

**ADOPTED REGULATION OF**  
**THE STATE BOARD OF NURSING**  
**LCB File No. R087-25**

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

AUTHORITY: §§ 1-5, NRS 632.120, as amended by section 70 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1634.

A REGULATION relating to nursing; authorizing the delegation of clinical tasks to medical assistants under certain conditions; authorizing the remote supervision of medical assistants under certain conditions; prohibiting a delegating practitioner from taking certain actions; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Nursing to adopt regulations establishing requirements governing the supervision of a medical assistant. (NRS 632.120, as amended by section 70 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1634)

**Section 2** of this regulation defines the term “delegating practitioner” to mean a registered nurse who delegates a clinical task to a medical assistant. **Section 3** of this regulation prescribes the conditions under which a delegating practitioner may delegate a clinical task to a medical assistant. **Section 3** also requires the employer of a medical assistant to document in the employment record of a medical assistant that the medical assistant is properly trained and competent to perform a delegated clinical task. **Section 3** additionally requires that a delegating practitioner be available to immediately supervise a medical assistant’s performance if the clinical task involves an invasive procedure. Finally, **section 3** prohibits a medical assistant from making a diagnosis, initiating any treatment or prescribing any drug.

**Section 4** of this regulation authorizes a delegating practitioner to remotely supervise a medical assistant if the patient is located in a rural area and certain other conditions are met.

**Section 5** of this regulation provides that a delegating practitioner is responsible for the safety and performance of a clinical task by a medical assistant. **Section 5** also prohibits a delegating practitioner from taking certain actions when delegating a clinical task to a medical assistant.

**Section 1.** Chapter 632 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

**Sec. 2. As used in sections 2 to 5, inclusive, of this regulation, unless the context otherwise requires, “delegating practitioner” means a registered nurse, including, without limitation, an advanced practice registered nurse, who delegates the performance of a clinical task to a medical assistant pursuant to sections 2 to 5, inclusive, of this regulation.**

**Sec. 3. 1. Except as otherwise provided in this section, a delegating practitioner may delegate the performance of a clinical task to a medical assistant if:**

- (a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the clinical task safely and properly;**
- (b) The medical assistant is not required to be certified or licensed to perform the clinical task;**
- (c) The medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer; and**
- (d) The employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the clinical task.**

**2. The employer of a medical assistant shall document in the employment record of the medical assistant that the medical assistant has been appropriately trained and is competent to perform any clinical task or procedure delegated to the medical assistant.**

**3. Except as otherwise provided in section 4 of this regulation, if a delegating practitioner delegates to a medical assistant a clinical task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the clinical task.**

**4. A medical assistant shall not make a diagnosis, initiate any treatment or prescribe any drug.**

**Sec. 4. 1. A delegating practitioner may supervise remotely a medical assistant to whom the delegating practitioner has delegated the performance of a task if:**

- (a) The patient is located in a rural area;**
- (b) The delegating practitioner is physically located a significant distance from the location where the task is to be performed;**
- (c) The delegating practitioner determines that the exigent needs of the patient require immediate attention;**
- (d) The patient and the delegating practitioner previously established a practitioner-patient relationship; and**
- (e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.**

**2. As used in this section, “rural area” means any area in this State other than Carson City, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.**

**Sec. 5. A delegating practitioner retains responsibility for the safety and performance of each clinical task which is delegated to a medical assistant. A delegating practitioner shall not:**

- 1. Delegate a clinical task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner;**
- 2. Transfer to another registered nurse the responsibility of supervising a medical assistant during the performance of a clinical task unless the registered nurse knowingly accepts that responsibility;**
- 3. Authorize or allow a medical assistant to delegate the performance of a clinical task delegated to the medical assistant to any other person; or**

*4. Delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.*