

**PROPOSED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB FILE NO. R112-25I

**THE FOLLOWING DOCUMENT IS THE INITIAL DRAFT REGULATION PROPOSED
BY THE AGENCY SUBMITTED ON 12/14/2025**

NEVADA STATE BOARD OF MEDICAL EXAMINERS
DRAFT REGULATIONS FOR FOREIGN TRAINED LIMITED LICENSES (SB124)

Note to LCB: We would like to use a term other than limited licenses to describe these licensees because we already issue limited licenses to residents and it can be confusing. If possible, we would like to use the transitional physician license term. If we can use this term, then please update the references in the regulation changes in this draft from limited licenses issued pursuant to SB124 to transitional physician licenses.

New Provision #1:

The Board will refer to limited licenses issued pursuant to SB124 as transitional physician licenses.

New Provision #2:

Prior to issuing a limited license pursuant to SB124, the Board will require a written affidavit from the applicant's potential supervisor indicating that he or she has had substantial direct contact with the applicant and evaluated the applicant's skills and knowledge and is willing to supervise the applicant as a limited license holder. This does not allow an applicant to provide clinical services or other unlicensed care to patients prior to receiving a license. This affidavit must be sent directly to the Board from the potential supervisor.

New Provision #3:

*Pursuant to SB124 §1.3(b), applicants for a limited license issued pursuant to SB124 will satisfy the requirements for proficiency in the English language if they obtain the certificate of the Educational Commission for Foreign Medical Graduates and request that the Commission provide direct source verification of that certificate to the Board. *Note to LCB: We may need to also refer to the World Federation for Medical Education here because they can verify the equivalency/validity of the MD degrees issued. I don't think this entity is mentioned in the bill or elsewhere in NRS Chapter 630, though.**

New Provision #4:

To prove practice as a physician within the immediate five years prior to application and licensure in a foreign country, an applicant for a limited license issued pursuant to SB124 must prepare an affidavit indicating where and when the applicant was licensed and where and when the applicant worked as a physician, including the duties he or she performed in the foreign country. An applicant shall attach copies of all documentation supporting this affidavit that he or she possesses.

New Provision #5:

Proof that the applicant for a limited license issued pursuant to SB124 has earned the degree of doctor of medicine or its equivalent must be submitted directly to the Board by the medical school that granted the degree or to an entity recognized by the National Association of Credential Evaluation Services SB124 (a) and (d). If proof of the degree is unavailable from the medical school that granted the degree, the Board may accept proof from any other source specified by the Board.

New Provision #6:

*Applicants for limited licenses issued pursuant to SB124 must pass all steps of the USMLE in a total of not more than nine attempts and must pass Step 3 in not more than a total of three attempts. Applicants who hold 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. Applicants who hold a degree of a 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. Exceptions to the timeline allowed in this provision may be granted by the Board upon a request from the applicant and for good cause shown. **Note to LCB:** We want to possible extend the 7 years and 10 years listed in this provision, if possible for some applicants, although the general rule would still be that same timeline. It's the same timeline allowed for traditional applicants already.*

New Provision #7:

The Board may require applicants for limited licenses issued pursuant to SB124 who have not performed the duties of a physician for a continuous period of 24 months immediately preceding the date on which the applicant submits the application to complete an examination or otherwise demonstrate his or her competency to practice medicine pursuant to NRS 630.257 before issuing the limited license.

New Provision #8:

Before providing medical services under a limited license issued pursuant to SB124, the holder of a limited license issued pursuant to SB124 must submit to the Board proof of an offer of employment as a physician from an employer identified in Section 1.3 of SB124. The holder of a limited license issued pursuant to SB124 must receive an acknowledgment that the Board has received and approved this proof of an offer of employment prior to providing medical services. If the holder's employment status changes, he or she must notify the Board within 72 hours and obtain new employment that is approved by the Board prior to continuing to provide medical services. A limited license holder may not work outside of their approved offer of

employment. If a limited license holder does not have an approved offer of employment, he or she is not able to provide medical services until he or she has an approved offer of employment. A limited license holder may have more than one approved offer of employment, but both written practice agreements must be approved by the Executive Director and his or her designee and the limited license holder may not be working an unreasonable number of hours.

New Provision #9:

Applicants for a limited license issued pursuant to SB124 must provide an affidavit indicating that they have not had disciplinary action against any foreign or equivalent foreign country license to practice medicine that they have or have held and may not have any open disciplinary investigations in any foreign country or equivalent foreign country. Applicants also must attest that they have not had disciplinary action against them by any U.S. state or territory or the District of Columbia or any open disciplinary investigations in any U.S. state or territory or the District of Columbia. Applicants must submit a self-query from the National Practitioner Data Bank to verify the lack of disciplinary history in the U.S.

New Provision #10:

Applicants for a limited license issued pursuant to SB124 and their supervising physician must complete a written practice agreement on a form approved by the Board. This agreement must designate the specialty area where the applicant will practice, the services that the supervisor has authorized the applicant to perform and those that the supervisor prohibits the applicant from performing and any limitations on the applicant's ability to prescribe medications. Written practice agreement must include terms of compensation for the applicant as well as hours required for work. These agreements must be reviewed and approved by the Board or the Executive Director or his or her designee prior to the applicant beginning work. If necessary, the Board or the Executive Director or his or her designee may require changes to the agreement prior to approving it.

New Provision #11:

Holders of limited licenses issued pursuant to SB124 may not prescribe medications that their supervising physician is not able to prescribe. Further, any medications that the limited license holder prescribes must be approved by his or her supervising physician. A supervising physician may limit the limited license holder from prescribing any scheduled drugs, including but not limited to Schedule II drugs, as he or she deems appropriate.

New Provision #12:

The written practice agreement between the holder of a limited license issued pursuant to SB124 and the supervising physician may be updated and amended at any time to allow the limited license holder to perform additional medical services as authorized by the supervising physician or to prescribe additional medications authorized by the supervising physician. At no time may the limited license holder prescribe medications or perform medical services that are outside the supervising physician's scope of knowledge, skill, and training.

New Provision #13:

For the first year that the holder of a limited license issued pursuant to SB124 is supervised, the supervising physician must provide quarterly reports to the Board on a form approved by the Board regarding the limited license holder's performance, noting any relevant concerns and failure to follow supervising physician directions, highlighting achievements of the limited licensed holder, and containing any recommendations for the limited license holder's improvement in his or her ability to practice medicine. After the first year, the supervising physician must provide bi-annual reports to the Board regarding the limited license holder's performance on a form approved by the Board, noting any relevant concerns and failure to follow supervising physician directions, highlighting achievements of the limited license holder, and containing any recommendations for the limited license holder's improvement in his or her ability to practice medicine. These reports will be reviewed by the Executive Director or his or her designee. After providing reasonable time and reasonable notice, the supervising physician may require the limited license holder to take specified continuing education courses or other training and/or to read specified materials and the limited license holder shall comply with any such direction given by his or her supervisor.

New Provision #14:

The holder of a limited license issued pursuant to SB124 and the supervising physician must have a system in place wherein the limited license holder may flag specific patient charts specifically for review by the supervising physician. The limited license holder and the supervising physician must have frequent in-person contact or contact via telemedicine means while the limited license holder is providing medical services. More contact may be required and necessary as the supervising physician deems appropriate at the start of the supervision. For the first year, the limited license holder and the supervising physician must meet at least once per week regarding the limited license holder's provision of medical services. For the second year, the limited license holder and the supervising physician must meet at least twice per month regarding the limited license holder's provision of medical

services. The supervising physician also must have a written program of supervision for the limited license holder that he or she provides to the Board in connection with the applicant's application for a limited license issued pursuant to SB124. This program must include regular competency assessments, required reading for limited license holders as directed by the supervising physician, and other metrics necessary to ensure that the supervising physician is monitoring the limited license holder to ensure that he or she is competent and performing medical services in a safe manner. The written program of supervision for the limited license holder shall require the supervising physician to ensure that the holder of the limited license issued pursuant to SB124 has read and is familiar with NRS Chapter 630, NRS Chapter 629, NAC Chapter 630, NAC Chapter 629, and the Statutes and Regulations of the Nevada State Board of Pharmacy (NRS/NAC 639 and NRS/NAC 453 and 454), within the first month that the limited license holder begins providing medical services in Nevada.

New Provision #15:

The limited license holder and the supervising physician must inform that Board regarding the termination of a written practice agreement within 72 hours. However, notwithstanding this provision, the limited license holder may not work immediately following the termination of a written practice agreement if that leaves the limited license holder without an approved supervising physician and/or an approved written practice agreement.

New Provision #16:

The holder of a limited license issued pursuant to SB124 is subject to disciplinary action if he or she commits any of the acts identified in NRS 630.301, NRS 630.304, NRS 630.305, NRS 630.306, NRS 630.3062, and NRS 630.3065.

New Provision #17:

After two years of practice under a limited license issued pursuant to SB124, a limited license holder may apply to the Board for an unrestricted license to practice medicine. Part of the application for an unrestricted license must include a recommendation from the limited license holder's supervising physician indicating that the supervising physician supports the limited license holder's application for unrestricted licensure. The supervising physician's recommendation shall include his or her rating of the limited license holder in specific areas related to the limited license holder's ability to practice independently and safely, if he or she is granted an unrestricted license. The application also must include a recommendation from another physician in good standing licensed in the State of Nevada. Both recommendations must be prepared and signed by those physicians and sent directly to the Board.

New Provision #18:

If a limited license holder is granted an unrestricted license, he or she will be required to practice in the same scope or specialty as his or her supervising physician and that specialty will be noted in the limited license holder's record with the Board. If an applicant wants to re-specialize, he or she will need to complete additional postgraduate training, such as a residency or fellowship in that new specialty, as approved by the Board.

New Provision #19:

To apply for unrestricted licensure, the limited license holder must complete and submit an application for an unrestricted license on a form that is approved by the Board. The applicant must have completed a documented number of supervised hours of practice in an amount that totals at least 3,840 in a period of not less than 2 years.

New Provision #20:

Limited licenses issued pursuant to SB124 will be granted only to practitioners practicing internal medicine, family medicine, and pediatrics, with approved supervising physicians who have appropriate education and training in those areas and who practice in those areas themselves. For purpose of this section appropriate education and training of the supervising physician means completion of postgraduate training, such as a residency or fellowship in one of the areas named in this provision.

New Provision #21:

To be eligible to be a supervising physician of a limited license holder, the supervising physician must be licensed in the State of Nevada, in good standing. The supervising physician must practice full-time as a physician in Nevada in internal medicine, family medicine, pediatrics, or psychiatry. The supervising physician must have at least five years of practice as a licensed physician and must not have any disciplinary history with the Board or another jurisdiction within the last five years. For supervising physicians with disciplinary history with this Board or another jurisdiction, the Executive Director or his or her designee will review the limited license holder's application, written practice agreement with the supervising physician, and the supervising physician's disciplinary history prior to granting the limited license application. Limited license holders who later receive an unrestricted license to practice medicine are eligible to supervise limited license holders after a minimum of five years of full-time practice as a physician in this State under the unrestricted license.

New Provision #21:

After completion of a minimum of two years supervised experience as described in New Provision #19, a limited license holder may apply for an

unrestricted license from the Board. As a part of this application, the Board will review the reports from his or her supervisor, as well as any other information required by the application and provided to the Board during the limited license holder's tenure. Applicants may be asked to attend a Board meeting in connection with the Board's review of their application and the Board may ask the applicant and his or her supervising physician questions regarding the limited license holder's ability to practice medicine independently with reasonable care, skill, knowledge, and safety.

New Provision #22:

To renew a limited license issued pursuant to SB124, prior to the expiration of his or her limited license, the limited license holder must complete 40 hours of continuing medical education, including 4 hours in medical ethics, and 30 hours in the scope of practice or specialty that the limited license holder is working, and ask his or her supervising physician to submit a report on a form designated by the Board supporting his or her limited license renewal. CME hours must be approved by the American Medical Association as Category 1 credits, 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, or otherwise be approved by the Board. If the holder of a limited license issued pursuant to SB124 fails to submit evidence of his or her completion of CMEs in connection with his or her license renewal application, the license will not be renewed. To renew after expiration of the limited license due to the failure to timely complete continuing education requirements or timely submit a complete renewal application containing the required biennial registration fee and other items required by the Board (employment and supervisor), the limited license holder will be required to apply for a limited license anew, as if he or she had not previously held such a license, except that the Board may take into account the number of documented supervised hours that the limited license holder has completed in connection with any future application from the limited license holder for an unrestricted license. If a limited license holder does not have approved employment or an approved written practice agreement with an approved supervising physician, or both, at the time of license renewal, the Board will not renew the limited license holder's license. If the limited license holder obtains approved employment and an approved written practice agreement with an approved supervising physician within two years from the license expiration, the Board may reinstate the limited license holder's license, if approved by the Board. No reinstatement fee will be charged, but the limited license holder must pay the required biennial registration fee, provide proof of required CMEs, have an approved written practice agreement with an approved supervising physician and provide proof of an approved offer of employment.

New Provision #23:

Limited licenses issued pursuant to SB124 expire two calendar years after the date upon which they are issued, unless they are renewed by the license holder prior to expiration. A limited license holder may not practice medicine with an expired license.

New Provision #23:

Limited license holders may order home health care for patients if that is a medical service that his or her supervising physician has authorized and if that is a medical service that his or her supervising physician is competent and able to provide as a part of his or her scope of practice.

New Provision #24:

Limited license holders must wear a badge while performing medical services that indicates that he or she is a limited license holder (transitional licensed physician). Limited license holders also must inform their patients of their role and provide them with the name and qualifications of his or her supervising physician.

New Provision #25:

A limited license holder may perform medical services outside of his or her supervising physician's presence as delegated and approved by the supervising physician. The supervising physician is responsible for the limited license holder's conduct and the medical care that the limited license holder provides to their patients. The supervising physician must ensure that the limited license holder is competent to perform all tasks and medical services delegated to him or her. Limited license holders are prohibited from work in a cosmetic setting and may not provide any medical services outside of the scope of the approved written practice agreement(s) that he or she has on file with the Board. Limited license holders may perform only medically necessary medical services as approved and delegated by his or her supervising physician.

New Provision #26:

If a supervising physician wants to terminate a written practice agreement with a limited license holder, the supervising physician must first inform the limited license holder of this termination and document that conversation in writing. The supervising physician then must provide written notification of that termination to the Board within 72 hours. This written notification must include the reasons for the termination of the written practice agreement and be on a form approved by the Board. The limited license holder may not work after the termination of a written practice agreement unless he or she has another approved written practice agreement with another supervising physician on file with the Board. A supervising

physician has a duty to report any concerns regarding the limited license holder's competence, improper conduct, or other behavior that may affect the health and safety of patients to the Board.

New Provision #27:

If the holder of a limited license issued pursuant to SB124 provides medical services after his or her written practice agreement with his or her supervising physician is terminated and he or she does not have another approved written practice agreement on file with the Board, he or she is subject to disciplinary action. If the holder of a limited license issued pursuant to SB124 provides medical services after his or her approved employment is terminated and he or she does not have another approved offer of employment on file with the Board, he or she is subject to disciplinary action. If a supervising physician or other physician delegates and/or supervises the provision of medical services by a limited license holder in absence of an approved written practice agreement on file with the Board or approved employment on file with the Board, he or she is subject to disciplinary action.

New Provision #28:

A written practice agreement is intended to be a one-on-one mentoring relationship between the limited license holder and the supervising physician. However, the written practice agreement may have up to two backup supervising physicians that are able to supervise the limited license holder in the supervising physician's absence. Absence of the supervising physician means that he or she is not able to consult with the limited license holder by telephone while the limited license holder is providing medical services or that the supervising physician is not able to provide more direct supervision of the limited license holder, while the limited license holder is performing medical services, if the supervising physician has not yet authorized the limited license holder to provide medical services while the supervising physician is not present on site. Before authorizing the limited license holder to provide medical services while the supervising physician is not on-site, the supervising physician is responsible to ensure that the limited license holder is competent to provide medical services with only the supervising physician available to consult with the limited license holder by telephone. If a supervising physician is not available to supervise the limited license holder for more than two weeks, the supervising physician shall inform the Board and ensure that the backup supervising physician is available to supervise and be responsible for the limited license holder.

New Provision #28:

A supervising physician may not supervise more than two full-time equivalent limited license holders at one time. If the supervising physician

also supervises physician assistants or collaborates with advanced practice registered nurses, the supervising physician may not supervise/collaborate with more than a total of four total physician assistants, advanced practice registered nurses, and limited license holders.

New Provision #29:

1. An application for limited licensure pursuant to SB124 must be made on a form supplied by the Board. The application must state:

- (a) The date and place of the applicant's birth and his or her sex;*
- (b) Information about the applicant's college and university education 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 to practice as a physician or physician assistant or other health care provider 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 he or she meets the licensure and work experience requirements in a foreign country as described in this regulation, SB124, and NRS Chapter 630;*
- (f) 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;*
- (g) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice medicine;*
- (h) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.*

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 of medical school and postgraduate training as required this provision, these regulations, SB124, and NRS Chapter 630;

(b) The medical education and postgraduate medical training that the applicant received 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. The application must be accompanied by the applicable fee.

4. An applicant shall pay the reasonable costs of any examination required for licensure pursuant to NRS 630.257.

New Provision #30:

The Board may reject an application for limited licensure pursuant to SB124 or a renewal application for limited licensure pursuant to SB124 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.*

New Provision #31:

The license issued by the Board to a limited license holder pursuant to SB124 must contain:

- 1. The name of the limited licensure holder;*
- 2. The duration of the license; and*
- 3. Any other limitations or requirements which the Board prescribes.*

New Provision #32:

Within 30 days after any change to a limited license holder's phone number, email address, mailing address or public address, the limited license holder shall provide updated information to the Board.

New Provision #33:

A limited license holder shall:

- 1. Provide competent medical services and assume as his or her primary responsibility the health, safety, welfare and dignity of all patients.*
- 2. Deliver medical 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 medical services provided to a patient.*
- 4. Seek consultation with other providers of health care, as applicable and as authorized by the patient, in order to advance the welfare of the patient.*
- 5. Become familiar with and adhere to all state and federal laws applicable to his or her practice as a limited license holder, 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.*
- 6. Provide only those services for which the limited license holder is qualified by education, training and experience and only those services which his or her supervising physician authorizes him or her to perform. If he or she is not trained or competent to perform a service that his or her supervising physician authorizes him or her to perform, he or she has a duty*

to let his or her supervisor know that and ask for additional training or resources in order to ensure competence prior to performing that service.

7. Avoid conflicts of professional interest, including but not limited to refraining from providing medical services to their own family or romantic partners. In such situations, the limited license holder may provide only general education and should refer the person to another license health care provider for the provision of medical services.

8. Comply with all applicable provisions of chapter 629 of NRS and the regulations adopted pursuant thereto.

9. Ensure that all patient records are clear, legible, accurate, and complete.

New Provision #34:

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

(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 limited license holder to be a fully licensed physician, physician assistant, or other licensed professional for which the limited license holder does not hold such a license;

(c) Has performed medical services otherwise than as provided in these regulations, SB124, NRS Chapter 630 or NAC Chapter 630;

(d) Is guilty of malpractice in the provision of medical services;

(e) Is guilty of disobedience of any order of the Board or an investigative committee of the Board or any provision of this chapter or chapter 630 of NRS;

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

(g) Is not competent to provide medical services;

(h) Has provided medical services after his or her limited license has expired or after his or her written practice agreement has been terminated or after his or her employment has been terminated;

(i) Has provided medical services that were not approved or authorized by his or her supervising physician;

(j) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to providing medical services or the ability to provide medical services;

(k) Has had a license as a physician, physician assistant, or limited licensed physician revoked, suspended, modified or limited by any other jurisdiction or has surrendered such a license 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

(l) Is guilty of violating a provision of NRS 630.301 to 630.3065, inclusive, or is guilty of violating a provision of NAC 630.230 or NAC 630.810, NAC 630.820, or NAC 630.830 or is guilty of violating a provision of subsection 2 or 3 of NAC 630.340.

2. A holder of a limited license issued pursuant to SB124 is not subject to disciplinary action solely for prescribing or administering to a patient under the care of the holder of a limited license issued pursuant to SB124 a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146 unless the holder of the limited license was not authorized to prescribe or administer that medication by his or her supervisor or the holder of the limited license did not have authority to issue that prescription pursuant to the State Board of Pharmacy or the federal Drug Enforcement Agency.

3. To initiate disciplinary action against a limited license holder, an investigative committee of the Board must file with the Board a written complaint, specifying the charges.

4. A supervising physician may be subject to discipline for failing to adequately supervise a limited license holder, including without limitation failing to ensure that the limited license holder is competent to provide services before delegating such services to the limited license holder or authorizing the limited license holder to perform services outside of the supervising physician's scope or failed to provide a plan of supervision for the limited license holder upon the request of the Board.

New Provision #35:

Before the Board takes disciplinary action against a limited license holder, the Board will provide the limited license holder and his or her supervising physician with a written notice specifying the charges made against the limited license holder and that the charges will be heard at the time and place indicated in the notice. The notice will be served on the limited license holder at least 21 business days before the date fixed for the hearing. Service of the notice will be made, and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against other licensees. The notice provided to a limited license holder pursuant to this section will also be provided to the limited license holder's supervising physician. At its discretion, if the underlying complaint involves patient safety or conduct of the limited license holder that would place the public's health, safety, and welfare at risk, pending the outcome of a hearing, the investigative committee assigned to review and investigate a complaint regarding a limited license holder, the investigative committee may suspend the limited license. Because the license issued is limited and subject to supervision, a lesser showing is required to support

the suspension of a limited license. Any suspension of a limited license will also be served up on the limited license holder's supervising physicians.

New Provision #36:

1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any limited license holder has raised a reasonable question as to his or her competence to practice medicine with reasonable skill and safety to patients, the Board or committee, as applicable, may order that the limited license holder undergo a mental or physical examination or an examination testing his or her competence to practice as a limited license holder by physicians or any other examination designated by the Board to assist the Board or committee in determining the fitness of the limited license holder to practice medicine. Notice of this examination will be provided to the limited license holder's supervising physician in addition to the limited license holder.

2. Every limited license holder who applies for or is issued a license and who accepts the privilege of providing medical services in this State shall be deemed to have given his or her consent to submit to an examination pursuant to subsection 1 when the limited license holder is directed to do so in writing by the Board or committee, as applicable.

3. For the purposes of this section, the report of testimony or examination by the examining physicians does not constitute a privileged communication.

4. Except in extraordinary circumstances, as determined by the Board, the failure of a limited license holder to submit to an examination when he or she is directed to do so pursuant to this section constitutes an admission of the charges against him or her. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A limited license holder who is subject to an examination pursuant to this section shall pay the costs of the examination.

New Provision #37:

1. A limited license holder who provides the provision of emergency medical services in a hospital or primary care shall complete at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus within 2 years after beginning to provide or the provision of such services or care.

2. A limited license holder is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to New Provisions #22.

New Provision #38:

1. A limited license holder issued pursuant to SB124 practicing under the supervision of a psychiatrist shall complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion as described in NRS 630.253, within the first year of beginning practice, and at least once every following license renewal period.

2. A limited license holder issued pursuant to SB124 under the supervision of a psychiatrist is entitled to receive credit towards the continuing medical education required by subsection New Provision #22 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

New Provision #39:

1. The Board will notify an applicant for a limited license issued pursuant to SB124 of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

New Provision #40:

1. Except as otherwise provided in this section, a holder of a limited license issued pursuant to SB124 is deemed the agent of his or her supervising physician in the performance of all medical activities.

2. A holder of a limited license issued pursuant to SB124 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 holder of a limited license issued pursuant to SB124 performs medical services in a situation described in subsection 2:

(a) The holder of a limited license issued pursuant to SB124 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 holder of a limited license issued pursuant to SB124.

(b) The holder of a limited license issued pursuant to SB124 shall provide whatever medical services are possible based on the need of the patient and the training, education and experience of the holder of a limited license issued pursuant to SB124.

(c) If a licensed physician is available on-scene, the holder of a limited license issued pursuant to SB124 may take direction from the physician.

(d) The holder of a limited license issued pursuant to SB124 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 holder's of a limited license issued pursuant to SB124 role in providing medical services.

NAC 630.040 is hereby amended to read as follows:

For the purposes of this chapter and chapter 630 of NRS, "malpractice" means the failure of a physician, *limited license holder issued pursuant to SB124*, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

NAC 630.045 is hereby amended to read as follows:

1. Any document submitted to the Board by a licensee or an applicant for a license to practice medicine, *to practice as a limited license holder pursuant to SB124*, to practice as a physician assistant, to practice as an anesthesiologist assistant, *to practice as a genetic counselor*, to practice as a practitioner of respiratory care or to practice as a perfusionist must bear the original signature or an authenticated electronic signature of the licensee or applicant.

2. The Board may refuse to accept any document submitted by a licensee or an applicant for a license that does not comply with the requirements of subsection 1.

3. As used in this section, "document" means any written submission, notification or communication, including, without limitation:

- (a) An application for a license;
- (b) A request for renewal of a license;
- (c) A request for a change of status; or
- (d) A notification of a change of address.

NAC 630.187 is hereby amended as follows:

1. The Board hereby adopts by reference the ~~*Guidelines for the Chronic Use of Opioid Analgesics, April 2017*~~, *Strategies for Prescribing Opioids for the Management of Pain, April 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 Analgesics*~~ *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.

NAC 630.210 is hereby amended to read as follows:

A physician, *limited license holder issued pursuant to SB124* 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. *A record of this consultation shall be maintained in the patient's medical records. Limited license holders must inform their supervising physicians prior to consulting with another provider of health care.*

NAC 630.230 is hereby amended to read as follows:

1. A person who is licensed as a physician, *limited license holder issued pursuant to SB124* or physician assistant shall not:

(a) Falsify *or alter* records of health care;

(b) Falsify *or alter* 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, *limited license holder issued pursuant to SB124* 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 *limited license holder issued pursuant to SB124*, physician assistant or an

anesthesiologist assistant or adequate collaboration with an advanced practice registered nurse with whom the physician is collaborating;

(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; or

(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; or

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

(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.

(f) Engage in any sexual activity with a patient who is currently being treated by the physician, limited license holder or physician assistant;

(g) Engage in disruptive behavior with any physician, physician assistant, limited license holder, health care provider, hospital personnel, patient, member of the family of a patient or other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient;

(h) Engage in conduct violates the trust of a patient and exploits the relationship between the physician, limited license holder, or physician assistant and the patient for financial or other personal gain;

(i) Engage in or conceal conduct which brings the practice of medicine into disrepute;

(j) Engage in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent or legal guardian, that exploits the relationship between the physician, the limited license holder, or the physician assistant and the patient in a sexual manner;

(k) Make or file a report that the physician, limited license holder, or physician assistant knows to be false, fail to file a record or report as required by law or willfully obstruct or induce another person to obstruct

such a filing;

(l) Fail to report any person that the physician, limited license holder, or physician assistant knows, or has reason to know, is in violation of the provisions of this chapter or chapter 630 of NRS relating to the practice of medicine;

(m) Misrepresent in any manner, either directly or indirectly, his or her skills, training, professional credentials, identity or services.

2. A physician, *limited license holder issued pursuant to SB124* 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,” *“acute pain” and “subacute pain”* have the meaning ascribed to ~~it~~ *them* in section 3 of the *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.

NAC 630.240 is hereby amended to read as follows:

1. If a licensee desires to surrender his or her license to practice medicine, *practice as a limited license holder pursuant to SB124*, practice as an anesthesiologist assistant, *practice as a genetic counselor*, 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 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 or* retired status pursuant to section 1 of LCB File No. R118-21 does not preclude the Board from hearing a complaint for disciplinary action made against the licensee *if the complaint concerns conduct*

that occurred while the licensee's license was active. If a complaint is made against a licensee for conduct that occurred after the voluntary surrender of the license, the failure to renew the license or the placement of the license on inactive or retired status, and the conduct required an active license the Board will deem that conduct unlicensed activity and proceed accordingly.

NAC 630.243 is hereby amended to read as follows:

If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician, *limited license holder issued pursuant to SB124*, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:

1. Review all the circumstances of the practice of the physician, *limited license holder issued pursuant to SB124*, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist; and
2. Advise the committee, in accordance with the most recent guidelines on the exposure of health care workers to the human immunodeficiency virus established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician, *limited license holder issued pursuant to SB124*, physician assistant, *genetic counselor*, anesthesiologist assistant, practitioner of respiratory care or perfusionist.

NAC 630.275 is hereby amended to read as follows:

1. The Board will, pursuant to subsection 3 of NRS 630.336, keep confidential all records relating to a program established by the Board to enable a physician, *limited license holder issued pursuant to SB124*, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist to correct:

- (a) A dependence upon alcohol or a controlled substance; or
- (b) Any other impairment which could result in the revocation of his or her license.

2. The Board will, pursuant to subsection 4 of NRS 622.330, keep confidential a consent or settlement agreement between the Board and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

NAC 630.375 is hereby amended to read as follows:

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.

NAC 630.465 is hereby amended to read as follows:

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, *limited license holder issued pursuant to SB124*, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist of a formal complaint 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 which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.

NAC 630.800 is hereby amended to read as follows:

As used in NAC 630.800 to 630.830, inclusive, unless the context otherwise requires, "delegating practitioner" means a person who is licensed as a physician or physician

assistant and who delegates to a medical assistant the performance of a task pursuant to the provisions of NAC 630.810 or 630.820. ***“Delegating practitioner” may include holders of limited licenses issued pursuant to SB124 if the limited license holder’s supervising physician authorizes the limited license holder to delegate tasks to a medical assistant and those tasks are also tasks that the limited license holder is competent to perform. The holder of a limited license issued pursuant to SB124 must ensure that the requirements of NAC 630.810 and NAC 630.830 are satisfied prior to the delegation. The holder of a limited license issued pursuant to SB124 may not remotely supervises medical assistants pursuant to NAC 630.820. Limited license holders in an approved residency or fellowship program also may delegate tasks to a medical assistant if those tasks are approved by the license holder’s program and/or supervising physician and those tasks are also tasks that the limited license holder is competent to perform. The holder of a limited license in an approved residency or fellowship program must ensure that the requirements of NAC 630.810 and NAC 630.830 are satisfied prior to the delegation. The holder of a limited license issued in an approved residency or fellowship program may not remotely supervises medical assistants pursuant to NAC 630.820.***

NAC 630.830 is hereby amended to read as follows:

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;~~ ***malpractice as defined by NAC 630.040;***

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

(i) Is not competent to provide medical services;

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

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

(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 *unless the physician assistant was not authorized to prescribe or administer that medication by his or her supervisor or the physician assistant did not have authority to issue that prescription pursuant to the State Board of Pharmacy or the federal Drug Enforcement Agency.*

Amend from R189-22:

If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to *a limited license holder issued pursuant to SB124* or a physician assistant pursuant to NRS 630.299, the Board will deliver a copy of the letter or admonishment to each supervising physician of the *limited license holder issued pursuant to SB124* or the physician assistant.

Amend from R068-23:

1. Except in an emergency situation described in subsection 4, a physician, *limited license holder issued pursuant to SB124*, 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, *limited license holder issued pursuant to SB124*, 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, *limited license holder issued pursuant to SB124*, 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, *limited license holder issued pursuant to SB124*, or physician assistant and his or her supervising physician, including, without limitation:

(1) Any certifications issued to *the physician or supervising physician* by a member board of the American Board of Medical Specialties;

(2) Successful completion of a postgraduate training program *by the physician or the supervising physician* 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 *issued to the physician, limited license holder issued pursuant to SB124, or physician assistant*.

(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, *limited license holder issued pursuant to SB124*, 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. Limited license holders issued pursuant to SB124 and physician assistants must communicate with their supervising physicians regarding their efforts as related to this provision and document that communication in the patient record.