

PROPOSED REGULATION OF THE BOARD OF MEDICAL EXAMINERS

LCB File No. R094-12

Chapter 630 of NAC

Authority: NRS 630.130, NRS 630.275

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

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *As used in NAC 630.185 to 630.230, inclusive, and sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Delegating practitioner” means a person who is licensed as a physician or physician assistant and who delegates to a medical assistant the performance of a task pursuant to the provisions of section of this regulation. 7 of this regulation.*

Sec. 4. *“Medical assistant” means a person who is not required to be certified or licensed by an administrative agency to perform a task that has been delegated by a delegating practitioner.*

Sec. 5. *“Proximate supervision” means the delegating practitioner who is treating a patient is able to be immediately available in person to exercise oversight while the medical assistant performs a task on the patient.*

Sec. 6. *“Rural supervision” means the delegating practitioner who is treating a patient is able to be immediately available by telephone or other means of instant communication during the course of the performance of a task by a medical assistant on the patient.*

Sec. 7. *1. A delegating practitioner may delegate to a medical assistant the performance of a task if:*

(a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly;

(b) The medical assistant is not required to be certified or licensed by an administrative agency to perform that task; and

(c) The medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner have the same employer.

2. Except as otherwise provided in subsection 3, a delegating practitioner shall provide proximate supervision of a medical assistant during the performance of a task which involves an invasive procedure.

3. A delegating practitioner may provide rural supervision of a medical assistant during the performance of a task when the delegating practitioner is, at the time the task is performed, physically located a significant distance from the location where the task is being performed if:

(a) The delegating practitioner determines that the exigent needs of a patient who is being treated in a rural area require immediate attention to ensure the appropriate treatment of the patient; and

(b) The patient and the delegating practitioner previously established a practitioner-patient relationship.

4. A delegating practitioner retains responsibility for the safety and manner of the performance of each task which has been delegated pursuant to this section. A delegating practitioner shall not:

(a) Delegate a task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner.

(b) Transfer to another physician or physician assistant the responsibility of supervising a medical assistant during the performance of a task unless that physician or physician assistant knowingly accepts such responsibility.

(c) Authorize or permit a medical assistant to delegate the performance of a task to another person.

(d) Delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

5. As used in this section, “rural area” means any area in this State other than that in Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

Sec. 8. NAC 630.185 is hereby amended to read as follows:

630.185 NAC 630.185 to 630.230, inclusive, *and sections 2 to 7, inclusive, of this regulation* set forth the standards of practice established by the Board.

Sec. 9. NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or physician 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 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 assistant and performed outside his own office;

(g) 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;

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

(i) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant ~~§~~, *including, without limitation, proximate supervision and rural supervision as required by section 7 of this regulation;*

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

(k) 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

(l) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* adopted by reference in NAC 630.187.

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 NAC 630.187.

(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 NAC 630.187.

(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.

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

~~(1) Is employed by a physician or physician assistant;~~

~~(2) Is under the direction and supervision of the physician or physician 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 that assistance.]~~

Sec. 10. 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 or herself out as or permitted another to represent the physician assistant to be a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to NAC 630.375; 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 the supervising physician of the physician assistant, unless the medical services were performed pursuant to NAC 630.375;

(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 the supervising physician of the physician assistant;

(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 an involuntary loss of certification by the National Commission on Certification of Physician Assistants within 30 days after the involuntary loss of certification;

(l) Is guilty of violating a provision of NAC 630.230 ~~;~~ *or section 7 of this regulation;*

(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 the care of the physician assistant a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146.