

LCB File No. R145-03

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

**NOTICE OF WORKSHOPS TO SOLICIT COMMENTS ON
PROPOSED REGULATIONS
OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS
AND
NOTICE OF INTENT TO ACT UPON
PROPOSED REGULATIONS
OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS**

The Nevada State Board of Medical Examiners is proposing the adoption, amendment, and repeal of regulations pertaining to Chapter 630 of the Nevada Administrative Code. Two (2) Workshops have been set for the purpose of soliciting comments from interested persons on the adoption, amendment, and repeal of the regulations.

The first workshop will be conducted, on Tuesday, October 28, 2003, at the hour of 10:00 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 301, Reno, Nevada.

The second workshop will be conducted, on Wednesday, October 29, 2003, at the hour of 10:00 o'clock a.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.

The purpose of the workshops is to receive comments from all interested persons regarding the adoption, amendment, or repeal of regulations pertaining to Chapter 630 of the Nevada Administrative Code.

After the workshops are conducted, and all interested persons have had the opportunity to appear and make comments on the proposed regulations;

The Nevada State Board of Medical Examiners will hold a public hearing at 8:30 o'clock, a.m. on Friday, December 5, 2003, or as soon thereafter as it may be heard on that date at either the offices of the Board at 1105 Terminal Way, Suite 301, Reno, Nevada, or at the offices of the Nevada State Contractors Board, 9670 Gateway Drive, Suite 100, Reno, Nevada, and 2310 Corporate Circle, Suite 200, Henderson, Nevada. Interested persons are encouraged to contact the board at (775) 688-2559, or if calling from anywhere in the state of Nevada, toll free, at (888) 890-8210, to confirm at which physical location the Board will be conducting its meeting.

The purpose of the hearing is to receive comments from all interested persons regarding the adoption, amendment, or repeal of the Regulations set out hereinafter pertaining to Chapter 630 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS 233B.060:

The proposed changes in **Section 1** are the result of an initial review of older regulations and a recent temporary regulation that is no longer necessary, and to give latitude on the additional testing required for licensure.

The proposed amendments in **Sections 2 and 3** are necessary to allow the Board to issue a license to a physician assistant that has no relationship to any specific physician, nor to any specific list of medications physician assistants can prescribe.

The proposed amendments in **Section 4** are necessary to implement better reporting procedures on practice location(s) of physician assistants and supervising physicians on establishment and termination of the relationship

The proposed amendments in **Section 5** are necessary to allow the supervision of physician assistants by licensed physicians in good standing in this state who have not been specifically prohibited by the board from acting as a supervising physician.

The proposed amendments in **Section 6** are necessary to implement disciplinary action against a physician assistant who fails to inform the Board of his practice location and the name and practice location of his supervising physician.

The proposed amendments in **Section 7** are necessary to implement better reporting procedures on practice location(s) of advanced practitioners of nursing and collaborating physicians on establishment and termination of the relationship and to allow the supervision of advanced practitioners of nursing by licensed physicians in good standing in this state who have not been specifically prohibited by the board from acting as a collaborating physician.

The proposed new language in **Section 8** is necessary to implement the requirement in **Sec. 28, AB 250, 2003 Session, Nevada State Legislature**, that all licensees attend a one-time Continuing medical education on the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

The proposed new language in **Section 9** is necessary to encourage licensees to attend continuing medical education courses in geriatrics and gerontology, as required by **Sec. 2, AB 349, 2003 Session, Nevada State Legislature**.

The proposed changes to Chapter 630 of the Nevada Administrative Code, are set out hereinafter.

The adoption, amendment, and repeal of these regulations will create no adverse economic effect on the public or upon physicians and physician's assistants regulated.

The adoption of these amendments will create a positive economic effect on the public and upon physicians and physicians assistants regulated by a reduction in licensing and registration fees for supervising and collaborating physicians.

The Nevada State Board of Medical Examiners will not have additional costs incurred to administer the regulations amended in these sections.

The proposed adoption, amendment, or repeal of these regulations do not overlap or duplicate any regulations of other state or local agencies, nor do they overlap or duplicate a federal regulation, nor are they required pursuant to federal law.

The proposed adoption, amendment, or repeal of these regulations do not establish any new fee(s) and will result in reduction of fees.

Persons wishing to comment on the proposed adoption, amendment, or repeal of these regulations may appear at the scheduled public hearing or may address their comments, data, views or arguments, in written form, to the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, P. O. Box 7238, Reno, Nevada 89510. Written submissions must be received by the Board on or before five (5) days prior to the date set for the hearing. If no person directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

A copy of this notice and the proposed adoption, amendment, or repeal of these regulations will be on file at the State Library, 100 Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulations to be adopted, amended, or repealed will be available at the offices of the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada, and in all counties in which an office of the Board is not maintained, at the main public library, for inspection and copying by members of the public during business hours. This notice and the text of the proposed regulations are also available 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>. Copies will also be mailed to members of the public upon request. A reasonable fee may be charged for copies if it is deemed necessary.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been 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

DATED: This 18th day of September, 2003.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

CHERYL A. HUG-ENGLISH, M.D., President

LCB File No. R145-03

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

Explanation: Matter in *Italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted

AUTHORITY:	Sec. 1:	NRS 630.003, 630.130, 630.275, and 233B.040
	Sec. 2 – 6:	NRS 630.130, and 233B.040
	Sec. 7:	NRS 630.130 and 233B.040
	Sec. 8	Sec. 28, AB 250, 2003 Session Nv St Leg
	Sec. 9	Sec. 2, AB 349, 2003 Sesson Nv St Leg

Section 1. NAC Section 630.080 is amended to read as follows:

1. For the purposes of paragraph (e) of subsection 2 of NRS 630.160, an applicant for a license to practice medicine must pass:

(a) A written examination concerning the statutes and regulations relating to the practice of medicine in this state; and

(b) The Special Purpose Examination, *or any other examination conducted by physicians testing the applicant's competence to practice medicine, or other examination designated by the board to assist the board in determining the fitness of the physician to practice medicine*, unless within 10 years before the date of his application for a license to practice medicine in this state, the applicant has passed:

- (1) Part III of the examination given by the National Board of Medical Examiners;
- (2) Component II of the Federation Licensing Examination;
- (3) Step III of the United States Medical Licensing Examination;
- (4) All parts of the examination to become a licentiate of the Medical Council of Canada;
- (5) The examination for primary certification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or
- (6) The Special Purpose Examination.

2. For any examination conducted by the board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination on behalf of the board.

3. The board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the board.

~~[4. For purposes of subparagraph (3) of paragraph (e) of subsection 2 of NRS 630.160, a person must:~~

~~—(a) Complete 1 year of postgraduate training before taking Step III of the United States Medical Licensing Examination and, except as otherwise provided in paragraph (b), is entitled to an unlimited number of attempts to pass that examination; and~~

~~—(b) Pass Steps I, II and III of the United States Medical Licensing Examination within 7 years after the date on which the person first [took step I] passed any step of the United States Licensing Examination[.], or, within 10 years after the date after the date on which the person first passed any step of the United States Licensing Examination, if the applicant has obtained a MD/PhD degree in a program accredited by the liaison committee on medical education (LCME) and a regional university accrediting body.~~

~~These PhD. fields include but are not necessarily limited to anatomy, biochemistry, physiology, microbiology, pharmacology, pathology, genetics, neuroscience, and molecular biology. Fields explicitly not included are business, economics, ethics, history and other fields not directly related to biological science.~~

~~—5. For the purposes of subparagraph (6) of paragraph (c) of subsection 2 of NRS 630.130, a person must pass all the examinations in the combination of examinations approved by the board within 7 years after the date on which the person first [took] passed the initial examination in the combination of examinations.]~~

~~[6]~~ 4. An applicant for a license to practice medicine and a person who holds a license to practice medicine shall pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

Section 2. NAC Section 630.290 is amended to read as follows:

NAC 630.290 Application for license.

1. An application for licensure as a physician assistant must be made on a form supplied by the board. The application must state:

(a) The date and place of the applicant's birth, his sex, the various places of his residence from the date of graduation from high school *or receipt of general equivalency diploma or post-secondary degree* ~~[and at least two references from persons who have knowledge of the applicant's training or experience.];~~

(b) The applicant's education, including, without limitation, high schools and postsecondary institutions attended, the length of time in attendance at each and whether he is a graduate of those schools and institutions;

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

(d) The applicant's ~~[practical]~~ *professional* training and experience;

(e) Whether the applicant has ever been investigated for misconduct as a physician assistant or had a license or certificate as a physician assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him by a licensing body in any jurisdiction;

(f) Whether the applicant has ever been convicted of a felony or an offense involving moral turpitude; and

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of controlled substances.

~~[2. The application must also include:~~

~~—(a) The name and address of the practice of each supervising physician and the type of practice of the applicant;~~

~~—(b) The address of each location where the applicant will practice;~~

~~— (c) A description of the medical services to be performed by the physician assistant, including, but not limited to, those medical services to be performed in the supervision physician's office, in a hospital and in other settings; and~~

~~— (d) A list of any poisons, controlled substances, dangerous drugs or devices which the supervising physician prohibits the physician assistant to prescribe, possess, administer or dispense in or out of the presence of the supervising physician.]~~

~~[3]~~ 2. An applicant must submit to the board:

(a) Proof of completion of *an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant or, prior to 2001, by either [a training program as a physician assistant which is approved]* the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs. ~~[, both of which are affiliated with the American Medical Association;]~~

(b) Proof of passage of the examination given by the National Commission on Certification of Physician Assistants; and

(c) Such further evidence and other documents or proof of qualifications as required by the board.

~~[4]~~ 3 Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

~~[5]~~ 4 The application must be accompanied by the applicable fee.

~~[6]~~ 5 An applicant shall pay the reasonable costs of any examination required for licensure.

Section 3. NAC 630.330 is amended to read as follows:

NAC 630.330 Contents of license. The license issued by the board must contain.

1. The name of the physician assistant;

~~[2. The name of each supervising physician;~~

~~— 3] 2~~ The duration of the license;

~~[4. The kinds and amounts of controlled substances, poisons, dangerous drugs or devices which the physician assistant may prescribe, possess, administer or dispense;~~

~~— 5. The area in which the physician assistant may possess those controlled substances, poisons, dangerous drugs and devices;]~~ and

~~[6]~~ 3 Any other limitations or requirements which the board prescribes.

Section 4. NAC 630.340 is amended to read as follows:

NAC 630.340 Period of validity of license; *initiation and* termination of [employment] supervision; disciplinary action; refusal to license.

1. The license of a physician assistant is valid for 2 years.

2. *The physician assistant, prior to practicing, must inform the board of the name and practice location of the physician assistant and each supervising physician for any portion of his practice, on a form provided by the board, which requires the signature of the physician assistant and the supervising physician.* The supervising physician, *and the physician assistant,* shall immediately notify the board of the termination of [employment] supervision of a physician assistant. ~~[The supervising physician and the physician assistant shall submit to the board a summary of the reasons for and circumstances of the termination of employment.]~~ *If supervision is terminated, for any portion of his practice, the physician assistant shall not continue that portion*

of his practice until the physician assistant has informed the board of the name and practice location of the physician assistant and his new supervising physician on a form provided by the board requiring the signature of the physician assistant and the supervising physician.

3. A physician assistant who has been licensed by the board but is not currently licensed, has surrendered his license or has failed to renew his license will be disciplined by the board, if the board deems it necessary, upon hearing a complaint for disciplinary action against him.

4. If the board determines that the conduct of a physician assistant when he was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this state, the board will, if appropriate, refuse to license the physician assistant.

Section 5. NAC 630.370 is amended to read as follows:

NAC 630.370 Supervising physician: Duties ~~[-approval.]~~

1. The supervising physician is responsible for all the medical activities of his physician assistant. The supervising physician shall ensure that:

(a) The physician assistant is clearly identified to the patients as a physician assistant;

(b) The physician assistant performs only those medical services which have been approved by his supervising physician;

(c) The physician assistant does not represent himself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and

(d) There is strict compliance with:

~~[(1) The provisions of the license issued by the board to his physician assistant regarding controlled substances; poisons, dangerous drugs or devices;]~~

~~[2] 1~~ The provisions of the certificate of registration issued to his physician assistant by the state board of pharmacy pursuant to NRS 639.1373; and

~~[3] 2~~ The regulations of the state board of pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review and initial selected charts of the patients of the physician assistant. He shall be available at all times that his physician assistant is providing medical services, to consult with his assistant. Those consultations may be indirect, including, without limitation, by telephone.

3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant.

4. If the supervising physician is unable to supervise the physician assistant as required by this section, he shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. ~~[If the substitute physician's supervision will exceed 72 hours, the supervising physician shall notify the board of the designated substitute for approval by the board.]~~

5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:

(a) An assessment of the medical competency of the physician assistant;

(b) A review and initialing of selected charts;

(c) An assessment of a representative sample of referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient;

(d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant; and

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.

6. A physician may not supervise a physician assistant unless the physician ~~[has been approved by the board and has paid the applicable fee.]~~ *holds an active license to practice medicine and actually practices medicine in this state.*

7. Any physician licensed by the board and in good standing and not specifically prohibited by the board from acting as a supervising physician, may act as a supervising physician of a physician assistant, unless the physician assistant has been formally disciplined by the Nevada State Board of Medical Examiners, in which event, the physician must, before acting as that physician assistant's supervising physician, apply to the board for approval.

Section 6: NAC 630.380 is amended as follows:

NAC 630.380 Disciplinary action: Grounds; institution; exception.

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 out *as* 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]~~ a 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 supervision 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 Physician 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;

(n) Practices as a physician assistant without first informing the board of his practice locations and the name and practice location of his supervising physicians for any portion of his practice; or,

(o) Fails to notify the board of the termination of supervision by a supervising physician of any portion of his practice and continues that portion of his practice without first having informed the board of the name and practice location of his new supervising physician for that portion of his practice.

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 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.

Section 7: NAC 630.490 is amended as follows:

NAC 630.490 Collaboration with advanced practitioner of nursing.

1. A physician shall not collaborate with an advanced practitioner of nursing unless the physician holds an active license to practice medicine and actually practices medicine in this state.

2. Any physician licensed by the board and in good standing and not specifically prohibited by the board from acting as a collaborating physician, may act as a collaborating physician with an advanced practitioner of nursing, unless the advanced practitioner of nursing has been formally disciplined by the Nevada State Board of Nursing, in which event, the physician must, before acting as that advanced practitioner of nursing's collaborating physician, apply to the board for approval.

3. No physician may collaborate with an advanced practitioner of nursing whose scope of practice or medical competence is other than the scope of practice or medical competence of the physician.

4. No physician may collaborate with an advanced practitioner of nursing until the physician informs the board of the name and practice location of the advanced practitioner of nursing on a form provided by the board, which requires the signature of the advanced practitioner of nursing and the collaborating physician. The collaborating physician shall immediately notify the board of the termination of the collaborative agreement. If collaboration is terminated for any portion of the advanced practitioner's practice, no physician may collaborate with that advanced practitioner of nursing for that portion of the advanced practitioner's practice until the board has been advised of the name and practice location of the advanced practitioner of nursing and the name of the new collaborating physician on a form provided by the board requiring the signature of the advanced practitioner of nursing and the collaborating physician.

~~[3]~~ **5** The collaborating physician or his substitute shall be available at all times that the advanced practitioner of nursing is providing medical services to consult with the advanced practitioner of nursing. Those consultations may be indirect, including, without limitation, by telephone.

~~[4]~~ **6** The collaborating physician shall, at least once a month, spend part of a day at any location where the advanced practitioner of nursing provides medical services to act as consultant to the advanced practitioner of nursing and to monitor the quality of care provided by an advanced practitioner of nursing.

~~[5]~~ **7** The collaborating physician shall develop and carry out a program to ensure the quality of care provided by an advanced practitioner of nursing. The program must include, without limitation:

- (a) An assessment of the medical competency of the advanced practitioner of nursing;
- (b) A review and initialing of selected charts;
- (c) An assessment of a representative sample of referrals or consultations made by the advanced practitioner of nursing with another health professional as required by the condition of the patient.
- (d) Direct observation of the ability of the advanced practitioner of nursing to take a medical history from and perform an examination of patients representative of those cared for by the advanced practitioner of nursing; and
- (e) Maintenance of accurate records and documentation of the program for each advanced practitioner of nursing with whom the physician collaborated.

~~6~~ 8 The collaborating physician shall ensure that the advanced practitioner of nursing:

- (a) Does not use presigned prescriptions; and
- (b) Practices in strict compliance with the regulations of the state board of pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices.

~~7~~ 9 The medical director of a practice that is specific to a site, including, without limitation, a facility for skilled nursing or a hospital, may act as a collaborating physician to an advanced practitioner of nursing who works at the practice. A medical director acting as a collaborating physician may allow the advanced practitioner of nursing to evaluate and care for patients under the direction of an attending physician who is not the collaborating physician of the advanced practitioner of nursing.

~~8. No person may act as a collaborating physician unless he has been approved by the board and has paid the required fee.~~

~~9. Each collaborating physician shall submit to the board a protocol regarding the collaboration which must be established by the collaborating physician and the advanced practitioner of nursing. The protocol must not include any medical service that the advanced practitioner of nursing is not qualified to perform. The protocol must include, without limitation:~~

- ~~—(a) The name and address of each location at which the advanced practitioner of nursing will practice;~~
- ~~—(b) A description of the medical services to be performed by the advanced practitioner of nursing, including, without limitation, those medical services to be performed in the office of the collaborating physician, in a hospital and in other locations; and~~
- ~~—(c) A list of poisons, dangerous drugs or devices which the collaborating physician prohibits the advanced practitioner of nursing to prescribe, possess, administer or dispense in or outside of the presence of the collaborating physician.]~~

10. ~~[The medical services that an advanced practitioner of nursing may perform while collaborating with a physician must be]~~ **No physician collaborating with an advanced practitioner of nursing shall allow an advanced practitioner to perform any medical service that is not:**

- (a) ~~[Set forth in the protocol required pursuant to subsection 9;]~~ Commensurate with the education, training, experience and level of competence of the advanced practitioner of nursing; and
- (b) Within the scope of practice of the:
 - (1) Advanced practitioner of nursing;
 - (2) Certification of the advanced practitioner of nursing; and
 - (3) Collaborating physician.

~~[(e)]~~

11. ~~[Each collaborating physician shall notify the board in writing within 72 hours if he is no longer acting as the collaborating physician for an advanced practitioner of nursing.]~~ If the

collaborating physician is unable to act as the collaborating physician for an advanced practitioner of nursing, he shall designate a qualified substitute physician to act as a temporary collaborating physician. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician. ~~[If the temporary collaborating physician is required to act as the collaborating physician for more than 72 hours, the original collaborating physician shall notify the board of the designated substitute for approval by the board.]~~

12. The collaborating physician is responsible for all the medical services performed by the advanced practitioner of nursing. ~~[and must not allow the advanced practitioner of nursing to perform any medical services that are not (a) Set forth in the protocol submitted to the board pursuant to subsection 9; or (b) Within qualifications of certification of the advanced practitioner of nursing.]~~

Section 8. NAC Chapter 630 is amended by adding the following thereto:

NAC 630. _____

1. In addition to the requirements for continuing medical education as set out in NAC 630.153 and NAC 630.350, all physicians and physician assistants licensed after October 1, 2003, must, within 2 years of initial licensure complete an AMA Category 1 course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction which provides at least 4 hours of instruction that includes instruction in the subjects set out in paragraph 3 hereof.

2. All other physicians and physician assistants licensed at any time prior to October 1, 2003, shall, on or before September 30, 2005, complete an AMA Category 1 course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction which provides at least 4 hours of instruction that includes instruction in the subjects set out in paragraph 3 hereof.

3. The instruction required by this section must be received in a course that includes instruction in the following subjects:

- (a) An overview of acts of terrorism and weapons of mass destruction;*
- (b) Personal protective equipment required for acts of terrorism;*
- (c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;*
- (d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and*
- (e) An overview of the information available on, and the use of, the Health Alert Network.*

Section 9. NAC Chapter 630 is amended by adding the following thereto:

NAC 630. _____

1. All licensees who treat or care for persons who are more than 60 years of age are encouraged to receive a portion of their continuing education requirement as set out in NAC 630.153 and NAC 630.350, in geriatrics and gerontology, including such topics as:

- (a) The skills and knowledge that the licensee needs to address aging issues;*
- (b) Approaches to providing health care to older persons, including both didactic and clinical approaches;*

- (c) The biological, behavioral, social and emotional aspects of the aging process; and*
 - (d) The importance of maintenance of function and independence for older persons.*
- 2. All licensees who receive such continuing education will receive double credit toward their total biennial requirement up to a maximum of 8 hours of credit for a 4 hour course.*