

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

LCB File No. R145-03

October 21, 2003

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

AUTHORITY: §§1-5, NRS 630.130 and 630.253; §§6 and 7, NRS 630.130 and 630.275; §§8-12, NRS 630.130.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. 1. *Pursuant to the provisions of NRS 630.253, a holder of a license to practice medicine shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:*

(a) If the holder of a license to practice medicine was initially licensed by the Board on or after October 1, 2003, within two years of initial licensure.

(b) If the holder of a license to practice medicine was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. *In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:*

(a) Must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license; and

(b) Is in addition to the continuing education required pursuant to NAC 630.153.

Sec. 3. 1. Except as otherwise provided in subsection 2, if a holder of a license to practice medicine takes a continuing education class on geriatrics and gerontology, the holder is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in a class on geriatrics and gerontology.

2. During any biennial licensing period, a holder of a license to practice medicine may receive a maximum credit pursuant to subsection 1 of eight hours of continuing medical education for four hours of time spent in a continuing education class on geriatrics and gerontology.

3. As used in this section, “continuing education class on geriatrics and gerontology” means a class that meets the requirements of:

(a) For a class of continuing medical education, NAC 630.153; and

(b) For a continuing education class on geriatrics and gerontology, NRS 630.253.

Sec. 4. 1. Pursuant to the provisions of NRS 630.253, a physician assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the physician assistant was initially licensed by the Board on or after October 1, 2003, within two years of initial licensure.

(b) If the physician assistant was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant; and

(b) Is in addition to the continuing education required pursuant to NAC 630.350.

Sec. 5. 1. *Except as otherwise provided in subsection 2, if a physician assistant takes a continuing education class on geriatrics and gerontology, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in a class on geriatrics and gerontology.*

2. During any biennial licensing period, a physician assistant may receive a maximum credit pursuant to subsection 1 of eight hours of continuing medical education for four hours of time spent in a continuing education class on geriatrics and gerontology.

3. As used in this section, “continuing education class on geriatrics and gerontology” means a class that meets the requirements of:

(a) For a class of continuing medical education, NAC 630.350; and

(b) For a continuing education class on geriatrics and gerontology, NRS 630.253.

Sec. 6. NAC 630.080 is hereby amended to read as follows:

630.080 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~~ *Except as otherwise provided in subsection 2, an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:*

(1) *The* Special Purpose Examination ~~[, unless]~~;

(2) *An examination testing competence to practice medicine conducted by physicians;*

or

(3) *Any other examination designed to test the competence of the applicant to practice medicine.*

2. *The Board will deem an applicant to have satisfied the requirements of paragraph (b) of subsection 1, if,* within 10 years before the date of ~~[his]~~ *an* application for a license to practice medicine in this state, the applicant has passed:

~~[(1)]~~ (a) Part III of the examination given by the National Board of Medical Examiners;

~~[(2)]~~ (b) Component II of the Federation Licensing Examination;

~~[(3)]~~ (c) Step III of the United States Medical Licensing Examination;

~~[(4)]~~ (d) All parts of the examination to become a licentiate of the Medical Council of Canada;

~~[(5)]~~ (e) 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)]~~ (f) The Special Purpose Examination.

~~[(2.)]~~ 3. 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 and the United States Medical Licensing Examination.

~~[3.]~~ 4. 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 the purposes of subparagraph (3) of paragraph (c) 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 of the United States Medical Licensing Examination.~~

~~—5.— For the purposes of subparagraph (6) of paragraph (c) of subsection 2 of NRS 630.160, 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 the initial examination in the combination of examinations.~~

~~—6.]~~ 5. 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.

Sec. 7. NAC 630.290 is hereby amended to read as follows:

630.290 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 ~~[,]~~ *and* his sex ; ~~[, the various places of his residence from the date of graduation from high school 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]~~ training and experience ~~[;]~~ *as a physician assistant;*

(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 ~~[;]~~ *and*

(f) The various places of his residence from the date of:

(1) Graduation from high school;

(2) Receipt of a high school general equivalency diploma; or

(c) Receipt of a post-secondary degree;

↳whichever occurred most recently.

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 supervising 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.] An applicant must submit to the Board:~~

(a) Proof of completion of ~~[a training]~~ ***an educational*** program as a physician assistant :
~~[which is]~~

(1) If the applicant completed the educational program on or before December 31, 2001, which was approved by 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;]~~ ; or

(2) If the applicant completed the educational program on or after January 1, 2002, which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or approved by the Commission on Accreditation of Allied Health Education Programs;

(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.

Sec. 8. NAC 630.330 is hereby amended to read as follows:

630.330 The license issued by the Board must contain:

1. The name of the physician assistant;
2. ~~[The name of each supervising physician;~~
- ~~—3.]~~ 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.]~~ *and*
3. Any other limitations or requirements which the Board prescribes.

Sec. 9. NAC 630.340 is hereby amended to read as follows:

- 630.340
1. The license of a physician assistant is valid for 2 years.
 2. *Before providing medical services, a physician assistant, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the physician assistant, the name of the supervising physician and the portion of the practice of the*

physician assistant that the supervising physician supervises. The notice must contain the signatures of the physician assistant and the supervising physician of the physician assistant.

3. The *physician assistant and the* supervising physician shall immediately notify the Board of the termination of ~~employment of a~~ *the supervision of the* physician assistant ~~[-The]~~ *by the* supervising physician ~~[and the]~~. *For any portion of the practice of the* physician assistant *that the supervising physician terminating supervision of the physician assistant supervised, the physician assistant shall not provide medical services until the physician assistant and a supervising physician* ~~[shall]~~ submit *notice* to the Board ~~[a summary of the reasons for and circumstances of the termination of employment.]~~ *pursuant to subsection 2.*

~~[3.]~~ 4. 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.]~~ 5. 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.

Sec. 10. NAC 630.370 is hereby amended to read as follows:

630.370 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)]~~ 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 the 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]~~ *Except as otherwise provided in subsection 7, a* physician may ~~[not]~~ supervise a physician assistant ~~[unless]~~ *if* the physician : ~~[has been approved]~~

(a) *Holds an active license in good standing to practice medicine issued* by the Board ~~[and has paid the applicable fee.]~~ ;

(b) *Actually practices medicine in this state; and*

(c) *Has not been specifically prohibited by the Board from acting as a supervising physician.*

7. *If the Board pursuant to NAC 630.410 has disciplined a physician assistant, a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board to act as the supervising physician of that physician assistant.*

Sec. 11. 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 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 supervising physician ~~of the physician assistant~~ *of the physician assistant*;

(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 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 ~~or~~; *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 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.

Sec. 12. NAC 630.490 is hereby amended to read as follows:

630.490 1. ~~{A physician shall not}~~ *Except as otherwise provided in this section, a physician may* collaborate with an advanced practitioner of nursing ~~{unless the physician holds}~~ *if the physician:*

(a) Holds an active license *in good standing* to practice medicine ~~{and actually}~~;

(b) Actually practices medicine in this state ~~{}~~; *and*

(c) Has not been specifically prohibited by the Board from acting as a collaborating physician.

2. 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.

3. *Before collaborating with an advanced practitioner of nursing, a physician, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the*

advanced practitioner of nursing and the portion of the practice of the advanced practitioner of nursing that the physician will collaborate on with the advanced practitioner of nursing. The notice must contain the signatures of the advanced practitioner of nursing and the collaborating physician.

4. In addition to any other requirements, if the State Board of Nursing pursuant to NRS 632.325 has disciplined an advanced practitioner of nursing, a physician shall not collaborate with that advanced practitioner of nursing unless the physician has been specifically approved by the Board to act as the collaborating physician of that advanced practitioner of nursing.

5. A collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an advanced practitioner of nursing. For any portion of the practice of the advanced practitioner of nursing that the collaborating physician terminating collaboration with the advanced practitioner of nursing collaborated, no physician shall collaborate with the advanced practitioner of nursing until the physician submits notice to the Board pursuant to subsection 4.

6. 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.]~~ 7. 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.]~~ 8. 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.]~~ 9. 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.]~~ 10. 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 any 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] 11. A collaborating physician shall ensure that the~~ medical services that an advanced practitioner of nursing ~~[may perform]~~ **performs** while collaborating with ~~[a physician must be:]~~ **the physician are:**

(a) ~~[Set forth in the protocol required pursuant to subsection 9;~~

~~—(b)]~~ Commensurate with the education, training, experience and level of competence of the advanced practitioner of nursing; and

~~[(e)]~~ (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.

~~{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.}~~

12. 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.}~~ **13.** 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 or certification of the advanced practitioner of nursing.}~~

Sec. 13. NAC 630.055 is hereby repealed.

TEXT OF REPEALED SECTION

630.055 “Graduate education” interpreted. As used in subparagraph (1) of paragraph (d) of subsection 2 of NRS 630.160, the term “graduate education” does not include training received in the program commonly referred to as the “fifth pathway program,” which was established by the American Medical Association in 1971 to allow entry into the first year of graduate medical education in the United States to citizens of the United States who study at foreign medical schools.