

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

**LCB File No. R089-00**

Effective July 19, 2000

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

AUTHORITY: §§1 and 2, NRS 630.130; §§3-5, NRS 630.130 and 630.275.

**Section 1.** Chapter 630 of NAC is hereby amended by adding thereto a new section to read as follows:

*1. The board hereby adopts by reference the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, May 1998, 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 60 days after the date of publication of the revision.*

*2. The most recent publication of the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain that has been approved by the board will be available for inspection at the office of the Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada or may be obtained, free of charge, from the Federation of State Medical Boards of the United States, Inc., Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, Texas 76039-3855 or from the Federation of State Medical Boards of the United States, Inc., at the Internet address <<http://www.fsmb.org/pubform.htm>>. The board shall:*

*(a) Review each revision of the publication to ensure its suitability for this state; and*

*(b) File a copy of each revision of the publication it approves with the secretary of state and the state library and archives administrator.*

**Sec. 2.** NAC 630.010 is hereby amended to read as follows:

630.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.010 to 630.025, inclusive, and NAC ~~630.015 to 630.030, inclusive,~~ **630.025** have the meanings ascribed to them in those sections.

**Sec. 3.** NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or physician's 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's 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's assistant and performed outside his own office;
- (g) Treat any patient in a manner not recognized scientifically as being beneficial;

(h) 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;

(i) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician's assistant, unless the medical assistant has sufficient training to provide the assistance;

(j) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician's assistant;

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

(l) 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*

(m) ~~Fail to adequately prescribe controlled substances for the control of pain in accordance with prevailing standards of acceptable practice of medicine as described in NAC 630.193; or~~  
~~—(n)~~ Engage in the practice of writing prescriptions for controlled substances to treat acute *pain* or chronic pain in a manner that deviates from the ~~prevailing standards of acceptable practice of medicine as described in NAC 630.193.]~~ *guidelines set forth in the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain adopted by reference in section 1 of this regulation.*

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 section 1 of this regulation.*

(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 section 1 of this regulation.*

(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.

~~(b)~~ (d) “Medical assistant” means any person who:

(1) Is employed by a physician or physician’s assistant;

(2) Is under the direction and supervision of the physician or physician’s 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 ~~such~~ *assistance by any administrative agency.] that assistance.*

**Sec. 4.** NAC 630.380 is hereby amended to read as follows:

630.380 1. A physician's 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's 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 out or permitted another to represent him to be a licensed physician;

(c) Has performed medical services otherwise than at the direction or under the supervision of the supervising physician;

(d) Has performed medical services which have not been approved by his supervising physician;

(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 his supervising physician;

(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 loss of certification by the National Commission on Certification of Physicians' Assistants;

(l) Is guilty of violating a provision of NAC 630.230; or

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

2. To institute disciplinary action against a physician's assistant, a written complaint, specifying the charges, must be filed with the board by the investigative committee of the board.

3. A physician's assistant is not subject to disciplinary action solely for prescribing or administering to a patient under his care a controlled substance which is listed in schedule II, III, IV or V by the state board of pharmacy pursuant to NRS 453.146 . ~~[, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with NAC 630.193.]~~

**Sec. 5.** NAC 630.015, 630.020, 630.030, 630.193, 630.195 and 630.197 are hereby repealed.

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### TEXT OF REPEALED SECTIONS

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**630.015 "Acute pain" defined. (NRS 630.130)** "Acute pain" means the normal, predicted physiological response to an adverse chemical, thermal or mechanical stimulus and is associated with surgery, trauma or acute illness. Acute pain is generally limited in duration and is responsive to therapies such as the use of opioids.

**630.020 “Chronic pain” defined. (NRS 630.130)** “Chronic pain” means pain which is persistent and the cause of which cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

**630.030 “Substance abuse” defined. (NRS 630.130)** “Substance abuse” means the use of a controlled substance for a nontherapeutic purpose or the use of medication for a purpose other than that for which it was prescribed.

**630.193 Controlled substances for acute or chronic pain: Procedure for prescribing. (NRS 630.130, 630.275)**

1. A physician and a physician’s assistant shall control any acute or chronic pain of a patient for the duration of the pain by prescribing controlled substances in accordance with the prevailing standards of acceptable practice of medicine as described in subsection 2.

2. To comply with the prevailing standards of acceptable practice of medicine, the physician or physician’s assistant shall:

(a) Before prescribing the controlled substance:

(1) Conduct an assessment and evaluation of the patient that includes, without limitation:

(I) A physical examination;

(II) Investigation and documentation of the medical history of the patient; and

(III) Investigation of whether the patient has a history of substance abuse;

(2) Establish a plan for treating the patient that includes, without limitation:

(I) Objectives that will be used to determine the success of the treatment, including, without limitation, the objectives of pain relief and improved physical and psychosocial function;

(II) A list and timetable for diagnostic evaluations and other treatments that are planned for the patient; and

(III) An agreement between the physician or physician's assistant and the patient that the patient will obtain his prescription for the controlled substance only from that physician or physician's assistant and fill or refill the prescription at only one specified pharmacy;

(3) Discuss the risks and benefits of using the controlled substance with the patient, with the legal guardian or surrogate of the patient or with any other person at the patient's request;

(4) After discussing the risks and benefits pursuant to subparagraph (3), receive written consent from the patient or the legal guardian or surrogate of the patient to use the controlled substance;

(5) If the patient is a high risk for substance abuse, enter into an agreement with the patient pursuant to NAC 630.195; and

(6) Document the requirements of subparagraphs (1) to (5), inclusive, in medical records of the patient that comply with the requirements of NAC 630.197.

(b) After prescribing the controlled substance:

(1) Review the progress of the patient towards the goals outlined in the plan for treatment and any new information about the etiology of the pain at periodic intervals based on the individual circumstances of the patient;

(2) Refer the patient, as necessary, for additional evaluation and treatment to achieve the objectives of the plan for treatment;

(3) Monitor the patient's compliance with instructions relating to use of the controlled substance and the plan for treatment;

(4) Adjust the medication therapy, as necessary, to meet the individual needs of the patient;



(5) Discontinue treatment if the physician or physician's assistant determines that the treatment is not effective; and

(6) Maintain medical records for the patient that comply with the requirements of NAC 630.197.

**630.195 Controlled substances for acute or chronic pain: Determination of patient as high risk for substance abuse; agreement outlining patient responsibilities if patient determined high risk. (NRS 630.130, 630.275)**

1. Before prescribing a controlled substance to a patient for the treatment of acute or chronic pain, a physician or physician's assistant shall determine whether the patient is a high risk for substance abuse. In making such a determination, a physician or physician's assistant shall consider such factors as are medically reasonable. Regardless of the absence of other factors, a patient who has a history of substance abuse must be determined to be a high risk for substance abuse.

2. If a physician or physician's assistant determines that a patient is a high risk for substance abuse, he shall, before prescribing the controlled substance, enter into a written agreement with the patient which outlines the patient's responsibilities with respect to the controlled substance and which must include, without limitation:

(a) An agreement by the patient to submit, upon request of the physician or physician's assistant, to testing of the patient's blood or urine to determine the level of controlled substance being used by the patient;

(b) The number and frequency of refills of the prescription; and

(c) The reasons that the prescription for the controlled substance may be discontinued, including, without limitation, a violation of the terms of the agreement.

**630.197 Controlled substances for acute or chronic pain: Requirements for maintenance and contents of records of patients. (NRS 630.130)**

1. A physician and physician's assistant shall maintain or cause to be maintained in an accurate, complete and current manner the medical records of each patient to whom he has prescribed a controlled substance to treat acute or chronic pain. Such records must be kept at the office in which the physician or physician's assistant practices and in a place that is easily accessible.

2. Medical records for a patient to whom a controlled substance has been prescribed to treat acute or chronic pain must include, without limitation:

(a) The medical history and physical examination of the patient, including, without limitation:

- (1) The nature and intensity of the pain;
- (2) Current and past treatments that the patient has received for the pain;
- (3) Diseases and other medical conditions that the patient has that may cause or contribute to the pain;

(4) The effect of the pain upon the physical and psychological functioning of the patient;

(5) Any history of substance abuse; and

(6) At least one recognized medical indication for the use of a controlled substance;

(b) Notable assessments of the patient, as applicable, including, without limitation:

(1) Whether the patient is a high risk for substance abuse;

(2) Tolerance;

(3) Analgesic tolerance;

(4) Physical dependence;

- (5) Addiction; or
- (6) Pseudo addiction;
- (c) Diagnostic, therapeutic and laboratory results;
- (d) Notes from each assessment, evaluation and consultation with the patient;
- (e) Treatment objectives;
- (f) Discussion of risks and benefits;
- (g) Suggested, prescribed and proposed treatments;
- (h) Date, type, dosage and quantity of medications prescribed;
- (i) Instructions and agreements; and
- (j) Notes from periodic reviews.

3. As used in this section:

(a) “Addiction” means a neurobehavioral syndrome with genetic and environmental influences that result in psychological dependence on the use of medications for their psychic effects and is characterized by compulsive use despite harm. The term does not include physiological dependence, analgesic tolerance and tolerance.

(b) “Analgesic tolerance” means the need to increase the dose of an opioid to achieve the same level of analgesia.

(c) “Physical dependence” means a physiological state of neuroadaptation which is an expected result of the use of opioids and is characterized by the emergence of a withdrawal syndrome if medication use is stopped or decreased abruptly, or if an antagonist is administered.

(d) “Pseudo addiction” means a pattern of behavior, which can be mistaken for addiction, in which a patient who is receiving inadequate treatment for pain seeks additional medication to alleviate the pain.

(e) “Tolerance” means a physiological state resulting from regular use of a medication in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dosage.

## NOTICE OF ADOPTION

### Nevada State Board of Medical Examiners

June 8, 2000

State of Nevada  
Legislative Counsel Bureau  
401 South Carson St.  
Carson City, Nevada 89701-4747  
ATTN: Mary Bennett

Re: LCB File No. R089-00

Dear Ms. Bennett:

Please be advised that the Nevada State Board of Medical Examiners, at its duly noticed meeting on Saturday, June 3, 2000, adopted the above regulations in their entirety as set out by the Legislative Counsel Bureau, with the following exceptions:

The LCB draft, in paragraphs 1 and 2 of Section 1, referencing the adoption of any subsequent revisions of the publication adopted by reference have been changed to reflect that the review and decision to disapprove within the 60 day period has been given to the "Board" and not the "executive Director", as I had suggested.

The above is the only change made to the LCB draft.

I understand from the statute that they will be filed i approximately 30 days by the LCB at which time they become permanent.

The informational statement and all other necessary documentation, I believe, has already been forwarded to the LCB. Thank you and the staff of the LCB for your continuing cooperation in our adoption of regulations.

Very truly yours,

RICHARD J. LEGARZA,  
General Counsel

**REGULATIONS ADOPTED BY THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS**

**INFORMATIONAL STATEMENT**

Pursuant to the provisions of NRS 233B.066, the following informational statement is submitted:

**DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED  
SUMMARY OF THE PUBLIC RESPONSE  
EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN  
A COPY OF THE SUMMARY**

**How public comment was solicited:**

The Nevada State Board of Medical Examiners published a Notice of Workshops to solicit comments on petitions for the amendment of regulations of the Nevada State Board of Medical Examiners, to be conducted on Thursday, January 20, 2000, at the hour of 1:30 o'clock p.m., or as soon thereafter as it may be conducted on that date, at the Sawyer State Office Building, 555 E. Washington Avenue, Room #4412E, Las Vegas, Nevada; and, on Friday, January 21, 2000, at the hour of 11:00 o'clock a.m., or as soon thereafter as it may be conducted on that date, at the offices of the Board at 1105 Terminal Way, Suite 310, Reno, Nevada.

The Nevada State Board of Medical Examiners published a Notice of hearing on petition requesting amendment of regulations on pain management adopted, effective September 27, 1999, Legislative Counsel Bureau File No. R007-99, to be held at 10:00 o'clock a.m., on Saturday, February 26, 2000, or as soon thereafter as it may be heard on that date, at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada.

The Nevada State Board of Medical Examiners published a Notice of Workshops to solicit comments on the adoption and repeal of regulations of the Nevada State Board of Medical Examiners, on pain management, to be conducted on Thursday, March 30, 2000, at the hour of 1:30 o'clock p.m., or as soon thereafter as it may be conducted on that date, at the Sawyer State Office Building, 555 E. Washington Avenue, Room 4412E, Las Vegas, Nevada; and, on Friday, March 31, 2000, at the hour of 11:00 o'clock, a.m., or as soon thereafter as it may be conducted on that date, at the offices of the Board at 1105 Terminal Way, Suite 310, Reno, Nevada.

The Nevada State Board of Medical Examiners published Notice of Intent to act on proposed regulations of the Nevada State Board of Medical Examiners, noticing a public hearing at 4:30 o'clock p.m., on Thursday, May 4, 2000, or as soon thereafter as it may be heard on that date, at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada, and at the Sawyer State Office Building, 555 E. Washington Avenue, Room 4406, Las Vegas, Nevada.

The Nevada State Board of Medical Examiners noticed the adoption of the proposed regulations for its regularly scheduled meeting, on Saturday, June 3, 2000, at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada.

In the notices the public were notified that a copy of the proposed changes in the regulations were on file at the State Library, 100 Stewart St., Carson City, Nevada; available at the offices of the Board at 1105 Terminal Way, Reno, Nevada; in all counties in the state of Nevada in which the Board does not maintain an office; at the main public library; in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653; and, on the Internet at <http://www.leg.state.nv.us>., as well as posted at the following locations:

Washoe County Court House - Reno, Nevada  
Reno City Hall - Reno, Nevada  
Elko County Court House - Elko, Nevada  
White Pine County Court House - Ely, Nevada  
Clark County Health Department - Las Vegas, Nevada  
Las Vegas Office of the State Attorney General  
Carson City Office of the State Attorney General  
Reno Office of the Nevada State Board of Medical Examiners  
Carson City Public Library - Carson City, Nevada  
Churchill County Public Library - Fallon, Nevada  
Clark County Public Library - Las Vegas, Nevada  
Douglas County Public Library - Minden, Nevada  
Elko County Public Library - Elko, Nevada  
Esmeralda County Public Library - Goldfield, Nevada  
Eureka County Public Library - Eureka, Nevada  
Humboldt County Public Library - Winnemucca, Nevada  
Lander County Public Library - Battle Mountain, Nevada  
Lincoln County Public Library - Pioche, Nevada  
Lyon County Public Library - Yerington, Nevada  
Mineral County Public Library - Hawthorne, Nevada  
Nye County Public Library - Tonopah, Nevada  
Pershing County Public Library - Lovelock, Nevada  
Storey County Public Library - Virginia City, Nevada  
White Pine County Public Library - Ely, Nevada

Additionally, a complete set of the Notices of the Workshops and Intent to Adopt the regulations, with a copy of the proposed regulations were published in the Newsletter of the Board and mailed first class, postage prepaid, to every licensee of the Nevada State Board of Medical Examiners.

### **Summary of the public response:**

Six (6) members of the general public of the state of Nevada appeared at the workshop in Reno, Nevada on March 31, 2000, and all testified in favor of the Board adopting the Federation of State Medical Boards of the United States, Inc., Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. The Executive Director of the Nevada State Medical

Association appeared at all four (4) workshops conducted by the Board, on occasion with other representatives of the Association, including the president of the Association, and testified in favor of the Board Adopting the Federation of State Medical Boards of the United States, Inc., Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. Other licensees of the Board appeared at one or more of the workshops and all testified in favor of adopting the Federation of State Medical Boards of the United States, Inc., Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, with the exception of one physician who testified that he believes that any regulations on pain management and control were micro-management and the Board should not pass any regulations, but that if the Board were inclined to pass regulations on pain control, that he was also in favor of repeal of the newest pain regulations on pain management and the adoption of the Federation of State Medical Boards of the United States, Inc., Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. No person appeared at the offices of the Board on June 3, 2000, and testified or presented a position on the adoption or lack thereof of the proposed regulations.

A group identified as the Nathan Adelson Hospice, Nevada Hospice Association, American Academy of Pain Management, Compassion in Dying Federation, Barry Eliot Cole, M.D., MPA, submitted a written statement that they were in favor of the adoption of the Federation of State Medical Boards of the United States, Inc., Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, but stated they were concerned that the adoption of the guidelines was a step backward from the earlier adopted regulation which addressed underprescribing for pain.

**How other interested persons may obtain a copy of  
the public response to the regulations:**

On file with the Board at the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada, is a complete transcript of both workshops and both hearings conducted on the regulations. Also at the offices of the Board are copies of the written submittal received from the American College for the Advancement of Medicine, advanced practitioners of by the Board.

Any member of the public may visit the offices of the Board and may review any or all of transcript referred to above. Also, any member of the public may request copies of the entire transcript of all the proceedings by contacting the court reporter and requesting the preparation of a transcript.

The court reporter may be contacted at:

Discovery Reporting  
935 Jones St., Second Floor  
Reno, Nevada 89503  
(775) 329-3500



**The number of persons who attended each hearing:**

Workshop, Thursday, January 20, 2000, Sawyer State Office Building, 555 E. Washington Avenue, Room #4412E, Las Vegas, Nevada  
Five (5) persons

Workshop, Friday, January 21, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada:  
Three (3) persons

Board meeting, Saturday, February 26, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada:  
Five (5) persons

Workshop, Thursday, March 30, 2000, Sawyer State Office Building, 555 E. Washington Avenue, Room #4412E, Las Vegas, Nevada  
Two (2) persons

Workshop, Friday, March 31, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada:  
Six (6) persons

Board meeting, Thursday, May 4, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada; and, Sawyer State Office Building, 555 E. Washington Avenue, Room #4406, Las Vegas, Nevada  
Three (3) persons

Board meeting, Saturday, June 3, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada.  
Zero (0) persons

**The number of persons who testified at each hearing:**

Workshop, Thursday, January 20, 2000, Sawyer State Office Building, 555 E. Washington Avenue, Room #4412E, Las Vegas, Nevada  
Five (5) persons

Workshop, Friday, January 21, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada  
Three (3) persons

Board meeting, Saturday, February 26, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada:

Three (3) persons

Workshop, Thursday, March 30, 2000, Sawyer State Office Building, 555 E. Washington Avneue, Room #4412E, Las Vegas, Nevada

Two (2) persons

Workshop, Friday, March 31, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada:

Four (4) persons

Board meeting, Thursday, May 4, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada; and, Sawyer Office Building, 555 E. Washington Avenue, Room #4406, Las Vegas, Nevada

Three (3) persons

Board meeting, Saturday, June 3, 2000, offices of the Board, 1105 Terminal Way, Suite 301, Reno, Nevada.

Zero (0) persons

**The number of persons who submitted written statements:**

Nevada State Medical Association, and the Nathan Adelson Hospice, Nevada Hospice Association, et. Al referred to above.

**HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES,  
A SUMMARY OF THEIR RESPONSE, AND  
HOW INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY**

The comments, conclusions, and information set out above and all information contained thereunder applies to this portion of the informational statement as well.

**THE REGULATIONS WERE ADOPTED WITH ONE (1) CHANGE TO  
THE PROPOSED REGULATIONS**

The regulations as published had a provision that the Executive Director be the person to decide whether or not to disapprove any amendments to the Federation Guidelines. The Board adopted language providing for the Board to make that decision.

**THE ESTIMATED ECONOMIC EFFECT OF THE REGULATIONS ON THE  
BUSINESS WHICH THE BOARD REGULATES AND ON THE PUBLIC**

**The economic effect of the regulations on the medical profession:**

None

**The economic effect of the regulations on the general public:**

Same as above

**THE ESTIMATED COST TO THE NEVADA STATE BOARD OF MEDICAL EXAMINERS TO ENFORCE THE PROPOSED REGULATIONS**

None

**THE REGULATIONS OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS DO NOT OVERLAP OR DUPLICATE ANY REGULATIONS OF ANY OTHER STATE OR GOVERNMENTAL AGENCIES, INCLUDING THE FEDERAL GOVERNMENT**

**THE REGULATIONS OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS DO NOT INCLUDE PROVISIONS WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY.**

**THE NEW REGULATIONS DO NOT PROVIDE FOR A NEW FEE**