures respecting disciplinary actions against~~
49 ~~physician assistants.~~

50 ~~8. The supervision of medical services of a physician assistant by a~~
51 ~~supervising osteopathic physician.~~

52 ~~9. The annual renewal of licenses, including licenses by endorsement~~
53 ~~pursuant to NRS 633.4335 and 633.4336.] (Deleted by amendment.)~~

1 **Sec. 38.** ~~[NRS 633.452 is hereby amended to read as follows:~~

2 ~~633.452 1. [A] Except as otherwise provided in this section, a physician~~
 3 ~~assistant [licensed under the provisions of this chapter who is responding to a need~~
 4 ~~for medical care created by an emergency or disaster, as declared by an applicable~~
 5 ~~governmental entity, may render emergency care that is directly related to the~~
 6 ~~emergency or disaster] is considered to be and is deemed the agent of his or her~~
 7 ~~supervising osteopathic physician in the performance of all medical activities.~~

8 ~~2. A physician assistant shall not perform medical services without [the]~~
 9 ~~supervision [of an] from his or her supervising osteopathic physician [, as required~~
 10 ~~by this chapter. The provisions of this subsection apply only for the duration of the~~
 11 ~~emergency or disaster.~~

12 ~~2. An osteopathic physician who supervises a physician assistant who is~~
 13 ~~rendering emergency care that is directly related to an emergency or disaster, as~~
 14 ~~described in subsection 1, shall not be required to meet the requirements set forth in~~
 15 ~~this chapter for such supervision.] except in:~~

16 ~~(a) Life-threatening emergencies, including, without limitation, at the scene~~
 17 ~~of an accident; or~~

18 ~~(b) Emergency situations, including, without limitation, human-caused or~~
 19 ~~natural disaster relief efforts.~~

20 ~~3. When a physician assistant performs medical services in an emergency~~
 21 ~~described in subsection 2:~~

22 ~~(a) The physician assistant is not the agent of his or her supervising~~
 23 ~~osteopathic physician and the supervising osteopathic physician is not~~
 24 ~~responsible or liable for any medical services provided by the physician assistant;~~

25 ~~(b) The physician assistant may provide whatever medical services possible~~
 26 ~~based on the need of the patient and the training, education and experience of the~~
 27 ~~physician assistant;~~

28 ~~(c) If an osteopathic physician is available on scene, the physician assistant~~
 29 ~~may take direction from the osteopathic physician; and~~

30 ~~(d) The physician assistant shall make a reasonable effort to contact his or~~
 31 ~~her supervising osteopathic physician, as soon as possible, to advise him or her of~~
 32 ~~the incident and the physician assistant's role in providing medical services.]~~

33 **(Deleted by amendment.)**

34 **Sec. 39.** NRS 633.466 is hereby amended to read as follows:

35 633.466 1. A physician assistant *who does not hold a simultaneous license*
 36 *to practice as a physician assistant pursuant to the provisions of chapter 630 of*
 37 *NRS* may be supervised by a physician licensed to practice medicine in this State
 38 pursuant to chapter 630 of NRS in place of his or her supervising osteopathic
 39 physician if:

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

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

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

46 3. The State Board of Osteopathic Medicine shall adopt jointly with the Board
 47 of Medical Examiners regulations necessary to administer the provisions of this
 48 section.

49 **Sec. 40.** ~~[NRS 633.468 is hereby amended to read as follows:~~

50 ~~633.468 1. [An] Subject to the provisions of this section, an osteopathic~~
 51 ~~physician may at any time refuse to act as a supervising osteopathic physician for a~~
 52 ~~physician assistant.~~

~~2. A condition, stipulation or provision in a contract or other agreement which:~~

~~(a) Requires an osteopathic physician to act as a supervising osteopathic physician for a physician assistant;~~

~~(b) Penalizes an osteopathic physician for refusing to act as a supervising osteopathic physician for a physician assistant; or~~

~~(c) Limits a supervising osteopathic physician's authority with regard to any protocol, standing order or delegation of authority applicable to a physician assistant supervised by the osteopathic physician;~~

~~is against public policy and is void.~~

~~3. If an osteopathic physician refuses to act as a supervising osteopathic physician for a physician assistant pursuant to this section, the supervising osteopathic physician or his or her designee must provide written notice to the physician assistant and the Board. Such written notice must clearly state that the supervising osteopathic physician:~~

~~(a) Refuses to act as a supervising osteopathic physician for the physician assistant; and~~

~~(b) No longer serves as the supervising osteopathic physician.~~

~~4. The supervising osteopathic physician shall not refuse to act as a supervising osteopathic physician until the physician assistant receives the notice required by subsection 3.~~

~~5. Upon receiving the notice described in subsection 3 from a supervising osteopathic physician, the physician assistant must:~~

~~(a) Immediately stop performing medical services for any patients of the supervising osteopathic physician; and~~

~~(b) Notify the Board of a contract with a new supervising osteopathic physician within 5 business days after entering into such contract.] (Deleted by amendment.)~~

Sec. 41. [NRS 633.469 is hereby amended to read as follows:

~~633.469 1. The Board shall establish by regulation the maximum number of physician assistants that a supervising osteopathic physician may supervise at the same time and may establish different maximum numbers for different practice areas.~~

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

~~[2.] 3. Except as otherwise provided in subsection [3.] 4, a supervising osteopathic physician may provide supervision to his or her physician assistant in person, electronically, telephonically or by fiber optics. When providing supervision electronically, telephonically or by fiber optics, a supervising osteopathic physician may be at a different site than the physician assistant, including a 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 [.] if the physician assistant has not been previously licensed or has not previously practiced as a physician assistant. The provisions of this subsection do not apply to a federally qualified health center.~~

~~[4.] 5. A supervising osteopathic physician providing supervision pursuant to subsection 4 must be physically present at the same location as the physician assistant performing the medical services but is not required to be in the same room as the physician assistant.~~

~~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;~~

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

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

~~[5.] 7. A supervising osteopathic 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.~~

~~[6.] 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).] (Deleted by amendment.)~~

Sec. 42. NRS 633.471 is hereby amended to read as follows:

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

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

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

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

(d) ~~[Submitting]~~ ***Subject to subsection 11, 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

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

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

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education annually from no fewer than one-third of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant. ~~[Upon]~~ ***Subject to subsection 11, upon*** a request from the Board, 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.

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

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 encourage each holder of a license to practice osteopathic medicine or as a physician assistant to receive, as a portion of his or her continuing

1 education, training and education in the diagnosis of rare diseases, including,
2 without limitation:

3 (a) Recognizing the symptoms of pediatric cancer; and

4 (b) Interpreting family history to determine whether such symptoms indicate a
5 normal childhood illness or a condition that requires additional examination.

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

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

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

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

17 (c) The detection of suicidal thoughts and ideations and the prevention of
18 suicide.

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

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

26 ***11. The Board shall not require a physician assistant to receive or maintain
27 certification by the National Commission on Certification of Physician
28 Assistants, or its successor organization, or by any other nationally recognized
29 organization for the accreditation of physician assistants to satisfy any
30 continuing education requirement pursuant to paragraph (d) of subsection 1 and
31 subsection 3.***

32 **Sec. 43.** NRS 633.491 is hereby amended to read as follows:

33 633.491 1. A licensee who retires from practice is not required annually to
34 renew his or her license after filing with the Board an affidavit stating the date on
35 which he or she retired from practice and any other evidence that the Board may
36 require to verify the retirement.

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

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

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

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

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

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

1 4. An osteopathic physician or physician assistant whose license has been
2 placed on inactive status:

3 (a) Is not required to annually renew the license.

4 (b) ~~Shall~~ *Except as otherwise provided in subsection 6, shall* annually pay
5 the inactive license fee prescribed by NRS 633.501.

6 (c) Shall not practice osteopathic medicine or practice as a physician assistant
7 in this State.

8 5. *A physician assistant whose license has been placed on inactive status
9 shall not practice as a physician assistant. The Board shall consider a physician
10 assistant whose license has been placed on inactive status and who practices as a
11 physician assistant to be practicing without a license. Such practice constitutes
12 grounds for disciplinary action against the physician assistant in accordance with
13 the regulations adopted by the Board pursuant to NRS 633.434.*

14 6. *The Board shall exempt a physician assistant whose license has been
15 placed on inactive status from paying the inactive license fee prescribed by NRS
16 633.501.*

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

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

23 (1) The year preceding the date of the application for renewal of the
24 license; and

25 (2) Each year after the date the license was placed on inactive status.

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

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

30 **Sec. 44.** NRS 633.501 is hereby amended to read as follows:

31 633.501 1. Except as otherwise provided in subsection 2, the Board shall
32 charge and collect fees not to exceed the following amounts:

33 (a) Application and initial license fee for an osteopathic physician \$800

34 (b) Annual license renewal fee for an osteopathic physician..... 500

35 (c) Temporary license fee..... 500

36 (d) Special or authorized facility license fee 200

37 (e) Special event license fee 200

38 (f) Special or authorized facility license renewal fee..... 200

39 (g) Reexamination fee 200

40 (h) Late payment fee 300

41 (i) Application and initial license fee for a physician assistant..... 400

42 (j) ~~Annual license renewal~~ *Application and initial simultaneous*
43 *license fee for a physician assistant 200*

44 (k) *Annual registration* fee for a physician assistant 400

45 ~~(k)~~ (l) *Annual simultaneous registration fee for a physician*
46 *assistant..... 200*

47 (m) Inactive license fee 200

48 2. The Board may prorate the initial license fee for a new license issued
49 pursuant to paragraph (a) or (i) of subsection 1 which expires less than 6 months
50 after the date of issuance.

51 3. The cost of any special meeting called at the request of a licensee, an
52 institution, an organization, a state agency or an applicant for licensure must be
53 paid by the person or entity requesting the special meeting. Such a special meeting

1 must not be called until the person or entity requesting the meeting has paid a cash
2 deposit with the Board sufficient to defray all expenses of the meeting.

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

5 (a) NRS 633.399 or 633.400 and is an active member of, or the spouse of an
6 active member of, the Armed Forces of the United States, a veteran or the surviving
7 spouse of a veteran, the Board shall collect not more than one-half of the fee set
8 forth in subsection 1 for the initial issuance of the license. As used in this
9 paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

10 (b) NRS 633.4336, the Board shall collect not more than one-half of the fee set
11 forth in subsection 1 for the initial issuance of the license.

12 **Sec. 45.** ~~NRS 633.741 is hereby amended to read as follows:~~

13 ~~633.741 1. It is unlawful for any person to:~~

14 ~~(a) Except as otherwise provided in NRS 629.091, practice:~~

15 ~~(1) Osteopathic medicine without a valid license to practice osteopathic
16 medicine under this chapter;~~

17 ~~(2) As a physician assistant without a valid license under this chapter; or~~

18 ~~(3) Beyond the limitations ordered upon his or her practice by the Board or
19 the court;~~

20 ~~(b) Present as his or her own the diploma, license or credentials of another;~~

21 ~~(c) Give either false or forged evidence of any kind to the Board or any of its
22 members in connection with an application for a license;~~

23 ~~(d) File for record the license issued to another, falsely claiming himself or
24 herself to be the person named in the license, or falsely claiming himself or herself
25 to be the person entitled to the license;~~

26 ~~(e) Practice osteopathic medicine or practice as a physician assistant under a
27 false or assumed name or falsely personate another licensee of a like or different
28 name;~~

29 ~~(f) Hold himself or herself out as a physician assistant or use any other term
30 indicating or implying that he or she is a physician assistant, unless the person has
31 been licensed by the Board as provided in this chapter; or~~

32 ~~(g) Supervise a person as a physician assistant before such person is licensed as
33 provided in this chapter.~~

34 ~~2. A person who meets the qualifications for licensure to practice as a
35 physician assistant pursuant to this chapter and holds a certification from the
36 National Commission on Certification of Physician Assistants, or its successor
37 organization, but does not possess a current license pursuant to this chapter may
38 use the title "inactive physician assistant" and shall not act or practice as a
39 physician assistant.~~

40 ~~3. A person who violates any provision of subsection 1 [.] or 2:~~

41 ~~(a) If no substantial bodily harm results, is guilty of a category D felony; or~~

42 ~~(b) If substantial bodily harm results, is guilty of a category C felony.~~

43 ~~and shall be punished as provided in NRS 193.130, unless a greater penalty is
44 provided pursuant to NRS 200.830 or 200.840.~~

45 ~~[3.] 4. In addition to any other penalty prescribed by law, if the Board
46 determines that a person has committed any act described in subsection 1 [.] or
47 prohibited by subsection 2, the Board may:~~

48 ~~(a) Issue and serve on the person an order to cease and desist until the person
49 obtains from the Board the proper license or otherwise demonstrates that he or she
50 is no longer in violation of subsection 1 [.] or 2. An order to cease and desist must
51 include a telephone number with which the person may contact the Board.~~

52 ~~(b) Issue a citation to the person. A citation issued pursuant to this paragraph
53 must be in writing, describe with particularity the nature of the violation and inform~~

1 ~~the person of the provisions of this paragraph. Each activity in which the person is~~
2 ~~engaged constitutes a separate offense for which a separate citation may be issued.~~
3 ~~To appeal a citation, the person must submit a written request for a hearing to the~~
4 ~~Board not later than 30 days after the date of issuance of the citation.~~

5 ~~(c) Assess against the person an administrative fine of not more than \$5,000.~~
6 ~~(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and~~
7 ~~(e). (Deleted by amendment.)~~

8 **Sec. 46.** ~~{1. The Board of Medical Examiners shall, on or before January~~
9 ~~31, 2022, adopt the regulations required pursuant to subsection 1 of section 5 of this~~
10 ~~act.~~

11 ~~2. The State Board of Osteopathic Medicine shall, on or before January 31,~~
12 ~~2022, adopt the regulations required pursuant to subsection 1 of NRS 633.469, as~~
13 ~~amended by section 41 of this act. (Deleted by amendment.)~~

14 **Sec. 47.** 1. This section becomes effective upon passage and approval.

15 2. Sections 1 to 46, inclusive, of this act become effective:

16 (a) Upon passage and approval for the purposes of adopting regulations and
17 performing any other preparatory administrative tasks that are necessary to carry
18 out the provisions of this act; and

19 (b) January 1, 2022, for all other purposes.