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Subject: NNOC-NV Comments LCB File No. R087-25
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[2026 NNOC-NV Comments - Legislative Commission \(LCB File No. R087-25\).pdf](#)

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To Legislative Commission Chair Jauregui, Vice-Chair Yeager, and esteemed members of the Legislative Commission:

On behalf of National Nurses Organizing Committee-Nevada/National Nurses United (NNOC-NV) director of health and regulatory policy, Michelle Grisat, please find attached NNOC-NV's comments regarding the State Board of Nursing's adopted regulation LCB File No. R087-25.

Thank you,

Arielle Hernandez
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National Nurses United

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Via Email: LC@lcb.state.nv.us

February 23, 2026

The Honorable Assemblymember Sandra Jauregui, Chair
Legislative Commission
401 S. Carson Street
Carson City, NV 89701

**RE: Adopted Regulation establishing provisions of AB 319 (2025) relating to
delegating practitioners (LCB File No. R087-25) – OBJECT**

Dear Chair Jauregui, Vice-Chair Yeager, and esteemed members of the Legislative Commission,

On behalf of more than 3,000 registered nurse (RN) members in Nevada, National Nurses Organizing Committee - Nevada/National Nurses United (NNOC-NV) submits these comments in response to the State Board of Nursing's (BON) adoption of LCB File No. R087-25 establishing provisions of AB 319 (2025) relating to delegating practitioners. AB 319 does not require the Board of Nursing to develop regulations to support the implementation of the bill. **NNOC-NV strongly urges the Legislative Commission to object to the adopted regulation** for the following reasons: (1) the adopted regulations are unnecessary since current regulations already provide nursing delegation requirements for assistive personnel, including medical assistants; (2) the adopted regulations are not appropriate to nursing practice and will endanger patients; (3) the adopted regulations conflict with current regulations on appropriate nursing delegation and would endanger patients. The Legislative Commission should instead preserve the 2022 regulations on nursing delegation.

We are most strongly opposed to remote delegation by registered nurses (RNs) to medical assistants, particularly RNs that are not advanced practice RNs. NNOC-NV participated in the rulemaking throughout the process, both in person and through written comments. We submitted comments offering to remove our opposition if the Board of Nursing would limit the rule to advanced practice RNs as we had heard that APRNs were the ones that had sought the rule change. That letter, *2026 NNOC-NV Comments to BON on MA Delegation Hearing*, is attached. The Board did not accept our recommended amendments.

**I. Current regulations already provide nursing delegation requirements for
assistive personnel, including medical assistants.**

The adopted regulations are unnecessary as the current regulations on RN delegation, which were promulgated in 2022, include delegation to medical assistants. In 2022, the BON revised Chapter 632 regarding nurse delegation to unlicensed personnel. In NAC R019-22 § 1(7)(b) provides the following definition which includes unlicensed assistants: “Assistive

personnel’ means any person trained to function in a supportive role, regardless of title or licensure, to whom nursing care may be delegated. The term includes, without limitation, certified nursing assistants, patient care technicians, medication aides - certified, home health aides and unlicensed assistants.” Medical assistants are a type of unlicensed assistant who are already covered under this existing regulatory definition of “assistive personnel” in NAC R019-22 § 1.

As the 2022 regulations already cover delegation to medical assistants and the adopted regulations conflict with the 2022 delegation requirements, we urge you to object to adopted regulations and preserve the 2022 regulations instead.

II. The adopted regulations are not appropriate to nursing practice and will endanger patients.

The adopted regulations for delegation to medical assistants reflect delegation rules for doctors and physician associates and are not appropriate for nursing practice delegation.

The adopted regulations are nearly identical to delegation rules developed for doctors and physician associates. While these regulations *may* be acceptable for advanced practice registered nurses (APRNs), they are not appropriate for licensed professional registered nurses (RNs) who are not APRNs who do not have an APRN’s “specialized skill, knowledge and experience obtained from an organized formal program of training” required by NAC 632.020 § 1. NNOC-NV has difficulty envisioning the setting in which a medical assistant would be working that would involve a patient developing “exigent needs”, yet the delegating nurse would be “physically located a significant distance from the location where the task is to be performed.” Thus, it is inappropriate to include RNs who lack APRN training in the Proposed Regulations.

III. The adopted regulations conflict with existing nursing practice regulations.

Furthermore, **the adopted regulations conflict with existing nursing practice regulations requiring regular assessment of a patient by a nurse and would endanger patients.** Under existing Nevada Administrative Code §§ 632.026, 632.212, 632.214, 632.216, and R019-22 § 1, a nurse must regularly assess patients, provide ongoing evaluation, and modify the patient’s care plan when needed; and a nurse must also consider the complexity of nursing care required and determine that a patient’s needs are predictable before delegating a nursing task to an unlicensed individual. Specifically, NAC R019-22 § 1(1)(e) requires that “[t]he nursing care being delegated will not involve the use of any *nursing judgment* or *critical decision making*” (emphasis added). NAC R019-22 § 1(4) also requires the delegating nurse to consider the following factors:

- The amount of direction the delegatee would need;
- “The complexity of nursing care needed by the patient, recognizing that ... more complex care requires greater knowledge and a higher level of *judgment, direction* and *supervision*”;
- The *competency* of the delegatee; and

- “The established policies and procedures relating to the care of the patient and the procedures used to *communicate* to other providers of health care the patient’s symptoms, reactions and progress” (emphasis added).

In contrast, the adopted regulations would allow remote delegation when “[t]he delegating practitioner is physically located a significant distance from the location where the task is to be performed” and the patient has “exigent needs”. Exigent patient needs (for example, difficulty breathing, chest pain, and uncontrolled bleeding) by their very definition require nursing judgment and critical decision making. When the delegating nurse is located at a “significant distance” from where the task will be performed, they are unable to effectively exercise their nursing judgment or to make the critical decisions that must precede delegation. More importantly, responding to a patient with exigent needs is likely to involve complex care that requires critical decision making and nursing judgment that should not be delegated to a medical assistant. Finally, the adopted regulations also require only that the delegating nurse be available by telephone, making it impossible for the delegating nurse to adequately assess the patient’s condition and evaluate the patient’s response to delegated nursing care, thus leaving these crucial nursing duties to an unlicensed medical assistant who lacks sufficient competency to perform them.

IV. Conclusion

For the foregoing reasons, **we urge you to object to the adopted regulations and withhold final approval.** The Legislative Commission should instead preserve the 2022 regulations on nursing delegation.

Sincerely,



Michelle Grisat
National Director of Health and Regulatory Policy
National Nurses Organizing Committee/National Nurses United

Enclosure: 2026 NNOC-NV Comments to BON on MA Delegation Hearing

Via Email: nursingboard@nsbn.state.nv.us

December 18, 2025

Cathy Dinauer, Executive Director
Nevada State Board of Nursing
6005 Plumas Street, Suite 101
Reno, Nevada 89519

**RE: Notice of Hearing for the Adoption, Amendment or Repeal of Regulations of the
Nevada State Board of Nursing, LCB File No. R087-25: OPPOSE UNLESS
AMENDED**

Dear Executive Director Dinauer,

On behalf of more than 3,000 registered nurse (RN) members in Nevada, National Nurses Organizing Committee - Nevada/National Nurses United (NNOC-NV) submits these comments opposing the medical assistant (MA) delegation regulations in LCB File No. R087-25 (Proposed Regulations) unless they are amended. NNOC-NV has deep reservations about the safety of the remote delegation provisions in Proposed Regulations whether by an advanced practice registered nurse (APRN), RN, physician, or physician assistant (PA). However, we understand that APRNs are seeking greater parity with physicians and PAs regarding delegation to medical assistants (MAs) and that the BON has chosen to address this by adding MA delegation language that is substantively identical to that of physicians and PAs.¹ NNOC-NV does not wish to hinder APRNs' efforts for greater parity with physicians and PAs, but we must protect our patients and RNs' licenses. **Therefore, we strongly urge you to limit the proposed regulations to APRNs.**

I. Current regulations already allow RNs to delegate to assistive personnel, including medical assistants, thus RNs need not be included in the Proposed Regulations.

Because RNs do not have independent practice authority, remote delegation is more problematic for RNs than it is for APRNs. Additionally, in contrast to APRNs who have far greater control over their patient loads, RNs working in clinics, home care, and hospitals typically have little control over the number of patient appointments or home visits that are booked or the number of patients who are admitted to a hospital. In addition, **RNs often face pressure from management to delegate to lower cost unlicensed assistive personnel, endangering patients and putting RNs' licenses at risk.**

The BON revised Chapter 632 regarding nurse delegation to assistive personnel in 2022 in NAC R019-22 § 1. Section (7)(b) of the 2022 regulations provides the following definition which includes unlicensed assistants:

¹ NAC §§ 630.800 to 630.830

“Assistive personnel” means any person trained to function in a supportive role, regardless of title or licensure, to whom nursing care may be delegated. The term includes, without limitation, certified nursing assistants, patient care technicians, medication aides - certified, home health aides and unlicensed assistants.”

Medical assistants are a type of unlicensed assistant who are already covered under this existing regulatory definition of “assistive personnel” in NAC R019-22 § 1. **Although we believe that current regulations allow RNs to delegate MAs, we would support including MAs in the definition of assistive personnel to make this explicit.**

II. The Proposed Regulations should apply only to APRNs given the more stringent licensure requirements and difference in scope of practice compared to RNs.

The BON’s Proposed Regulations are substantively identical to the regulations governing PAs and physicians except for the definition of “delegating practitioner”. Whereas NAC § 630.800 defines “delegating practitioner” as PAs and physicians, the Proposed Regulations define “delegating practitioner” as APRNs and RNs. While PAs and APRNs have significant overlap in their scopes of practice, the NAC regulation includes physicians, who have greater requirements for licensure than PAs, and the Proposed Regulations include RNs who have fewer requirements for licensure than APRNs. As defined in NAC 632.010, an APRN:

1. Has specialized skill, knowledge and experience obtained from an organized formal program of training; and
2. Is licensed by the Board and is authorized in special conditions as set forth in NAC 632.254 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform.

Moreover, as of July 1, 2014, APRNs must hold a master’s or doctorate degree in nursing and be certified by a BON-approved agency whereas RN licensure requires an associate or bachelor’s degree.² APRNs must then meet additional requirements to be certified as a nurse practitioner, nurse midwife, or clinical nurse specialist. Finally, before a delegating practitioner may supervise an MA remotely, Section 4(1)(d) of the Proposed Regulations requires that “[t]he patient and the delegating practitioner previously established a practitioner-patient relationship”. The difference between the licensure requirements and scope of practice between an APRN and an RN means that an APRN has a more in-depth understanding of a patient’s health condition and comorbidities than an RN typically does, though both may have an established practitioner-patient relationship. **Thus, including RNs in the Proposed Regulations on a par with APRNs, physicians, and PAs would inappropriately extend RN delegation authority given the more limited requirements for licensure and differences in scope of practice.**

² NAC § 632.060(f)

III. NNOC-NV urges the BON to prohibit MAs from performing an invasive procedure under any circumstance.

Both the current regulations governing MA delegation by PAs and physicians and the Proposed Regulations allow delegation of invasive procedures to MAs.³ Both require the delegating practitioner to “be immediately available to exercise oversight in person” unless specific requirements are met allowing remote supervision of the MA. AB 319, Section 67 defines “medical assistant” as someone who, under a RN or APRN’s supervision, performs clinical tasks for which **they have no license, certificate, or registration**. NRS § 630.0129 has a similar definition regarding PA or physician delegation to an MA. In NNOC-NV’s view, no practitioner should delegate an invasive procedure to an MA regardless of the type of supervision provided. **We strongly urge you to amend the Proposed Regulations by striking Section 3(3) and adding invasive procedures to the prohibitions on delegation listed in Section 4.**

IV. Conclusion

For the foregoing reasons, **we urge you to limit the Proposed Regulations to APRNs and use the 2022 regulations for RN delegation authority**. Additionally, we urge to amend the Proposed Regulations as stated above. We are also attaching the comments which we submitted regarding the Proposed Regulations for the workshop held on November 4, 2025. [We are not including our November 4, 2025 comments here as they are largely the same as these comments.] The earlier comments discuss our concerns with patient safety and conflicts between the Proposed Regulations and existing Nevada Administrative Code §§ 632.026, 632.212, 632.214, 632.216, and R019-22 § 1.

We look forward to discussing the Proposed Regulations further at the January 14th hearing.

Sincerely,



Michelle Grisat
National Director of Health and Regulatory Policy
National Nurses Organizing Committee - Nevada/National Nurses United

Enclosure

³ For PAs and physicians, *see* NAC § 630.810 and for RNs and APRNs *see* Proposed Regulations, Section 3(3).