

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

LCB File No. R005-07

July 16, 2007

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

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

A REGULATION relating to physician assistants; allowing a physician assistant to perform medical services in certain emergency situations without supervision from the supervising physician; and providing other matters properly relating thereto.

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

1. Except as otherwise provided in this section, a physician assistant is considered to be and is deemed the agent of his supervising physician in the performance of all medical activities.

2. A physician assistant shall not perform medical services without supervision from his supervising physician, except in:

(a) Life-threatening emergencies, including, without limitation, at the scene of an accident; or

(b) Emergency situations, including, without limitation, man-made or natural disaster relief efforts.

3. When a physician assistant performs medical services in a situation described in subsection 2:

(a) The physician assistant is not the agent of his supervising physician and the supervising physician is not responsible or liable for any medical services provided by the physician assistant.

(b) The physician assistant must provide whatever medical services are possible based on the need of the patient and the training, education and experience of the physician assistant.

(c) If a licensed physician is available on scene, the physician assistant may take direction from the physician.

(d) The physician assistant must make a reasonable effort to contact his supervising physician, as soon as possible, to advise him of the incident and the physician assistant's role in providing medical services.

Sec. 2. NAC 630.370 is hereby amended to read as follows:

630.370 1. ~~[The]~~ *Except as otherwise provided in section 1 of this regulation, the supervising physician is responsible for all the medical activities of his physician assistant* ~~[The supervising physician]~~ *and* 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 certificate of registration issued to his physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and

(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~~ *Unless the physician assistant is performing medical services pursuant to section 1 of this regulation, the supervising physician* shall be available at all times that his physician assistant is ~~providing~~ *performing* 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. ~~He~~ *Except as otherwise provided in this subsection, 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 physician assistant is performing medical services pursuant to section 1 of this regulation, the supervising physician is not required to comply with this subsection.*

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. Except as otherwise provided in subsection 7, a physician may supervise a physician assistant if the physician:

(a) Holds an active license in good standing to practice medicine issued by the Board;

(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. 3. 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~~ :

(1) Pursuant to section 1 of this regulation; or

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

(d) Has performed medical services which have not been approved by his supervising physician ~~H~~, *unless the medical services were performed pursuant to section 1 of this regulation;*

(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;

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

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

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

3. A physician assistant is not subject to disciplinary action solely for prescribing or administering to a patient under 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.