

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

LCB FILE NO. R028-22I

**The following document is the initial draft regulation proposed
by the agency submitted on 03/08/2022**

NAC 630.080 Examinations. (NRS 630.130, 630.160, 630.180, 630.318)

1. For the purposes of paragraph ~~[(e)]~~ (d) 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) 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;

(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:

(a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

(1) Part III of the examination given by the National Board of Medical Examiners;

(2) Component II of the Federation Licensing Examination;

(3) Step 3 of the United States Medical Licensing Examination;

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

(5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or

(6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph ~~[(e)]~~ (b) of subsection 2 of NRS 630.160:

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. 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.

5. 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.

6. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

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NAC 630.230 Prohibited professional conduct. (NRS 630.130, 630.275)

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 or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;

(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 or her own office;

(g) 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;

(h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) If the person is a physician, fail to provide adequate supervision of a physician assistant *or adequate collaboration with* an advanced practice registered nurse;

(j) 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;

(k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187; or

(l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device.

2. As used in this section:

(a) "Chronic pain" has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187.

(b) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:

(1) Contains only one dose of a medication; and

(2) May be used for only one patient.

(c) "Single-use medical device" means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

[Bd. of Medical Exam'rs, § 630.230, eff. 12-20-79] — (NAC A 6-23-86; 9-19-90; 1-13-94; 7-18-96; R007-99, 9-27-99; R089-00, 7-19-2000; R108-01, 11-29-2001; R052-10, 10-15-2010; R059-11, 5-30-2012; R094-12, 2-20-2013; R001-14 & R057-14, 6-26-2015; R008-17, 8-21-2019)

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NAC 630.770 Grounds for discipline or denial of licensure. (NRS 630.130, 630.269)

1. A perfusionist is subject to discipline pursuant to chapter 630 of NRS or denial of licensure by the Board if, after notice and hearing, the Board finds that the perfusionist:

(a) Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for or renewing a license.

(b) Performed perfusion services other than as permitted by law.

(c) Committed malpractice in the performance of perfusion services, which may be evidenced by claims settled against the perfusionist.

(d) Disobeyed any order of the Board or an investigative committee of the Board or violated any provision of this chapter or chapter 630 of NRS.

(e) Is not competent to provide perfusion services.

(f) Lost his or her certification by the American Board of Cardiovascular Perfusion or its successor organization.

(g) Failed to notify the Board of loss of certification by the American Board of Cardiovascular Perfusion or its successor organization within 30 days after the loss of certification.

(h) Falsified or altered records of health care.

(i) Rendered perfusion services to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.

(j) Practiced perfusion after his or her license as a perfusionist had expired or been revoked or suspended.

(k) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of perfusion or the ability to practice perfusion.

(l) Has had a license to practice perfusion revoked, suspended, modified or limited by another state or jurisdiction or has surrendered such a license or discontinued the practice of perfusion while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.

(m) Engaged in any sexual activity with a patient who was being treated by the perfusionist.

(n) Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with the care of a patient or has an adverse impact on the quality of care rendered to a patient.

(o) Engaged in conduct which brings the profession of perfusion into disrepute, including, without limitation, conduct that violates *the Code of Ethics set forth in New Provision 4.* ~~[any of the following ethical guidelines:~~

~~—— (1) A perfusionist shall at all times hold the well-being of his or her patients paramount and shall not act in such a way as to bring the interests of the perfusionist into conflict with the interests of his or her patients.~~

~~—— (2) A perfusionist shall not engage in conduct that violates the trust of a patient and exploits the relationship between the perfusionist and the patient for financial or other personal gain.~~

~~—— (3) A perfusionist shall not delegate licensed responsibilities to a person who is not qualified to perform those responsibilities.]~~

(p) Engaged in sexual contact with a surrogate of a patient or with any person related to a patient, including, without limitation, a spouse, parent or legal guardian of a patient, that exploits the relationship between the perfusionist and the patient in a sexual manner.

(q) Made or filed a report that the perfusionist knew to be false, failed to file a record or report as required by law or willfully obstructed or induced another person to obstruct any such filing.

(r) Failed to report to the Board any person that the perfusionist knew, or had reason to know, was in violation of any provision of this chapter or chapter 630 of NRS relating to the practice of perfusion.

(s) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.

(t) Held himself or herself out or permitted another person to represent the perfusionist as a licensed physician.

(u) Violated any provision that would subject a person to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

2. A person who has been licensed as a perfusionist by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board upon hearing a complaint for disciplinary action against the person.

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New Provision 1: Legal Authority--NRS 630.130, 630.3065

A licensee shall comply with all applicable provisions of chapter 629 of NRS and regulations adopted by the State Board of Health or Division of Public and Behavioral Health pursuant thereto.

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New Provision 2: Legal Authority--NRS 630.130, 630.3065

A licensee shall comply with the provisions of chapter 440 of NRS and regulations adopted by the State Board of Health pursuant thereto, including but not limited to completing and signing medical certificates of death in a timely manner as set forth in NRS 440.415(4), NAC 440.160, and NAC 440.162.

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New Provision 3: Legal Authority--NRS 630.130, 630.269

If a perfusionist loses certification by the American Board of Cardiovascular Perfusion or its successor organization, his or her license to practice respiratory care is automatically suspended until further order of the Board.

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New Provision 4: Legal Authority--NRS 630.130, 630.269

In professional interactions with patients, colleagues, other health professionals, and members of the public, a perfusionist shall uphold the dignity of the profession and promote the safety and welfare of patients, including by:

- (1) Holding the well-being of patients paramount.*
- (2) Avoiding conflicts of interest with patients. A perfusionist shall not engage in conduct that violates the trust of a patient or violated the relationship between the perfusionist and the patient for financial or other personal gain.*
- (3) Delegating responsibilities arising from the perfusionist's license only to persons qualified to perform those responsibilities and personally supervising the rendering of such delegated responsibilities.*
- (4) Maintaining the confidentiality of patients' protected health information.*

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New Provision 5: Legal Authority--NRS 630.130

1. Except as otherwise provided in subsection 4, a licensee shall ensure the presence of a patient attendant:

- (a) When performing a visual or physical examination of, or a procedure involving, a patient's genitalia, rectum, or breast;*
- (b) When performing procedures involving the placement of any object or matter, including but not limited to, a finger, swab, medical equipment or medication into a patient's vagina, penis, urethra or rectum; or*
- (c) When the patient requests or the licensee desires the presence of a patient attendant.*

2. Prior to the performance of an examination or procedure at which a patient attendant will be present, a licensee shall:

- (a) Inform the patient attendant that:*
 - (1) The patient attendant's primary role is to protect and enhance the patient's comfort and protect the patient from inappropriate or unacceptable behavior of the licensee, including but not limited to sexual misconduct;*
 - (2) The patient attendant shall immediately report any suspected misconduct to the Board; and*

(3) The patient attendant's secondary role is to protect the licensee from unfounded allegations of improper behavior.

(b) Inform the patient:

(1) Of the scope of the encounter and what it will entail;

(2) That the patient attendant will be present and in what manner the patient attendant will observe the encounter.

3. The licensee shall be responsible for including a patient attendant's first name and last name in the medical record of the clinical encounter. Separate from the medical record, the licensee shall maintain contact information for all patient attendants present at his or her clinical encounters, including but not limited to a mailing address and telephone number.

4. Despite the provisions of this section, a patient attendant is not required:

(a) During a mammogram, unless requested by the patient.

(b) If patient declines the presence of a patient attendant. Such a declination shall be in writing, signed by patient, and included in the medical record of the encounter.

(c) If emergency care will be delayed or impeded by the provisions.

All deviations from the requirements of this section shall be fully documented in the medical record of the encounter.

5. As used in this section:

(a) A "patient attendant" is a third party who is present for and witness to a clinical encounter between a licensee and a patient. A patient attendant:

(1) Shall not be a family member of either the licensee or the patient. This shall not preclude a patient's family member from also being present at a clinical encounter.

(2) Shall be familiar with the scope of the clinical encounter, either through his or her education and experience or through being informed by the licensee prior to the encounter.

(3) If possible, shall be the gender the patient has expressed that he or she is more comfortable with being present during the clinical encounter.

(b) In cases of a pediatric or adolescent patient or a patient who lacks capacity to give informed consent, the parent or legal guardian of the patient shall act as the patient's representative for purposes of this section.

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New Provision 6: Legal Authority--NRS 630.130, NRS 630.275, NRS 630.2751, NRS 630.2752

Pursuant to NRS 630.2751(2)(d) or NRS 630.2752(2)(d), applicants for licensure as a physician assistant by endorsement must be certified by the National Commission

on Certification of Physician Assistants or its successor organization at the time of application.