



# Nevada State Board of Medical Examiners

**ANSWER TO**  
**LEGISLATIVE COMMITTEE ON HEALTH CARE**  
**HONORABLE SENATOR VALERIE WIENER,**  
**CHAIRPERSON**  
**6 MAY 2010**  
**REGARDING POSSIBLE METHODS TO ADDRESS**  
**CERTAIN ISSUES RELATED TO MEDICAL**  
**ASSISTANTS**

A handwritten signature in black ink, appearing to read "Douglas C. Cooper", is written over the printed name.

**DOUGLAS C. COOPER, CMBI**  
**EXECUTIVE DIRECTOR**

**EXHIBIT I - HEALTH CARE**  
Meeting Date: 5-26-10  
Document consists of 21 pages.  
Entire Exhibit provided.

6 May 2010

TO: Honorable Senator Valerie Wiener, and Committee  
Legislative Committee on Health Care

RE: Certain Issues Related to Medical Assistants

Dear Senator Wiener and Committee Members:

Thank you for this opportunity to address your concerns regarding medical assistants as they relate, generally, to the practice of allopathic medicine. This is an issue that is of great interest to the physicians and physician assistants licensed by this Board.

Of primary note is the fact that the Board of Medical Examiners is close to adoption of an amended regulation regarding "*...the delegation of certain tasks by physicians and physician assistants; authorizing the delegation of certain tasks to medical assistants; and providing other matters properly relating thereto.*" This is in LCB File No. R167-09. A copy of the proposed regulation, with two suggested changes, one by the Board of Nursing and one by the Nevada Rural Hospital Partners, is attached for the Committee's review. The Adoption Hearing with the Board of Medical Examiners is June 11, 2010, and shortly thereafter the finishing of the regulatory process will transpire. We believe this is an efficient and very workable regulation that will aid in the understanding of how practitioners may and may not delegate tasks to medical assistants.

In December 2009 we provided the Committee with a partial list of types of medical assistants that are currently being used by physicians. The list was partial because a comprehensive and authoritative list could not be found. This speaks to the sheer number of different types of medical assistants that currently exist in medicine, as well as the dynamic nature of this particular category of medical employee. As a reminder, we explained that generally there are medical assistants in clinical medicine, medical assistants in non-clinical medicine (medical facility settings, up to and including medical assistants that assume a surgical technician role and assist in surgery), administrative medical assistants, and others. Also in December and again in February, I stated to the Committee that it has been the experience of the Board of Medical Examiners that the use of medical assistants by its licensees has not been problematic in the areas of standard of care or patient safety.

It is against this background we then consider the ideas presented in Ms. Lyons' Summary of Options.

***Number One: Authorize Medical Assistants to Administer Dangerous Drugs.***

The Board of Medical Examiners supports adding "Medical Assistant", by title, to this statute to further clarify the use of the medical assistants in these most common of medical procedures. NRS 454.213 currently does not specifically include "Medical Assistant" in the list of persons authorized to administer dangerous drugs; however, it is the interpretation of the Board of Medical Examiners that NRS 454.213 as currently written, already supports authorization for a Medical assistant to administer a prescription drug to a patient, under the authority and supervision of the delegating physician or physician assistant. The Board's interpretation of NRS 454.213 is that physicians may delegate the administration of prescription drugs to patients, and this certainly includes giving injections,

NRS 454.213 provides: *A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:*

*11. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.*

The ultimate user of the prescription drug is the patient. If the patient agrees, in writing in the medical chart, to have the medical assistant of the physician or physician assistant administer the drug, then the administration of the drug would be legal and safe. The delegating practitioner is responsible for assuring the task is within the scope of the medical assistant to perform and to assure that the training and skill of the medical assistant is sufficient for the task performed. Adding medical assistants, by title, to NRS 454.213 will clear up any confusion the statute may have unintentionally caused.

***Number Two: Require Physician to Verify Medical Assistants' Skill Prior to Delegating Duties.***

Under existing regulation at NAC 630.230(1) (h), it is prohibited professional conduct for a physician or physician assistant to: *Allow any person to act as a medical assistant in the treatment of a patient of a physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance.*

Also at NAC 630.230(i) it is prohibited professional conduct to: *Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant.*

Here, the regulation clearly requires that proper training and proper supervision of medical assistants be verified by our licensees before the performance of assigned tasks. The new proposed regulation under LCB File No. R167-09 tightens and clarifies what prohibitions and what supervisory requirements will be placed on the delegating practitioner.

***Number Three: Require Medical Assistants to Meet Minimal Training Requirements.***

Although many medical assistants employed in Nevada today did indeed complete a medical assistant training program and have obtained certificates, the real training takes place with the physician with whom the medical assistant will be working. It is under his or her supervision that the relevant training needed to do THOSE tasks required by that physician in that specialty begins. However, not everyone wanting to be a medical assistant can go to school for a year prior to seeking employment. They need the job now, doctors need to hire now, and the opportunity to learn from the physician with on-the-job-training (OJT) should seriously be considered part of any minimal training program. If a minimal training requirement system were to be established, the Board of Medical Examiners believes it would work in the best interests of the public, of medicine, and of the workforce, that such a system not proscribe hiring a medical assistant that has yet to begin or finish a program. Rather such a system should include on-the-job training with the employer as part of the program to help the medical assistant complete a minimal training standard program while being employed. Further training to satisfy the minimal requirements might be satisfied with OJT certifications, or with a combination of training classes and OJT certifications.

***Number Four: Require Supervising Physicians to Register Medical Assistants (with their licensing boards).***

When we consider the idea of registering all medical assistants under their “supervising physicians”, who would include physician assistants as delegating practitioners, we begin to understand that there are no problematic issues concerning medical assistants known to this Board that are of sufficient number, gravity or complexity to justify either the initial effort or the subsequent continued effort and financial costs that always come, intended or unintended, with such an undertaking. Simply put, this Board’s experience with its licensees’ use of medical assistants does not support a need for the registration of medical assistants.

Additionally, at present the Board does not have the resources to undertake the registration of all medical assistants and their linked delegating practitioners. The dynamic nature of employment in the medical field applies equally to medical assistants, if not more so. As with traveling nurses and physician assistants working for multiple licensees as well as licensees of different licensing boards, medical assistants also work for multiple licensees as well as licensees of different licensing boards. In times of

economic flux, it is the medical assistant most likely to lose employment first and as with all other categories of health care providers, medical assistants also look to improve their position and hence will often change employers, be it for more education or for more income. It is in the number of medical assistants where they separate themselves from the others and where, in this Board's opinion, their needless registration and maintenance would become an administrative and financial burden.

At this time, some of the initial questions that come from the idea of registering medical assistants in Nevada, under a licensing Board are:

- Registration costs
- Increasing Board personnel to administer a registration program
- Cost of computer software, or some type of enhancement to existing software (if possible)
- Additional investigators to handle any complaints (not a current source of complaints but would "registering" them make them more of a target and move them out from under the physician's responsibility and create categories of standards all their own?)
- Malpractice insurance – would this change, and at what costs and to whom?
- If medical assistants pay for the registration, do they then become licensees/registrants of a Board?
- Do they then become subject to some type of Medical Practice Act?
- Is there investigative jurisdiction over them? Do we need to legislate that?
- What defines the standard of care for medical assistants?
- If it is a nursing standard of care, how would a medical board handle that?
- How is the standard investigated?
- How is the standard prosecuted?
- Does a board then have to employ medical assistants to do peer reviews of other medical assistants?
- Would we need law enforcement for a "practice without a license" category of error?

### ***Conclusion.***

It is the Board's position that there is currently sufficient physician and physician assistant oversight on the work being performed by medical assistants. The Board's proposed amendment to NAC 630.230, offered in LCB File No. R167-09, a copy of which is herewith attached, is scheduled for consideration for adoption on 11 June 2010. This proposed regulation further amplifies, clarifies and regulates to an even greater degree how our licensed physician and physician assistants are permitted to delegate the performance of tasks to medical assistants, thereby ensuring even better and safer patient care to the citizens of Nevada. The regulation deserves to be considered in the context of assuring better regulatory and public safety oversight regarding the use and delegation of tasks to medical assistants.

LCB FILE NO. R167-09

A REGULATION RELATING TO  
THE DELEGATION OF CERTAIN TASKS BY  
PHYSICIANS AND PHYSICIAN ASSISTANTS;  
AUTHORIZING THE DELEGATION OF  
CERTAIN TASKS TO MEDICAL ASSISTANTS;  
AND PROVIDING OTHER MATTERS  
PROPERLY RELATING THERETO

See, in particular, Sec. 6 and Sec. 7.3

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

**LCB File No. R167-09**

February 1, 2010

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

AUTHORITY: §§1-10, NRS 630.130 and 630.275.

A REGULATION relating to the delegation of certain tasks by physicians and physician assistants; authorizing the delegation of certain tasks to medical assistants; and providing other matters properly relating thereto.

**Section 1.** Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

**Sec. 2.** *As used in NAC 630.185 to 630.230, inclusive, and sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of this regulation have the meanings ascribed to them in those sections.*

**Sec. 3.** *“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 section 7 of this regulation.*

**Sec. 4.** *“Medical assistant” means a person who is not required to be certified or licensed by an administrative agency to perform a task that has been delegated by a delegating practitioner.*

Sec. 5. *"Proximate supervision" means the delegating practitioner who is treating a patient is able to be immediately available in person to exercise oversight while the medical assistant performs a task on the patient.*

ADD

an established

Sec. 6. *"Rural supervision" means the delegating practitioner who is treating a patient is able to be immediately available by telephone or other means of instant communication during the course of the performance of a task by a medical assistant on the patient.*

Sec. 7. 1. *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; and*

(b) *The medical assistant is not required to be certified or licensed by an administrative agency to perform that task.*

2. *Except as otherwise provided in subsection 3, a delegating practitioner shall provide proximate supervision of a medical assistant during the performance of a task which involves an invasive procedure.*

exigent ADD

3. *If a delegating practitioner determines that the needs of a patient who is being treated in a rural area require immediate attention to ensure the appropriate treatment of the patient, the delegating practitioner may provide rural supervision of a medical assistant during the performance of a task when the delegating practitioner is, at the time the task is performed, physically located a significant distance from the location where the task is being performed.*



***4. A delegating practitioner retains responsibility for the safety and manner of the performance of each task which has been delegated pursuant to this section. A delegating practitioner shall not:***

***(a) Delegate a task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner.***

***(b) Transfer to another physician or physician assistant the responsibility of supervising a medical assistant during the performance of a task unless that physician or physician assistant knowingly accepts such responsibility.***

***(c) Authorize or permit a medical assistant to delegate the performance of a task to another person.***

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

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

**Sec. 8.** NAC 630.185 is hereby amended to read as follows:

**630.185** NAC 630.185 to 630.230, inclusive, ***and sections 2 to 7, inclusive, of this regulation*** set forth the standards of practice established by the Board.

**Sec. 9.** 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 records of health care;

(b) Falsify the medical records of a hospital so as to indicate his presence at a time when he was not in attendance or falsify those records to indicate that procedures were performed by him which were in fact not performed by him;

(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 own office;

(g) Prescribe controlled substances listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530, controlled substance analogs, chorionic gonadotrophic hormones, thyroid preparations or thyroid synthetics for the control of weight;

(h) 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;

(i) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant ~~+~~, ***including, without limitation, proximate supervision and rural supervision as required by section 7 of this regulation;***

(j) If the person is a physician, fail to provide adequate supervision of a physician assistant or an advanced practitioner of nursing;

(k) 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; or

(l) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

2. As used in this section:

(a) "Acute pain" has the meaning ascribed to it in section 3 of the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

(b) "Chronic pain" has the meaning ascribed to it in section 3 of the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

(c) "Controlled substance analog" means:

(1) A substance whose chemical structure is substantially similar to the chemical structure of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530; or

(2) A substance which has, is represented as having or is intended to have a stimulant, depressant or hallucinogenic effect on the central nervous system of a person that is substantially similar to, or greater than, the stimulant, depressant or hallucinogenic effect on the central

nervous system of a person of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530.

~~{(d) "Medical assistant" means any person who:~~

- ~~—— (1) Is employed by a physician or physician assistant;~~
- ~~—— (2) Is under the direction and supervision of the physician or physician assistant;~~
- ~~—— (3) Assists in the care of a patient; and~~
- ~~—— (4) Is not required to be certified or licensed by an administrative agency to provide that assistance.}~~

**Sec. 10.** NAC 630.380 is hereby amended to read as follows:

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

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

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

(c) Has performed medical services otherwise than:

(1) Pursuant to NAC 630.375; or

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

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

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

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

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

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

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

(j) Is not competent to provide medical services;

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

(l) Is guilty of violating a provision of NAC 630.230 ~~+~~ **or section 7 of this regulation;**

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

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

2. To institute disciplinary action against a physician assistant, a written complaint, 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.

**BOARD OF MEDICAL EXAMINERS  
SUBMITTED PARTIAL LIST OF  
TYPES OF MEDICAL ASSISTANTS**

Responses to a Quick Survey Regarding Nonlicensed Allied Health Care Workers and the Duties Delegated or Assigned by Licensed Health Care Professionals to that Allied Health Care Worker.

Licensing Board	<p>1. Titles of Non Licensed or state regulated allied healthcare workers that provide clinical support to the professionals licensed by the board you represent; and</p> <p>2. A description of the duties they perform, including any clinical tasks that may be delegated or assigned to that allied healthcare worker.</p>
<p>Nevada State Board of Homeopathic</p> <p>Response received from: Nancy Elko Executive Director</p>	<p>...Our certified healthcare professionals are Advanced Practitioners of Homeopathy and Homeopathic Assistants. I have requested their job responsibilities from some of our Doctor's and to date have not received the info. NRS630A.035 describes Homeopathic Assistants duties and NRS630A.015 describes Advanced Practitioners of Homeopathy. In addition these practitioners do not work with dangerous drugs, vaccines of any type/kind. The statutes are posted on the board's website: nbhme.com. I will forward the info as soon as possible.</p>
<p>Nevada State Board of Medical Examiners</p> <p>Response received from: Douglas C. Cooper, CMBI Interim Executive Director</p>	<p>There was insufficient time to survey the licensees of this Board in order to get a more comprehensive list. I know you understand that since we do not license the type of assistants you are inquiring about, we do not have a data base on them. The responsibility for clinical medicine rests with the physician, period. I hope this is of assistance to you.</p> <p><u>Clinical Practice:</u> (Regardless of the title, all clinical assistants may be considered medical assistants).</p> <p>Clinical Medical Assistants: Any non-invasive task as part of a treatment of a patient, where independent clinical judgment is not required, and under the supervision of the physician. Includes taking medical histories, measuring vital signs, administering medicine, explaining consent and other required forms, patient pre-exam prep, collect and prepare specimens for laboratory testing, assist in sterilizing medical instruments, preparing medical equipment and devices for the physician to use in treatment, and general hygiene and sterilization of all areas in the clinic. Clinical medical assistants perform completely different tasks that do <u>administrative medical assistants</u>.</p> <p>Administrative Medical Assistant: Performs all types of clerical and administrative tasks associated with a doctor's office.</p> <p>There are specialties where medical assistants are more apt to be found, as in the ophthalmic example provided below, and where the duties correspond generally to what medical assistant do overall, but with emphasis on assisting for treatments and procedures associated with or belonging specifically to that medical specialty, as in:</p> <p>Ophthalmic Assistants: Certified ophthalmic assistant; certified ophthalmic technician; and certified ophthalmic medical technologists. (These personnel are certified by JCAHPO). Take photographs, tomograms of the retina, visual field with automatic machines, corneal topography, custom vue analysis of the corneal for Lasik, place drops in patient's eyes, check patient's intraocular pressure, place dilating drops in patient's eyes, measure pulse, check O2 sat.</p>



Responses to a Quick Survey Regarding Nonlicensed Allied Health Care Workers and the Duties Delegated or Assigned by Licensed Health Care Professionals to that Allied Health Care Worker.	
Licensing Board	<p>1. Titles of Non Licensed or state regulated allied healthcare workers that provide clinical support to the professionals licensed by the board you represent; and</p> <p>2. A description of the duties they perform, including any clinical tasks that may be delegated or assigned to that allied healthcare worker.</p> <p>We do not know of one comprehensive list of types of medical assistants, as the field is dependant on the needs of the physician and his area of expertise. However, some additional specialties and areas where medical assistants appear to be generally active, not necessarily in Nevada, but nationally, according to literature. Their duties correspond to the needs of the specialty/area:</p> <p>Diagnostic medical sonography          Medical Dosimetry (Dosimetrist)          Orthotics and prosthetics assistant          Medical/cardiac sonographers          Radiographer assistant (x-ray, MR, CT, Nuclear Medicine)          Radiation therapists          Medical Physics Assistant          Medical Lab Assistant          Ultrasound          Respiratory Medical Assistant          Ophthalmology          Orthopedics          Pediatrics          Dermatology          Rheumatology          Family/General Practice          Internal Medicine          Allergist          Plastic Surgery</p> <p><b>Non-Clinical Practice:</b> There are medical assistants that function with even more specific roles in the <u>Medical Facility</u> setting. This includes ambulatory surgical centers and hospitals. Here are two examples for you:</p>

NSBME

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Responses to a Quick Survey Regarding Nonlicensed Allied Health Care Workers and the Duties Delegated or Assigned by Licensed Health Care Professionals to that Allied Health Care Worker.	
Licensing Board	<p>1. Titles of Non Licensed or state regulated allied healthcare workers that provide clinical support to the professionals licensed by the board you represent; and</p> <p>2. A description of the duties they perform, including any clinical tasks that may be delegated or assigned to that allied healthcare worker.</p>
NSBME	<p>1. Surgical Technician, Certified Surgical Technician (CST), Certified First Assistant (CFA), Certified Orthopedic Technician (COT)</p> <p>Duties:            A Certified Surgical Technician, First Assistant or Orthopedic Technician performs surgical procedures relative to assisting operating surgeons with the instrumentation of surgical intervention. Works under direction and supervision of their sponsoring physician at all times. Does not exercise any degree of judgment in the management of patients.</p> <p>No license or certification required.</p> <p>More Specific Duties</p> <ol style="list-style-type: none"> <li>1. Assist in surgery (not to replace a physician as first assistant when required)</li> <li>2. Preparation of instrumentation for all surgical procedures</li> <li>3. Handles tissue and specimens</li> <li>4. Helping to provide hemostases</li> <li>5. Provide exposure</li> <li>6. Wound Closure - Suture and staple subcutaneous and skin</li> <li>7. Provides Retraction</li> <li>8. Cast splint application and removal with M.D.</li> <li>9. Change dressings and casts with M.D.</li> <li>10. Application/removal of traction with M.D. written order</li> </ol> <p>2. RADIOLOGY PRACTITIONER ASSISTANT</p> <p>Duties:            A Radiology Practitioner Assistant is a professional who provides patient care and is effectively involved with maintaining the standard of care for assigned patients through assessment, planning, implementation and evaluation. The Radiology Practitioner Assistant works under direction and supervision of their supervising physician or designee at all times.</p> <p>No licensee required.</p>

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Responses to a Quick Survey Regarding Nonlicensed Allied Health Care Workers and the Duties Delegated or Assigned by Licensed Health Care Professionals to that Allied Health Care Worker.

<p><b>Licensing Board</b></p>	<p>1. Titles of Non Licensed or state regulated allied healthcare workers that provide clinical support to the professionals licensed by the board you represent; and</p> <p>2. A description of the duties they perform, including any clinical tasks that may be delegated or assigned to that allied healthcare worker.</p>
<p>Nevada State Board of Nursing</p> <p><i>Response received from: Debra Scott, MSN, RN, FRE Executive Director</i></p>	<p>To be eligible to apply for core privileges(hospital)as a Radiology Practitioner Assistant, the initial applicant must meet the following criteria:</p> <p>Graduate of a Radiology Practitioner Assistant Program recognized by the Certification board for Radiology Practitioner Assistants (CBRPA). Must be sponsored by a Supervising Practitioner that is currently on staff in good standing at the hospital where the radiology practitioner assistant is applying and have established an employer-employee relationship with the Radiology Practitioner Assistant</p>
<p>Attached please find the information that you requested. In our work at the Board, we don't really hear about too many unlicensed assistive personnel (UAPs) except related to renewal of certification as a CNA. In order for a CNA to renew a certificate, he must complete 24 hours of continuing education and work 40 hours for compensation as a CNA in the previous 24 months. Sometimes the CNAs are working in another role, such as a telemetry technician or an operating room technician, and they want to use those hours to renew. We are unable to count those hours as meeting the requirement for CNA renewal due to federal laws that apply to CNAs. That's when we see job descriptions for some of the UAP positions that I've identified.</p> <p>The Nurse Practice Act only allows RNs to delegate nursing duties to LPNs and to supervise other individuals in the performance of nursing activities that are within their own scope of practice. In other words, RNs cannot delegate their scope of practice; they can only assign to and supervise UAPs in performing those tasks. RNs are responsible for both the delegation process and the ongoing supervision of others to whom they delegate or assign tasks. RNs maintain accountability for the overall care of the patient, which includes the tasks that they delegate and assign.</p>	<p>DESCRIPTION OF THE DUTIES, INCLUDING ANY CLINICAL TASKS THAT MAY BE DELEGATED OR ASSIGNED BY THE NURSE</p>
<p>Emergency Dept Technician</p> <p>Telemetry Technician</p> <p>Operating Room Technician</p> <p>Mental Health Technicians</p>	<p>Acute Hospital</p> <p>Acute Hospital</p> <p>Acute Hospital, Outpatient Surgery Centers</p> <p>Acute psychiatric hospitals, residential psych centers, rural psych clinics</p>

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**SUMMARY OF OPTIONS  
FOR REGULATING MEDICAL ASSISTANTS  
IN NEVADA**

**Summary of Options for Regulating Medical Assistants in Nevada  
as Presented to the Legislative Committee on Health Care**

Authorize Medical Assistants to Administer Dangerous Drugs	Require Physician to verify Medical Assistants' Skills Prior to Delegating Duties	Require Medical Assistants to Meet Minimal Training Requirements	Require Supervising Physicians' to Register Medical Assistants
<p>Revise NRS 454.213: Add "Medical Assistants" to the list of persons authorized to possess and administer dangerous drugs, at the direction and under the supervision of a physician.</p>	<p>Supervising physician is required to ensure that the medical assistant to whom the task is being delegated is qualified and properly trained to perform the medical practice or task</p> <p>Require that a physician have a system in place to verify the medical assistants' skills prior to delegating duties.</p>	<p>Require supervising-physicians to ensure the medical assistant meets certain training requirements before they are employed.</p> <ul style="list-style-type: none"> <li>• Complete an approved training program; or</li> <li>• Complete an unapproved training program and successfully pass the medical assistants examination administered by either the American Association of Medical Assistants or the American Technologist.</li> <li>• Certificate issued by the training institution or instructing physician indicating satisfactory completion of required training.</li> </ul>	<p>Require physician's to register all medical assistants under their supervision with their respective licensing board.</p>
<p><b>Additional issues addressed in key state scope of practice laws and testimony before the Legislative Committee on Health Care:</b></p> <p>Clarify that the supervising physician retains responsibility for the manner in which the delegated task is carried out.</p> <p>Ensure that each board retains complaints filed against medical assistants, including the name and relevant information concerning the supervising physician.</p> <p>Specify tasks that may be delegated to medical assistants and the required supervision.</p> <p>Specify consistent minimal qualifications for all medical assistants.</p> <p>Require identification of medical assistant and other unlicensed allied health personnel.</p> <p>Define "Medical Assistants" NAC 630.230</p> <p>"Medical assistant" means any person who:</p> <ol style="list-style-type: none"> <li>1. Is employed by a physician or physician assistant;</li> <li>2. Is under the direction and supervision of the physician or physician assistant;</li> <li>3. Assists in the care of a patient; and</li> <li>4. Is not required to be certified or licensed by an administrative agency to provide that assistance.</li> </ol> <p>Determine the need for any exemptions based on circumstances existing prior to the adoption of any new qualifications for medical assistants. (Grandfather clause.)</p> <p>Determine which medical professionals will have the authority to supervise a medical assistant.</p>			