

**ADOPTED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB File No. R111-25

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

AUTHORITY: §§ 1, 2, 11-13, 15 and 23, NRS 630.130; §§ 3, 8, 9 and 21, NRS 630.130 and 630.373; § 4, NRS 622.540 and 630.130; § 5, NRS 630.130 and 630.251; § 6, NRS 622.540, 630.130 and 630.251; § 7, NRS 630.130 and 630.259; §§ 10 and 29-31, NRS 630.130 and 630.279; § 14, NRS 630.130, 630.160 and 630.318; § 16, NRS 630.130 and 630.265; § 17, NRS 630.130 and 630.264; §§ 18 and 20, NRS 630.130 and 630.253; § 19, NRS 630.130, 630.253 and 630.2535; § 22, NRS 630.130, 630.352 and 630.373; §§ 24 and 27, NRS 630.130 and 630.275; §§ 25 and 26, NRS 630.130, 630.253 and 630.275; § 28, NRS 630.130, 630.26825, 630.269, 630.275 and 630.279; § 32, NRS 630.130 and 630.269; §§ 33 and 34, NRS 630.130, 630.253 and 630.26825; §§ 35 and 36, NRS 630.130 and 630.26825; § 37, NRS 630.130, 630.253, 630.26825 and 630.275.

A REGULATION relating to health care; providing for the expedited review of certain applications for licensure; authorizing certain physicians, physician assistants and anesthesiologist assistants to administer tumescent anesthesia in certain locations; establishing certain requirements relating to the administration of tumescent anesthesia in such locations; making various revisions relating to continuing education; providing for applicants for licensure who received training in certain foreign countries to be treated in the same manner as applicants who received training in the United States; revising the applicability of the interpretation of the term “progressive postgraduate education”; revising certain examination requirements; eliminating certain requirements relating to the immigration status of applicants for certain licenses; revising the circumstances under which the Board of Medical Examiners may waive certain requirements for licensure; revising certain terminology; revising requirements relating to a temporary license to practice respiratory care; eliminating certain obsolete references and provisions; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, anesthesiologist assistants, genetic counselors, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) Assembly Bill No. 483 of the 2025

Legislative Session (A.B. 483) and Senate Bill No. 5 of the 36th Special Session (S.B. 5) require the Board to adopt regulations that establish a process for prioritizing the review of an application for certain licenses offered by the Board that is submitted by an applicant who: (1) expects to practice the profession for which he or she is applying to be licensed in certain geographic areas, serving certain populations or in certain specialties; and (2) meets certain other requirements. (NRS 622.540, 630.251) **Sections 4 and 5** of this regulation establish a process by which an applicant who meets the qualifications set forth in A.B. 483 or S.B. 5, respectively, may request that the Board expedite its review of his or her application. **Section 6** of this regulation establishes the timeframe and process by which the Board will review and make a final decision on such an application.

Assembly Bill No. 319 of the 2025 Legislative Session (A.B. 319) authorizes the Board to exempt an applicant for a license as an administrative physician from certain requirements for licensure. (NRS 630.259) **Section 7** of this regulation establishes the requirements for licensure from which such an applicant is exempt.

A.B. 319 authorizes the Board to adopt regulations to authorize a physician, physician assistant or anesthesiologist assistant to administer or directly supervise the administration of tumescent anesthesia in certain locations or facilities that do not hold certain other credentials authorizing the administration of anesthesia. (NRS 630.373) **Section 3** of this regulation defines “tumescent anesthesia,” and **section 2** of this regulation establishes the applicability of that definition. **Sections 2 and 11** of this regulation make conforming changes to clarify the applicability of an existing definition to the provisions of existing regulations governing the professions regulated by the Board. **Section 8** of this regulation establishes: (1) a process by which a physician may petition the Board for authorization to administer or directly supervise the administration of tumescent anesthesia at such locations; and (2) the grounds and procedure for the Board to suspend or revoke such authorization. **Section 9** of this regulation requires a physician who is authorized under **section 8** to administer or directly supervise the administration of tumescent anesthesia to maintain a log of records concerning procedures involving the administration of tumescent anesthesia. **Section 21** of this regulation requires such a physician to include certain information concerning procedures involving the administration of tumescent anesthesia in certain reports required to be submitted annually to the Board, and **section 22** of this regulation subjects a physician who knowingly misstates or misrepresents any such information included in such a report to certain administrative penalties. **Section 35** of this regulation eliminates provisions that prohibit an anesthesiologist assistant from administering general anesthesia, conscious sedation or deep sedation in certain circumstances, as such provisions are duplicative of certain provisions of A.B. 319 that prohibit the same conduct. (NRS 630.373)

Before the enactment of A.B. 319, the Board was required to treat an applicant for a license to practice medicine who completed his or her medical education in Canada in the same manner as an applicant who completed his or her medical education in the United States. A.B. 319 additionally provides for such equal treatment of applicants who completed their medical education in certain other foreign countries deemed equivalent to the United States and Canada with regard to medical education and licensure. (NRS 630.160, 630.170) **Sections 12, 14 and 18** of this regulation make conforming changes in the Nevada Administrative Code to provide for

the equal treatment of applicants who completed their medical education in such equivalent foreign countries. **Section 14** also makes additional changes to conform with other provisions of A.B. 319 by: (1) eliminating provisions concerning the scoring of examinations for licensure that the Board no longer conducts; and (2) exempting certain applicants from limitations concerning the number of attempts and years in which an applicant is otherwise required to have passed each component of certain examinations.

Existing regulations provide that the Board will not recognize training received in the “fifth pathway program” established by the American Medical Association for the purpose of certain provisions requiring an applicant for a license to practice medicine to have completed a certain amount of progressive postgraduate education. (NAC 630.055) **Section 13** of this regulation additionally provides that the Board will not recognize such training for any other purpose under existing law applicable to progressive postgraduate education.

A.B. 319 repealed provisions of existing law providing for the expedited licensure by endorsement to practice medicine of certain applicants. (Section 84 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1644) **Section 15** of this regulation eliminates a reference to that repealed provision of law.

Existing law prohibits a regulatory body from denying an application for a professional license based on immigration or citizenship status. (NRS 622.238) **Section 16** of this regulation accordingly eliminates certain requirements concerning the immigration status of an applicant for or the holder of a limited license to practice medicine as a resident physician who is not a citizen of the United States.

Existing law authorizes the Board to waive certain requirements for the licensure of an applicant for a license to practice medicine who intends to practice in a “medically underserved area,” as that term is defined by regulation of the Board, of a county whose board of county commissioners has petitioned the Board to waive such requirements for such applicants. (NRS 630.264) **Section 17** of this regulation revises the definition of “medically underserved area” for this purpose.

Existing law and regulations require the holders of certain licenses issued by the Board to complete a certain number of hours of certain programs of continuing education as a prerequisite for the renewal of the license. (NRS 630.253, 630.2535; NAC 630.153-630.157, 630.353-630.358, 630.530, 630.740) **Section 10** of this regulation authorizes the holder of a license as a practitioner of respiratory care to claim and receive credit towards certain requirements for continuing education for acting as a preceptor in certain respiratory education programs. **Sections 18-20, 25, 26 and 33** of this regulation provide that the Board will recognize continuing education recognized by the American Academy of Family Physicians towards certain requirements applicable to physicians, physician assistants and anesthesiologist assistants. **Section 31** of this regulation imposes certain requirements governing the content of continuing education required to be completed during each biennial licensing period by a practitioner of respiratory care.

Existing law requires each physician, physician assistant and anesthesiologist assistant to complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure. (NRS 630.253) **Sections**

19, 26 and 34 of this regulation require such training to include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.

Assembly Bill No. 56 of the 2025 Legislative Session eliminated a requirement that each physician, physician assistant and anesthesiologist assistant complete training relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. (NRS 630.253) **Section 37** of this regulation accordingly repeals regulations that implement that eliminated requirement.

A.B. 319 revised the term used to refer to the document by which the Board initiates a formal disciplinary proceeding from a “complaint” to “formal charging document.” (NRS 630.309, 630.339) **Sections 23, 24, 27, 28, 30, 32 and 36** of this regulation make conforming changes to update that term where it appears in the Nevada Administrative Code.

Existing law authorizes an applicant for licensure as a practitioner of respiratory care who has not yet completed certain examinations or received certain certifications to practice as a respiratory care intern under a temporary license issued by the Board. (NRS 630.277) **Section 29** of this regulation revises certain requirements applicable to applicants for such a temporary license to practice respiratory care. **Section 29** also revises the content required to be displayed on a badge that the holder of such a temporary license is required to wear while on the job. (NAC 630.515)

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

Sec. 2. *As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 630.023 and section 3 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Tumescent anesthesia” has the meaning ascribed to it in NRS 630.373.*

Sec. 4. *1. An applicant for an initial license to practice medicine, to practice as a physician assistant, to practice as an anesthesiologist assistant, to practice as a practitioner of respiratory care, to practice as a perfusionist or to practice as a genetic counselor is eligible to have the review of his or her application prioritized by the Board pursuant to section 6 of this regulation if the applicant:*

(a) Has accepted an offer of employment from an employer that is located in a historically underserved community; and

(b) Includes with his or her application:

(1) A request for prioritization on a form supplied by the Board;

(2) A letter from the employer described in paragraph (a) which meets the requirements set forth in paragraph (a) of subsection 1 of NRS 622.540; and

(3) A signed attestation that the employer described in paragraph (a) is located in a historically underserved community.

2. An applicant for a license is subject to discipline or denial of licensure if, after notice and hearing in accordance with this chapter, the Board finds that the applicant has willfully and intentionally submitted to the Board a forged or false attestation pursuant to subparagraph (3) of paragraph (b) of subsection 1.

3. As used in this section, “historically underserved community” has the meaning ascribed to it in NRS 622.540.

Sec. 5. *1. An applicant for an initial license to practice medicine is eligible to have the review of his or her application prioritized by the Board pursuant to section 6 of this regulation if the applicant includes with his or her application:*

(a) A request for prioritization on a form supplied by the Board; and

(b) A signed attestation that he or she reasonably expects to practice medicine after being issued the license:

(1) In a geographic area or serving a population that meets the criteria set forth in paragraph (a) of subsection 1 of NRS 630.251; or

(2) In a specialty that meets the criteria set forth in paragraph (b) of subsection 1 of NRS 630.251.

2. An applicant for a license to practice medicine is subject to discipline or denial of licensure if, after notice and hearing in accordance with this chapter, the Board finds that the applicant has willfully and intentionally submitted to the Board a forged or false attestation pursuant to paragraph (b) of subsection 1.

3. The Board will:

(a) Using data, timestamps and other metrics maintained by the Board:

(1) Monitor the expediency of the Board in reviewing applications accompanied by requests for prioritization pursuant to section 6 of this regulation from applicants who are eligible for such prioritization pursuant to this section; and

(2) Ensure that the Board reviews and makes final decisions on applications described in subparagraph (1) in the timeframes set forth in section 6 of this regulation.

(b) Not less than once each year, collaborate with the Nevada Health Authority to perform the duties required by paragraph (b) of subsection 2 of NRS 630.251.

Sec. 6. *1. Not later than 7 business days after receiving an application which includes a request for prioritization made pursuant to section 4 or 5 of this regulation, the Board will:*

(a) Verify that the application is complete and includes, without limitation:

(1) All required documentation; and

(2) All applicable fees; and

(b) If the Board determines that the application is incomplete, notify the applicant by telephone or in writing that his or her application is incomplete and describe the specific steps necessary for the applicant to complete his or her application.

2. As soon as practicable after verifying pursuant to paragraph (a) of subsection 1 that an application which includes a request for prioritization made pursuant to section 4 or 5 of this regulation is complete, the Board will begin processing the application and obtaining or verifying all transcripts, supporting documentation and background investigations that are necessary for the Board to evaluate the application.

3. The Board will approve, deny or set aside an application which includes a request for prioritization made pursuant to section 4 or 5 of this regulation for further consideration during the next scheduled meeting of the Board and notify the applicant of that action not later than 14 business days after the business day immediately following the date on which the Board has:

- (a) Verified that the application submitted by the applicant is complete;*
- (b) Received from the Central Repository for Nevada Records of Criminal History the report of the Federal Bureau of Investigation concerning the applicant and the results of any other background investigation conducted with respect to the applicant; and*
- (c) Received and verified all applicable transcripts and any other supporting documents necessary for the Board to make a final decision on the application.*

4. Not later than 7 business days after determining that additional information or documentation is required from an applicant who submitted an application which includes a

request for prioritization made pursuant to section 4 or 5 of this regulation to make a final decision on the application, the Board will notify the applicant by telephone or in writing:

- (a) That additional information or documentation is required; and*
- (b) Of the specific information or documentation that is required.*

Sec. 7. 1. *For the purposes of subsection 1 of NRS 630.259, an applicant for a license as an administrative physician is not required to satisfy the requirements of paragraph (c) of subsection 2 of NRS 630.160.*

2. The Board will not require an applicant for a license as an administrative physician pursuant to NRS 630.259 who has not practiced medicine in a clinical setting for a period of more than 24 consecutive months before the date on which the applicant submits his or her application to take any action described in NRS 630.257.

Sec. 8. 1. *In addition to the circumstances specified in subsection 1 of NRS 630.373:*

- (a) A physician may administer or directly supervise the administration of tumescent anesthesia as authorized by the Board pursuant to subsection 3.*
- (b) A physician assistant or anesthesiologist assistant may administer tumescent anesthesia under the direct supervision of a supervising physician or supervising anesthesiologist who is authorized to administer tumescent anesthesia pursuant to paragraph (a) if a petition approved pursuant to subsection 3 or 4 identifies the physician assistant or anesthesiologist assistant as being authorized to administer tumescent anesthesia under the direct supervision of the supervising physician or supervising anesthesiologist.*

2. A physician who wishes to administer tumescent anesthesia or directly supervise the administration of tumescent anesthesia by a physician assistant or anesthesiologist assistant at

a location not described in subsection 1 of NRS 630.373 must file with the Board a petition requesting authorization to administer or directly supervise the administration of tumescent anesthesia at such a location. A petition filed pursuant to this subsection must:

(a) Identify all such locations at which the physician will administer or directly supervise the administration of tumescent anesthesia;

(b) List the procedures that the physician will perform at such locations that involve the administration of tumescent anesthesia;

(c) If the physician will directly supervise the administration of tumescent anesthesia by a physician assistant or anesthesiologist assistant under his or her supervision, identify each such physician assistant or anesthesiologist assistant;

(d) Be accompanied by a copy of all protocols that the physician or any physician assistant or anesthesiologist assistant under the direct supervision of the physician will use when administering tumescent anesthesia, which must include, without limitation, protocols for:

(1) Ensuring proper sanitation during the administration of tumescent anesthesia; and
(2) Adequately monitoring a patient for whom tumescent anesthesia is being administered; and

(e) Be accompanied by documentation which demonstrates that the physician has completed training in:

(1) The specific types of procedures for administering tumescent anesthesia that the physician will administer or directly supervise the administration of; and

(2) Procedures for the cleaning of facilities within which tumescent anesthesia may be administered and controlling the spread of infectious diseases within such facilities.

3. In deciding whether to approve or deny a petition submitted pursuant to this section, the Board will consider, without limitation:

- (a) The disciplinary history of the physician who submitted the petition;*
- (b) The disciplinary history of each physician assistant and anesthesiologist assistant identified in the petition, if applicable; and*
- (c) The sufficiency of the training described in paragraph (e) of subsection 2.*

4. If a physician for whom the Board has approved a petition pursuant to this section wishes to authorize a physician assistant or anesthesiologist assistant who is not identified in the original petition approved by the Board to administer tumescent anesthesia under the direct supervision of the physician, the physician must submit a supplemental petition. A physician assistant or anesthesiologist assistant identified in a supplemental petition submitted pursuant to this subsection shall not administer tumescent anesthesia unless the supplemental petition submitted by his or her supervising physician or supervising anesthesiologist, as applicable, is approved by the Board.

5. The Board may, in accordance with the procedures for imposing disciplinary action set forth in this chapter and chapter 630 of NRS, suspend or revoke authorization granted pursuant to this section for any act or omission which would constitute grounds for disciplinary action under this chapter or chapter 630 of NRS.

Sec. 9. 1. *A physician who administers or directly supervises the administration of tumescent anesthesia pursuant to a petition approved by the Board pursuant to section 8 of this regulation shall keep and maintain, at each location described in the petition at which the physician administers or directly supervises any procedure involving the administration of*

tumescent anesthesia, a complete, timely, legible and accurate log of records concerning each such procedure. Such a log must contain, without limitation, a description of any preoperative, intraoperative and postoperative care that is provided to a patient in connection with a procedure involving the administration of tumescent anesthesia that is undertaken at the location at which the log is maintained.

2. A physician shall make available to the Board, upon request of the Board, any log required to be maintained by the physician pursuant to subsection 1.

Sec. 10. *1. A practitioner of respiratory care may, in the manner prescribed in subsection 2, claim not more than 5 hours of credit toward the hours of continuing education required by NAC 630.530, except for the hours required in medical ethics, during a biennial licensing period for acting as a preceptor in a respiratory education program approved by the Commission on Accreditation for Respiratory Care, or its successor organization. Such a practitioner of respiratory care may, subject to the limitations set forth in this subsection, claim 1 hour of continuing education for every 24 hours the practitioner of respiratory care spends acting as a preceptor in such a program.*

2. To receive credit for continuing education pursuant to subsection 1, a practitioner of respiratory care must:

(a) Apply to the Board in the manner prescribed by the Board; and

(b) As part of the application submitted pursuant to paragraph (a), provide the Board with a certificate or other documentation issued by the sponsor of the respiratory education program described in subsection 1 which:

(1) Provides that the practitioner of respiratory care has served as a preceptor in a program described in subsection 1; and

(2) Includes a verified accounting of the number of hours for which the licensee served as a preceptor in a program described in subsection 1 during the biennial licensing period.

Sec. 11. NAC 630.023 is hereby amended to read as follows:

630.023 ~~{As used in this chapter, unless the context otherwise requires, “certified}~~
“Certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014.

Sec. 12. NAC 630.050 is hereby amended to read as follows:

630.050 1. The Board will ~~{not accept any application for}~~ , *before issuing* any type of license to practice medicine in this State , ~~{if the Board cannot}~~ substantiate that the medical school from which the applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a ~~{Canadian}~~ medical school *in an equivalent foreign country* approved by either the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by ~~{the Committee on Accreditation of Canadian Medical Schools.}~~ *an organization that accredits medical schools and is nationally recognized in the applicable equivalent foreign country.*

2. ~~{Except as otherwise provided in NAC 630.130, an}~~ *An* applicant for any license to practice medicine must file his or her sworn application with the Board. The application must:

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

3. If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 13. NAC 630.055 is hereby amended to read as follows:

630.055 As used in ~~{paragraph (d) of subsection 2 of NRS 630.160,}~~ *chapter 630 of NRS, the Board will interpret* the term “progressive postgraduate education” ~~{does}~~ *to* not include training received in the program commonly referred to as the “fifth pathway program,” which was established by the American Medical Association in 1971 to allow entry into the first year of graduate medical education in the United States to citizens of the United States who study at foreign medical schools.

Sec. 14. NAC 630.080 is hereby amended to read as follows:

630.080 1. ~~{For the purposes of paragraph (d) of subsection 2 of NRS 630.160, an}~~ *An* applicant for a license to practice medicine must, except as otherwise provided in subsection 2, pass an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:

- (a) The Special Purpose Examination;
- (b) An examination testing competence to practice medicine conducted by physicians; or
- (c) Any other examination designed to test the competence of the applicant to practice medicine.

2. The Board will deem an applicant to have satisfied the requirements of subsection 1 if:

(a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

(1) Part III of the examination given by the National Board of Medical Examiners;

(2) Component II of the Federation Licensing Examination;

(3) Step 3 of the United States Medical Licensing Examination;

(4) All parts of the *most commonly administered* examination ~~to become a licentiate of the Medical Council of Canada;~~ *for medical licensure in an equivalent foreign country, as designated by the Board for each such country;*

(5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or

(6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (b) of subsection 2 of NRS 630.160 ~~;~~ *, and except as otherwise provided in subsection 4:*

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. ~~For any examination conducted by the Board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.~~ *The limitations set forth in subsection 3 do not apply to an applicant for a license to practice medicine who meets the criteria established in subsection 4 of NRS 630.160.*

5. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

6. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

Sec. 15. NAC 630.095 is hereby amended to read as follows:

630.095 The Board will not issue a license by endorsement to practice medicine pursuant to NRS 630.1605 ~~1, 630.1606~~ or 630.1607 if an applicant has:

1. Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in

which the applicant currently holds or has held a license to practice medicine or an equivalent license;

2. Had his or her license to practice medicine or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

3. Been refused or denied a license to practice medicine or an equivalent license in the District of Columbia or any state or territory of the United States.

Sec. 16. NAC 630.130 is hereby amended to read as follows:

630.130 1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. ~~If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.~~

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the period during which it is valid. ~~If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.~~

Sec. 17. NAC 630.145 is hereby amended to read as follows:

630.145 *1.* For the purposes of subsection 1 of NRS 630.264, “medically underserved area” means ~~any geographic area designated by the Board with a population to primary care physician ratio of 2,500:1. When designating a geographic area as medically underserved, the~~ :

(a) A historically underserved community, as that term is defined in NRS 622.540; or

(b) Any area designated by the Board pursuant to subsection 2.

2. The Board may consider ~~any~~ additional criteria proposed by the Officer of Rural Health of the University of Nevada School of Medicine or *included in a petition submitted by* a board of county commissioners ~~+~~ *pursuant to subsection 1 of NRS 630.264 and, based on such criteria, designate a geographic area not described in paragraph (a) of subsection 1 as a medically underserved area for the purpose of subsection 1 of NRS 630.264.*

Sec. 18. NAC 630.153 is hereby amended to read as follows:

630.153 *1.* Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the Board by the final date set by the Board for submitting applications for biennial registration evidence, in such form as the Board requires, that he or she has completed 40 hours of continuing medical education during the preceding 2 years in one or more educational programs,

2 hours of which must be in medical ethics and 20 hours of which must be in the scope of practice or specialty of the holder of the license. Each educational program must:

(a) Offer ~~to~~ *to the holder of the license*, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association ~~to the holder of the license;~~ *or Prescribed credit as recognized by the American Academy of Family Physicians;*

(b) Be approved by the Board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association, *the American Academy of Family Physicians* or the Accreditation Council for Continuing Medical Education.

2. Any holder of a license who has completed a full year of residency or fellowship in the United States or ~~Canada~~ *an equivalent foreign country* any time during the period for biennial registration immediately preceding the submission of the application for biennial registration is exempt from the requirements set forth in subsection 1.

3. If the holder of a license fails to submit evidence of his or her completion of continuing medical education within the time and in the manner prescribed by subsection 1, the license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, the person:

(a) Pays a fee to the Board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.268;

(b) Submits to the Board, in such form as it requires, evidence that he or she has completed 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association *or continuing medical education recognized for Prescribed credit by the American Academy of Family Physicians* within the preceding 2 years; and

(c) Is found by the Board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

4. The Board may issue up to 20 hours of continuing medical education credit during a single biennial period to a holder of a license to practice medicine if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the 40 hours required for any single biennial registration period pursuant to subsection 1; and

(b) Without exceeding the limit of 20 hours, must be equal to the actual time involved in performing the medical review.

Sec. 19. NAC 630.156 is hereby amended to read as follows:

630.156 1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a holder of a license to practice medicine who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a holder of a license to practice medicine shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention

and referral to treatment approach to substance use disorder ~~within 2 years after initial licensure.~~, *which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.*

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must offer ~~to the holder of the license,~~ upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association ~~to the holder of the license.~~ *or Prescribed credit as recognized by the American Academy of Family Physicians.*

4. A holder of a license to practice medicine is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

Sec. 20. NAC 630.157 is hereby amended to read as follows:

630.157 1. Except as otherwise provided in NAC 630.153, each person licensed after the beginning of a period of biennial registration must, if he or she was licensed during the:

(a) First 6 months of the biennial period of registration, complete 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~to the holder of the license,~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;*

(b) Second 6 months of the biennial period of registration, complete 30 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~H~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;*

(c) Third 6 months of the biennial period of registration, complete 20 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~H~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;* or

(d) Fourth 6 months of the biennial period of registration, complete 10 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~H~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit.*

2. An applicant who applies to change his or her status to active status must provide proof of completion of *a total of* 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit* within the 24 months immediately preceding such an application.

Sec. 21. NAC 630.235 is hereby amended to read as follows:

630.235 1. Each holder of a license to practice medicine shall annually submit a report pursuant to NRS 630.30665, on a form to be provided by the Board. The form must include, without limitation:

(a) The name of the licensee;

(b) The office address of the licensee;

(c) The office phone number of the licensee;

(d) The number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the licensee at his or her office or any other facility, excluding any surgical care performed:

(1) At a medical facility, as defined in NRS 449.0151; or

(2) Outside of this State; ~~and~~

(e) *If the holder of a license also has been approved to administer tumescent anesthesia pursuant to section 8 of this regulation, the number and type of procedures requiring tumescent anesthesia performed by the licensee at his or her office or any other facility, excluding any procedures performed:*

(1) At a medical facility, as defined in NRS 449.0151; or

(2) Outside of this State; and

(f) Information regarding the occurrence of any sentinel event arising from the type of ~~surgeries~~ *procedures* described in paragraph (d) ~~and~~ *or (e).*

2. As used in this section:

(a) “Conscious sedation” means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

(b) “Deep sedation” means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

(c) “General anesthesia” means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

(d) “Sentinel event” ~~means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function.~~ *has the meaning ascribed to it in NRS 439.830.*

Sec. 22. NAC 630.237 is hereby amended to read as follows:

630.237 1. The failure of a holder of a license to practice medicine to submit to the Board a report required pursuant to NRS 630.30665:

(a) In a timely manner; or

(b) In an accurate or complete manner if the holder of the license knowingly misstates or misrepresents:

(1) The number or types of surgeries *and procedures* required to be reported pursuant to that section or NAC 630.235; or

(2) The occurrence or outcome of any reportable sentinel events pursuant to those sections,

↪ constitutes grounds for imposing an administrative penalty against the holder of the license.

2. An administrative penalty imposed pursuant to this section may include the imposition of an administrative fine of not less than \$100 or more than \$1,000 and recovery by the Board of all costs incurred by the Board because of the violation.

3. Repeated violations of this section are subject to an administrative fine in the amount of \$1,000 in addition to recovery by the Board of all costs incurred by the Board because of the violations.

4. Before imposing any administrative penalty pursuant to this section, the Board will:

- (a) Consider the totality of the circumstances surrounding the matter;
- (b) Consider all evidence before it relating to the matter, including, without limitation, any intentional, volitional or purposeful conduct engaged in by the holder of the license; and
- (c) Determine by a preponderance of the evidence that the applicable provisions of this section or NRS 630.30665 were violated.

5. The provisions of this section do not prohibit the Board from initiating disciplinary action for a violation of any other provision of this chapter or chapter 630 of NRS.

Sec. 23. NAC 630.240 is hereby amended to read as follows:

630.240 1. If a licensee desires to surrender his or her license to practice medicine, practice as an anesthesiologist assistant, practice perfusion or practice respiratory care while an investigation concerning the license or disciplinary proceedings concerning the licensee are pending, the licensee shall submit to the Board a sworn written statement of surrender of the license accompanied by delivery to the Board of the actual license issued to him or her.

2. The voluntary surrender of a license is not effective until it is accepted by the Board in a public meeting. An order accepting such a surrender must prescribe a period of at least 1 year but

not more than 10 years during which time the holder of the surrendered license is prohibited from applying for reinstatement of the license.

3. The Board will:

(a) Make the voluntary surrender of a license public; and

(b) Deem the voluntary surrender of a license to be disciplinary action and report the surrender to the applicable national databases.

4. The voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status pursuant to NAC 630.167 does not preclude the Board from ~~{hearing}~~ *reviewing and investigating* a complaint ~~{for}~~, *filing a formal charging document or imposing* disciplinary action ~~{made}~~ against the licensee.

Sec. 24. NAC 630.340 is hereby amended to read as follows:

630.340 1. The license of a physician assistant is valid for 2 years.

2. Before providing medical services, a physician assistant, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the physician assistant, the name of the supervising physician and the portion of the practice of the physician assistant that the supervising physician supervises. The notice must contain the signatures of the physician assistant and the supervising physician of the physician assistant.

3. The physician assistant and the supervising physician shall, within 72 hours after the termination of the supervision of the physician assistant by the supervising physician, notify the Board of the termination of the supervision of the physician assistant by the supervising physician. For any portion of the practice of the physician assistant that the supervising physician terminating supervision of the physician assistant supervised, the physician assistant shall not

provide medical services until the physician assistant and a supervising physician submit notice to the Board pursuant to subsection 2.

4. A physician assistant who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license will be disciplined by the Board, if the Board deems it necessary, upon hearing *charges contained in a ~~complaint for disciplinary action~~ formal charging document filed* against the physician assistant.

5. If the Board determines that the conduct of a physician assistant when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the physician assistant.

Sec. 25. NAC 630.350 is hereby amended to read as follows:

630.350 1. The license of a physician assistant may be renewed biennially. Except as otherwise provided in NAC 630.352, the license will not be renewed unless the physician assistant provides satisfactory proof that the physician assistant has completed the following number of hours of continuing medical education as defined by the American Academy of Physician ~~Assistants~~ *Associates, or its successor organization*, or has received a certificate documenting the completion of the following number of hours of Category 1 credits as recognized by the American Medical Association ~~+~~ *or Prescribed credit as recognized by American Academy of Family Physicians:*

- (a) If licensed during the first 6 months of the biennial period of registration, 40 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 30 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

2. To allow for the renewal of a license to practice as a physician assistant by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) Send a renewal notice to the licensee at least 60 days before the expiration of a license to practice as a physician assistant; and

(b) Send instructions for the licensee to renew his or her license to the last known electronic mail address of the licensee on record with the Board.

3. If a licensee fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by subsection 1, his or her license to practice in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice as a physician assistant if the holder:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 1; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

4. Not later than September 30 of each odd-numbered year, the Board will provide a list of licenses to practice as a physician assistant that have expired during the immediately preceding biennium to the Drug Enforcement Administration of the United States Department of Justice or its successor agency and the State Board of Pharmacy.

Sec. 26. NAC 630.358 is hereby amended to read as follows:

630.358 1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a physician assistant shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder ~~{within 2 years after initial licensure.}~~ , *which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.*

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must:

(a) Be a program of continuing medical education as defined by the American Academy of Physician ~~{Assistants;}~~ *Associates, or its successor organization;* or

(b) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant ~~{}~~ *or Prescribed credit as recognized by the American Academy of Family Physicians.*

4. A physician assistant is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.350 for each hour of continuing medical

education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

Sec. 27. NAC 630.380 is hereby amended to read as follows:

630.380 1. A physician assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the physician assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or permitted another to represent the physician assistant to be a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to NAC 630.375; or

(2) At the direction or under the supervision of the supervising physician of the physician assistant;

(d) Has performed medical services which have not been approved by the supervising physician of the physician assistant, unless the medical services were performed pursuant to NAC 630.375;

(e) Is guilty of gross or repeated malpractice in the performance of medical services for acts committed before October 1, 1997;

(f) Is guilty of malpractice in the performance of medical services for acts committed on or after October 1, 1997;

(g) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter;

(h) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and the supervising physician of the physician assistant;

(i) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution or use of a controlled substance;

(j) Is not competent to provide medical services;

(k) Failed to notify the Board of an involuntary loss of certification by the National Commission on Certification of Physician Assistants within 30 days after the involuntary loss of certification;

(l) Is guilty of violating a provision of NAC 630.230, 630.810, 630.820 or 630.830;

(m) Is guilty of violating a provision of NRS 630.301 to 630.3065, inclusive; or

(n) Is guilty of violating a provision of subsection 2 or 3 of NAC 630.340.

2. To institute disciplinary action against a physician assistant, a ~~written complaint,~~ *formal charging document*, specifying the charges, must be filed with the Board by the investigative committee of the Board.

3. A physician assistant is not subject to disciplinary action solely for prescribing or administering to a patient under the care of the physician assistant a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146.

Sec. 28. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist of a formal ~~complaint~~ *charging document* that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue in the case which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its arguments at the hearing.

Sec. 29. NAC 630.515 is hereby amended to read as follows:

630.515 1. Upon payment of a fee, the Board may issue a temporary license to practice respiratory care as an intern for a period of 12 months to an applicant for licensure providing the applicant ~~{shows:~~

~~—(a) Written}~~ *submits to the Board* evidence, *in writing and* verified by oath, that the applicant ~~{is}~~ :

(a) *Is* a graduate of a respiratory education program; and

(b) ~~{That he or she is scheduled to sit for the national exam administered by the National Board for Respiratory Care or its successor organization.}~~ *Will participate in a program of practical training that is approved by the Board.*

2. During the 12-month period, the applicant shall wear a name badge that prominently displays the phrase ~~{“Graduate Therapist”}~~ *“Respiratory Care Intern”* while on the job.

3. An applicant who is issued a temporary license pursuant to this section must sit for the national exam administered by the National Board for Respiratory Care, or its successor organization, during the 12-month period.

Sec. 30. NAC 630.525 is hereby amended to read as follows:

630.525 1. Each holder of a license to practice respiratory care must, on or before June 30 or, if June 30 is a Saturday, Sunday or legal holiday, the next business day after June 30, of each odd-numbered year, pay the applicable fee for biennial registration to the Secretary-Treasurer of the Board.

2. A practitioner of respiratory care who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be

disciplined by the Board, if the Board deems necessary, upon hearing ~~the complaint for disciplinary action~~ *charges contained in a formal charging document filed* against him or her.

3. If the Board determines that the conduct of a practitioner of respiratory care when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the practitioner of respiratory care.

Sec. 31. NAC 630.530 is hereby amended to read as follows:

630.530 1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the Board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:

(a) Of current certification by the National Board for Respiratory Care or its successor organization; and

(b) That he or she has completed the number of hours of continuing professional education required by ~~subsections~~ *subsection 2.* ~~and 3.~~

2. To renew a license for the practice of respiratory care, a licensee must : ~~complete the number of hours of continuing education required by subsection 3, of which:~~

~~—(a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.~~

~~—(b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the Board.~~

~~—3. The following hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:†~~

(a) If licensed during the first 6 months of the biennial period of registration, *complete* 20 hours ~~†~~ *of continuing education, not less than:*

(1) Ten hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Eight hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(b) If licensed during the second 6 months of the biennial period of registration, 15 hours ~~†~~ *of continuing education:*

(1) Eight hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Five hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(c) If licensed during the third 6 months of the biennial period of registration, 10 hours ~~†~~ *of continuing education:*

(1) Five hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Three hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours ~~H~~ of continuing education:

(1) Two hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) One hour of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

~~14-1~~ 3. A practitioner of respiratory care shall notify the Board within 10 days if his or her certification by the National Board for Respiratory Care or its successor organization is withdrawn.

~~15-1~~ 4. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) Send a renewal notice to the licensee at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send instructions for the licensee to renew his or her license to the licensee at the last known electronic email address of the licensee on record with the Board.

~~{6-}~~ **5.** If a licensee fails to pay the fee for biennial registration on or before the date required by NAC 630.525 or fails to submit proof that the licensee completed the number of hours of continuing education required by ~~{subsections}~~ *subsection 2* , ~~{and 3,}~~ his or her license to practice respiratory therapy in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice respiratory care if he or she:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing education required by ~~{subsections}~~ *subsection 2* ; and ~~{3; and}~~

(c) Is found to be in good standing and qualified pursuant to the provisions of this chapter and NRS 630.277.

~~{7-}~~ **6.** The Board may issue not more than 10 hours of continuing education during a biennial licensing period to a licensee if the licensee performs a medical review for the Board.

The hours issued by the Board:

(a) May be credited against the hours required for a biennial licensing period pursuant to ~~{subsections}~~ *subsection 2* , *except for the hours required in medical ethics*; and ~~{3; and}~~

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

Sec. 32. NAC 630.770 is hereby amended to read as follows:

630.770 1. A perfusionist is subject to discipline pursuant to chapter 630 of NRS or denial of licensure by the Board if, after notice and hearing, the Board finds that the perfusionist:

(a) Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for or renewing a license.

(b) Performed perfusion services other than as permitted by law.

(c) Committed malpractice in the performance of perfusion services, which may be evidenced by claims settled against the perfusionist.

(d) Disobeyed any order of the Board or an investigative committee of the Board or violated any provision of this chapter or chapter 630 of NRS.

(e) Is not competent to provide perfusion services.

(f) Lost his or her certification by the American Board of Cardiovascular Perfusion or its successor organization.

(g) Failed to notify the Board of loss of certification by the American Board of Cardiovascular Perfusion or its successor organization within 30 days after the loss of certification.

(h) Falsified or altered records of health care, including, without limitation, by indicating his or her presence at a procedure or the performance of a procedure that he or she was not present for or did not perform, as applicable.

(i) Rendered perfusion services to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.

(j) Practiced perfusion after his or her license as a perfusionist had expired or been revoked or suspended.

(k) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of perfusion or the ability to practice perfusion.

(l) Has had a license to practice perfusion revoked, suspended, modified or limited by another state or jurisdiction or has surrendered such a license or discontinued the practice of perfusion while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.

(m) Engaged in any sexual activity with a patient who was being treated by the perfusionist.

(n) Engaged in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.

(o) Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with the care of a patient or has an adverse impact on the quality of care rendered to a patient.

(p) Engaged in conduct which brings the profession of perfusion into disrepute, including, without limitation, conduct that violates the provisions of NAC 630.755.

(q) Engaged in sexual contact with a surrogate of a patient or with any person related to a patient, including, without limitation, a spouse, parent or legal guardian of a patient, that exploits the relationship between the perfusionist and the patient in a sexual manner.

(r) Made or filed a report that the perfusionist knew to be false, failed to file a record or report as required by law or willfully obstructed or induced another person to obstruct any such filing.

(s) Failed to report to the Board any person that the perfusionist knew, or had reason to know, was in violation of any provision of this chapter or chapter 630 of NRS relating to the practice of perfusion.

(t) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.

(u) Held himself or herself out or permitted another person to represent the perfusionist as a licensed physician.

(v) Violated any provision that would subject a person to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

(w) Failed to comply with any applicable provision of chapter 629 of NRS or any regulation adopted pursuant thereto.

2. A person who has been licensed as a perfusionist by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board upon hearing ~~a complaint for disciplinary action~~ *charges contained in a formal charging document filed* against the person.

3. If a perfusionist loses his or her certification by the American Board of Cardiovascular Perfusion or its successor organization, his or her license to practice perfusion is automatically suspended pending further action by the Board of Medical Examiners.

Sec. 33. NAC 630.918 is hereby amended to read as follows:

630.918 1. The license of an anesthesiologist assistant must be renewed on or before June 30 or, if June 30 is a Saturday, Sunday or legal holiday, the next business day after June 30, of

each odd-numbered year. The Board will not renew the license unless the anesthesiologist assistant provides satisfactory proof:

- (a) Of current certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization; and
- (b) That he or she has completed the amount of continuing education required by subsection 2, which, except for credit issued pursuant to NAC 630.920, must be:

- (1) Approved by the Board; or
- (2) Recognized as Category 1 credits by the American Medical Association ~~or~~ *or as Prescribed credit by the American Academy of Family Physicians.*

2. The following hours of continuing education are required to renew a license to practice as an anesthesiologist assistant:

- (a) If licensed during the first 6 months of the biennial licensing period, 40 hours.
- (b) If licensed during the second 6 months of the biennial licensing period, 30 hours.
- (c) If licensed during the third 6 months of the biennial licensing period, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial licensing period, 10 hours.

3. To allow for the renewal of a license to practice as an anesthesiologist assistant by each person to whom a license was issued or renewed in the preceding biennial licensing period, the Board will make such reasonable attempts as are practicable to send:

- (a) A renewal notice to the licensee at least 60 days before the expiration of the license; and
- (b) Instructions for renewal to the last known electronic mail address of the licensee on record with the Board.

4. If a licensee fails to pay the fee for renewal after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing education required by subsections 1 and 2, his or her license expires. Within 2 years after the date on which the license expires, the license may be reinstated if the holder:

(a) Pays twice the amount of the current fee for renewal to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing education required by subsections 1 and 2; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

Sec. 34. NAC 630.924 is hereby amended to read as follows:

630.924 1. Pursuant to NRS 630.253, an anesthesiologist assistant shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder ~~within 2 years after initial licensure.~~ , *which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.*

2. An anesthesiologist assistant is entitled to receive credit towards the continuing education required pursuant to subsection 2 of NAC 630.918 for each hour of continuing education completed pursuant to subsection 1.

Sec. 35. NAC 630.938 is hereby amended to read as follows:

630.938 ~~1.~~ An anesthesiologist assistant shall not administer ~~general anesthesia, conscious sedation, deep sedation,~~ a regional anesthesia block or neuraxial anesthesia to patients

unless the ~~{general anesthesia, conscious sedation, deep sedation,}~~ regional anesthesia block or neuraxial anesthesia is administered:

~~{(a)}~~ **1.** In an office of a physician or osteopathic physician which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

~~{(b)}~~ **2.** In a facility which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

~~{(c)}~~ **3.** In a medical facility, as that term is defined in NRS 449.0151; or

~~{(d)}~~ **4.** Outside of this State, if the anesthesiologist assistant is otherwise legally permitted to do so.

~~{2. As used in this section:~~

~~—(a) “Conscious sedation” has the meaning ascribed to it in NRS 449.436.~~

~~—(b) “Deep sedation” has the meaning ascribed to it in NRS 449.437.~~

~~—(c) “General anesthesia” has the meaning ascribed to it in NRS 449.438.}~~

Sec. 36. NAC 630.948 is hereby amended to read as follows:

630.948 1. An anesthesiologist assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the anesthesiologist assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or authorized another person to represent the anesthesiologist assistant to be a licensed physician;

(c) Has performed medical services other than:

(1) Pursuant to NRS 630.2686 or subsection 6 of NAC 630.930; or

- (2) At the direction and under the immediate supervision of the supervising anesthesiologist of the anesthesiologist assistant;
- (d) Is guilty of malpractice in the assisting of the practice of medicine;
 - (e) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter or chapter 630 of NRS;
 - (f) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and the supervising anesthesiologist of the anesthesiologist assistant;
 - (g) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution or use of a controlled substance;
 - (h) Is not competent to assist in the practice of medicine;
 - (i) Has lost his or her certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;
 - (j) Has failed to notify the Board of an involuntary loss of certification issued by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, within 30 days after the involuntary loss of certification;
 - (k) Has assisted in the practice of medicine after his or her license as an anesthesiologist assistant expired or was revoked or suspended;
 - (l) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to assisting in the practice of medicine or the ability to assist in the practice of medicine;

(m) Has had a license as an anesthesiologist assistant revoked, suspended, modified or limited by any other jurisdiction or has surrendered such a license or discontinued assisting in the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer; or

(n) Has violated any provision that would subject a practitioner of medicine to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

2. To initiate disciplinary action against an anesthesiologist assistant, an investigative committee of the Board must file with the Board a ~~written complaint,~~ *formal charging document* specifying the charges.

Sec. 37. NAC 630.154, 630.353 and 630.922 are hereby repealed.

TEXT OF REPEALED SECTIONS

630.154 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction.

1. Pursuant to the provisions of NRS 630.253, a holder of a license to practice medicine shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the holder of a license to practice medicine was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the holder of a license to practice medicine was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license; and

(b) Is in addition to the continuing education required pursuant to NAC 630.153.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a holder of a license to practice medicine:

(a) After January 1, 2002; and

(b) As a part of the training the holder of the license to practice medicine received:

(1) While serving in the military; or

(2) While serving as a public health officer.

630.353 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction.

1. Pursuant to the provisions of NRS 630.253, a physician assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the physician assistant was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the physician assistant was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant; and

(b) Is in addition to the continuing education required pursuant to NAC 630.350.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a physician assistant:

(a) After January 1, 2002; and

(b) As a part of the training the physician assistant received:

(1) While serving in the military; or

(2) While serving as a public health officer.

630.922 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction.

1. Pursuant to the provisions of NRS 630.253, an anesthesiologist assistant shall complete, within 2 years after initial licensure, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

2. In addition to the requirements set forth in NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer to the anesthesiologist assistant, upon successful completion of the course, a certificate of Category 1 credit as recognized by the American Medical Association; and

(b) Is in addition to the continuing education required by NAC 630.918.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to an anesthesiologist assistant:

(a) After January 1, 2002; and

(b) As a part of the training the anesthesiologist assistant received while serving:

(1) In the military; or

(2) As a public health officer.