

**PROPOSED REGULATION OF THE
STATE BOARD OF OSTEOPATHIC MEDICINE**

LCB File No. R001-24

April 1, 2024

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

AUTHORITY: §§ 1, 2, 4, 6, 8, 10-22, 24, 30 and 32, NRS 633.291 and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 3, NRS 633.291; § 5, NRS 633.291, 633.501, as amended by section 66 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1574, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 7, NRS 622.530, 633.291 and 633.501, as amended by section 66 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1574, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 9, NRS 633.291 and 633.471, as amended by section 65 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1571, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; §§ 23 and 26, NRS 633.291 and 633.434; § 25, NRS 633.291 and 633.471; § 27, NRS 633.291 and 633.501, as amended by section 66 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1574, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 28, NRS 633.131, as amended by section 60 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1569, NRS 633.291, 633.434 and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 29, NRS 633.291, 633.561, as amended by section 76 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1580, NRS 633.571, as amended by section 77 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1580, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; §§ 31 and 33, NRS 633.291 and 633.651, as amended by section 83 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1582, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567; § 34, NRS 633.291, 633.571, as amended by section 77 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1580, NRS 633.681, as amended by section 85 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1583, and section 49 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567.

A REGULATION relating to osteopathic medicine; prescribing methods by which the State Board of Osteopathic Medicine may communicate with a licensee; prescribing

requirements governing the issuance, renewal or change of status of a license as an anesthesiologist assistant; requiring an anesthesiologist assistant to provide notice to the Board of certain changes to his or her contact information; authorizing a student in a training program for anesthesiologist assistants to engage in certain supervised activity; prescribing requirements governing the practice and supervision of anesthesiologist assistants; setting forth grounds for disciplinary action against an anesthesiologist assistant; establishing certain procedures for the imposition of such disciplinary action; authorizing the Board to provide copies of certain disciplinary documents relating to an anesthesiologist assistant or physician assistant to a supervising osteopathic anesthesiologist or supervising osteopathic physician, as applicable; revising certain requirements governing the renewal of a license of an osteopathic physician; providing for the automatic revocation of the license of a physician assistant under certain circumstances; establishing certain fees relating to the licensure of an anesthesiologist assistant; providing that certain activity of a physician assistant or anesthesiologist assistant constitutes unethical conduct; providing that an anesthesiologist assistant will be presumed to be professionally incompetent under certain circumstances; making certain procedures relating to hearings and disciplinary proceedings applicable to anesthesiologist assistants; making certain provisions relating to the limitation, suspension, revocation or change of status of a license to practice osteopathic medicine applicable to a license to practice as an anesthesiologist assistant; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of osteopathic physicians and physician assistants by the State Board of Osteopathic Medicine. (Chapter 633 of NRS) Assembly Bill No. 270 (A.B. 270) of the 2023 Legislative Session similarly provides for the licensure of anesthesiologist assistants and requires the Board to adopt regulations establishing the requirements for such licensure. (Sections 41-90 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at pages 1564-85) **Section 3** of this regulation authorizes the Board to communicate with any such licensee by means of the last known mailing address or electronic mail address of the licensee on file with the Board.

A.B. 270 prescribes certain qualifications for licensure as an anesthesiologist assistant. (Section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566) **Section 4** of this regulation prescribes certain qualifications for licensure as an anesthesiologist assistant, in addition to the qualifications required by A.B. 270. **Section 5** of this regulation establishes the required contents of an application for such licensure. **Section 6** of this regulation: (1) sets forth the qualifications required for temporary licensure as an anesthesiologist assistant; and (2) requires the holder of a temporary license to wear an identifying name badge. **Section 7** of this regulation establishes the requirements and procedure for licensure by endorsement as an anesthesiologist assistant. **Section 27** of this regulation provides the fees relating to the licensure of an anesthesiologist assistant that the Board will charge and collect. **Section 8** of this regulation requires an anesthesiologist assistant to notify the Board within 30 days after a change to: (1) his or her mailing address or electronic mail address; or (2) the name or address of any location of practice.

A.B. 270 requires the Board to adopt regulations which establish requirements relating to the renewal of a license to practice as an anesthesiologist assistant. (Section 49 of Assembly Bill

No. 270, chapter 247, Statutes of Nevada 2023, at page 1567) **Section 9** of this regulation prescribes requirements relating to continuing education and sets forth certain procedures concerning the expiration and renewal of a license to practice as an anesthesiologist assistant.

Existing law prescribes procedures for an osteopathic physician or physician assistant to: (1) notify the Board of his or her retirement for the purpose of receiving an exemption from certain renewal requirements; and (2) place his or her license on inactive status. (NRS 633.491) **Sections 10 and 11** of this regulation prescribe similar procedures for anesthesiologist assistants.

Section 12 of this regulation: (1) requires an anesthesiologist assistant who loses his or her certification by the National Commission for Certification of Anesthesiologist Assistants or its successor organization to notify the Board, in writing, of the loss of certification within 10 days after receiving notice of the loss; and (2) provides for the automatic suspension of the license of an anesthesiologist assistant if the anesthesiologist assistant loses such certification.

Section 13 of this regulation prescribes: (1) the authorized activities of a student in a training program for anesthesiologist assistants; and (2) the requirements governing the supervision and identification of such a student. **Section 14** of this regulation prescribes requirements and limitations governing the scope of practice of an anesthesiologist assistant. **Section 15** of this regulation prescribes requirements governing the utilization of an anesthesiologist assistant by a supervising osteopathic anesthesiologist and prohibits a supervising osteopathic anesthesiologist from supervising more than four anesthesiologist assistants at any one time. **Section 16** of this regulation requires at least one supervising osteopathic anesthesiologist to conduct a biennial performance assessment of each anesthesiologist assistant and provides certain requirements relating to the maintenance of records of such assessments. **Section 17** of this regulation authorizes an anesthesiologist assistant to administer general anesthesia, conscious sedation, deep sedation, a regional anesthesia block or neuroaxial anesthesia to a patient only under certain circumstances.

Section 18 of this regulation sets forth grounds for disciplinary action by the Board against an anesthesiologist assistant. **Section 19** of this regulation requires the Board to serve notice on an anesthesiologist assistant and each supervising osteopathic anesthesiologist of the anesthesiologist assistant at least 20 days before a hearing relating to any disciplinary action. **Section 19** additionally authorizes the Board to provide to the anesthesiologist assistant a copy of the complaint and the name of the person who filed the complaint. **Section 20** of this regulation provides that the Board will impose sanctions against an anesthesiologist assistant only if it finds, after notice and a hearing, that the charges in the relevant complaint are true by a preponderance of the evidence. **Section 20** also prescribes: (1) the sanctions that the Board may impose upon such a finding; and (2) the procedure for dismissing the charges if the Board fails to make such a finding.

Existing law authorizes the Board or any investigative committee of the Board to issue to a person, under certain circumstances, a letter of warning, a letter of concern or a nonpunitive admonishment at any time before the Board initiates any disciplinary proceedings. (NRS 633.510) If the Board issues such a document to an anesthesiologist assistant, **section 21** of this regulation authorizes the Board to deliver a copy of the document to the supervising osteopathic anesthesiologist supervising the care of the relevant patient. **Section 23** of this regulation similarly authorizes the Board to provide such documents to the supervising osteopathic physician of a physician assistant under such circumstances.

Section 22 of this regulation requires that if certain transfers of authority or duties occur, including a transfer of duties from one certified registered nurse anesthetist to another, an

osteopathic anesthesiologist who is primarily responsible for the care of the patient ensure that the transfer is clearly indicated in the medical records of the patient. **Section 2** of this regulation defines the term “certified registered nurse anesthetist” and **section 24** of this regulation makes a conforming change to indicate the proper placement of **section 2** in the Nevada Administrative Code.

Existing regulations require each osteopathic physician applying for renewal of his or her license to attest to the Board that he or she has attended during the preceding year at least 35 hours of certain continuing education courses or programs. (NAC 633.250) **Section 25** of this regulation requires an osteopathic physician to instead provide to the Board any certificates of completion or other proof satisfactory to the Board demonstrating that he or she has attended such continuing education courses or programs.

Existing regulations provide procedures for the renewal of the license of a physician assistant. (NAC 633.285) **Section 26** of this regulation provides that such a license will be automatically revoked if, during the period of suspension for such a license, the license expires and the physician assistant fails to renew the license.

Existing regulations provide a list of certain actions which constitute unethical conduct for osteopathic physicians and physician assistants. (NAC 633.350) **Section 28** of this regulation provides that conduct which constitutes engagement in unethical conduct for a physician assistant similarly constitutes engagement in unethical conduct for an anesthesiologist assistant. **Section 28** additionally provides that a physician assistant or anesthesiologist assistant who engages in any other conduct which the Board determines constitutes unfitness to perform medical services or to assist in the practice of medicine, as applicable, will be considered to have engaged in unethical conduct.

Existing regulations provide that if a mental or physical examination or a medical competency examination makes certain determinations relating to the competence of an osteopathic physician or physician assistant, the Board will consider such a determination to constitute a rebuttable presumption of professional incompetence. (NAC 633.370) **Section 29** of this regulation similarly establishes such a presumption for an anesthesiologist assistant in similar circumstances.

Existing regulations set forth certain procedures for hearings and disciplinary proceedings of the Board relating to an osteopathic physician or physician assistant. (NAC 633.430-633.480) **Sections 30-33** of this regulation make such provisions applicable to anesthesiologist assistants.

Existing regulations authorize the Board to require a person whose practice of osteopathic medicine has been limited, or whose license to practice osteopathic medicine has been suspended, revoked or placed on inactive status, to submit to an examination testing his or her competence to practice osteopathic medicine if he or she applies to the Board for the restoration, renewal or reinstatement of the license or for the removal of the limitation or suspension of the license. (NAC 633.490) **Section 34** of this regulation similarly authorizes the Board to require an anesthesiologist assistant to submit to an examination testing his or her competence under such circumstances.

Existing regulations prohibit the Board from removing a limitation or suspension or reinstating a revoked license unless the applicant proves by clear and convincing evidence that the requirements for such an action have been met and proves by evidence satisfactory to the Board that he or she: (1) has complied with all the terms and conditions set forth in any final order of the Board limiting his or her practice or suspending or revoking his or her license; and

(2) is capable of practicing osteopathic medicine. (NAC 633.490) **Section 34** makes such requirements applicable to anesthesiologist assistants.

Section 1. Chapter 633 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 23, inclusive, of this regulation.

Sec. 2. *“Certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014, as amended by section 2.8 of Senate Bill No. 336, chapter 229, Statutes of Nevada 2023, at page 1445.*

Sec. 3. *The Board may communicate with a licensee by means of the last known mailing address or last known electronic mail address of the licensee on file with the Board.*

Sec. 4. 1. *In addition to the qualifications required by section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, an applicant for licensure as an anesthesiologist assistant must have the following qualifications:*

(a) Be able to communicate adequately orally and in writing in the English language.

(b) Be of good moral character and reputation.

(c) If the applicant submits the application at least 24 months after the applicant initially obtained the certification described in paragraph (c) of subsection 1 of section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, and the applicant has not practiced as an anesthesiologist assistant for at least 24 months before the date on which the application is submitted, the applicant must, at the order of the Board:

(1) Take and pass a competency examination or other assessment designated by the Board; or

(2) Except as otherwise provided in subsection 2:

(I) Successfully complete a re-entry program approved by the Board; or

(II) Take and pass a competency examination or other assessment designated by the Board and successfully complete a re-entry program approved by the Board.

2. The Board will not require an applicant subject to the provisions of paragraph (c) of subsection 1 who successfully completed a re-entry program approved by the Board within the 24 months immediately preceding the date on which the application is submitted to complete another re-entry program.

Sec. 5. 1. *An application for licensure as an anesthesiologist assistant must be made on a form supplied by the Board. The application must include, without limitation:*

(a) The date and place of birth of the applicant;

(b) The gender of the applicant;

(c) Information about the postsecondary education of the applicant as an anesthesiologist assistant, including, without limitation, any postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(d) The training and experience of the applicant as an anesthesiologist assistant;

(e) The work experience of the applicant for the 10 years immediately preceding the date of his or her application;

(f) The current mailing address of the applicant, current street address of the residence of the applicant and the address of any location at which the applicant currently practices as an anesthesiologist assistant;

(g) The electronic mail address of the applicant;

(h) The current telephone number of the applicant and the telephone number of any location of practice identified pursuant to paragraph (f);

(i) Whether the applicant has ever:

(1) Applied for a license or certificate as an anesthesiologist assistant in another state

and, if so:

(I) The state where the application was submitted;

(II) The date on which the application was submitted; and

(III) The results of the application;

(2) Been investigated for misconduct as an anesthesiologist assistant or had a license or certificate as an anesthesiologist assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant by a licensing body in any jurisdiction;

(3) Been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(I) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(II) Any violation of the Uniform Code of Military Justice; or

(4) Been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense relating to the use, sale, manufacture, distribution, prescribing or dispensing of controlled substances; and

(j) A statement that the applicant has read and understood any statements on the application relating to failure to address a health condition that renders the applicant unable to assist in the practice of medicine within a reasonable degree of skill and safety to the patients.

2. An applicant must submit to the Board:

(a) An official transcript from an anesthesiologist assistant program described in paragraph (a) of subsection 1 of section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566;

(b) Proof satisfactory to the Board that he or she is:

(1) A citizen of the United States, which may include a notarized copy of the passport of the applicant or a certified copy of the birth certificate of the applicant; or

(2) Lawfully entitled to remain and work in the United States;

(c) Proof of passage of a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(d) Proof of certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization; and

(e) Any additional information, evidence, other documentation or proof of qualification as required by the Board.

3. Each application must:

(a) Be signed by the applicant;

(b) Be sworn to before a notary public or other officer authorized to administer oaths; and

(c) Contain an affidavit affirming that:

(1) The applicant is the person named in the application and accompanying material; and

(2) To the best knowledge and belief of the applicant, the application and accompanying material is complete, correct, consistent and obtained without fraud, misrepresentation or mistake.

4. An application submitted to the Board pursuant to this section must be accompanied by the applicable nonrefundable fee prescribed by NAC 633.335.

5. The Board may deny an application for licensure as an anesthesiologist assistant if it appears that:

(a) The applicant is not qualified pursuant to section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, and section 4 of this regulation;

(b) The applicant has committed an act that would constitute grounds for disciplinary action pursuant to section 18 of this regulation;

(c) Any information submitted in the application is false or inconsistent; or

(d) The application is not in the proper form, is incomplete or otherwise unsatisfactory.

6. An applicant shall pay the reasonable costs of any certification or examination required for licensure.

Sec. 6. 1. *The Board will issue a temporary license to practice as an anesthesiologist assistant to any qualified applicant who:*

(a) Meets the requirements of subsections 1 and 2 of section 48 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566; and

(b) Pursuant to subsection 3 of section 48 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, registers for a certification examination required by paragraph (b) of subsection 1 of section 47 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, and submits proof of such registration to the Board.

2. The holder of a temporary license to practice as an anesthesiologist assistant shall wear at all times while on duty a name badge that identifies the holder as a “Graduate Anesthesiologist Assistant” or “Anesthesiologist Assistant Graduate.”

3. The holder of a temporary license to practice as an anesthesiologist assistant may apply to the Board to renew the temporary license in the same manner as the original application. The Board may, upon the compliance by the applicant with the provisions of this section and subsection 3 of section 48 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1566, renew the temporary license for a period of 1 additional year. A temporary license may not be renewed more than once.

Sec. 7. 1. An application for licensure by endorsement as an anesthesiologist assistant must be made on a form supplied by the Board. The application must include:

(a) All information required by section 5 of this regulation;

(b) Proof that the applicant holds a corresponding valid and unrestricted license to practice as an anesthesiologist assistant in the District of Columbia or any state or territory of the United States and meets the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530; and

(c) The documents described in paragraphs (g) and (h) of subsection 2 of NRS 622.530.

2. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as an anesthesiologist assistant to the applicant within the time required by subsection 4 of NRS 622.530.

3. A license by endorsement to practice as an anesthesiologist assistant issued pursuant to this section may be issued at a meeting of the Board or outside a meeting of the Board by the President of the Board and the Executive Director of the Board. If the license is issued outside of a meeting of the Board pursuant to this subsection, such an action shall be deemed to be an action of the Board.

4. In addition to grounds set forth in this chapter and chapter 633 of NRS, the Board may deny an application for licensure by endorsement pursuant to this section:

(a) If the applicant does not meet the requirements of paragraphs (a) to (e), inclusive of subsection 2 of NRS 622.530; or

(b) For the reasons set forth in subsection 6 of NRS 622.530.

5. If an applicant seeking licensure by endorsement as an anesthesiologist assistant pursuant to this section is an active member of or the surviving spouse of an active member of the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge one-half of the nonrefundable fee prescribed by NAC 633.335 for the initial issuance of a license.

Sec. 8. *An anesthesiologist assistant shall notify the Board in writing not later than 30 days after any change to:*

1. His or her mailing address or electronic mail address; or

2. The name or address of any location of practice of the anesthesiologist assistant.

Sec. 9. *1. Except as otherwise provided in sections 10 and 11 of this regulation, the license of an anesthesiologist assistant must be renewed on or before December 31 of each odd-numbered year. Except as otherwise provided in subsection 4, not less than 30 days before the expiration of the license, an anesthesiologist assistant who wishes to renew his or her license must apply for renewal on a form provided by the Board. The Board will not renew the license unless the anesthesiologist assistant provides satisfactory proof:*

(a) Of current certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization; and

(b) That he or she has completed the amount of continuing education required by subsection 2, which must be recognized as Category 1 credits for continuing medical education by the National Commission for Certification of Anesthesiology Assistants or its successor organization.

2. The following hours of continuing education are required to renew a license to practice as an anesthesiologist assistant:

(a) If licensed during the first 6 months of the biennial licensing period, 40 hours.

(b) If licensed during the second 6 months of the biennial licensing period, 30 hours.

(c) If licensed during the third 6 months of the biennial licensing period, 20 hours.

(d) If licensed during the fourth 6 months of the biennial licensing period, 10 hours.

3. To allow for the renewal of a license to practice as an anesthesiologist assistant by each person to whom a license was issued or renewed in the preceding biennial licensing period, the Board will make such reasonable attempts as are practicable to send:

(a) A renewal notice to the licensee at least 30 days before the expiration of the license;

and

(b) Instructions for renewal to the last known electronic mail address or last known mailing address of the licensee on record with the Board.

4. An expired license of an anesthesiologist assistant may be renewed with the approval of the Executive Director if:

(a) The requirements for renewal of a license prescribed in this section are met; and

(b) The anesthesiologist assistant is found to be in good standing and qualified pursuant to this chapter.

5. For the purposes of paragraph (b) of subsection 4, if an anesthesiologist assistant whose license has been suspended by the Board seeks to renew his or her license pursuant to this section, his or her license shall be considered to be in good standing unless the license has been revoked pursuant to subsection 6.

6. The Board will revoke a license that the Board has suspended if:

(a) The license expires during the period of suspension; and

(b) The anesthesiologist assistant fails to renew the license pursuant to this section.

Sec. 10. 1. *An anesthesiologist assistant who retires from practice is not required to biennially renew his or her license after filing with the Board an affidavit which contains:*

(a) The date on which the anesthesiologist assistant retired from practice; and

(b) Any additional information, evidence or documentation which the Board may require to verify the retirement of the anesthesiologist assistant.

2. An anesthesiologist assistant who retires from practice and who desires to return to practice may apply to renew his or her license by submitting to the Board satisfactory proof that the anesthesiologist assistant has completed continuing education that meets the requirements of paragraph (b) of subsection 1 of section 9 of this regulation which total:

(a) Twenty-five hours if the anesthesiologist assistant has been retired for 1 year or less; or

(b) Fifty hours within 12 months after the date of the application for renewal if the anesthesiologist assistant has been retired for more than 1 year.

Sec. 11. 1. *An anesthesiologist assistant may apply to the Board to request his or her license be placed on inactive status. The Board will place the license on inactive status upon receipt of:*

(a) An affidavit which contains the date on which he or she will cease to practice as an anesthesiologist assistant in Nevada and any additional information, evidence or documentation which the Board may require; and

(b) The inactive license fee prescribed by NAC 633.335.

2. An anesthesiologist assistant whose license is placed on inactive status:

(a) Is not required to biennially renew his or her license; and

(b) Shall not practice as an anesthesiologist assistant in this State.

3. An anesthesiologist assistant whose license is placed on inactive status may renew his or her license by complying with the requirements for renewal prescribed by section 9 of this regulation. The application for renewal must include:

(a) Satisfactory evidence that he or she has completed the total number of hours of continuing education required for:

(1) The biennium preceding the date of the application for renewal; and

(2) Each biennium after the date the license was placed on inactive status; and

(b) An affidavit stating that the applicant has not withheld from the Board any information which would constitute grounds for disciplinary action pursuant to this chapter or chapter 633 of NRS.

Sec. 12. *If an anesthesiologist assistant loses certification by the National Commission for Certification of Anesthesiologist Assistants or its successor organization:*

1. He or she shall notify the Board, in writing, of the loss of certification within 10 days after he or she receives notification of the loss; and

2. His or her license to assist in the practice of medicine is automatically suspended until further order of the Board.

Sec. 13. 1. A student in a training program for anesthesiologist assistants:

(a) May assist an osteopathic anesthesiologist in the practice of medicine;

(b) May perform only medical tasks delegated by such an osteopathic anesthesiologist; and

(c) Shall not assist any person other than an osteopathic anesthesiologist in the practice of medicine or perform medical tasks delegated by a person who is not an osteopathic anesthesiologist.

2. An osteopathic anesthesiologist may delegate the supervision of a student in a training program for anesthesiologist assistants only to a provider of anesthesia.

3. A student in a training program for anesthesiologist assistants shall wear at all times while on duty a name badge that identifies the student as a “Student Anesthesiologist Assistant” or “Anesthesiologist Assistant Student.”

4. Nothing in this section limits the number of other providers of anesthesia whom an osteopathic anesthesiologist may supervise.

5. As used in this section, “provider of anesthesia” means an osteopathic anesthesiologist, an anesthesiologist licensed pursuant to chapter 630 of NRS or any of the following persons determined by the supervising osteopathic anesthesiologist to have received adequate clinical training in anesthesiology:

(a) An osteopathic anesthesiology fellow;

(b) An osteopathic anesthesiology resident;

(c) An anesthesiologist assistant; or

(d) A certified registered nurse anesthetist.

Sec. 14. 1. The tasks which an anesthesiologist assistant is authorized to perform must be commensurate with the education, training, experience and level of competence of the

anesthesiologist assistant. An anesthesiologist assistant may not perform any tasks in the care of a patient that are outside the scope of practice of his or her supervising osteopathic anesthesiologist. In addition to the duties and responsibilities that an anesthesiologist assistant is authorized to perform pursuant to section 46 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1564, a supervising osteopathic anesthesiologist may authorize an anesthesiologist assistant to participate in administrative activities and clinical teaching activities if those activities are within the education, training, experience and level of competence of the anesthesiologist assistant.

2. An anesthesiologist assistant shall:

(a) When engaged in professional duties, identify himself or herself as an anesthesiologist assistant and wear a placard, plate or insignia which identifies him or her as an anesthesiologist assistant;

(b) Keep his or her license available for inspection at his or her primary place of business;

(c) Comply with the regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs and devices; and

(d) Comply with all applicable provisions of chapter 629 of NRS or any regulations adopted pursuant thereto.

3. An anesthesiologist assistant shall not:

(a) Represent himself or herself in any manner which would tend to mislead the general public, the patients of the supervising osteopathic anesthesiologist or other health professionals as to the skills, scope of practice or professional designation of the anesthesiologist assistant;

(b) Bill a patient separately from his or her supervising osteopathic anesthesiologist; or

(c) Assist in the practice of medicine without supervision from his or her supervising osteopathic anesthesiologist unless he or she is responding to:

(1) A life-threatening emergency, including, without limitation, at the scene of an accident; or

(2) An emergency situation, including, without limitation, a relief effort for a human-caused or natural disaster.

4. When an anesthesiologist assistant assists in the practice of medicine pursuant to paragraph (c) of subsection 3:

(a) The anesthesiologist assistant shall assist in the practice of medicine as he or she is able based on the need of the patient and the training, education and experience of the anesthesiologist assistant; and

(b) If a licensed osteopathic physician is available on-scene, the anesthesiologist assistant may take direction from the osteopathic physician.

5. An anesthesiologist assistant shall be deemed the agent of his or her supervising osteopathic anesthesiologist with regard to tasks that the supervising osteopathic anesthesiologist has delegated to the anesthesiologist assistant.

Sec. 15. 1. *A supervising osteopathic anesthesiologist who utilizes the services of an anesthesiologist assistant shall provide notice of that fact to any patient of the supervising osteopathic anesthesiologist. If the supervising osteopathic anesthesiologist provides a patient with a form on which the patient may provide informed consent to treatment, such notice must be included on the form.*

2. Notice provided pursuant to subsection 1 must include, without limitation, an explanation:

(a) Of the role of an anesthesiologist assistant; and

(b) That an anesthesiologist assistant is not a physician and provides anesthesia care to a patient only under the constant medial direction of a supervising osteopathic anesthesiologist.

3. The supervising osteopathic anesthesiologist of an anesthesiologist assistant shall:

(a) Adopt a written protocol regarding the practice and supervision of anesthesiologist assistants that meets the requirements of subsection 4; and

(b) Provide a copy of the written protocol adopted pursuant to paragraph (a) to:

(1) Each anesthesiologist assistant that the supervising osteopathic anesthesiologist supervises; and

(2) The Board, upon request of the Board.

4. A written protocol regarding the practice and supervision of anesthesiologist assistants adopted pursuant to paragraph (a) of subsection 3 must:

(a) Comply with the provisions of this chapter and chapter 633 of NRS with regard to the tasks that an anesthesiologist assistant may perform;

(b) Detail the tasks that the anesthesiologist assistant may perform and the manner in which the supervising osteopathic anesthesiologist will supervise the anesthesiologist assistant in the performance of those tasks;

(c) Provide for regular review by the supervising osteopathic anesthesiologist of the medical records of any patients delegated to the anesthesiologist assistant; and

(d) Be based upon consideration of relevant quality assurance standards.

5. A supervising osteopathic anesthesiologist shall provide medical direction to an anesthesiologist assistant in the performance of all medical tasks delegated to the anesthesiologist assistant.

6. A supervising osteopathic anesthesiologist shall not, at any one time, supervise more than four anesthesiologist assistants.

Sec. 16. 1. Every 2 years, at least one supervising osteopathic anesthesiologist who has supervised or is supervising an anesthesiologist assistant shall conduct a performance assessment of the anesthesiologist assistant. To the greatest extent practicable, the assessment must be conducted by the supervising osteopathic anesthesiologist with the most knowledge of the performance of the anesthesiologist assistant during the relevant biennium. A supervising osteopathic anesthesiologist may gather information for a performance assessment conducted pursuant to this subsection through direct observation or review of available information, including, without limitation, a review of reports which evidence performance of the anesthesiologist assistant, or a combination of both. The performance assessment must include, without limitation:

(a) An assessment of the medical competency of the anesthesiologist assistant;

(b) A review of selected charts, which may include, without limitation, electronic medical records; and

(c) An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients who are representative of all patients to whom the anesthesiologist assistant provided care during the relevant biennium.

2. The requirements of subsection 1 shall be deemed to be satisfied for an anesthesiologist assistant working in a facility which is required by local, state or federal statutes or regulations to have a director of anesthesia services perform a review of the anesthesiologist assistant.

3. Except as otherwise provided in this subsection, a supervising osteopathic anesthesiologist who conducts a performance assessment pursuant to subsection 1 or a review which is deemed by subsection 2 to satisfy the requirements of subsection 1 and an anesthesiologist assistant who is the subject of such a performance assessment or review shall maintain a record of the performance assessment or review, as applicable, for not less than 6 years after the date of the performance assessment or review. A record which is maintained by the employer of the anesthesiologist assistant or facility where the anesthesiologist assistant is employed shall be deemed to satisfy the requirements of this subsection if the record is available to the Board for review upon request of the Board. The anesthesiologist assistant, supervising osteopathic anesthesiologist, employer or facility, as applicable, shall provide a copy of the performance assessment or review, as applicable, to the Board upon request of the Board.

Sec. 17. 1. *An anesthesiologist assistant shall not administer general anesthesia, conscious sedation, deep sedation, regional anesthesia block or neuraxial anesthesia to a patient unless the general anesthesia, conscious sedation, deep sedation, regional anesthesia blocks or neuraxial anesthesia is administered:*

(a) In an office of a physician or osteopathic physician which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

(b) In a facility which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

(c) In a medical facility, as that term is defined in NRS 449.0151; or

(d) Outside of this State, if the anesthesiologist assistant is otherwise legally permitted to do so.

2. As used in this section:

(a) “Conscious sedation” has the meaning ascribed to it in NRS 449.436.

(b) “Deep sedation” has the meaning ascribed to it in NRS 449.437.

(c) “General anesthesia” has the meaning ascribed to it in NRS 449.438.

Sec. 18. 1. *An anesthesiologist assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the anesthesiologist assistant:*

(a) Has held himself or herself out as or allowed another person to represent the anesthesiologist assistant to be an osteopathic physician or physician assistant.

(b) Has performed medical services other than:

(1) Pursuant to section 51 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1567, or paragraph (c) of subsection 3 of section 14 of this regulation; or

(2) At the direction and under the immediate supervision of the supervising osteopathic anesthesiologist of the anesthesiologist assistant.

(c) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provisions of this chapter or chapter 633 of NRS.

(d) Engaged in disruptive behavior with any person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.

(e) Readministered or reused a single-use medical device.

(f) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for the issuance or renewal of a license to practice as an anesthesiologist assistant.

(g) Practiced as an anesthesiologist assistant during a period of time when:

(1) The anesthesiologist assistant had represented to the Board pursuant to section 10 of this regulation that the anesthesiologist assistant was retired; or

(2) The license of the anesthesiologist assistant had been placed on inactive status pursuant to section 11 of this regulation.

2. To initiate disciplinary action against an anesthesiologist assistant, a person must file with the Board a written complaint which specifies the charges against the anesthesiologist assistant.

3. As used in this section:

(a) "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.

(b) "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.

Sec. 19. Before the Board takes disciplinary action against an anesthesiologist assistant, the Board will provide to the anesthesiologist assistant and to each supervising osteopathic anesthesiologist of the anesthesiologist assistant a written notice specifying the charges made against the anesthesiologist assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the anesthesiologist assistant and each supervising osteopathic anesthesiologist at least 20 days before the date fixed for the

hearing. The Board may provide to the anesthesiologist assistant a copy of the complaint and the name of the person who filed the complaint.

Sec. 20. *If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:*

1. The charges in the complaint against the anesthesiologist assistant are true, the Board will issue and serve on the anesthesiologist assistant its written findings and any order of sanctions. The following sanctions may be imposed by order:

- (a) Probation for a specified period on any of the conditions specified in the order.*
- (b) Administration of a public reprimand.*
- (c) Limiting the tasks that an anesthesiologist assistant is authorized to perform.*
- (d) Suspension of a license, for a specified period or until further order of the Board.*
- (e) Revocation of a license.*
- (f) Requiring that an anesthesiologist assistant participate in a program to correct an alcohol or other substance use disorder or any other impairment.*
- (g) Requiring that there be additional and specified supervision of the tasks performed by an anesthesiologist assistant.*
- (h) Requiring that an anesthesiologist assistant perform community service without compensation.*
- (i) Requiring that an anesthesiologist assistant submit to a physical or mental examination or an examination testing his or her competence to assist in the practice of medicine.*
- (j) Requiring that an anesthesiologist assistant fulfill certain training or educational requirements, or both, as specified by the Board.*

2. No violation occurred, the Board will issue a written order dismissing the charges and notify the anesthesiologist assistant that the charges have been dismissed.

Sec. 21. If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to an anesthesiologist assistant pursuant to NRS 633.510, the Board may deliver a copy of the letter or admonishment to the supervising osteopathic anesthesiologist supervising the care of the relevant patient, as shown in the medical records of the patient.

Sec. 22. If any of the following transfers occur during the provision of anesthesia or any related service, the osteopathic anesthesiologist who is primarily responsible for the care of the patient after the transfer shall ensure that the transfer is clearly indicated in the medical records of the patient:

1. A transfer of authority from one osteopathic anesthesiologist to another osteopathic anesthesiologist.

2. A transfer of duties from one anesthesiologist assistant, certified registered nurse anesthetist, osteopathic resident or osteopathic fellow to another anesthesiologist assistant, certified registered nurse anesthetist, osteopathic resident or osteopathic fellow.

Sec. 23. If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to a physician assistant pursuant to NRS 633.510, the Board may deliver a copy of the letter or admonishment to the supervising osteopathic physician supervising the care of the relevant patient as shown in the medical records of the patient.

Sec. 24. NAC 633.005 is hereby amended to read as follows:

633.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 633.020 to 633.065, inclusive, *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 25. NAC 633.250 is hereby amended to read as follows:

633.250 1. Each osteopathic physician applying for renewal of his or her license shall ~~attest~~ *provide* to the Board *any certificates of completion or other proof satisfactory to the Board demonstrating* that he or she has attended during the preceding year at least 35 hours of continuing education courses or programs approved by the Board, which must include at least:

- (a) Ten hours of category 1A courses; and
- (b) Two hours that relate to the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

2. On or after July 1, 2018, each osteopathic physician shall, not later than 2 years after initial licensure and at least once every 4 years thereafter, attest to the Board when applying for renewal of his or her license that he or she has received the instruction on evidence-based suicide prevention and awareness required by NRS 633.471.

3. As used in this section, “category 1A course” means a course of continuing medical education that is offered by a sponsor accredited to offer such a course by the American Osteopathic Association or the Accreditation Council for Continuing Medical Education.

Sec. 26. NAC 633.285 is hereby amended to read as follows:

633.285 1. The license of a physician assistant is valid for 1 year and may be renewed annually.

2. An application to renew a license of a physician assistant must be submitted to the Board not less than 30 days before the expiration of the license. The application must be accompanied by the nonrefundable annual license renewal fee for a physician assistant prescribed in NAC 633.335.

3. A license of a physician assistant will not be renewed unless the physician assistant provides to the Board satisfactory proof of:

(a) Current certification by the National Commission on Certification of Physician Assistants; and

(b) Completion by the physician assistant of at least 20 hours of continuing medical education as defined by the American Academy of Physician ~~Assistants,~~ *Associates*, at least 2 hours of which must relate to the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

4. A physician assistant shall notify the Board within 10 days after receipt of notification that his or her certification by the National Commission on Certification of Physician Assistants was withdrawn.

5. An expired license of a physician assistant will not be renewed unless:

(a) The requirements for renewal prescribed in this section are met; and

(b) The Executive Director approves the renewal.

6. The Board will revoke a license that the Board has suspended if the license expires during the period of suspension and the physician assistant fails to renew the license pursuant to this section.

Sec. 27. NAC 633.335 is hereby amended to read as follows:

633.335 1. Except as otherwise provided in subsection 3, the Board will charge and collect the following fees:

Application and initial license fee for an osteopathic physician.....	\$500
Annual license renewal fee for an osteopathic physician.....	350

Temporary license fee	200
Special or authorized facility license fee.....	200
Special or authorized facility license renewal fee	200
Late payment fee for an osteopathic physician , or physician assistant <i>or</i> <i>anesthesiologist assistant</i> whose license is currently on active status.....	200
Application and initial license fee for a physician assistant.....	300
Annual license renewal fee for a physician assistant	150
<i>Application and initial license fee for an anesthesiologist assistant</i>	<i>400</i>
<i>Application and initial simultaneous license fee for an anesthesiologist assistant.....</i>	<i>200</i>
<i>Application and temporary license fee for an anesthesiologist assistant.....</i>	<i>200</i>
Inactive license fee	200
Late payment fee for an osteopathic physician , or physician assistant <i>or</i> <i>anesthesiologist assistant</i> whose license is currently on inactive status	150

2. The Board will charge and collect a fee for fingerprints submitted to the Board pursuant to NRS 633.309 that is equal to the total amount of the fees charged by any local agencies of law enforcement, the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for the handling of the fingerprints of an applicant and issuance of the reports of criminal histories.

3. The Board will reduce by one-half the appropriate application and initial license fee prescribed in subsection 1 for an applicant who ~~applies~~ :

(a) Applies for an initial license as an osteopathic physician or a physician assistant that will expire less than 6 months after the date of issuance of the license ~~H~~; *or*

(b) Applies for an initial license as an anesthesiologist assistant that will expire less than 12 months after the date of issuance of the license.

Sec. 28. NAC 633.350 is hereby amended to read as follows:

633.350 1. For the purposes of this chapter and chapter 633 of NRS, an osteopathic physician engages in unethical conduct if he or she:

- (a) Engages in sexual misconduct with a patient;
- (b) Abandons a patient;
- (c) Willfully makes and files false reports, records or claims in the osteopathic physician's practice;
- (d) Willfully fails to file or record a medical report required by law, willfully impedes or obstructs the filing or recording of such a report, or willfully induces another person to fail to file or record such a report;
- (e) Fails to generate or create medical records relating to the diagnosis, treatment and care of a patient;
- (f) Prescribes a controlled substance in a manner or an amount that the Board determines is excessive;
- (g) Fails to comply with the terms of an agreement with a diversion program approved by the Board;
- (h) Fails to comply with an order of the Board;
- (i) Violates the provisions of NRS 633.750 concerning retaliation or discrimination against an employee;

(j) Violates the provisions of NRS 629.061 concerning making the health care records of a patient available for physical inspection and furnishing a copy of the health care records;

(k) Fails to provide adequate supervision of a medical assistant who is employed or supervised by the osteopathic physician; or

(l) Engages in any other conduct that the Board determines constitutes unfitness to practice osteopathic medicine.

2. For the purposes of this chapter and chapter 633 of NRS, a physician assistant *or anesthesiologist assistant* engages in unethical conduct if the physician assistant *or anesthesiologist assistant* engages in any conduct which constitutes unethical conduct by an osteopathic physician pursuant to paragraphs (a) to (i), inclusive, of subsection 1 ~~+~~ *or engages in any other conduct which the Board determines constitutes unfitness to perform medical services or assist in the practice of medicine, as applicable.*

3. As used in this section, “medical assistant” means any person who:

(a) Is employed by an osteopathic physician;

(b) Is under the direction and supervision of the osteopathic physician;

(c) Assists in the care of a patient; and

(d) Is not required to be certified or licensed by an administrative agency to provide that assistance.

Sec. 29. NAC 633.370 is hereby amended to read as follows:

633.370 For the purposes of this chapter and chapter 633 of NRS, if a mental or physical examination or a medical competency examination determines that:

1. An osteopathic physician is not competent to practice osteopathic medicine; ~~for~~

2. A physician assistant is not competent to perform medical services under the supervision of a supervising physician ~~or~~ ; *or*

3. An anesthesiologist assistant is not competent to assist in the practice of medicine under the supervision of a supervising osteopathic anesthesiologist,

↳ with reasonable skill and safety to patients, the Board will consider that determination to constitute a rebuttable presumption of professional incompetence with regard to the osteopathic physician , ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant.*

Sec. 30. NAC 633.430 is hereby amended to read as follows:

633.430 1. In a hearing other than a hearing concerning a disciplinary proceeding, the President or presiding officer will call the hearing to order and proceed to take the appearances on behalf of the Board, the applicant or the osteopathic physician , ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant.* The legal counsel for the Board will present the evidence for the Board first and, if the Board allows closing arguments, will present the closing arguments for the Board first.

2. In a hearing concerning a disciplinary proceeding, the Board, hearing officer or panel shall conduct the hearing in accordance with the provisions of NRS 622A.380.

3. The notice of hearing, any petition, answer, response or written stipulation, and, if the hearing concerns a disciplinary proceeding, the complaint or any other responsive pleading, becomes a part of the record without being read into the record, unless a party requests that the document be read into the record.

4. The Board, President, presiding officer, hearing officer or panel may, at any time:

(a) Question a witness;

(b) Request or allow additional evidence, including additional rebuttal or documentary evidence;

(c) Make proposed opinions, findings of fact and conclusions of law;

(d) Issue appropriate interim orders;

(e) Recess the hearing as required; and

(f) Set reasonable limits of time for the presentation of testimony.

5. If closing briefs are permitted, the Board, President, presiding officer, hearing officer or panel shall establish a time frame for the submission of the closing briefs.

Sec. 31. NAC 633.450 is hereby amended to read as follows:

633.450 1. If a complaint has been filed against an osteopathic physician pursuant to NRS 633.531 , ~~or~~ against a physician assistant pursuant to *NRS 633.531 and* NAC 633.287 ~~or~~ *against an anesthesiologist assistant pursuant to NRS 633.531, as amended by section 73 of Assembly Bill No. 270. chapter 247, Statutes of Nevada 2023, at page 1578, and section 18 of this regulation*, the Board may order the summary suspension of the license of the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* pending disciplinary proceedings.

2. The Board will issue such an order if it determines that:

(a) The osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has violated a provision of this chapter or chapter 633 of NRS;

(b) The summary suspension of the license is necessary to prevent a further violation of this chapter or chapter 633 of NRS; and

(c) The public health, safety or general welfare imperatively requires the summary suspension of the license.

3. An order summarily suspending a license:

(a) Must:

(1) Comply with the applicable provisions of NRS 233B.127; and

(2) Set forth the grounds upon which the order is issued, including a statement of facts;

(b) Is effective upon service on the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* of the order and complaint; and

(c) Remains in effect until the Board:

(1) Modifies or rescinds the order; or

(2) Issues its final order or decision on the underlying complaint.

4. A hearing on the complaint must be held within 45 days after the effective date of the suspension.

Sec. 32. NAC 633.460 is hereby amended to read as follows:

633.460 1. The parties to a disciplinary proceeding shall meet or confer, not later than 20 days before the hearing, and:

(a) Exchange copies of all documents that each party intends to offer as evidence in support of its case.

(b) Identify, describe or produce all tangible things, other than documents, that each party intends to offer as evidence in support of its case and, if requested, arrange for the opposing party to inspect, copy, test or sample such evidence under reasonable supervision.

(c) Exchange written lists of persons that each party intends to call as witnesses in support of its case. The list must identify each witness by name and position and, if known, business address. If no business address is available, the party intending to call the witness shall disclose the home address of the witness or make the witness available for service of process. The list

must also include, for each witness, a summary of the proposed testimony and the purpose for which the witness will be called.

2. As used in this section, “parties to a disciplinary proceeding” includes:

(a) An osteopathic physician who has been served with a formal complaint alleging a disciplinary violation pursuant to NRS 633.541 , ~~or~~ a physician assistant who has been served with a formal complaint alleging a disciplinary violation pursuant to NAC 633.287 ~~or~~

or an anesthesiologist assistant who has been served with a formal complaint alleging a disciplinary violation pursuant to section 18 of this regulation;

(b) The attorney, if any, representing the osteopathic physician , ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant;* and

(c) The legal counsel for the Board.

Sec. 33. NAC 633.480 is hereby amended to read as follows:

633.480 1. A decision or order in a disciplinary proceeding adverse to an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* must:

(a) Be in writing;

(b) Except as otherwise provided in subsection 5 of NRS 233B.121, include findings of fact and conclusions of law; and

(c) Specifically set forth the punishment imposed on the osteopathic physician , ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant.*

2. Except as otherwise provided in NRS 633.671, *as amended by section 84 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1583*, an order of the Board is effective upon being served on the osteopathic physician , ~~or~~ physician assistant ~~or~~ *or anesthesiologist assistant.*

Sec. 34. NAC 633.490 is hereby amended to read as follows:

633.490 1. If a person whose practice of osteopathic medicine has been limited, or whose license to practice osteopathic medicine has been suspended, revoked or placed on inactive status, applies to the Board:

(a) Pursuant to NRS 633.481 for the restoration of the revoked license;

(b) Pursuant to NRS 633.491 for the renewal of the license; or

(c) Pursuant to NRS 633.681 for the removal of the limitation or suspension or for the reinstatement of his or her revoked license,

↪ the Board may require the person to submit to an examination testing his or her competence to practice osteopathic medicine.

2. *If a person whose ability to assist in the practice of medicine has been limited, or whose license to assist in the practice of medicine has been suspended, revoked or placed on inactive status applies to the Board:*

(a) Pursuant to subsection 3 of NRS 633.481 for the restoration of his or her revoked license;

(b) Pursuant to section 9, 10 or 11 of this regulation, for the renewal of his or her license;
or

(c) Pursuant to NRS 633.681, as amended by section 85 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1583, for the removal of the limitation or suspension or for the reinstatement of his or her revoked license,

↪ *the Board may require the person to submit to an examination testing his or her competence to assist in the practice of medicine.*

3. The Board will not remove a limitation or suspension or reinstate a revoked license unless:

(a) The applicant proves by clear and convincing evidence that the requirements for the removal of the limitation or suspension or for the reinstatement of the revoked license have been met; and

(b) The applicant proves by evidence satisfactory to the Board that he or she:

(1) Has complied with all the terms and conditions set forth in any final order of the Board limiting his or her practice or suspending or revoking his or her license; and

(2) Is capable of practicing osteopathic medicine *or assisting in the practice of medicine, as applicable*, in a safe manner.