

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

**LCB File No. R151-13**

**NAC 630.370, NAC 630.490, and NAC 630.495**

**Authority:** NRS 630.130

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

**NAC 630.370 Supervising physician: Duties; qualifications.** (NRS 630.130, 630.275)

1. Except as otherwise provided in NAC 630.375, the supervising physician is responsible for all the medical activities of his or her physician assistant 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 or her supervising physician;
- (c) The physician assistant does not represent himself or herself 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 or her 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 *at least 5% of the medical records of the physician assistant created in the previous month* ~~selected charts of the patients of the physician assistant~~. Unless the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician must be available at all times that his or her physician assistant is performing medical services to consult with his or her 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. *However, any physician supervising one or more physician assistants by telemedicine techniques, including, without limitation, supervision that is performed electronically, telephonically, or by fiber optics, from within or outside this State or the United States, may meet the requirements listed in subsection 5 by any of these remote means, pursuant to the data transfer being compliant with all Nevada State and Federal privacy laws.*

4. Except as otherwise provided in this subsection, if the supervising physician is unable to supervise the physician assistant as required by this section, the supervising physician 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 NAC 630.375, 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 of~~ *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 through in person or telemedicine techniques, including, without limitation, observation that is performed electronically, telephonically, or by fiber optics, from within or outside this State or the United States, pursuant to the data transfer being compliant with all Nevada State and Federal privacy laws;* 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 has disciplined a physician assistant pursuant to NAC 630.410, 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.

*8. When a physician assistant has more than one supervisory agreement, at every patient encounter, the physician assistant shall indicate in the medical records of the patient, the name of the specific supervising physician associated with that patient encounter.*

#### COLLABORATING OR SUPERVISING PHYSICIANS

**NAC 630.490 Collaboration with *advance practice registered nurse* ~~advanced practitioner of nursing~~.** (NRS 630.130)

1. Except as otherwise provided in this section, a physician may collaborate with an *advance practice registered nurse* ~~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 *advance practice registered nurse* ~~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 *advance practice registered nurse* ~~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 *advance practice registered nurse* ~~advanced practitioner of nursing~~ and the portion of the practice of the *advance practice registered nurse* ~~advanced practitioner of nursing~~ that the physician will collaborate on with the *advance practice*

*registered nurse* ~~{advanced practitioner of nursing}~~. The notice must contain the signatures of the *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~, a physician shall not collaborate with that *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ unless the physician has been specifically approved by the Board to act as the collaborating physician of that *advance practice registered nurse* ~~{advanced practitioner of nursing}~~.

5. A collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an *advance practice registered nurse* ~~{advanced practitioner of nursing}~~. For any portion of the practice of the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ that the collaborating physician terminating collaboration with the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ ~~{using}~~ collaborated, no physician shall collaborate with the *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ is providing medical services to consult with the *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ provides medical services to act as consultant to the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ and to monitor the quality of care provided by an *advance practice registered nurse* ~~{advanced practitioner of nursing}~~.

8. The collaborating physician shall develop and carry out a program to ensure the quality of care provided by an *advance practice registered nurse* ~~{advanced practitioner of nursing}~~. The program must include, without limitation:

(a) An assessment of the medical competency of the *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ with another health professional as required by the condition of the patient;

(d) ~~{Direct or}~~ Observation of the ability of the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ to take a medical history from and perform an examination of patients representative of those cared for by the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ *through in person or telemedicine techniques, including, without limitation, observation that is performed electronically, telephonically, or by fiber optics, from within or outside this State or the United States, pursuant to the data transfer being compliant with all Nevada State and Federal privacy laws;* and

(e) Maintenance of accurate records and documentation of the program for each *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ with whom the physician collaborated.

9. The collaborating physician shall ensure that the *advance practice registered nurse* ~~{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.

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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ who works at the practice. A medical director acting as a collaborating physician may allow the *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~.

11. A collaborating physician shall ensure that the medical services that an *advance practice registered nurse* ~~{advanced practitioner of nursing}~~ performs while collaborating with the physician are:

(a) Commensurate with the education, training, experience and level of competence of the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~; and

(b) Within the scope of practice of the:

(1) *Advance practice registered nurse* ~~{advanced practitioner of nursing}~~;

(2) Certification of the *advance practice registered nurse* ~~{advanced practitioner of nursing}~~; and

(3) Collaborating physician.

12. If the collaborating physician is unable to act as the collaborating physician for an *advance practice registered nurse* ~~{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 *advance practice registered nurse* ~~{advanced practitioner of nursing}~~.

*14. When a advance practice registered nurse has more than one collaborative agreement, at every patient encounter, the advance practice registered nurse shall indicate in the medical records of the patient, the name of the specific collaborative physician associated with that patient encounter.*

**NAC 630.495 Limit on number of *advance practice registered nurses* ~~{advanced practitioners of nursing}~~ for collaboration or physician assistants for supervision. (NRS 630.130)**

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* *advance practice registered nurses* ~~{advanced practitioners of nursing}~~; or

(c) Supervise or collaborate with a combination of more than ~~{three}~~ *four* physician assistants and *advance practice registered nurses* ~~{advanced practitioners of nursing}~~.

2. A physician may petition the Board for approval to supervise or collaborate with more than ~~{three}~~ *four* physician assistants and *advance practice registered nurses* ~~{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 *advance practice registered nurses* ~~{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 *advance practice registered nurses* ~~{advanced practitioners of nursing}~~ for which he or she is requesting approval in a satisfactory manner.