

ASSEMBLY BILL NO. 170—ASSEMBLYMEMBER NADEEM

PREFILED JANUARY 31, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Providing for the licensure of associate physicians and associate osteopathic physicians. (BDR 54-840)

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 health care; providing for the licensure of associate physicians and associate osteopathic physicians; prescribing the conditions under which an associate physician or associate osteopathic physician is authorized to practice medicine or osteopathic medicine; authorizing an associate physician or associate osteopathic physician to register to possess, administer, prescribe or dispense controlled substances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law provides for the licensing of physicians and physician assistants
2 by the Board of Medical Examiners and for the licensing of osteopathic physicians
3 and physician assistants by the State Board of Osteopathic Medicine. (NRS
4 630.160-630.1607, 630.258-630.2665, 630.271-630.2755, 633.305-633.420,
5 633.432-633.4336) **Sections 2-9 and 14-21** of this bill create limited licenses that
6 authorize certain medical school graduates to engage in the supervised practice of
7 medicine as an associate physician or associate osteopathic physician. **Sections 2**
8 **and 14** authorize the Board of Medical Examiners and State Board of Osteopathic
9 Medicine, respectively, to issue a limited license as an associate physician or
10 associate osteopathic physician to an applicant who: (1) has graduated from certain
11 medical schools; (2) has completed at least 1 year of postgraduate medical
12 education as a resident or intern as a part of certain programs; and (3) possesses
13 certain other qualifications. **Sections 3 and 15** limit an associate physician or
14 associate osteopathic physician to practicing medicine under the supervision and
15 control of a supervising physician or supervising osteopathic physician. **Sections 5**
16 **and 17** prescribe the required qualifications of a supervising physician or
17 supervising osteopathic physician. **Sections 3 and 15** require an associate physician or
18 associate osteopathic physician to enter into a collaborative practice agreement
19 with his or her supervising physician or supervising osteopathic physician.



Sections 6 and 18 prescribe the provisions that are required to be included in the collaborative practice agreement.

Sections 3 and 15 require a supervising physician or supervising osteopathic physician to be on the same premises and available to assist an associate physician or associate osteopathic physician for the first 30 days of supervision. **Sections 3 and 15** require a supervising physician or supervising osteopathic physician, or designee thereof, to be on the same premises and available to assist at all times an associate physician or associate osteopathic physician, as applicable, who is practicing in a county whose population is less than 100,000 (currently all counties other than Clark and Washoe Counties). **Sections 3 and 15** also require the employer of an associate physician or associate osteopathic physician to credential and bill for services rendered by an associate physician or associate osteopathic physician in the same manner as a physician assistant. **Sections 4 and 16** require a supervising physician and associate physician or supervising osteopathic physician and associate osteopathic physician to take certain measures to notify the public of their respective statuses and their relationship. **Sections 5 and 17:** (1) provide that a supervising physician or supervising osteopathic physician is responsible for the practice of medicine or osteopathic medicine by the associate physician or associate osteopathic physician, as applicable, that he or she is supervising; and (2) require a supervising physician or supervising osteopathic physician to maintain insurance that covers malpractice by an associate physician or associate osteopathic physician, as applicable. **Sections 5 and 17** prohibit a supervising physician or supervising osteopathic physician from entering into a collaborative practice agreement with more than three associate physicians or associate osteopathic physicians, as applicable. **Sections 5 and 17** additionally prohibit the Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively, from disciplining a supervising physician or supervising osteopathic physician for legal activity of an associate physician or associate osteopathic physician that is within the scope of the relevant collaborative practice agreement.

Sections 7 and 19 authorize an associate physician or associate osteopathic physician, respectively, to prescribe or dispense certain controlled substances and establish the conditions under which an associate physician or associate osteopathic physician may prescribe or dispense such controlled substances. Existing law: (1) authorizes the State Board of Pharmacy to issue a registration certificate to authorize a physician assistant to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices in or out of the presence of his or her supervising physician; and (2) requires the Board to adopt regulations governing the storage, security, recordkeeping and transportation of controlled substances, poisons, dangerous drugs or devices by a physician assistant. (NRS 639.1373) **Section 26** of this bill authorizes the State Board of Pharmacy to additionally issue such a registration certificate to associate physicians and associate osteopathic physicians and to regulate associate physicians and associate osteopathic physicians who hold such a certificate in the same manner as physician assistants.

Sections 8 and 20 provide for the expiration and renewal of the limited licenses issued to associate physicians and associate osteopathic physicians, respectively. **Sections 11 and 25** of this bill require a physician or osteopathic physician to biennially submit to the Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, a list of the names of each associate physician or associate osteopathic physician who is supervised by the physician or osteopathic physician. **Sections 9 and 21** of this bill require those Boards to adopt regulations to implement **sections 2-9 and 19-21**.

Sections 10, 22 and 27 of this bill make conforming changes to clarify the meaning of the terms "supervising physician," "associate physician," "supervising osteopathic physician" and "associate osteopathic physician." **Sections 11 and 23**



75 of this bill make conforming changes to clarify that an applicant for a license as an
76 associate physician or an associate osteopathic physician does not hold the same
77 qualifications for licensure as an applicant for a standard license as a physician or
78 an osteopathic physician. **Section 24** of this bill makes a conforming change to
79 clarify the applicability of a provision relating to the supervising osteopathic
80 physician of a physician assistant.

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
2 thereto the provisions set forth as sections 2 to 9, inclusive, of this
3 act.

4 **Sec. 2.** *Except as otherwise provided in NRS 630.161, the*
5 *Board may issue a limited license for a person to practice*
6 *medicine as an associate physician if the applicant:*

7 1. *Has received the degree of doctor of medicine from a*
8 *medical school in the United States or Canada:*

9 (a) *Approved by the Liaison Committee on Medical Education*
10 *of the American Medical Association and Association of American*
11 *Medical Colleges; or*

12 (b) *Which provides a course of professional instruction*
13 *equivalent to that provided in medical schools in the United States*
14 *approved by the Liaison Committee on Medical Education;*

15 2. *Has passed the Step 1 Exam and Step 2 CK Exam of the*
16 *United States Medical Licensing Examination or an examination*
17 *deemed equivalent by the Board;*

18 3. *Has not completed a residency in a program described in*
19 *sub-subparagraph (I) of subparagraph (I) of paragraph (c) of*
20 *subsection 2 of NRS 630.160;*

21 4. *Has completed at least his or her first year of postgraduate*
22 *medical education as a resident or intern as part of a program*
23 *that:*

24 (a) *Has been approved by the Accreditation Council for*
25 *Graduate Medical Education;*

26 (b) *Conforms to the minimum standards for intern training*
27 *established by the American Osteopathic Association; or*

28 (c) *Is approved by the Board in accordance with the*
29 *regulations adopted pursuant to section 9 of this act; and*

30 5. *Has basic fluency in the English language.*

31 **Sec. 3.** 1. *An associate physician shall only practice*
32 *medicine under the supervision and control of a physician:*

33 (a) *Who meets the requirements of section 5 of this act; and*



1 (b) *With whom the associate physician has entered into a*
2 *collaborative practice agreement that meets the requirements of*
3 *section 6 of this act.*

4 2. *An associate physician shall not practice medicine in a*
5 *manner that exceeds the skill, training and competence of the*
6 *associate physician or his or her supervising physician.*

7 3. *For the first 30 days during which an associate physician*
8 *practices medicine under the supervision of a new supervising*
9 *physician, the supervising physician must be physically present on*
10 *the same premises and available to assist the associate physician.*

11 4. *An associate physician shall not practice medicine in a*
12 *county whose population is less than 100,000 unless the*
13 *supervising physician or another physician designated by the*
14 *supervising physician is physically present on the same premises*
15 *and is available to assist the associate physician.*

16 5. *An associate physician working in a rural health clinic, as*
17 *defined in 42 U.S.C. § 1395x(aa)(2), shall be considered to be a*
18 *physician assistant for the purposes of the regulations of the*
19 *Centers for Medicare and Medicaid Services of the United States*
20 *Department of Health and Human Services. Such an associate*
21 *physician and his or her supervising physician are not required to*
22 *comply with the requirements of any regulations adopted pursuant*
23 *to section 9 of this act governing the supervision of an associate*
24 *physician that are more stringent than the requirements of federal*
25 *law and regulations.*

26 6. *A person or entity that employs an associate physician*
27 *shall credential the associate physician and bill for services*
28 *rendered by the associate physician in the same manner as the*
29 *person or entity credentials and bills for the services of a physician*
30 *assistant.*

31 **Sec. 4. 1.** *The supervising physician of an associate*
32 *physician shall prominently display a disclosure at every office*
33 *where the associate physician practices medicine explaining to*
34 *patients that the patient may be seen by an associate physician and*
35 *the patient may instead request to be seen by the supervising*
36 *physician.*

37 2. *An associate physician shall clearly identify himself or*
38 *herself as an associate physician, including, without limitation, by*
39 *wearing an identification badge that clearly identifies the person*
40 *as an associate physician. An associate physician may identify*
41 *himself or herself as a doctor.*

42 3. *While acting as the supervising physician of an associate*
43 *physician, a physician shall wear an identification badge that*
44 *clearly identifies the person as a supervising physician of an*
45 *associate physician.*



1 **Sec. 5. 1.** *A physician shall not serve as the supervising*
2 *physician of an associate physician pursuant to subsection 1 of*
3 *section 3 of this act or the designee of a supervising physician*
4 *pursuant to subsection 4 of section 3 of this act unless the*
5 *physician:*

6 *(a) Holds an active unrestricted license to practice medicine in*
7 *this State; and*

8 *(b) Practices in the same specialty area as the associate*
9 *physician or a substantially similar specialty area as the associate*
10 *physician.*

11 **2.** *The supervising physician of an associate physician:*

12 *(a) Is responsible for any act that constitutes the practice of*
13 *medicine by the associate physician;*

14 *(b) Must have insurance that includes coverage for any claim*
15 *of malpractice against the associate physician; and*

16 *(c) May not enter into a collaborative practice agreement with*
17 *more than three associate physicians.*

18 **3.** *The Board may not deny, revoke or suspend the license of*
19 *or take any other disciplinary action against the supervising*
20 *physician of an associate physician for any act performed by the*
21 *associate physician that:*

22 *(a) Is performed in accordance with the collaborative practice*
23 *agreement entered into pursuant to section 3 of this act; and*

24 *(b) Does not violate applicable federal, state or local laws or*
25 *the regulations of the Board.*

26 **Sec. 6. 1.** *A collaborative practice agreement entered into*
27 *pursuant to section 3 of this act must be in writing and must*
28 *include, without limitation:*

29 *(a) The names, home and business addresses and telephone*
30 *numbers of the supervising physician and associate physician;*

31 *(b) A list of each location where the associate physician may*
32 *practice medicine, including, without limitation, the prescribing*
33 *and dispensing of controlled substances;*

34 *(c) Any specialty or board certification held by the supervising*
35 *physician;*

36 *(d) Any certification held by the associate physician;*

37 *(e) Requirements governing collaboration between the*
38 *supervising physician and the associate physician, including,*
39 *without limitation:*

40 *(1) The geographic proximity which must exist between the*
41 *supervising physician and the associate physician while the*
42 *associate physician is practicing medicine; and*

43 *(2) A plan for alternative supervision if the supervising*
44 *physician is absent, incapacitated or otherwise unavailable;*



1 (f) Any controlled substance the supervising physician
2 authorizes the associate physician to prescribe or dispense in
3 accordance with section 7 of this act;

4 (g) The procedure by which the supervising physician will
5 review the standard of care the associate physician is providing to
6 patients, which must comply with the regulations adopted
7 pursuant to section 9 of this act;

8 (h) The duration of the collaborative practice agreement; and

9 (i) A statement of any other collaborative practice agreements
10 into which:

11 (1) The supervising physician has entered with another
12 associate physician; and

13 (2) The associate physician has entered with another
14 supervising physician.

15 2. Upon entering into a new collaborative practice agreement
16 with an associate physician, a supervising physician shall file with
17 the Board:

18 (a) A copy of the agreement; and

19 (b) Proof that any controlled substance included in the
20 agreement pursuant to paragraph (f) of subsection 1 is within the
21 skill, training and competence of the associate physician and his
22 or her supervising physician to prescribe and dispense.

23 3. A supervising physician or associate physician may
24 terminate a collaborative practice agreement or a relationship with
25 a supervising physician or an associate physician, as applicable, at
26 any time. Any provision of a collaborative practice agreement or
27 any other agreement that limits the authority of a supervising
28 physician or an associate physician to terminate a collaborative
29 practice agreement or such a relationship is void.

30 **Sec. 7. 1.** An associate physician may prescribe or dispense
31 the controlled substances listed in subsection 2 under the
32 conditions prescribed by this section if the associate physician:

33 (a) Is registered with the State Board of Pharmacy pursuant to
34 NRS 639.1373;

35 (b) Has entered into a collaborative practice agreement
36 pursuant to section 3 of this act authorizing the associate
37 physician to prescribe the controlled substance; and

38 (c) Meets all other requirements prescribed by federal and
39 state law to prescribe controlled substances.

40 2. Subject to the limitations prescribed in NRS 639.1373, an
41 associate physician who meets the requirements of subsection 1
42 may prescribe or dispense:

43 (a) Any controlled substance listed in schedule III, IV or V;
44 and



1 (b) Any controlled substance listed in schedule II that contains
2 hydrocodone.

3 3. Except as otherwise provided in this subsection, an
4 associate physician shall not prescribe or dispense more than a 5-
5 day supply of a controlled substance listed in schedule II or III.
6 An associate physician may prescribe or dispense a 30-day supply
7 of buprenorphine for the treatment of a substance use disorder
8 under the direction of his or her supervising physician.

9 4. An associate physician shall not prescribe or dispense
10 controlled substances unless:

11 (a) The supervising physician of the associate physician is
12 physically present on the same premises; or

13 (b) The associate physician has, at any time, completed 120
14 hours practicing medicine over a period of not more than 4
15 months with his or her supervising physician physically present on
16 the same premises.

17 **Sec. 8. 1.** A limited license to practice medicine as an
18 associate physician issued pursuant to section 2 of this act expires
19 2 years after it is issued.

20 2. The Board may renew a limited license to practice
21 medicine as an associate physician upon application by the
22 associate physician. An application for renewal must include,
23 without limitation, proof that the associate physician has actually
24 engaged in the practice of medicine under a collaborative practice
25 agreement entered into pursuant to section 3 of this act during the
26 immediately preceding 2 years.

27 **Sec. 9. 1.** The Board shall adopt regulations necessary:

28 (a) To carry out the provisions of sections 2 to 9, inclusive, of
29 this act, including, without limitation:

30 (1) Any additional requirements for the issuance or
31 renewal of a limited license to practice medicine as an associate
32 physician.

33 (2) The standards for the approval of programs of
34 postgraduate medical education pursuant to paragraph (c) of
35 subsection 4 of section 2 of this act.

36 (3) The required fees for the issuance and renewal of such
37 a license.

38 (4) Standards of practice for associate physicians,
39 including, without limitation, limitations on the practice of
40 medicine by an associate physician in addition to those prescribed
41 by sections 2 to 9, inclusive, of this act.

42 (5) Any additional requirements governing collaborative
43 practice agreements entered into pursuant to section 3 of this act.

44 (6) Requirements concerning the supervision of an
45 associate physician by a supervising physician, including, without



1 *limitation, requirements governing the review by the supervising*
2 *physician of the standard of care the associate physician is*
3 *providing to patients. Such regulations must not be more stringent*
4 *than any similar requirements that apply to physician assistants.*

5 *(b) For an associate physician to be eligible to work in a clinic*
6 *that receives federal funding.*

7 *2. The regulations adopted pursuant to this section and NRS*
8 *630.253 must not require an associate physician to complete a*
9 *greater amount of continuing education than a physician licensed*
10 *pursuant to NRS 630.160.*

11 *3. The Board shall publish on the Internet website*
12 *maintained pursuant to NRS 630.144 the name of each associate*
13 *physician and the physician or physicians supervising the*
14 *associate physician.*

15 **Sec. 10.** NRS 630.025 is hereby amended to read as follows:

16 630.025 “Supervising physician” means an active physician
17 licensed and in good standing in the State of Nevada who supervises
18 a physician assistant ~~H~~ *or an associate physician.*

19 **Sec. 11.** NRS 630.160 is hereby amended to read as follows:

20 630.160 1. Every person desiring to practice medicine must,
21 before beginning to practice, procure from the Board a license
22 authorizing the person to practice.

23 2. Except as otherwise provided in NRS 630.1605 to 630.161,
24 inclusive, and 630.258 to 630.2665, inclusive, *and sections 2 to 9,*
25 *inclusive, of this act,* a license may be issued to any person who:

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

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

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

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

37 (1) All parts of the examination given by the National Board
38 of Medical Examiners;

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

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

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



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

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

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

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

12 (I) Education as a resident in the United States or Canada
13 in a program approved by the Board, the Accreditation Council for
14 Graduate Medical Education, the Royal College of Physicians and
15 Surgeons of Canada, the Collège des médecins du Québec or the
16 College of Family Physicians of Canada, or, as applicable, their
17 successor organizations; or

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

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

26 (3) Is a resident who is enrolled in a progressive postgraduate
27 training program in the United States or Canada approved by the
28 Board, the Accreditation Council for Graduate Medical Education,
29 the Royal College of Physicians and Surgeons of Canada, the
30 Collège des médecins du Québec or the College of Family
31 Physicians of Canada, or, as applicable, their successor
32 organizations, has completed at least 24 months of the program and
33 has committed, in writing, to the Board that he or she will complete
34 the program; and

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

39 3. The Board may issue a license to practice medicine after the
40 Board verifies, through any readily available source, that the
41 applicant has complied with the provisions of subsection 2. The
42 verification may include, but is not limited to, using the Federation
43 Credentials Verification Service. If any information is verified by a
44 source other than the primary source of the information, the Board



1 may require subsequent verification of the information by the
2 primary source of the information.

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

8 (a) Temporarily suspend the license;

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

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

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

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

20 (1) Placing the licensee on probation for a specified period
21 with specified conditions;

22 (2) Administering a public reprimand;

23 (3) Limiting the practice of the licensee;

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

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

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

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

30 (8) Requiring the licensee to perform community service
31 without compensation;

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

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

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

40 5. If the Board determines after reviewing the differing
41 information to allow the license to remain in active status, the action
42 of the Board is not a disciplinary action and must not be reported to
43 any national database. If the Board determines after reviewing the
44 differing information to declare the license void, its action shall be



1 deemed a disciplinary action and shall be reportable to national
2 databases.

3 **Sec. 12.** NRS 630.267 is hereby amended to read as follows:

4 630.267 1. Each holder of a license to practice medicine *for*
5 *which the procedure for renewal is not otherwise prescribed by*
6 *specific statute* must, on or before June 30, or if June 30 is a
7 Saturday, Sunday or legal holiday, on the next business day after
8 June 30, of each odd-numbered year:

9 (a) Submit a list of all actions filed or claims submitted to
10 arbitration or mediation for malpractice or negligence against him or
11 her during the previous 2 years.

12 (b) Pay to the Secretary-Treasurer of the Board the applicable
13 fee for biennial registration. This fee must be collected for the
14 period for which a physician is licensed.

15 (c) *Submit a list of the names of each associate physician*
16 *supervised by the holder of the license, if applicable.*

17 (d) Submit all information required to complete the biennial
18 registration.

19 2. When a holder of a license fails to pay the fee for biennial
20 registration and submit all information required to complete the
21 biennial registration after they become due, his or her license to
22 practice medicine in this State expires. The holder may, within 2
23 years after the date the license expires, upon payment of twice the
24 amount of the current fee for biennial registration to the Secretary-
25 Treasurer and submission of all information required to complete
26 the biennial registration and after he or she is found to be in good
27 standing and qualified under the provisions of this chapter, be
28 reinstated to practice.

29 3. Not later than 60 days before a license is scheduled to
30 expire, the Board shall make such reasonable attempts as are
31 practicable to notify the licensee:

32 (a) At least once that the fee for biennial registration and all
33 information required to complete the biennial registration are due;
34 and

35 (b) The date on which his or her license is scheduled to expire.

36 4. After a license expires, the Board shall make such
37 reasonable attempts as are practicable to notify the holder of the
38 license that his or her license has expired.

39 5. Not later than September 30 of each odd-numbered year, the
40 Board shall provide a list of licenses to practice medicine that have
41 expired during that year to the Drug Enforcement Administration of
42 the United States Department of Justice or its successor agency and
43 the State Board of Pharmacy.



1 **Sec. 13.** Chapter 633 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 14 to 21, inclusive, of this
3 act.

4 **Sec. 14.** *Except as otherwise provided in NRS 633.315, the*
5 *Board may issue a limited license for a person to practice*
6 *osteopathic medicine as an associate osteopathic physician if the*
7 *applicant:*

8 1. *Has received the degree of doctor of osteopathic medicine*
9 *from a medical school in the United States approved by the*
10 *Commission on Osteopathic College Accreditation of the*
11 *American Osteopathic Association;*

12 2. *Has passed the Level 1 Exam and Level 2 CE Exam of the*
13 *Comprehensive Osteopathic Medical Licensing Examination of*
14 *the United States of the National Board of Osteopathic Medical*
15 *Examiners, the Step 1 Exam and Step 2 CK Exam of the United*
16 *States Medical Licensing Examination or an examination deemed*
17 *equivalent by the Board;*

18 3. *Has not completed a residency in a program described in*
19 *subparagraph (2) of paragraph (c) of subsection 1 of*
20 *NRS 633.311;*

21 4. *Has completed at least his or her first year of postgraduate*
22 *medical education as a resident or intern as part of a program*
23 *that:*

24 (a) *Conforms to the minimum standards for intern training*
25 *established by the American Osteopathic Association;*

26 (b) *Has been approved by the Accreditation Council for*
27 *Graduate Medical Education; or*

28 (c) *Is approved by the Board in accordance with the*
29 *regulations adopted pursuant to section 21 of this act; and*

30 5. *Has basic fluency in the English language.*

31 **Sec. 15.** 1. *An associate osteopathic physician shall only*
32 *practice osteopathic medicine under the supervision and control of*
33 *an osteopathic physician:*

34 (a) *Who meets the requirements of section 17 of this act; and*

35 (b) *With whom the associate osteopathic physician has entered*
36 *into a collaborative practice agreement that meets the*
37 *requirements of section 18 of this act.*

38 2. *An associate osteopathic physician shall not practice*
39 *osteopathic medicine in a manner that exceeds the skill, training*
40 *and competence of the associate osteopathic physician or his or*
41 *her supervising osteopathic physician.*

42 3. *For the first 30 days during which an associate osteopathic*
43 *physician practices osteopathic medicine under the supervision of*
44 *a new supervising osteopathic physician, the supervising*
45 *osteopathic physician must be physically present on the same*



1 *premises and available to assist the associate osteopathic*
2 *physician.*

3 *4. An associate osteopathic physician shall not practice*
4 *osteopathic medicine in a county whose population is less than*
5 *100,000 unless the supervising osteopathic physician or another*
6 *osteopathic physician designated by the supervising osteopathic*
7 *physician is physically present on the same premises and available*
8 *to assist the associate osteopathic physician.*

9 *5. An associate osteopathic physician working in a rural*
10 *health clinic, as defined in 42 U.S.C. § 1395x(aa)(2), shall be*
11 *considered to be a physician assistant for the purposes of the*
12 *regulations of the Centers for Medicare and Medicaid Services of*
13 *the United States Department of Health and Human Services.*
14 *Such an associate osteopathic physician and his or her*
15 *supervising osteopathic physician are not required to comply with*
16 *the requirements of any regulations adopted pursuant to section*
17 *21 of this act governing the supervision of an associate osteopathic*
18 *physician that are more stringent than the requirements of federal*
19 *law and regulations.*

20 *6. A person or entity that employs an associate osteopathic*
21 *physician shall credential the associate osteopathic physician and*
22 *bill for services rendered by the associate osteopathic physician in*
23 *the same manner as the person or entity credentials and bills for*
24 *the services of a physician assistant.*

25 **Sec. 16. 1.** *The supervising osteopathic physician of an*
26 *associate osteopathic physician shall prominently display a*
27 *disclosure at every office where the associate osteopathic*
28 *physician practices osteopathic medicine explaining to patients*
29 *that the patient may be seen by an associate osteopathic physician*
30 *and the patient may instead request to be seen by the supervising*
31 *osteopathic physician.*

32 *2. An associate osteopathic physician shall clearly identify*
33 *himself or herself as an associate osteopathic physician, including,*
34 *without limitation, by wearing an identification badge that clearly*
35 *identifies the person as an associate osteopathic physician. An*
36 *associate osteopathic physician may identify himself or herself as*
37 *a doctor.*

38 *3. While acting as the supervising osteopathic physician of an*
39 *associate osteopathic physician, an osteopathic physician shall*
40 *wear an identification badge that clearly identifies the person as a*
41 *supervising osteopathic physician of an associate osteopathic*
42 *physician.*

43 **Sec. 17. 1.** *An osteopathic physician shall not serve as the*
44 *supervising osteopathic physician of an associate osteopathic*
45 *physician pursuant to subsection 1 of section 15 of this act or the*



1 *designee of a supervising osteopathic physician pursuant to*
2 *subsection 4 of section 15 of this act unless the osteopathic*
3 *physician:*

4 (a) *Holds an active unrestricted license to practice osteopathic*
5 *medicine in this State;*

6 (b) *Practices in the same specialty area as the associate*
7 *osteopathic physician or a substantially similar specialty area as*
8 *the associate osteopathic physician; and*

9 (c) *Normally provides care to patients.*

10 2. *The supervising osteopathic physician of an associate*
11 *osteopathic physician:*

12 (a) *Is responsible for any act that constitutes the practice of*
13 *osteopathic medicine by the associate osteopathic physician;*

14 (b) *Must have insurance that includes coverage for any claim*
15 *of malpractice against the associate osteopathic physician; and*

16 (c) *May not enter into a collaborative practice agreement with*
17 *more than three associate osteopathic physicians.*

18 3. *The Board may not deny, revoke or suspend the license of*
19 *or take any other disciplinary action against the supervising*
20 *osteopathic physician of an associate osteopathic physician for*
21 *any act performed by the associate osteopathic physician that:*

22 (a) *Is performed in accordance with the collaborative practice*
23 *agreement entered into pursuant to section 15 of this act; and*

24 (b) *Does not violate applicable federal, state or local laws or*
25 *the regulations of the Board.*

26 **Sec. 18.** 1. *A collaborative practice agreement entered into*
27 *pursuant to section 15 of this act must be in writing and must*
28 *include, without limitation:*

29 (a) *The names, home and business addresses and telephone*
30 *numbers of the supervising osteopathic physician and associate*
31 *osteopathic physician;*

32 (b) *A list of each location where the associate osteopathic*
33 *physician may practice osteopathic medicine, including, without*
34 *limitation, the prescribing and dispensing of controlled*
35 *substances;*

36 (c) *Any specialty or board certification held by the supervising*
37 *osteopathic physician;*

38 (d) *Any certification held by the associate osteopathic*
39 *physician;*

40 (e) *Requirements governing collaboration between the*
41 *supervising osteopathic physician and the associate osteopathic*
42 *physician, including, without limitation:*

43 (1) *The geographic proximity which must exist between the*
44 *supervising osteopathic physician and the associate osteopathic*



1 *physician while the associate osteopathic physician is practicing*
2 *osteopathic medicine; and*

3 (2) *A plan for alternative supervision if the supervising*
4 *osteopathic physician is absent, incapacitated or otherwise*
5 *unavailable;*

6 (f) *Any controlled substance the supervising osteopathic*
7 *physician authorizes the associate osteopathic physician to*
8 *prescribe or dispense in accordance with section 19 of this act;*

9 (g) *The procedure by which the supervising osteopathic*
10 *physician will review the standard of care the associate*
11 *osteopathic physician is providing to patients, which must comply*
12 *with the regulations adopted pursuant to section 21 of this act;*

13 (h) *The duration of the collaborative practice agreement; and*

14 (i) *A statement of any other collaborative practice agreements*
15 *into which:*

16 (1) *The supervising osteopathic physician has entered with*
17 *another associate osteopathic physician; and*

18 (2) *The associate osteopathic physician has entered with*
19 *another supervising osteopathic physician.*

20 2. *Upon entering into a new collaborative practice agreement*
21 *with an associate osteopathic physician, a supervising osteopathic*
22 *physician shall file with the Board:*

23 (a) *A copy of the agreement; and*

24 (b) *Proof that any controlled substance included in the*
25 *agreement pursuant to paragraph (f) of subsection 1 is within the*
26 *skill, training and competence of the associate osteopathic*
27 *physician and his or her supervising osteopathic physician to*
28 *prescribe and dispense.*

29 3. *A supervising osteopathic physician or associate*
30 *osteopathic physician may terminate a collaborative practice*
31 *agreement or a relationship with a supervising osteopathic*
32 *physician or an associate osteopathic physician, as applicable, at*
33 *any time. Any provision of a collaborative practice agreement or*
34 *any other agreement that limits the authority of a supervising*
35 *osteopathic physician or an associate osteopathic physician to*
36 *terminate a collaborative practice agreement or such a*
37 *relationship is void.*

38 **Sec. 19. 1.** *An associate osteopathic physician may*
39 *prescribe or dispense the controlled substances listed in subsection*
40 *2 under the conditions prescribed by this section if the associate*
41 *osteopathic physician:*

42 (a) *Is registered with the State Board of Pharmacy pursuant to*
43 *NRS 639.1373;*



1 (b) Has entered into a collaborative practice agreement
2 pursuant to section 15 of this act authorizing the associate
3 osteopathic physician to prescribe the controlled substance; and

4 (c) Meets all other requirements prescribed by federal and
5 state law to prescribe controlled substances.

6 2. Subject to the limitations prescribed in NRS 639.1373, an
7 associate osteopathic physician who meets the requirements of
8 subsection 1 may prescribe or dispense:

9 (a) Any controlled substance listed in schedule III, IV or V;
10 and

11 (b) Any controlled substance listed in schedule II that contains
12 hydrocodone.

13 3. Except as otherwise provided in this subsection, an
14 associate osteopathic physician shall not prescribe or dispense
15 more than a 5-day supply of a controlled substance listed in
16 schedule II or III. An associate osteopathic physician may
17 prescribe or dispense a 30-day supply of buprenorphine for the
18 treatment of a substance use disorder under the direction of his or
19 her supervising osteopathic physician.

20 4. An associate osteopathic physician shall not prescribe or
21 dispense controlled substances unless:

22 (a) The supervising osteopathic physician of the associate
23 osteopathic physician is physically present on the same premises;
24 or

25 (b) The associate osteopathic physician has, at any time,
26 completed 120 hours practicing osteopathic medicine over a period
27 of not more than 4 months with his or her supervising osteopathic
28 physician physically present on the same premises.

29 **Sec. 20.** 1. A limited license to practice osteopathic
30 medicine as an associate osteopathic physician issued pursuant to
31 section 14 of this act expires 2 years after it is issued.

32 2. The Board may renew a limited license to practice
33 osteopathic medicine as an associate osteopathic physician upon
34 application by the associate osteopathic physician. An application
35 for renewal must include, without limitation, proof that the
36 associate osteopathic physician has actually engaged in the
37 practice of osteopathic medicine under a collaborative practice
38 agreement entered into pursuant to section 15 of this act during
39 the immediately preceding 2 years.

40 **Sec. 21.** 1. The Board shall adopt regulations necessary:

41 (a) To carry out the provisions of sections 14 to 21, inclusive,
42 of this act, including, without limitation:

43 (1) Any additional requirements for the issuance or
44 renewal of a limited license to practice osteopathic medicine as an
45 associate osteopathic physician.



1 (2) *The standards for the approval of programs of*
2 *postgraduate medical education pursuant to paragraph (c) of*
3 *subsection 4 of section 14 of this act.*

4 (3) *The required fees for the issuance and renewal of such*
5 *a license.*

6 (4) *Standards of practice for associate osteopathic*
7 *physicians, including, without limitation, limitations on the*
8 *practice of osteopathic medicine by an associate osteopathic*
9 *physician in addition to those prescribed by sections 14 to 21,*
10 *inclusive, of this act.*

11 (5) *Any additional requirements governing collaborative*
12 *practice agreements entered into pursuant to section 15 of this act.*

13 (6) *Requirements concerning the supervision of an*
14 *associate osteopathic physician by a supervising osteopathic*
15 *physician, including, without limitation, requirements governing*
16 *the review by the supervising osteopathic physician of the standard*
17 *of care the associate osteopathic physician is providing to patients.*
18 *Such regulations must not be more stringent than any similar*
19 *requirements that apply to physician assistants.*

20 (b) *For an associate osteopathic physician to be eligible to*
21 *work in a clinic that receives federal funding.*

22 2. *The regulations adopted pursuant to this section and NRS*
23 *633.471 must not require an associate osteopathic physician to*
24 *complete a greater amount of continuing education than an*
25 *osteopathic physician licensed pursuant to NRS 633.311.*

26 3. *The Board shall publish on an Internet website maintained*
27 *by the Board the name of each associate osteopathic physician and*
28 *the osteopathic physician or osteopathic physicians supervising*
29 *the associate osteopathic physician.*

30 **Sec. 22.** NRS 633.123 is hereby amended to read as follows:

31 633.123 “Supervising osteopathic physician” means an
32 osteopathic physician who is licensed in this State, is in good
33 standing with the Board and **[supervises]** :

34 1. *Supervises* a physician assistant with Board approval **[]**; *or*

35 2. *Supervises an associate osteopathic physician.*

36 **Sec. 23.** NRS 633.311 is hereby amended to read as follows:

37 633.311 1. Except as otherwise provided in NRS 633.315
38 and 633.381 to 633.419, inclusive, **and sections 14 to 21, inclusive,**
39 **of this act,** an applicant for a license to practice osteopathic
40 medicine may be issued a license by the Board if:

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

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

44 (c) The applicant:



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

3 (I) A hospital internship; or

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

7 (2) Has completed 3 years, or such other length of time as
8 required by a specific program, of postgraduate medical education
9 as a resident in the United States or Canada in a program approved
10 by the Board, the Bureau of Professional Education of the American
11 Osteopathic Association or the Accreditation Council for Graduate
12 Medical Education; or

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

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

17 (e) The applicant passes:

18 (1) All parts of the licensing examination of the National
19 Board of Osteopathic Medical Examiners;

20 (2) All parts of the licensing examination of the Federation
21 of State Medical Boards;

22 (3) All parts of the licensing examination of the Board, a
23 state, territory or possession of the United States, or the District of
24 Columbia, and is certified by a specialty board of the American
25 Osteopathic Association or by the American Board of Medical
26 Specialties; or

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

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

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

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

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

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

43 (c) In nonconsecutive months; and

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



1 **Sec. 24.** NRS 633.467 is hereby amended to read as follows:
2 633.467 An osteopathic physician who does not normally
3 provide care to patients may not be ~~the~~ *the* supervising osteopathic
4 physician ~~of a physician assistant.~~

5 **Sec. 25.** NRS 633.471 is hereby amended to read as follows:
6 633.471 1. Except as otherwise provided in subsection 15 ,
7 ~~and~~ NRS 633.491 ~~and~~ *and section 20 of this act*, every holder of a
8 license, except a physician assistant or an anesthesiologist assistant,
9 issued under this chapter, except a temporary or a special license,
10 may renew the license on or before January 1 of each calendar year
11 after its issuance by:

12 (a) Applying for renewal on forms provided by the Board;
13 (b) Paying the annual license renewal fee specified in this
14 chapter;

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

18 (d) Subject to subsection 14, submitting evidence to the Board
19 that in the year preceding the application for renewal the holder has
20 attended courses or programs of continuing education approved by
21 the Board in accordance with regulations adopted by the Board
22 totaling a number of hours established by the Board which must not
23 be less than 35 hours nor more than that set in the requirements for
24 continuing medical education of the American Osteopathic
25 Association; ~~and~~

26 (e) *Submitting a list of the names of each associate osteopathic*
27 *physician supervised by the holder, if applicable; and*

28 (f) Submitting all information required to complete the renewal.
29 2. The Secretary of the Board shall notify each licensee of the
30 requirements for renewal not less than 30 days before the date of
31 renewal.

32 3. The Board shall request submission of verified evidence of
33 completion of the required number of hours of continuing medical
34 education annually from a percentage of the applicants for renewal
35 of a license to practice osteopathic medicine or a license to practice
36 as a physician assistant or anesthesiologist assistant determined by
37 the Board. Subject to subsection 14, upon a request from the Board,
38 an applicant for renewal of a license to practice osteopathic
39 medicine or a license to practice as a physician assistant or
40 anesthesiologist assistant shall submit verified evidence satisfactory
41 to the Board that in the year preceding the application for renewal
42 the applicant attended courses or programs of continuing medical
43 education approved by the Board totaling the number of hours
44 established by the Board.



1 4. The Board shall require each holder of a license to practice
2 osteopathic medicine to complete a course of instruction within 2
3 years after initial licensure that provides at least 2 hours of
4 instruction on evidence-based suicide prevention and awareness as
5 described in subsection 9.

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

13 6. The Board shall encourage each holder of a license to
14 practice osteopathic medicine or as a physician assistant to receive,
15 as a portion of his or her continuing education, training and
16 education in the diagnosis of rare diseases, including, without
17 limitation:

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

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

22 7. The Board shall require, as part of the continuing education
23 requirements approved by the Board, the biennial completion by a
24 holder of a license to practice osteopathic medicine of at least 2
25 hours of continuing education credits in ethics, pain management,
26 care of persons with addictive disorders or the screening, brief
27 intervention and referral to treatment approach to substance use
28 disorder.

29 8. The continuing education requirements approved by the
30 Board must allow the holder of a license as an osteopathic
31 physician, physician assistant or anesthesiologist assistant to receive
32 credit toward the total amount of continuing education required by
33 the Board for the completion of a course of instruction relating to
34 genetic counseling and genetic testing.

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

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

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



1 (c) The detection of suicidal thoughts and ideations and the
2 prevention of suicide.

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

8 11. The Board shall require each holder of a license to practice
9 osteopathic medicine to complete at least 2 hours of training in the
10 screening, brief intervention and referral to treatment approach to
11 substance use disorder within 2 years after initial licensure.

12 12. The Board shall require each psychiatrist or a physician
13 assistant practicing under the supervision of a psychiatrist to
14 biennially complete one or more courses of instruction that provide
15 at least 2 hours of instruction relating to cultural competency and
16 diversity, equity and inclusion. Such instruction:

17 (a) May include the training provided pursuant to NRS 449.103,
18 where applicable.

19 (b) Must be based upon a range of research from diverse
20 sources.

21 (c) Must address persons of different cultural backgrounds,
22 including, without limitation:

23 (1) Persons from various gender, racial and ethnic
24 backgrounds;

25 (2) Persons from various religious backgrounds;

26 (3) Lesbian, gay, bisexual, transgender and questioning
27 persons;

28 (4) Children and senior citizens;

29 (5) Veterans;

30 (6) Persons with a mental illness;

31 (7) Persons with an intellectual disability, developmental
32 disability or physical disability; and

33 (8) Persons who are part of any other population that a
34 psychiatrist or physician assistant practicing under the supervision
35 of a psychiatrist may need to better understand, as determined by the
36 Board.

37 13. The Board shall require each holder of a license to practice
38 osteopathic medicine or as a physician assistant who provides or
39 supervises the provision of emergency medical services in a hospital
40 or primary care to complete at least 2 hours of training in the stigma,
41 discrimination and unrecognized bias toward persons who have
42 acquired or are at a high risk of acquiring human immunodeficiency
43 virus within 2 years after beginning to provide or supervise the
44 provision of such services or care.



1 14. The Board shall not require a physician assistant to receive
2 or maintain certification by the National Commission on
3 Certification of Physician Assistants, or its successor organization,
4 or by any other nationally recognized organization for the
5 accreditation of physician assistants to satisfy any continuing
6 education requirement pursuant to paragraph (d) of subsection 1 and
7 subsection 3.

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

11 16. As used in this section, "primary care" means the practice
12 of family medicine, pediatrics, internal medicine, obstetrics and
13 gynecology and midwifery.

14 **Sec. 26.** NRS 639.1373 is hereby amended to read as follows:

15 639.1373 1. A physician assistant *or an associate physician*
16 licensed pursuant to chapter 630 or 633 of NRS may, if authorized
17 by the Board, possess, administer, prescribe or dispense controlled
18 substances, or possess, administer, prescribe or dispense poisons,
19 dangerous drugs or devices in or out of the presence of his or her
20 supervising physician only to the extent and subject to the
21 limitations specified in the registration certificate issued to the
22 physician assistant *or associate physician* by the Board pursuant to
23 this section.

24 2. Each physician assistant *and associate physician* licensed
25 pursuant to chapter 630 or 633 of NRS who is authorized by his or
26 her physician assistant's *or associate physician's* license issued by
27 the Board of Medical Examiners or by the State Board of
28 Osteopathic Medicine, respectively, to possess, administer,
29 prescribe or dispense controlled substances, or to possess,
30 administer, prescribe or dispense poisons, dangerous drugs or
31 devices must apply for and obtain a registration certificate from the
32 Board, pay a fee to be set by regulations adopted by the Board and
33 pass an examination administered by the Board on the law relating
34 to pharmacy before the physician assistant *or associate physician*
35 can possess, administer, prescribe or dispense controlled substances,
36 or possess, administer, prescribe or dispense poisons, dangerous
37 drugs or devices.

38 3. The Board shall consider each application separately and
39 may, even though the physician assistant's *or associate physician's*
40 license issued by the Board of Medical Examiners or by the State
41 Board of Osteopathic Medicine authorizes the physician assistant *or*
42 *associate physician* to possess, administer, prescribe or dispense
43 controlled substances, or to possess, administer, prescribe or
44 dispense poisons, dangerous drugs and devices:

45 (a) Refuse to issue a registration certificate;



(b) Issue a registration certificate limiting the authority of the physician assistant *or associate physician* to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices, the area in which the physician assistant *or associate physician* may possess controlled substances, poisons, dangerous drugs and devices, or the kind and amount of controlled substances, poisons, dangerous drugs and devices; or

(c) Issue a registration certificate imposing other limitations or restrictions which the Board feels are necessary and required to protect the health, safety and welfare of the public.

4. If the registration of the physician assistant *or associate physician* licensed pursuant to chapter 630 or 633 of NRS is suspended or revoked, the physician's controlled substance registration may also be suspended or revoked.

5. The Board shall adopt regulations controlling the maximum amount to be administered, possessed and dispensed, and the storage, security, recordkeeping and transportation of controlled substances and the maximum amount to be administered, possessed, prescribed and dispensed and the storage, security, recordkeeping and transportation of poisons, dangerous drugs and devices by physician assistants *and associate physicians* licensed pursuant to chapter 630 or 633 of NRS. In the adoption of those regulations, the Board shall consider, but is not limited to, the following:

(a) The area in which the physician assistant *or associate physician* is to operate;

(b) The population of that area;

(c) The experience and training of the physician assistant ~~and~~ *or associate physician*;

(d) The distance to the nearest hospital and physician; and

(e) The effect on the health, safety and welfare of the public.

6. For the purposes of this section ~~and~~:

(a) *The term "associate physician" includes an associate osteopathic physician.*

(b) *The term "supervising physician" includes a supervising osteopathic physician as defined in chapter 633 of NRS.*

Sec. 27. NRS 0.040 is hereby amended to read as follows:

0.040 1. Except as otherwise provided in subsection 2, "physician" means a person who engages in the practice of medicine, including osteopathy and homeopathy.

2. The terms "physician," *"associate physician,"* "osteopathic physician," *"associate osteopathic physician,"* "homeopathic physician," "chiropractic physician" and "podiatric physician" are used in chapters 630, 630A, 633, 634 and 635 of NRS in the limited senses prescribed by those chapters respectively.



1 **Sec. 28.** 1. This section becomes effective upon passage and
2 approval.

3 2. Sections 1 to 27, inclusive, of this act become effective:

4 (a) Upon passage and approval for the purpose of adopting any
5 regulations and performing any other preparatory administrative
6 tasks that are necessary to carry out the provisions of this act; and

7 (b) On January 1, 2026, for all other purposes.

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