Amendment No. 441

Assembly Amendme	(BDR 54-148)						
Proposed by: Assembly Committee on Commerce and Labor							
Amends: Summary: N	No Title: Yes Preamble: No Joint Sponsorsh	nip: No Digest: Yes					

ASSEMBLY	AC	TION	Initial and Date		SENATE ACTIO	ON	Initial and Date
Adopted		Lost		I	Adopted	Lost	
Concurred In		Not		I	Concurred In	Not	
Receded		Not		Ī	Receded	Not	

EXPLANATION: Matter in (1) blue bold italics is new language in the original bill; (2) variations of green bold underlining is newly added language; (3) red strikethrough is deleted language in the original bill; (4) purple double strikethrough is language proposed to be deleted in this amendment; (5) fuchsia double strikethrough is new language in the bill proposed to be deleted in this amendment; (6) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment.

SHORT FORM AMENDMENT

Sections 4, 6, 7, 23 and 202 of this act are the only sections affected by this amendment.

VDW/SJQ Date: 4/21/2023

The Sponsor List of Assembly Bill No. 364 is hereby amended as follows:

ASSEMBLY BILL NO. 364–ASSEMBLYMEN COHEN, O'NEILL; ANDERSON, BROWN-MAY, DICKMAN, D'SILVA AND GORELOW

The Title of Assembly Bill No. 364 is hereby amended as follows:

AN ACT relating to physician assistants; prescribing the settings in which a physician assistant is authorized to practice; [expanding] revising the membership of the Board of Medical Examiners; authorizing physician assistants to perform medical services without the supervision of a physician; authorizing a physician assistant to perform certain medical services under certain circumstances; eliminating provisions governing the testing or examination of applicants for licensure as a physician assistant; prescribing certain authority and duties of a physician assistant and an advanced practice registered nurse; authorizing certain unlicensed persons to use the title "inactive physician assistant"; removing the requirement that a rural clinic be supervised by a physician; and providing other matters properly relating thereto.

If this amendment is adopted, the Legislative Counsel's Digest will be changed as follows:

Legislative Counsel's Digest:

Existing law: (1) provides for the licensure and regulation of physician assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; and (2) requires a physician assistant to work under the supervision of a physician or osteopathic physician. (NRS 630.271, 630.275, 633.432-633.469) Sections 5, 10-12, 24 and 26-28 of this bill remove the requirement that a physician assistant be supervised by a physician or osteopathic physician. Sections 9, 21, 29, 30, 32, 35, 36, 81-84, 90, 98, 168, 169 and 204 of this bill remove references to supervision of a physician assistant by a physician or osteopathic physician. Sections 4 and 23 of this bill require a physician assistant who has practiced for less than [4,000] 6,000 hours as a physician assistant or who has changed the field of medicine within which the physician assistant practices to enter into a collaborative agreement with a physician. Sections 4 and 23 also prescribe the settings in which a physician assistant is authorized to practice. Sections 10 and 26 of this bill: (1) require a physician assistant to obtain the informed consent of a patient before providing any medical service; (2) prescribe medical services that a physician assistant is authorized to perform; and (3) require a physician assistant to only perform such services within his or her scope of practice and which he or she has the necessary education, training and experience to competently perform. Sections 12 and 28 of this bill remove a requirement that the Board of Medical Examiners and the State Board of Osteopathic Medicine adopt regulations governing the testing or examination of applicants for licensure as a physician assistant and the services which a physician assistant may perform. Section 30 makes a technical revision concerning the renewal of a license as an osteopathic physician assistant. Sections 1-3, 13-16, 18-20, 22, 25, 31-34, 37-80, 85-89, 91-97, 99-127, 129-167 and 170-201 of this bill make various changes so that physician assistants have similar authority and duties to other providers of health care who provide medical services independently and are otherwise treated in the same manner as other such providers of health care. Sections 54, 56, 70, 126, 142 and 178 of this bill also add

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21 22. advanced practice registered nurses to certain provisions to ensure that physician assistants and advanced practice registered nurses have similar authority.

Existing law provides that the Board of Medical Examiners consists of: (1) six licensed physicians; (2) one representative of the interests of persons or agencies that regularly provide health care to persons who are indigent, uninsured or unable to afford health care; and (3) two residents of this State who are not affiliated with the healing arts. (NRS 631.050) Existing law also authorizes the Board to select physicians and members of the public to serve as advisory members of the Board. (NRS 630.075) Sections [6] 7 and 202 of this bill revise the membership of the Board to eliminate one member who is a licensed physician and instead require the appointment of [two additional members of the Board who are] one member who is a physician [assistants.] assistant. Section 8 of this bill authorizes the Board to select physician assistants to serve as advisory members of the Board.

Existing law prohibits a person who is not licensed as a physician assistant from holding himself or herself out as a physician assistant. (NRS 630.400, 633.741) Sections 17 and 32 of this bill authorize an unlicensed person who meets the requirements for licensure as a physician assistant to refer to himself or herself as an "inactive physician assistant."

Existing law requires the State Board of Pharmacy to adopt regulations governing the: (1) administration, possession, dispensing, storage, security, recordkeeping and transportation of controlled substances by a physician assistant; and (2) administration, possession, prescription, dispensing, storage, security, recordkeeping and transportation of dangerous drugs, poisons and devices by a physician assistant. (NRS 639.1373) **Section 36** removes a requirement that the Board consider the experience and training of the physician assistant when adopting those regulations.

Existing law establishes a rural clinic as a medical facility in a rural area where medical services are provided by a physician assistant or advanced practice registered nurse under the supervision of a physician. (NRS 449.0175) Section 128 of this bill removes the requirement that a rural clinic be supervised by a physician.

Section 4 of Assembly Bill No. 364 is hereby amended as follows:

- Sec. 4. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:
 - 1. A physician assistant may practice at:
- (a) A medical facility, any facility licensed pursuant to chapter 449 of NRS or any facility that has established a system for evaluating the credentials of and granting practice privileges to physician assistants;
- (b) A facility or medical practice owned by a physician or osteopathic physician or a group of physicians or osteopathic physicians;
- (c) A federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B);
 - (d) A correctional facility or institution;
 - (e) A state, county, city or district health department; or
 - (f) Any other location authorized by regulation of the Board.
- A physician assistant who has practiced as a physician assistant for less than [4,900] 6,000 hours shall enter into a written collaborative agreement with a physician that prescribes the manner in which the physician and physician assistant will collaborate. Upon request of the Board, the physician assistant shall provide the collaborative agreement to the Board.
- A physician assistant who changes the field of medicine within which the physician assistant practices must enter into a written collaborative agreement with a physician pursuant to subsection 2 until the physician assistant has practiced as a physician assistant in that field of medicine for not less than 6,000
- 23 hours.

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Section 6 of Assembly Bill No. 364 is hereby amended as follows:

Sec. 6. [NRS 630.050 is hereby amended to read as follows:

630.050 1. The Board of Medical Examiners consists of [nine] II members appointed by the Governor.

2. No person may be appointed as a member of the Board to serve for more than two consecutive full terms, but a person may be reappointed after the lapse of 4 vears.] (Deleted by amendment.)

Section 7 of Assembly Bill No. 364 is hereby amended as follows:

Sec. 7. NRS 630.060 is hereby amended to read as follows:

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

2. [Two members] One member of the Board must be [persons] a person who [are] is licensed to practice as a physician [assistants] assistant in this State, [are] is actually engaged in practice as a physician [assistants] assistant in this State and [have] has resided and practiced as a physician [assistants] assistant in this State for at least 5 years preceding [their respective appointments.] his or her appointment.

- 3. One member of the Board must be a person who has resided in this State for at least 5 years and who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member must not be licensed under the provisions of this chapter.
- [3.] 4. The remaining two members of the Board must be persons who have resided in this State for at least 5 years and who:
 - (a) Are not licensed in any state to practice any healing art;
- (b) Are not the spouse or the parent or child, by blood, marriage or adoption, of a person licensed in any state to practice any healing art;
- (c) Are not actively engaged in the administration of any facility for the dependent as defined in chapter 449 of NRS, medical facility or medical school; and
- (d) Do not have a pecuniary interest in any matter pertaining to the healing arts, except as a patient or potential patient.
- [4.] 5. The members of the Board must be selected without regard to their individual political beliefs.

Section 23 of Assembly Bill No. 364 is hereby amended as follows:

- Sec. 23. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:
 - 1. A physician assistant shall practice at:
 - (a) A medical facility, any other facility licensed pursuant to chapter 449 of NRS or any facility that has established a system for evaluating the credentials of and granting practice privileges to physician assistants;

- (b) A facility or medical practice owned by a physician or osteopathic 2 physician or a group of physicians or osteopathic physicians;
 - (c) A federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B);
 - (d) A correctional facility or institution;

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- (e) A state, county, city or district health department; or
- (f) Any other location authorized by regulation of the Board.
- A physician assistant who has practiced as a physician assistant for less than [4,000] 6,000 hours shall enter into a written collaborative agreement with an osteopathic physician that prescribes the manner in which the osteopathic physician and physician assistant will collaborate. Upon request of the Board, the physician assistant shall provide the collaborative agreement to the Board.
- 3. A physician assistant who changes the field of medicine within which the physician assistant practices must enter into a written collaborative agreement with a physician pursuant to subsection 2 until the physician assistant has practiced as a physician assistant in that field of medicine for not less than 6,000 hours.

Section 202 of Assembly Bill No. 364 is hereby amended as follows:

- Sec. 202. [1. On or] The amendatory provisions of section 7 of this act do not affect the current term of appointment of any person who, before [July 1, 2023, the effective date of that section, is a member of the Board of Medical Examiners, and each member continues to serve until the expiration of his or her term or until the member vacates his or her office, whichever occurs first. On and after the effective date of section 7 of this act, the Governor shall [appoint] make appointments to the Board of Medical Examiners [the members described in subsection 2 of in accordance with NRS 630.060, as amended by section 7 of this act.
- [2. In making the appointments described in subsection 2 of NRS 630.060, as amended by section 7 of this act, the Governor shall appoint the new members to staggered terms of 2 and 4 years.