

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

LCB File No. R182-12

November 15, 2012

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

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

A REGULATION relating to medicine; requiring a physician assistant to document certain information in a patient's chart; requiring a collaborating physician to ensure that an advanced practitioner of nursing documents certain information in a patient's chart; revising the number of physician assistants and advanced practitioners of nursing that a physician may simultaneously supervise or collaborate with; and providing other matters properly relating thereto.

Section 1. NAC 630.360 is hereby amended to read as follows:

630.360 1. The medical services which a physician assistant is authorized to perform must be:

(a) Commensurate with the education, training, experience and level of competence of the physician assistant; and

(b) Within the scope of the practice of the supervising physician of the physician assistant.

2. The physician assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as a physician assistant.

3. No physician assistant may represent himself or herself in any manner which would tend to mislead the general public or the patients of the supervising physician.

4. *A physician assistant shall document the name of his or her supervising physician in a patient's chart when the physician assistant provides medical services to the patient.*

5. A physician assistant shall notify the Board in writing within 72 hours after any change relating to his or her supervising physician.

Sec. 2. NAC 630.490 is hereby amended to read as follows:

630.490 1. Except as otherwise provided in this section, a physician may collaborate with an advanced practitioner of nursing if the physician:

(a) Holds an active license in good standing to practice medicine;

(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.]~~ 3.

6. The collaborating physician or his or her 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.

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]~~ *the* advanced practitioner of nursing.

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 requirement that the advanced practitioner of nursing document the name of the collaborating physician in a patient's chart when the advanced practitioner of nursing provides medical services to the patient;*
- (c) A review and initialing of selected charts;

~~[(e)]~~ (d) 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)]~~ (e) 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)]~~ (f) Maintenance of accurate records and documentation of the program for each advanced practitioner of nursing with whom the physician collaborated.

9. The collaborating physician shall ensure that the advanced practitioner of nursing:

(a) *Complies with the requirement of paragraph (b) of subsection 8;*

(b) Does not use presigned prescriptions; and

~~[(b)]~~ (c) Practices in strict compliance with the regulations of the State Board of Pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices.

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.

11. A collaborating physician shall ensure that the medical services that an advanced practitioner of nursing performs while collaborating with the physician are:

(a) 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.

12. If the collaborating physician is unable to act as the collaborating physician for an advanced practitioner of nursing, he or she 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.

13. The collaborating physician is responsible for all the medical services performed by the advanced practitioner of nursing.

Sec. 3. NAC 630.495 is hereby amended to read as follows:

630.495 1. Except as otherwise provided in subsection 2, a physician shall not simultaneously:

- (a) Supervise more than ~~three~~ *four* physician assistants;
- (b) Collaborate with more than ~~three~~ *four* advanced practitioners of nursing; or
- (c) Supervise or collaborate with a combination of more than ~~three~~ *four* physician assistants and advanced practitioners of nursing ~~[-]~~,

↪ at any time such physician assistants or advanced practitioners of nursing, as applicable, are actively providing medical services.

2. A physician may petition the Board for approval to supervise or collaborate with more physician assistants and advanced practitioners of nursing than he or she would otherwise be

allowed pursuant to subsection 1. The Board will not approve the petition unless the physician provides satisfactory proof to the Board that:

(a) Special circumstances regarding his or her practice exist that necessitate his or her supervision or collaboration with more physician assistants and advanced practitioners of nursing than would otherwise be allowed pursuant to subsection 1; and

(b) The physician will be able to supervise or collaborate with the number of physician assistants and advanced practitioners of nursing for which he or she is requesting approval in a satisfactory manner.