

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

LCB File No. R112-25

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

AUTHORITY: §§ 1-25, 27 and 28, NRS 630.130 and 630.2667; §§ 26 and 30, NRS 630.130; § 29, NRS 630.130, 630.253 and 630.2667; §§ 31, 36 and 37, NRS 630.130 and 630.275; §§ 32-34 and 38, NRS 630.130, 630.2667 and 630.275; § 35, NRS 630.130 and 630.298; §§ 39 and 40, NRS 630.130, 630.138 and 630.2667.

A REGULATION relating to health care; establishing requirements governing the issuance and renewal of a transitional limited physician license and the contents of such a license; establishing the requirements and process for a transitional physician to obtain an unrestricted license to practice medicine; prescribing requirements governing the practice and supervision of transitional physicians; providing for the commencement of proceedings to administratively revoke a transitional limited physician license under certain circumstances; prescribing certain professional duties of a physician; making revisions relating to the substantiation of the medical education of an applicant for a license as a physician; updating the name of a certain publication; establishing certain requirements relating to consultation between a physician and another provider of health care; making revisions relating to the imposition of disciplinary action against a physician or physician assistant; revising provisions relating to the supervision of physician assistants by physicians and the collaboration between physicians and advanced practice registered nurses; prescribing certain limitations relating to the delegation of tasks by certain physicians to a medical assistant; requiring a transitional physician or physician assistant to engage in certain communication and documentation relating to informed consent by a patient; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Board of Medical Examiners to issue a limited license to practice medicine to an applicant who: (1) holds or has held a valid and unrestricted license to practice medicine issued by a foreign country other than Canada; (2) has completed certain education and training comparable to that provided to a physician in the United States and Canada; and (3) has passed all steps of the United States Medical Licensing Examination. Existing law authorizes the holder of such a limited license to practice only under the supervision

of a physician who is licensed in this State and who has practiced in the same or a similar specialty for at least 2 years. Existing law authorizes the Board to issue an unrestricted license to practice medicine to a holder of a limited license after he or she has completed at least 2 years of practice under the limited license if certain requirements are met. (NRS 630.2667) **Section 2** of this regulation defines “transitional limited physician license” to refer to such a limited license, and **section 3** of this regulation defines “transitional physician” to refer to the holder of a transitional limited physician license. **Sections 5-7** of this regulation define certain other terms relevant to transitional physicians, and **sections 4 and 27** of this regulation establish the applicability of the definitions set forth in **sections 2, 3 and 5-7**.

Section 8 of this regulation establishes the required contents of an application for a transitional limited physician license, and **section 9** of this regulation authorizes the Board to reject such an application under certain conditions. **Section 8** also provides that the Board will appoint a member of the Board to collaborate with the Executive Director or his or her designee to review certain matters relating to an applicant for a transitional limited physician license while the application is pending and, if the application is approved, for the duration of the applicant’s licensure as a transitional physician. **Section 5** defines “appointed board member” to mean a member of the Board who is so appointed. **Section 10** of this regulation provides that the Board will require the proposed supervising physician of an applicant for a transitional limited physician license to submit to the Board certain information concerning the proposed supervision before issuing a transitional limited physician license to the applicant. **Section 11** of this regulation requires an applicant for a transitional limited physician license to pass the various steps of the United States Medical Licensing Examination within the same number of attempts and the same time period as an applicant for other types of licenses to practice medicine. (NAC 630.080) **Section 12** of this regulation prescribes the required contents of a transitional limited physician license. **Section 13** of this regulation: (1) provides that a transitional limited physician license expires 2 years after its issuance; and (2) establishes the requirements to renew a transitional limited physician license, including continuing education. **Section 29** of this regulation provides that a transitional physician: (1) must complete more continuing education in medical ethics and the scope of his or her practice or specialty area than other physicians are required to complete in those subjects; and (2) unlike other physicians, may not earn continuing education credit for performing a medical review for the Board.

With certain exceptions, **section 13** requires a transitional physician whose license expires before renewal who wishes to continue practicing medicine in this State to apply for a new license. **Section 14** of this regulation establishes the requirements and process for a transitional physician to obtain an unrestricted license to practice medicine.

Existing law requires the Board to adopt regulations establishing the specialties within which a transitional physician may practice. (NRS 630.2667) Accordingly, **section 15** of this regulation authorizes a transitional physician to practice in the specialties of internal medicine, family medicine or pediatrics. **Section 15** also sets forth certain requirements and limitations governing the practice of a transitional physician.

Upon the licensure of a transitional physician, existing law authorizes the Board to require the transitional physician to provide to the Board notification of an offer of employment as a physician at certain public or nonprofit health facilities or at a physician group practice in a

medically underserved area. (NRS 630.2667) **Section 16** of this regulation accordingly requires a transitional physician to provide such notification before providing services or beginning any new employment. **Section 16** also: (1) requires that such employment be approved by the Executive Director of the Board, or his or her designee, and the appointed Board member; and (2) prohibits a transitional physician from providing health care services outside of such employment, except in an emergency.

Existing law requires the Board to adopt regulations establishing the required provisions of a written practice agreement entered into between a transitional physician and his or her supervising physician. (NRS 630.2667) Accordingly, **section 18** of this regulation prescribes the required provisions of such a written practice agreement. **Section 17** of this regulation: (1) establishes the qualifications required to serve as a supervising physician; and (2) provides that a supervising physician is responsible for the medical activities of a transitional physician performed under the supervision of the supervising physician. **Section 19** of this regulation requires a supervising physician to submit to the Board periodic reports that provide certain information concerning a transitional physician. **Section 20** of this regulation establishes certain additional requirements governing the supervision of a transitional physician by a supervising physician. **Section 21** of this regulation prohibits a transitional physician from practicing medicine outside the physical presence of his or her supervising physician or a designated substitute supervising physician except under certain conditions as authorized by the supervising physician. **Section 22** of this regulation: (1) deems a transitional physician to be the agent of his or her supervising physician under most circumstances; and (2) authorizes a transitional physician to perform medical services outside the supervision of his or her supervising physician in certain emergencies, in which case the transitional physician is not the agent of his or her supervising physician. **Section 23** of this regulation: (1) prohibits a supervising physician from terminating a written practice agreement without the consent of the transitional physician or the approval of the Executive Director of the Board, or his or her designee, and the appointed Board member; and (2) requires a supervising physician to notify the Board of the termination of a written practice agreement. **Section 24** of this regulation: (1) provides that the Board will begin proceedings to administratively revoke a transitional limited physician license if the holder goes 1 year without approved employment or an approved written practice agreement; and (2) authorizes the holder of a transitional limited physician license that is administratively revoked to apply for a new transitional limited physician license pursuant to **section 8**.

Section 25 of this regulation provides that, if a formal charging document is filed against a transitional physician or a letter of warning, letter of concern or nonpunitive admonishment is issued to a transitional physician, the Board will deliver a copy of the charging document, letter or admonishment to the supervising physician of the transitional physician. **Section 38** of this regulation establishes the maximum number of physician assistants, transitional physicians or advanced practice registered nurses whom a physician may supervise or with whom a physician may collaborate.

Existing regulations set forth certain standards of practice for physicians. (NAC 630.185-630.230) **Sections 26 and 30** of this regulation include within those standards of practice certain professional duties of a physician.

Existing regulations provide that the Board will not accept an application for a license to practice medicine 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 by certain Canadian medical schools. (NAC 630.050) **Section 28** of this regulation: (1) authorizes the Board to make such a substantiation before or after accepting the application; and (2) provides that an applicant for a transitional limited physician license may have graduated from a medical school which provided the applicant with a resident course of professional instruction equivalent to that provided by a medical school approved by an accrediting organization that is recognized by an organization approved by Intealth.

Sections 31 and 34 of this regulation update the name of a publication concerning the use of opioids. **Section 32** of this regulation establishes certain requirements relating to consultation between a physician or physician assistant and another provider of health care.

Existing regulations require a physician or physician assistant to obtain and document in a patient's medical records the informed consent of the patient or the representative of the patient before providing any procedure, injection or other invasive treatment to the patient. (NAC 630.227) **Section 33** of this regulation requires a transitional physician or physician assistant to: (1) communicate with his or her supervising physician concerning any action taken to comply with this requirement; and (2) document such communication in the medical record of the patient.

Section 34: (1) subjects a physician to disciplinary action for improperly altering records of health care or misrepresenting his or her skills, training, professional credentials or identity or the services that he or she provides; and (2) clarifies that certain failures by a physician to adequately supervise a physician assistant, anesthesiologist assistant, transitional physician or advanced practice registered nurse are grounds for disciplinary action. **Section 35** of this regulation provides that placing a license on inactive status does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

Sections 36 and 37 of this regulation remove certain unnecessary language from provisions relating to physician assistants. **Section 37** also clarifies that a physician assistant is subject to disciplinary action for prescribing or administering a controlled substance in violation of applicable law or regulations.

Section 39 of this regulation establishes the conditions under which a resident physician who holds a limited license or a transitional physician may delegate a task to a medical assistant. **Section 40** of this regulation prohibits such a physician from remotely supervising a medical assistant.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 26, inclusive, of this regulation.

Sec. 2. *“Transitional limited physician license” means a limited license to practice medicine issued pursuant to NRS 630.2667.*

Sec. 3. *“Transitional physician” means a physician who holds a transitional limited physician license.*

Sec. 4. *As used in sections 4 to 25, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 5, 6 and 7 of this regulation have the meanings ascribed to them in those sections.*

Sec. 5. *“Appointed Board member” means the member of the Board appointed pursuant to subsection 9 of section 8 of this regulation to review matters relating to an applicant for a transitional limited physician license or a transitional physician, as applicable.*

Sec. 6. *“Supervising physician” means a physician who supervises a transitional physician pursuant to paragraph (b) of subsection 3 of NRS 630.2667.*

Sec. 7. *“Written practice agreement” means a written practice agreement filed with the Board pursuant to paragraph (a) of subsection 3 of NRS 630.2667.*

Sec. 8. *1. An application for a transitional limited physician license must be made on a form supplied by the Board. The application must include:*

- (a) The date and place of the applicant’s birth and his or her sex;*
- (b) Information about the applicant’s postsecondary education as a physician, including, without limitation, postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;*

(c) Whether the applicant has ever applied for a license or certificate as a physician, physician assistant or other provider of health care in another state and, if so, when and where and the results of his or her application;

(d) The applicant's work experience for the 5 years immediately preceding the date of his or her application;

(e) Proof that the applicant meets the requirements of subsection 1 of NRS 630.2667;

(f) A signed affidavit stating that the applicant:

(1) Has never had a license to practice medicine revoked, modified, limited or suspended or had any disciplinary action imposed by a licensing body in any domestic or foreign jurisdiction, except as authorized by section 24 of this regulation; and

(2) Is not currently under investigation or subject to disciplinary proceedings for misconduct as a physician in any domestic or foreign jurisdiction;

(g) A self-query of the National Practitioner Data Bank maintained by the Health Resources and Services Administration of the United States Department of Health and Human Services that verifies that the applicant:

(1) Has never had a license to practice medicine revoked, modified, limited or suspended or had any disciplinary action imposed by a licensing body in the United States; and

(2) Is not currently under investigation or subject to disciplinary proceedings for misconduct as a physician in the United States;

(h) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(i) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice medicine;

(j) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board;

(k) A telephone number and electronic mail address at which the applicant may be contacted; and

(l) The specialty in which the applicant plans to practice, as described in subsection 1 of section 15 of this regulation.

2. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof provided pursuant to paragraph (e) of subsection 1;

(b) The education and training required by subsection 1 of NRS 630.2667 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

3. To prove that an applicant for a transitional limited physician license meets the requirements of paragraph (a) of subsection 1 of NRS 630.2667, the applicant must submit to the Board:

(a) A signed affidavit indicating:

(1) The date on which the applicant was originally licensed in a foreign country and the jurisdiction in which the license was issued;

(2) The dates on which the applicant completed a residency program or other program of postgraduate training or performed the duties of a physician and the location where the applicant completed that program or performed those duties; and

(3) The duties of a physician that the applicant performed in a foreign country, as part of a residency program or other program of postgraduate training or otherwise; and

(b) All documentation necessary to support the affidavit submitted pursuant to paragraph (a).

4. The Board will deem an applicant for a transitional limited physician license to have satisfied the requirements of paragraph (b) of subsection 1 of NRS 630.2667 with respect to proficiency in the English language if the Educational Commission for Foreign Medical Graduates, or its successor organization, submits to the Board proof that the applicant is certified by that organization.

5. For the purposes of paragraph (e) of subsection 1 of NRS 630.2667, the Board will determine that the curriculum of a foreign medical school is acceptable if the foreign medical school is accredited by an accrediting organization that is recognized by an organization approved by Inteleth, or its successor organization.

6. Except as otherwise provided in this subsection, to prove that an applicant for a transitional limited physician license has graduated from a foreign medical school described in subsection 5, the foreign medical school or an entity recognized by the National Association

of Credential Evaluation Services, or its successor organization, must submit directly to the Board proof that the applicant has earned the degree of doctor of medicine from such a foreign medical school. If such proof is not available from either of those sources, the Board may authorize the applicant to provide such proof through another source approved by the Board.

7. The application must be accompanied by the applicable fee.

8. An applicant shall pay the reasonable costs of any examination required for licensure.

9. Upon the submission of an application pursuant to this section, the Board will appoint a member of the Board to, in collaboration with the Executive Director or his or her designee, review matters related to the applicant while the application is pending and, if the application is approved, for the duration of the applicant's licensure as a transitional physician. If such an appointed Board member ceases to be a member of the Board during that time period, the Board will appoint another member to review such matters for the remainder of that time period.

10. Within 30 days after any change to the information provided to the Board pursuant to paragraph (j) or (k) of subsection 1, an applicant or transitional physician shall provide updated information to the Board.

Sec. 9. *In addition to any other grounds specified in this chapter or chapter 630 of NRS, the Board may reject an application for the issuance or renewal of a transitional limited physician license if the Board determines that:*

1. The applicant is not qualified or is not of good moral character or reputation;

2. The applicant has submitted a false credential; or

3. The application is not made in proper form or is otherwise deficient.

Sec. 10. *Before issuing a transitional limited physician license to an applicant, the Board will require the proposed supervising physician of the applicant to submit directly to the Board:*

1. A signed affidavit stating that the proposed supervising physician:

(a) Has had substantial direct contact with the applicant;

(b) Has determined that the applicant possesses sufficient knowledge and skills to safely practice medicine under the supervision of the proposed supervising physician; and

(c) Is willing to supervise the applicant after the issuance of the license; and

2. A proposed written practice agreement between the proposed supervising physician and the applicant that meets the requirements of subsection 1 of section 18 of this regulation.

Sec. 11. *1. Except as otherwise provided in subsection 2, for the purposes of paragraph (f) of subsection 1 of NRS 630.2667:*

(a) An applicant for a transitional limited physician license 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 for a transitional limited physician license:

(1) Who holds a degree of doctor of medicine must pass all steps of the United States Medical Licensing 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 United States Medical Licensing Examination within 10 years after the date on which the applicant first passes any step of the examination.

2. The Board may grant an exception to the requirements of subsection 1 for good cause shown.

Sec. 12. *A transitional limited physician license must contain:*

- 1. The name of the transitional physician;*
- 2. The duration of the license;*
- 3. The specialty in which the applicant plans to practice, as described in subsection 1 of section 15 of this regulation; and*
- 4. Any other limitations or requirements which the Board prescribes.*

Sec. 13. *1. A transitional limited physician license expires 2 years after the date on which the license was issued and may be renewed by submitting to the Board an application on a form prescribed by the Board. The application must include, without limitation:*

(a) Proof that the applicant has completed continuing education as required by NAC 630.153;

(b) Proof that the applicant is employed by an employer described in paragraph (b) of subsection 2 of NRS 630.2667; and

(c) Proof that the applicant continues to be supervised by at least one supervising physician as required by paragraph (b) of subsection 3 of NRS 630.2667.

2. Except as otherwise provided in subsection 3, if a transitional limited physician license expires before it is renewed pursuant to this section, the holder:

(a) May not renew the license in accordance with subsection 4 of NAC 630.153; and

(b) Must apply for a new transitional limited physician license pursuant to section 8 of this regulation and be issued such a license before engaging in the practice of medicine in this State.

3. The Board may reinstate the license of a transitional physician who is not able to provide the proof required by paragraph (b) or (c) of subsection 1 before his or her license expires if the transitional physician provides such proof within 2 years after the date of expiration. The Board will not reinstate the license until the transitional physician is able to provide all of the information required by subsection 1.

4. If the Board reinstates a transitional limited physician license pursuant to subsection 3, the Board may count the hours practiced by the transitional physician toward the hours of practice required by paragraph (a) of subsection 1 of section 14 of this regulation if the applicant otherwise meets the requirements set forth in this chapter and chapter 630 of NRS for the issuance of an unrestricted license to practice medicine pursuant to subsection 6 of NRS 630.2667.

Sec. 14. *1. An application for an unrestricted license to practice medicine pursuant to subsection 6 of NRS 630.2667 must be submitted on a form supplied by the Board. Such an application must:*

(a) Include, without limitation, proof that the applicant practiced as a transitional physician for at least 3,840 hours and for one or more periods of at least 2 years in total. If the applicant was issued a new transitional limited physician license under the circumstances described in paragraph (b) of subsection 2 of section 13 of this regulation or subsection 2 of

section 24 of this regulation after the expiration or administrative revocation, as applicable, of a transitional limited physician license previously held by the applicant, any hours of practice completed under the expired or revoked license may not be counted toward the hours of practice required by this paragraph.

(b) Be accompanied by:

(1) Each written recommendation of a supervising physician required by paragraph (c) of subsection 6 of NRS 630.2667. Each such written recommendation must:

(I) Be submitted to the Board directly by the supervising physician and signed by the supervising physician; and

(II) Include, without limitation, ratings in relevant subjects relating to the ability of the applicant to practice medicine independently, safely and with reasonable care, skill and knowledge.

(2) A written, signed recommendation submitted directly to the Board by a physician who is licensed in good standing to practice medicine in this State and is not currently a supervising physician of the applicant.

2. The Board may require an applicant for an unrestricted license to practice medicine pursuant to subsection 6 of NRS 630.2667 and any supervising physician of such an applicant to attend a meeting of the Board and answer questions concerning the ability of the applicant to practice medicine independently, safely and with reasonable care, skill and knowledge.

3. When considering an application for an unrestricted license to practice medicine pursuant to subsection 6 of NRS 630.2667, the Board may consider:

(a) Reports submitted by the supervising physician of the applicant pursuant to section 19 of this regulation; and

(b) Any information relevant to the application that has been received by the Board while the applicant held a transitional limited physician license.

4. If the Board issues an unrestricted license to practice medicine pursuant to subsection 6 of NRS 630.2667, the licensee must practice in the same or a similar specialty to the specialty practiced by his or her supervising physician when the licensee was a transitional physician. If the licensee wishes to practice in a different specialty, he or she must complete such additional postgraduate training as would be required for any other physician wishing to practice in a different specialty.

Sec. 15. 1. A transitional physician may practice only in the specialties of internal medicine, family medicine or pediatrics, as indicated on the license of the transitional physician pursuant to section 12 of this regulation.

2. A transitional physician may order home health care for a patient if authorized to do so by his or her supervising physician, as specified in a valid written practice agreement pursuant to section 18 of this regulation.

3. A transitional physician shall:

(a) At all times while providing medical services to patients except under emergency conditions as specified in section 22 of this regulation, wear a badge that identifies the transitional physician as a transitional physician; and

(b) Inform each patient verbally or in writing:

(1) That the transitional physician is a transitional physician; and

(2) Of the name and qualifications of the supervising physician of the transitional physician.

4. A transitional physician shall not provide any services that:

(a) Are cosmetic or are not medically necessary; or

(b) Except as authorized by section 22 of this regulation, are not authorized by a valid written practice agreement between the transitional physician and the physician who is supervising the transitional physician during the performance of the services.

Sec. 16. 1. *Before engaging in the practice of medicine or otherwise providing health care services in this State and before beginning any new employment, a transitional physician must:*

(a) Provide to the Board notification of an offer of employment as a physician from an employer described in paragraph (b) of subsection 2 of NRS 630.2667; and

(b) Receive from the Board notification that the Executive Director of the Board, or his or her designee, and the appointed Board member have approved the employment.

2. The Executive Director of the Board, or his or her designee, and the appointed Board member may approve multiple offers of employment for the same transitional physician pursuant to subsection 1 if the Executive Director, or his or her designee, and the appointed Board member determine that the transitional physician will not be working an unreasonable number of hours.

3. A transitional physician:

(a) Except as authorized by section 22 of this regulation, shall not engage in the practice of medicine or otherwise provide health care services in this State except in the employ of an

employer that has been approved by the Executive Director of the Board, or his or her designee, and the appointed Board member pursuant to subsection 1.

(b) Shall inform the Board pursuant to paragraph (c) of subsection 3 of NRS 630.2667 not later than 72 hours after any change to his or her employment status, including, without limitation, the termination of a written practice agreement.

Sec. 17. 1. *Except as otherwise provided in this section, a physician may supervise a transitional physician if the physician:*

- (a) Holds an active license in good standing to practice medicine issued by the Board;*
- (b) Actually practices medicine full-time in this State in the same specialty as the transitional physician and has completed a residency or fellowship in that specialty;*
- (c) Has actively practiced medicine for at least 5 years;*
- (d) Has not had any disciplinary action imposed against him or her in this State or any other jurisdiction; and*
- (e) Has not been specifically prohibited by the Board from acting as a supervising physician.*

2. *The Board may authorize a physician who does not meet the requirements of paragraph (d) of subsection 1 to supervise a transitional physician if:*

- (a) The proposed supervising physician has not had any disciplinary action imposed against him or her in this State or any other jurisdiction within the immediately preceding 5 years; and*
- (b) The Board determines that the physician is capable of competently performing the duties of a supervising physician set forth in this chapter and chapter 630 of NRS after the*

Executive Director of the Board, or his or her designee, and the appointed Board member review:

(1) The application for licensure submitted by the transitional physician and any changes to the information provided in that application;

(2) The proposed written practice agreement between the transitional physician and the proposed supervising physician; and

(3) The disciplinary history of the proposed supervising physician.

3. A physician who holds an unrestricted license to practice medicine issued pursuant to subsection 6 of NRS 630.2667 may not supervise a transitional physician within the first 5 years that the physician practices independently under that unrestricted license.

4. A physician shall not supervise a transitional physician or otherwise delegate tasks to a transitional physician:

(a) Outside the scope of employment described in paragraph (b) of subsection 2 of NRS 630.2667 that has been approved by the Board pursuant to section 16 of this regulation;

(b) Who is performing services that are not authorized by a valid written practice agreement between the physician and the transitional physician; or

(c) Without determining that the transitional physician is competent to perform the relevant tasks.

5. A supervising physician is responsible for all the medical activities of a transitional physician that are performed under the supervision of the supervising physician.

Sec. 18. 1. *A written practice agreement between a transitional physician and a supervising physician must be filed with the Board on a form supplied by the Board. A written practice agreement must include, without limitation:*

(a) The specialty area in which the transitional physician to whom the agreement pertains will practice;

(b) The services that the supervising physician authorizes the transitional physician to provide, including, without limitation:

(1) Any drugs that the supervising physician authorizes the transitional physician to prescribe or dispense; and

(2) Any tasks that the supervising physician authorizes the transitional physician to delegate to a medical assistant;

(c) The services that the supervising physician prohibits the transitional physician from providing, including, without limitation, any drugs that the supervising physician prohibits the transitional physician from prescribing or dispensing;

(d) The terms under which the transitional physician will be compensated;

(e) The hours that the transitional physician will work;

(f) Any services that the transitional physician is authorized to provide pursuant to section 21 of this regulation while the supervising physician or a substitute supervising physician is not present on the premises; and

(g) A written program of supervision that includes, without limitation:

(1) Regular assessments of the competency of the transitional physician by the supervising physician;

(2) Required reading material for the transitional physician, including, without limitation, requiring the transitional physician to read and become familiar with chapters 453, 454, 629, 630 and 639 of NRS and chapters 453, 454, 629, 630 and 639 of NAC within the first month during which the transitional physician practices medicine in this State; and

(3) Such other provisions and metrics as necessary to ensure that the transitional physician practices medicine in a safe and competent manner.

2. A written practice agreement may designate not more than two physicians to serve as the substitute supervising physician of the transitional physician if the supervising physician of the transitional physician:

(a) Is not on the premises and has not authorized the transitional physician to practice medicine while the supervising physician is not on the premises; or

(b) Is not on the premises or able to communicate with the transitional physician by telephone or other electronic means, if the supervising physician has, pursuant to section 21 of this regulation, authorized the transitional physician to practice medicine while the supervising physician is not on the premises.

3. A supervising physician may prohibit a transitional physician from prescribing or dispensing any drug or class of drugs, including, without limitation, controlled substances, as the supervising physician deems appropriate. A transitional physician shall not prescribe or dispense any drug that:

(a) Has not been approved by his or her supervising physician, as listed in the written practice agreement pursuant to paragraph (b) of subsection 1; or

(b) His or her supervising physician is not authorized or qualified to prescribe or dispense.

4. A written practice agreement may not authorize a transitional physician to provide any medical service that is outside the scope of practice, knowledge, training or experience of his or her supervising physician.

5. A written practice agreement must be approved by the Board or by the Executive Director of the Board, or his or her designee, and the appointed Board member before going into effect. The Board or the Executive Director, or his or her designee, and the appointed Board member, as applicable, may require changes to a written practice agreement before approving the written practice agreement.

6. A transitional physician and his or her supervising physician may update a written practice agreement, including, without limitation, to authorize the transitional physician to provide additional medical services, at any time. Such an updated written practice agreement must be approved by the Board or by the Executive Director of the Board, or his or her designee, and the appointed Board member pursuant to subsection 5 before going into effect.

7. For the purposes of this chapter, a written practice agreement is valid from the date on which the written practice agreement is approved by the Board or by the Executive Director of the Board, or his or her designee, and the appointed Board member to the date on which the written practice agreement expires or is terminated pursuant to section 23 of this regulation.

Sec. 19. 1. *For the first year that a supervising physician supervises a transitional physician, the supervising physician shall submit to the Board a report at least once each quarter that meets the requirements of this section. For the remainder of the time that a supervising physician supervises a transitional physician, the supervising physician shall*

submit to the Board a report that meets the requirements of this section at least once every 6 months.

2. A report submitted pursuant to subsection 1 must be made on a form supplied by the Board and must include:

(a) An evaluation of the performance of the transitional physician to whom the report pertains, including, without limitation:

(1) Any relevant concerns that the supervising physician has concerning the performance of the transitional physician, including, without limitation, failure by the transitional physician to follow the instructions of the supervising physician; and

(2) A list of achievements of the transitional physician during the time period to which the report pertains; and

(b) Recommendations to improve the performance of the transitional physician.

3. The supervising physician of a transitional physician shall report to the Board any concerns relating to the competence or behavior of the transitional physician or any other matters relating to the transitional physician that could negatively affect the health or safety of patients.

4. The Executive Director of the Board, or his or her designee, and the appointed Board member shall review each report submitted pursuant to this section.

Sec. 20. *1. A transitional physician and his or her supervising physician must have contact in person or electronically at such frequency as to allow the supervising physician to ensure the quality of care provided by the transitional physician. Such contact must include, without limitation, at least one meeting each week during the first year of the supervision and*

at least two meetings each month for the remainder of the supervision to discuss the provision of medical services by the transitional physician.

2. The supervising physician of a transitional physician and the transitional physician shall develop a method by which the transitional physician may designate specific records of patients for the review of the supervising physician.

3. The supervising physician of a transitional physician may require the transitional physician to complete specified continuing education or training within a reasonable amount of time.

4. A transitional physician shall consult with his or her supervising physician whenever the welfare of a patient will be safeguarded or advanced by such consultation.

Sec. 21. *1. Except as authorized by section 22 of this regulation, a transitional physician shall not engage in the practice of medicine if his or her supervising physician or a substitute supervising physician listed in the applicable written practice agreement pursuant to subsection 2 of section 18 of this regulation is not physically present on the premises unless:*

(a) The transitional physician is providing services that his or her supervising physician has authorized the transitional physician to provide while the supervising physician or a substitute supervising physician is not physically present on the premises pursuant to subsection 2; and

(b) The supervising physician or a substitute supervising physician listed pursuant to subsection 2 of section 18 of this regulation in the applicable written practice agreement is available to consult with the transitional physician by telephone or other electronic means.

2. The supervising physician of a transitional physician may authorize a transitional physician to provide medical services while the supervising physician or a substitute supervising physician is not physically present on the premises if the supervising physician determines that the transitional physician is competent to provide the services outside the presence of the supervising physician. Any such services must be listed pursuant to section 18 of this regulation in the applicable written practice agreement.

3. If the supervising physician of a transitional physician is unavailable to supervise the transitional physician for more than 14 consecutive days, the supervising physician shall:

(a) Notify the Board; and

(b) Arrange for the supervision of the transitional physician during that time by a substitute supervising physician listed pursuant to subsection 2 of section 18 of this regulation in the applicable written practice agreement.

Sec. 22. 1. Except as otherwise provided in this section, a transitional physician is considered to be and is deemed the agent of his or her supervising physician in the performance of all medical activities.

2. A transitional physician shall not perform medical services without supervision from his or her supervising physician, except in:

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

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

3. When a transitional physician performs medical services in a situation described in subsection 2:

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

(b) The transitional physician shall provide whatever medical services are possible based on the need of the patient and the training, education and experience of the transitional physician.

(c) If a physician who holds an unrestricted license is available on-scene, the transitional physician may take direction from that physician.

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

Sec. 23. 1. A supervising physician shall not terminate a written practice agreement with a transitional physician unless:

(a) The termination has been approved by the Executive Director, or his or her designee, and the appointed Board member pursuant to subsection 2; or

(b) The transitional physician consents in writing to the termination.

2. A supervising physician may submit to the Board a request to terminate a written practice agreement with a transitional physician. The Executive Director, or his or her designee, and the appointed Board member shall:

(a) Review the request; and

(b) Approve the request and provide written notice of the approval to the supervising physician and the transitional physician upon determining that:

(1) Failure to terminate the written practice agreement would create risk of imminent or continued harm to the health, safety or welfare of the public or any patient served by the transitional physician; or

(2) The supervising physician has provided the transitional physician with an adequate opportunity to address and remediate the issues that resulted in the request.

3. A supervising physician may prohibit a transitional physician from practicing under a written practice agreement while a request to terminate the written practice agreement submitted pursuant to subsection 2 is pending if the supervising physician determines that allowing the transitional physician to continue to practice would create risk of imminent or continued harm to the health, safety or welfare of the public or any patient served by the transitional physician.

4. Before submitting a request pursuant to subsection 2 to terminate a written practice agreement with a transitional physician, a supervising physician shall notify the transitional physician and document that notification in writing.

5. A supervising physician shall notify the Board on a form supplied by the Board not later than 72 hours after terminating a written practice agreement with a transitional physician. Such notice must:

(a) Include, without limitation, reasons for the termination; and

(b) Be accompanied by a copy of the written consent provided by the transitional physician pursuant to paragraph (b) of subsection 1 or a copy of the written notice of approval provided to the transitional physician pursuant to paragraph (b) of subsection 2, as applicable.

Sec. 24. *1. The Board will begin proceedings to administratively revoke a transitional limited physician license pursuant to subsection 7 of NRS 630.2667 if 1 year has elapsed since the termination of employment or the termination of a written practice agreement without the approval of a new offer of employment by the Executive Director, or his or her designee, and the appointed Board member pursuant to section 16 of this regulation or the approval of a new written practice agreement by the Executive Director, or his or her designee, and the appointed Board member pursuant to section 18 of this regulation, as applicable.*

2. The administrative revocation of a transitional limited physician license pursuant to subsection 1 shall not be deemed to be disciplinary action for the purposes of section 8 of this regulation, and the person who held the administratively revoked transitional limited physician license may apply for a new transitional limited physician license pursuant to that section.

Sec. 25. *1. If a committee designated by the Board to conduct an investigation of a complaint files with the Board a formal charging document against a transitional physician pursuant to NRS 630.339, the Board will deliver a copy of the charging document to the supervising physician supervising the care of the relevant patient as shown in the medical records of the patient.*

2. If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to a transitional physician pursuant to NRS 630.299, the Board will deliver a

copy of the letter or admonishment to the supervising physician supervising the care of the relevant patient as shown in the medical records of the patient.

Sec. 26. *A physician shall:*

- 1. Provide competent medical care and assume as his or her primary responsibility the health, safety, welfare and dignity of all patients;*
- 2. Deliver health services to patients without regard to race, religious creed, color, age, sex, disability, sexual orientation, gender identity or expression, national origin or ancestry;*
- 3. Adhere to all state and federal laws governing informed consent concerning the health care of a patient;*
- 4. Become familiar with and adhere to all state and federal laws applicable to his or her practice as a physician, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and other federal and state laws and regulations governing the confidentiality of health information;*
- 5. Provide only those services for which the physician is qualified by education, training and experience;*
- 6. Avoid conflicts of professional interest; and*
- 7. Comply with all applicable provisions of chapter 629 of NRS and the regulations adopted pursuant thereto.*

Sec. 27. NAC 630.010 is hereby amended to read as follows:

630.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC *630.023 and 630.025 and sections 2 and 3 of this regulation* have the meanings ascribed to them in those sections.

Sec. 28. NAC 630.050 is hereby amended to read as follows:

630.050 1. The Board will ~~not accept any application for any type of license to practice medicine in this State if the Board cannot~~ substantiate that the medical school from which ~~the~~ *an* applicant *for a license to practice medicine* graduated provided the applicant with a resident course of professional instruction equivalent to that provided ~~in~~ :

(a) In the United States ~~or~~ ;

(b) By a Canadian medical school 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 ~~or~~ ; *or*

(c) For an applicant for a license as a transitional physician, by a medical school approved by an accrediting organization that is recognized by an organization approved by Intealth, or its successor organization.

2. Except as otherwise provided in NAC 630.130, 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. 29. NAC 630.153 is hereby amended to read as follows:

630.153 1. Except as otherwise provided in ~~subsection~~ *subsections 2 and 3* 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, 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;

(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 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 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. *For a transitional physician:*

(a) At least 4 of the hours of continuing education required by subsection 1 must be in medical ethics; and

(b) At least 30 hours of the continuing education required by subsection 1 must be in the scope of practice or specialty of the holder of the license.

4. 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 Category 1 continuing medical education as recognized by the American Medical Association 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.

~~4.4~~ 5. 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 , *other than the holder of a transitional limited physician license*, 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. 30. NAC 630.185 is hereby amended to read as follows:

630.185 NAC 630.185 to 630.230, inclusive, *and section 26 of this regulation* set forth the standards of practice established by the Board.

Sec. 31. NAC 630.187 is hereby amended to read as follows:

630.187 1. The Board hereby adopts by reference the ~~{Guidelines for the Chronic Use of Opioid Analgesies,}~~ *Strategies for Prescribing Opioids for the Management of Pain*, April ~~{2017,}~~ 2024, published by the Federation of State Medical Boards of the United States, Inc., and any subsequent revision of the publication that has been approved by the Board for use in this State. Each revision of the publication shall be deemed approved by the Board unless it disapproves of the revision within 180 days after the date of publication of the revision.

2. The most recent publication of the ~~{Guidelines for the Chronic Use of Opioid Analgesies}~~ *Strategies for Prescribing Opioids for the Management of Pain* that has been approved by the Board will be available for inspection at the office of the Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521, or may be obtained, free of charge, from the Federation of State Medical Boards of the United States, Inc., 400 Fuller Wiser Road, Euless, Texas 76039, or from the Federation of State Medical Boards of the United States, Inc., at the Internet address ~~{http://www.fsmb.org-}~~ <https://www.fsmb.org>.

3. The Board shall:

(a) Review each revision of the publication described in subsection 1 to ensure its suitability for this State; and

(b) File a copy of each revision of the publication described in subsection 1 that it approves with the Secretary of State and the State Library, Archives and Public Records Administrator.

Sec. 32. NAC 630.210 is hereby amended to read as follows:

630.210 **1.** A physician or physician assistant shall seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

2. *A physician or physician assistant who engages in consultation pursuant to subsection 1 shall ensure that a record of such consultation is included in the medical record of the patient to whom the consultation relates.*

3. *A transitional physician or physician assistant shall consult with his or her supervising physician before engaging in consultation pursuant to subsection 1.*

Sec. 33. NAC 630.227 is hereby amended to read as follows:

630.227 **1.** Except in an emergency situation described in subsection 4, a physician or physician assistant must obtain and document in the patient's medical records the informed consent of a patient or the representative of the patient before providing any procedure, injection or other invasive treatment to the patient.

2. If a patient provides informed consent pursuant to subsection 1 to each part of a series of procedures, injections or other invasive treatments, the physician or physician assistant is only required to obtain and document informed consent once before beginning the series of procedures, injections or other invasive treatments.

3. A physician or physician assistant obtaining the informed consent of a patient or the representative of a patient pursuant to subsection 1 shall inform the patient or the representative, as applicable, of:

(a) The qualifications of the physician or physician assistant and , *where applicable*, his or her supervising physician, including, without limitation:

(1) Any certifications issued by a member board of the American Board of Medical Specialties;

(2) Successful completion of a postgraduate training program which is approved by the Accreditation Council for Graduate Medical Education and which provides a physician with complete training in a medical specialty area; and

(3) Any other license or certification.

(b) The risks and expected benefits of all recommended treatments or other courses of action, including, without limitation, not performing any treatment.

4. In an emergency situation where a patient or his or her representative is not available or able to provide informed consent pursuant to subsection 1, a physician or physician assistant:

(a) May initiate care or treatment of the patient before obtaining the informed consent of the patient or his or her representative for such care or treatment;

(b) Shall seek to obtain the informed consent of the patient or his or her representative at the earliest opportunity; and

(c) Must obtain the informed consent of the patient pursuant to subsection 1 before providing ongoing care or treatment after the emergency situation has concluded.

5. A transitional physician or physician assistant shall:

(a) Communicate with his or her supervising physician concerning any action taken to comply with this section; and

(b) Document such communication in the medical record of the patient.

Sec. 34. NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or physician assistant shall not:

- (a) Falsify *or improperly alter* records of health care;
- (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
- (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
- (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) If the person is a physician, fail to provide adequate supervision of a physician assistant, *a transitional physician* or an anesthesiologist assistant or adequate collaboration with an advanced practice registered nurse with whom the physician is collaborating ~~§~~, *including, without limitation:*

(1) Failing to ensure that a physician assistant, transitional physician, anesthesiologist assistant or advanced practice registered nurse is competent to perform a task before delegating the task to the physician assistant, transitional physician, anesthesiologist assistant or advanced practice registered nurse; or

(2) Authorizing a physician assistant, transitional physician, anesthesiologist assistant or advanced practice registered nurse to perform a task that is outside the scope of practice, training or experience of the physician or the physician assistant, transitional physician, anesthesiologist assistant or advanced practice registered nurse, as applicable;

(j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;

(k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain, *subacute pain* or chronic pain in a manner that deviates from the policies set forth in the ~~{Guidelines for the Chronic Use of Opioid Analgesics}~~ Strategies for Prescribing Opioids for the Management of Pain adopted by reference in NAC 630.187;

(l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device;

(m) Require or ask a patient to waive his or her right to file a complaint with the Board;

(n) Condition care or treatment on the provision of a waiver described in paragraph (m); ~~or~~

(o) Engage 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 ~~or~~ ; or

(p) Misrepresent in any manner, directly or indirectly, his or her skills, training, professional credentials or identity or the services that he or she provides.

2. A physician or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS and any regulation adopted pursuant thereto.

3. As used in this section:

(a) ~~["Chronic pain" has]~~ *"Acute pain," "chronic pain" and "subacute pain" have* the ~~[meaning]~~ *meanings* ascribed to ~~it~~ *them* in section 3 of the ~~[Guidelines for the Chronic Use of Opioid Analgesics]~~ *Strategies for Prescribing Opioids for the Management of Pain* adopted by reference in NAC 630.187.

(b) “Single-dose vial” means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer’s instructions:

- (1) Contains only one dose of a medication; and
- (2) May be used for only one patient.

(c) “Single-use medical device” means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

Sec. 35. 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 licensee 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 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 applicable national databases.

4. The voluntary surrender of a license, the failure to renew a license or the placement of a license on *inactive status pursuant to NRS 630.255 or* retired status pursuant to NAC 630.167 does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

Sec. 36. NAC 630.375 is hereby amended to read as follows:

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

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

- (a) Life-threatening emergencies, including, without limitation, at the scene of an accident; or
- (b) Emergency situations, including, without limitation, human-caused or natural disaster relief efforts.

3. When a physician assistant performs medical services in a situation described in subsection 2:

- (a) The physician assistant is not the agent of his or her supervising physician and the supervising physician is not responsible or liable for any medical services provided by the physician assistant.
- (b) The physician assistant shall provide whatever medical services are possible based on the need of the patient and the training, education and experience of the physician assistant.
- (c) If a licensed physician is available on-scene, the physician assistant may take direction from the physician.

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

Sec. 37. 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) ;~~

~~(f)~~ (f) 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;

~~(g)~~ (g) 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;

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

~~(i)~~ (i) Is not competent to provide medical services;

~~(j)~~ (j) 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;

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

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

~~(m)~~ (m) 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, 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.

This subsection must not be construed to prohibit disciplinary action for prescribing or

administering such a controlled substance where such prescribing or administering constitutes a violation of other applicable law or regulations.

Sec. 38. NAC 630.495 is hereby amended to read as follows:

630.495 1. Except as otherwise provided in subsection 2, a physician shall not simultaneously:

- (a) Supervise more than ~~three~~ *four* physician assistants;
- (b) Collaborate with more than ~~three~~ *four* advanced practice registered nurses; ~~or~~
- (c) *Supervise more than two full-time equivalent transitional physicians; or*
- (d) Supervise or collaborate with a combination of more than ~~three~~ *four* physician assistants, ~~and~~ advanced practice registered nurses ~~and~~ *and transitional physicians.*

2. ~~A~~ *Except as otherwise provided in this subsection, a* physician may petition the Board for approval to supervise or collaborate with more physician assistants and advanced practice registered nurses than he or she would otherwise be allowed pursuant to subsection 1. *A physician may not:*

- (a) *Submit such a petition if the physician also supervises transitional physicians; or*
- (b) *Petition for approval to supervise or collaborate with more than six physician assistants and advanced practice registered nurses in total.*

3. The Executive Director of the Board or his or her designee shall review and approve or deny a petition made pursuant to subsection 2. The Executive Director or his or her designee shall not approve the petition unless the physician provides satisfactory proof to the Board that:

(a) Special circumstances regarding his or her practice exist that necessitate his or her supervision or collaboration with more physician assistants and advanced practice registered nurses than would otherwise be allowed pursuant to subsection 1; and

(b) The physician will be able to supervise or collaborate with the number of physician assistants and advanced practice registered nurses for which he or she is requesting approval in a satisfactory manner.

4. When determining pursuant to subsection 3 whether to approve a petition made pursuant to subsection 2, the Executive Director or his or her designee shall review the licensing history and disciplinary history of the physician and each physician assistant or advanced practice registered nurse.

Sec. 39. NAC 630.810 is hereby amended to read as follows:

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

(a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly;

(b) The medical assistant is not required to be certified or licensed to perform that 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 ~~4~~ 4 as they relate to the task.

2. *A holder of a limited license issued pursuant to NRS 630.265 shall not delegate a task to a medical assistant unless:*

(a) Such delegation is approved by the supervisor of the limited licensee in his or her graduate program; and

(b) The limited licensee is competent to perform the delegated task.

3. A transitional physician shall not delegate a task to a medical assistant unless:

(a) Such delegation is approved by the supervising physician of the transitional physician, as documented in a written practice agreement pursuant to section 18 of this regulation; and

(b) The transitional physician is competent to perform the delegated task.

4. The employer of a medical assistant shall document in the employment record of the medical assistant that he or she has been appropriately trained and is competent to perform any task or procedure assigned to him or her.

~~13.1~~ 5. Except as otherwise provided in NAC 630.820, if a medical assistant is delegated a task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

~~14.1~~ 6. A medical assistant shall not make a diagnosis, initiate any treatment or prescribe any drug.

Sec. 40. NAC 630.820 is hereby amended to read as follows:

630.820 1. ~~1A.1~~ *Except as otherwise provided in subsection 2, a* delegating practitioner may supervise remotely a medical assistant to whom the 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. *A holder of a limited license issued pursuant to NRS 630.265 or a transitional physician shall not remotely supervise a medical assistant.*

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