
ASSEMBLY BILL NO. 284—ASSEMBLYWOMEN
WOODBURY AND TITUS

MARCH 14, 2017

JOINT SPONSOR: SENATOR HARDY

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to physician assistants.
(BDR 54-728)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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

AN ACT relating to professions; providing for the licensure and regulation of physician assistants by the Board of Medical Examiners rather than by the Board of Medical Examiners and the State Board of Osteopathic Medicine; authorizing a physician assistant who is licensed in this State or in another state or territory of the United States to provide voluntary health care service in this State in association with a sponsoring organization without the supervision of a supervising physician; creating the Committee on Physician Assistants appointed by the Board of Medical Examiners; requiring the Committee to review and provide recommendations to the Board of Medical Examiners on each application for licensure as a physician assistant; authorizing a physician assistant to render medical care without the supervision of a supervising physician when responding to an emergency or disaster; revising provisions relating to the licensure of physician assistants by the Board of Medical Examiners; designating physician assistants as primary care providers under certain circumstances; and providing other matters properly relating thereto.



* A B 2 8 4 *

Legislative Counsel's Digest:

1 Existing law authorizes a provider of health care who is licensed or certified in
2 this State or another state or territory of the United States to provide voluntary
3 health care service in this State without charge to the patient if the service is
4 provided in association with a sponsoring organization that is registered with the
5 Division of Public and Behavioral Health of the Department of Health and Human
6 Services. (NRS 629.450) **Section 1** of this bill authorizes a physician assistant to
7 provide such voluntary health care service without the supervision of a supervising
8 physician. **Section 7** of this bill authorizes a physician assistant to perform medical
9 services without the supervision of a supervising physician when the rendering of
10 such medical services is in response to an emergency or disaster, as declared by a
11 governmental entity.

12 Existing law generally provides for the regulation of physician assistants in this
13 State by the Board of Medical Examiners and the State Board of Osteopathic
14 Medicine. (Chapters 630 and 633 of NRS) **Section 108** of this bill repeals the
15 provisions in chapter 633 of NRS that authorize the State Board of Osteopathic
16 Medicine to license, regulate and discipline physician assistants and, instead,
17 **sections 9 and 10** of this bill provide for the Board of Medical Examiners to
18 license, regulate and discipline physician assistants. **Section 4** of this bill creates
19 the Committee on Physician Assistants, consisting of seven members appointed by
20 the Board of Medical Examiners. **Section 4** requires the Committee to review all
21 applications for a license as a physician assistant and make a recommendation to
22 the Board of Medical Examiners on the approval of such applications. **Section 13**
23 of this bill authorizes the Board to approve any application for a license as a
24 physician assistant if the applicant is otherwise qualified and the Committee
25 recommends approval of the application. **Section 9** removes provisions that
26 allowed the Board of Medical Examiners to deem a person's general education and
27 practical training sufficient for licensure as a physician assistant. **Section 10**
28 authorizes an osteopathic physician to be a supervising physician pursuant to the
29 provisions of chapter 630 of NRS. **Sections 14 and 15** of this bill remove the
30 requirement for an applicant for a license by endorsement to practice as a physical
31 therapist to have a certification in a specialty recognized by the American Board of
32 Medical Specialties.

33 **Section 5** of this bill authorizes a physician assistant to request to be placed on
34 inactive status if the physician assistant will not be practicing as a physician
35 assistant in this State. **Sections 16, 53, 69, 70 and 98-105** of this bill designate
36 physician assistants as primary care providers for various programs and insurance
37 provisions in this State. **Sections 18-52, 54-68 and 71-97** of this bill make
38 conforming changes.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** NRS 629.450 is hereby amended to read as follows:
2 629.450 1. Notwithstanding any provision of law to the
3 contrary and except as otherwise provided in this section, a provider
4 of health care may provide voluntary health care service in this State
5 in association with a sponsoring organization.
6 2. A provider of health care shall not provide voluntary health
7 care service in this State if:



1 (a) The professional license or certificate of the provider of
2 health care is suspended or revoked, or has been suspended or
3 revoked within the immediately preceding 5 years, pursuant to
4 disciplinary proceedings in this State or in any other state or
5 territory of the United States;

6 (b) ~~The~~ *Except as otherwise provided in subsection 4, the*
7 voluntary health care service provided is outside the scope of
8 practice authorized by the professional license or certificate of the
9 provider of health care; or

10 (c) The provider of health care has not actively practiced his or
11 her profession continuously for the immediately preceding 3 years.

12 3. A provider of health care who provides voluntary health care
13 service pursuant to this section shall not accept compensation of any
14 type, directly or indirectly, or any other benefit or consideration
15 from any person or other source for the provision of the service.

16 *4. A physician assistant may provide voluntary health care*
17 *services in association with a sponsoring organization without*
18 *direct supervision from a supervising physician.*

19 **Sec. 2.** Chapter 630 of NRS is hereby amended by adding
20 thereto the provisions set forth as sections 3 to 7, inclusive, of this
21 act.

22 **Sec. 3.** *“Committee” means the Committee on Physician*
23 *Assistants created by section 4 of this act.*

24 **Sec. 4. 1.** *The Committee on Physician Assistants is hereby*
25 *created, consisting of seven members appointed by the Board.*

26 **2.** *The Committee consists of:*

27 (a) *Four physician assistants who are licensed by the Board;*

28 (b) *One physician who holds an unrestricted license to practice*
29 *medicine pursuant to this chapter;*

30 (c) *One physician who holds an unrestricted license to practice*
31 *osteopathic medicine pursuant to chapter 633 of NRS; and*

32 (d) *One member of the general public.*

33 **3.** *The term of office of each member of the Committee is 4*
34 *years.*

35 **4.** *The Committee shall meet at least once every 3 months. At*
36 *the first regular meeting of each calendar year, the Committee*
37 *shall elect from its members a Chair. The Chair or his or her*
38 *designee shall represent the Committee at all meetings of the*
39 *Board.*

40 **5.** *A majority of the Committee constitutes a quorum, and a*
41 *vote of the majority of the members present is all that is necessary*
42 *to transact any business before the Committee.*

43 **6.** *The Committee shall:*

44 (a) *Advise the Board on all matters relating to the practice,*
45 *licensure and regulation of physician assistants;*



1 (b) Review all applications for a license as a physician
2 assistant submitted to the Board and make recommendations to
3 the Board on the approval of such applications; and

4 (c) Assist in any disciplinary proceeding involving the license
5 of a physician assistant.

6 7. When reviewing applications for licensure pursuant to
7 paragraph (b) of subsection 6, the Committee shall allow the
8 director, or his or her designee, of each academic program for
9 physician assistants approved by the Board at an institution of
10 higher education in this State to sit as an ex officio nonvoting
11 member of the Committee.

12 **Sec. 5. 1.** A person who holds a license as a physician
13 assistant may request to be placed on inactive status by notifying
14 the Board in writing on a form prescribed by the Board.

15 2. A physician assistant who has been placed on inactive
16 status:

17 (a) Shall not perform medical services as a physician assistant;
18 and

19 (b) Is exempt from paying the biennial registration fee
20 imposed by the Board pursuant to NRS 630.268 during the period
21 for which the physician assistant is on inactive status.

22 3. Before resuming the performance of medical services in
23 this State, a physician assistant placed on inactive status must:

24 (a) Notify the Board in writing of his or her intent to resume
25 the performance of medical services as a physician assistant in
26 this State;

27 (b) Pay the applicable fee for biennial registration; and

28 (c) Meet all other criteria for reactivating his or her license in
29 accordance with any regulations adopted by the Board pursuant to
30 NRS 630.275.

31 **Sec. 6. 1.** A person who is qualified under the regulations
32 of the Board to perform medical services under the supervision of
33 a supervising physician, but does not possess an active license
34 from the Board may use the term "physician assistant" or any
35 other term or abbreviation indicating or implying that he or she is
36 a physician assistant.

37 2. A person using the term "physician assistant" or any other
38 term or abbreviation indicating or implying that he or she is a
39 physician assistant pursuant to subsection 1 shall not perform
40 medical services as a physician assistant.

41 **Sec. 7. 1.** A physician assistant licensed under the
42 provisions of this chapter who is responding to a need for medical
43 care created by an emergency or disaster, as declared by an
44 applicable governmental entity, may render emergency care that is
45 directly related to the emergency or disaster without the



1 *supervision of a supervising physician, as otherwise required by*
2 *this chapter. The provisions of this subsection apply only for the*
3 *duration of the emergency or disaster.*

4 2. *A physician assistant who performs voluntary and*
5 *gratuitous medical services without direct supervision from a*
6 *supervising physician pursuant to subsection 1 is immune from*
7 *civil liability for damages arising from or relating to the medical*
8 *services performed if the damages are caused by an act or*
9 *omission that constitutes simple negligence.*

10 3. *A supervising physician who supervises a physician*
11 *assistant who is rendering emergency care that is directly related*
12 *to an emergency or disaster, as described in subsection 1, is not*
13 *required to meet the requirements set forth in this chapter for such*
14 *supervision.*

15 **Sec. 8.** NRS 630.005 is hereby amended to read as follows:

16 630.005 As used in this chapter, unless the context otherwise
17 requires, the words and terms defined in NRS 630.007 to 630.026,
18 inclusive, *and section 3 of this act* have the meanings ascribed to
19 them in those sections.

20 **Sec. 9.** NRS 630.015 is hereby amended to read as follows:

21 630.015 “Physician assistant” means a person who is a
22 graduate of an academic program approved by the Board, ~~who~~
23 ~~is, by general education, practical training and experience determined~~
24 ~~to be satisfactory by the Board,~~ is qualified to perform medical
25 services under the supervision of a supervising physician and who
26 has been issued a license by the Board.

27 **Sec. 10.** NRS 630.025 is hereby amended to read as follows:

28 630.025 “Supervising physician” means an active physician
29 licensed *pursuant to this chapter or chapter 633 of NRS* and in
30 good standing in the State of Nevada who supervises a physician
31 assistant.

32 **Sec. 11.** NRS 630.047 is hereby amended to read as follows:

33 630.047 1. This chapter does not apply to:

34 (a) A medical officer, ~~perfusionist~~, ~~practitioner~~ of
35 respiratory care *or physician assistant* of the Armed Forces or a
36 medical officer, ~~perfusionist~~, ~~practitioner~~ of respiratory
37 care *or physician assistant* of any division or department of the
38 United States in the discharge of his or her official duties, including,
39 without limitation, providing medical care in a hospital in
40 accordance with an agreement entered into pursuant to
41 NRS 449.2455;

42 (b) Physicians who are called into this State, other than on a
43 regular basis, for consultation with or assistance to a physician
44 licensed in this State, and who are legally qualified to practice in the
45 state where they reside;



1 (c) Physicians who are legally qualified to practice in the state
2 where they reside and come into this State on an irregular basis to:

3 (1) Obtain medical training approved by the Board from a
4 physician who is licensed in this State; or

5 (2) Provide medical instruction or training approved by the
6 Board to physicians licensed in this State;

7 (d) Any person permitted to practice any other healing art under
8 this title who does so within the scope of that authority, or healing
9 by faith or Christian Science;

10 (e) *The performance of medical services by a student as part of*
11 *an academic program for physician assistants that is approved by*
12 *the Board, or is recognized by a national organization which is*
13 *approved by the Board to review such programs, if the student is*
14 *enrolled in the program and performs medical services only at the*
15 *direction of a supervising physician;*

16 (f) The practice of respiratory care by a student as part of a
17 program of study in respiratory care that is approved by the Board,
18 or is recognized by a national organization which is approved by the
19 Board to review such programs, if the student is enrolled in the
20 program and provides respiratory care only under the supervision of
21 a practitioner of respiratory care;

22 ~~(g)~~ (g) The practice of respiratory care by a student who:

23 (1) Is enrolled in a clinical program of study in respiratory
24 care which has been approved by the Board;

25 (2) Is employed by a medical facility, as defined in NRS
26 449.0151; and

27 (3) Provides respiratory care to patients who are not in a
28 critical medical condition or, in an emergency, to patients who are in
29 a critical medical condition and a practitioner of respiratory care is
30 not immediately available to provide that care and the student is
31 directed by a physician to provide respiratory care under the
32 supervision of the physician until a practitioner of respiratory care is
33 available;

34 ~~(h)~~ (h) The practice of respiratory care by a person on himself
35 or herself or gratuitous respiratory care provided to a friend or a
36 member of a person's family if the provider of the care does not
37 represent himself or herself as a practitioner of respiratory care;

38 ~~(i)~~ (i) A person who is employed by a physician and provides
39 respiratory care or services as a perfusionist under the supervision of
40 that physician;

41 ~~(j)~~ (j) The maintenance of medical equipment for perfusion or
42 respiratory care that is not attached to a patient; and

43 ~~(k)~~ (k) A person who installs medical equipment for
44 respiratory care that is used in the home and gives instructions
45 regarding the use of that equipment if the person is trained to



1 provide such services and is supervised by a provider of health care
2 who is acting within the authorized scope of his or her practice.

3 2. This chapter does not repeal or affect any statute of Nevada
4 regulating or affecting any other healing art.

5 3. This chapter does not prohibit:

6 (a) Gratuitous services outside of a medical school or medical
7 facility by a person who is not a physician, perfusionist, physician
8 assistant or practitioner of respiratory care in cases of emergency.

9 (b) The domestic administration of family remedies.

10 **Sec. 12.** NRS 630.271 is hereby amended to read as follows:

11 630.271 1. ~~†A†~~ *Except as otherwise provided in NRS*
12 *629.450 and section 7 of this act, a* physician assistant may perform
13 such medical services as the physician assistant is authorized to
14 perform by his or her supervising physician.

15 2. The Board and supervising physician shall limit the
16 authority of a physician assistant to prescribe controlled substances
17 to those schedules of controlled substances that the supervising
18 physician is authorized to prescribe pursuant to state and federal
19 law.

20 3. *A physician assistant is responsible for any medical*
21 *services he or she performs, unless the physician assistant is*
22 *acting under direct supervision of his or her supervising*
23 *physician.*

24 **Sec. 13.** NRS 630.273 is hereby amended to read as follows:

25 630.273 1. The Board may issue a license to an applicant
26 ~~†who†~~ :

27 (a) *Who* is qualified under the regulations of the Board to
28 perform medical services under the supervision of a supervising
29 physician ~~††~~ ; and

30 (b) *Whose application was recommended for approval by the*
31 *Committee.*

32 2. The application for a license as a physician assistant must
33 include all information required to complete the application.

34 **Sec. 14.** NRS 630.2751 is hereby amended to read as follows:

35 630.2751 1. The Board may issue a license by endorsement
36 to practice as a physician assistant to an applicant who meets the
37 requirements set forth in this section. An applicant may submit to
38 the Board an application for such a license if the applicant ~~†~~

39 ~~—(a) Holds† holds~~ a corresponding valid and unrestricted license
40 to practice as a physician assistant in the District of Columbia or any
41 state or territory of the United States . ~~†-and~~

42 ~~—(b) Is certified in a specialty recognized by the American Board~~
43 ~~of Medical Specialties.†~~

44 2. An applicant for a license by endorsement pursuant to this
45 section must submit to the Board with his or her application:



- 1 (a) Proof satisfactory to the Board that the applicant:
2 (1) Satisfies the requirements of subsection 1;
3 (2) Is a citizen of the United States or otherwise has the legal
4 right to work in the United States;
5 (3) Has not been disciplined or investigated by the
6 corresponding regulatory authority of the District of Columbia or
7 any state or territory in which the applicant currently holds or has
8 held a license to practice as a physician assistant; and
9 (4) Has not been held civilly or criminally liable for
10 malpractice in the District of Columbia or any state or territory of
11 the United States;
12 (b) A complete set of fingerprints and written permission
13 authorizing the Board to forward the fingerprints in the manner
14 provided in NRS 630.167;
15 (c) An affidavit stating that the information contained in the
16 application and any accompanying material is true and correct; and
17 (d) Any other information required by the Board.

18 3. Not later than 15 business days after receiving an application
19 for a license by endorsement to practice as a physician assistant
20 pursuant to this section, the Board shall provide written notice to the
21 applicant of any additional information required by the Board to
22 consider the application. Unless the Board denies the application for
23 good cause, the Board shall approve the application and issue a
24 license by endorsement to practice as a physician assistant to the
25 applicant not later than:

- 26 (a) Forty-five days after receiving the application; or
27 (b) Ten days after the Board receives a report on the applicant's
28 background based on the submission of the applicant's fingerprints,
29 ↪ whichever occurs later.

30 4. A license by endorsement to practice as a physician assistant
31 may be issued at a meeting of the Board or between its meetings by
32 the President and Executive Director of the Board. Such an action
33 shall be deemed to be an action of the Board.

34 **Sec. 15.** NRS 630.2752 is hereby amended to read as follows:

35 630.2752 1. The Board may issue a license by endorsement
36 to practice as a physician assistant to an applicant who meets the
37 requirements set forth in this section. An applicant may submit to
38 the Board an application for such a license if the applicant:

39 (a) Holds a corresponding valid and unrestricted license to
40 practice as a physician assistant in the District of Columbia or any
41 state or territory of the United States; *and*

42 (b) ~~Is certified in a specialty recognized by the American Board~~
43 ~~of Medical Specialties; and~~



- 1 ~~(e)~~ Is an active member of, or the spouse of an active member
2 of, the Armed Forces of the United States, a veteran or the surviving
3 spouse of a veteran.
- 4 2. An applicant for a license by endorsement pursuant to this
5 section must submit to the Board with his or her application:
- 6 (a) Proof satisfactory to the Board that the applicant:
- 7 (1) Satisfies the requirements of subsection 1;
8 (2) Is a citizen of the United States or otherwise has the legal
9 right to work in the United States;
10 (3) Has not been disciplined or investigated by the
11 corresponding regulatory authority of the District of Columbia or
12 the state or territory in which the applicant holds a license to
13 practice as a physician assistant; and
14 (4) Has not been held civilly or criminally liable for
15 malpractice in the District of Columbia or any state or territory of
16 the United States;
- 17 (b) A complete set of fingerprints and written permission
18 authorizing the Board to forward the fingerprints in the manner
19 provided in NRS 630.167;
- 20 (c) An affidavit stating that the information contained in the
21 application and any accompanying material is true and correct; and
22 (d) Any other information required by the Board.
- 23 3. Not later than 15 business days after receiving an application
24 for a license by endorsement to practice as a physician assistant
25 pursuant to this section, the Board shall provide written notice to the
26 applicant of any additional information required by the Board to
27 consider the application. Unless the Board denies the application for
28 good cause, the Board shall approve the application and issue a
29 license by endorsement to practice as a physician assistant to the
30 applicant not later than:
- 31 (a) Forty-five days after receiving all the additional information
32 required by the Board to complete the application; or
33 (b) Ten days after the Board receives a report on the applicant's
34 background based on the submission of the applicant's fingerprints,
35 ➔ whichever occurs later.
- 36 4. A license by endorsement to practice as a physician assistant
37 may be issued at a meeting of the Board or between its meetings by
38 the President and Executive Director of the Board. Such an action
39 shall be deemed to be an action of the Board.
- 40 5. At any time before making a final decision on an application
41 for a license by endorsement pursuant to this section, the Board may
42 grant a provisional license authorizing an applicant to practice as a
43 physician assistant in accordance with regulations adopted by the
44 Board.



1 6. As used in this section, "veteran" has the meaning ascribed
2 to it in NRS 417.005.

3 **Sec. 16.** NRS 630.3745 is hereby amended to read as follows:

4 630.3745 1. Except as otherwise provided in subsection 2, a
5 physician shall not allow a person to perform or participate in any
6 activity under the supervision of the physician for the purpose of
7 receiving credit toward a degree of doctor of medicine, osteopathy
8 or osteopathic medicine, including, without limitation, clinical
9 observation and contact with patients, unless the person is enrolled
10 in good standing at:

11 (a) A medical school that is accredited by the Liaison
12 Committee on Medical Education of the American Medical
13 Association and the Association of American Medical Colleges or
14 their successor organizations; or

15 (b) A school of osteopathic medicine, as defined in
16 NRS 633.121.

17 2. The provisions of subsection 1 do not apply to a physician
18 who supervises an activity performed by a person for the purpose of
19 receiving credit toward a degree of doctor of medicine, osteopathy
20 or osteopathic medicine if:

21 (a) The activity takes place:

22 (1) In a primary care practice that is located in an area that
23 has been designated by the United States Secretary of Health and
24 Human Services as a health professional shortage area pursuant to
25 42 U.S.C. § 254e; and

26 (2) Entirely under the supervision of the physician; and

27 (b) The physician is not currently supervising any other person
28 who is receiving credit toward a degree of doctor of medicine,
29 osteopathy or osteopathic medicine.

30 3. As used in this section, "primary care practice" means a
31 health care practice operated by one or more physicians *or*
32 *physician assistants* who practice in the area of family medicine,
33 internal medicine or pediatrics.

34 **Sec. 17.** NRS 630.400 is hereby amended to read as follows:

35 630.400 1. It is unlawful for any person to:

36 (a) Present to the Board as his or her own the diploma, license or
37 credentials of another;

38 (b) Give either false or forged evidence of any kind to the
39 Board;

40 (c) Practice medicine, perfusion or respiratory care under a false
41 or assumed name or falsely personate another licensee;

42 (d) Except as otherwise provided by a specific statute, practice
43 medicine, perfusion or respiratory care without being licensed under
44 this chapter;



1 (e) Hold himself or herself out as a perfusionist or use any other
2 term indicating or implying that he or she is a perfusionist without
3 being licensed by the Board;

4 (f) ~~Hold~~ *Except as otherwise provided in section 6 of this act,*
5 *hold* himself or herself out as a physician assistant or use any other
6 term *or abbreviation* indicating or implying that he or she is a
7 physician assistant without being licensed by the Board; or

8 (g) Hold himself or herself out as a practitioner of respiratory
9 care or use any other term indicating or implying that he or she is a
10 practitioner of respiratory care without being licensed by the Board.

11 2. Unless a greater penalty is provided pursuant to NRS
12 200.830 or 200.840, a person who violates any provision of
13 subsection 1:

14 (a) If no substantial bodily harm results, is guilty of a category
15 D felony; or

16 (b) If substantial bodily harm results, is guilty of a category C
17 felony,

18 and shall be punished as provided in NRS 193.130.

19 3. In addition to any other penalty prescribed by law, if the
20 Board determines that a person has committed any act described in
21 subsection 1, the Board may:

22 (a) Issue and serve on the person an order to cease and desist
23 until the person obtains from the Board the proper license or
24 otherwise demonstrates that he or she is no longer in violation of
25 subsection 1. An order to cease and desist must include a telephone
26 number with which the person may contact the Board.

27 (b) Issue a citation to the person. A citation issued pursuant to
28 this paragraph must be in writing, describe with particularity the
29 nature of the violation and inform the person of the provisions of
30 this paragraph. Each activity in which the person is engaged
31 constitutes a separate offense for which a separate citation may be
32 issued. To appeal a citation, the person must submit a written
33 request for a hearing to the Board not later than 30 days after the
34 date of issuance of the citation.

35 (c) Assess against the person an administrative fine of not more
36 than \$5,000.

37 (d) Impose any combination of the penalties set forth in
38 paragraphs (a), (b) and (c).

39 **Sec. 18.** NRS 632.017 is hereby amended to read as follows:

40 632.017 "Practice of practical nursing" means the performance
41 of selected acts in the care of the ill, injured or infirm under the
42 direction of a registered professional nurse, an advanced practice
43 registered nurse, a licensed physician, a physician assistant licensed
44 pursuant to chapter 630 ~~or 633~~ of NRS, a licensed dentist or a
45 licensed podiatric physician, not requiring the substantial



1 specialized skill, judgment and knowledge required in professional
2 nursing.

3 **Sec. 19.** NRS 632.018 is hereby amended to read as follows:
4 632.018 "Practice of professional nursing" means the
5 performance of any act in the observation, care and counsel of the
6 ill, injured or infirm, in the maintenance of health or prevention of
7 illness of others, in the supervision and teaching of other personnel,
8 in the administration of medications and treatments as prescribed by
9 an advanced practice registered nurse, a licensed physician, a
10 physician assistant licensed pursuant to chapter 630 ~~for 633~~ of
11 NRS, a licensed dentist or a licensed podiatric physician, requiring
12 substantial specialized judgment and skill based on knowledge and
13 application of the principles of biological, physical and social
14 science, but does not include acts of medical diagnosis or
15 prescription of therapeutic or corrective measures.

16 **Sec. 20.** NRS 632.472 is hereby amended to read as follows:
17 632.472 1. The following persons shall report in writing to
18 the Executive Director of the Board any conduct of a licensee or
19 holder of a certificate which constitutes a violation of the provisions
20 of this chapter:

21 (a) Any physician, dentist, dental hygienist, chiropractor,
22 optometrist, podiatric physician, medical examiner, resident, intern,
23 professional or practical nurse, nursing assistant, medication aide -
24 certified, perfusionist, physician assistant licensed pursuant to
25 chapter 630 ~~for 633~~ of NRS, psychiatrist, psychologist, marriage
26 and family therapist, clinical professional counselor, alcohol or drug
27 abuse counselor, music therapist, driver of an ambulance, paramedic
28 or other person providing medical services licensed or certified to
29 practice in this State.

30 (b) Any personnel of a medical facility or facility for the
31 dependent engaged in the admission, examination, care or treatment
32 of persons or an administrator, manager or other person in charge of
33 a medical facility or facility for the dependent upon notification by a
34 member of the staff of the facility.

35 (c) A coroner.

36 (d) Any person who maintains or is employed by an agency to
37 provide personal care services in the home.

38 (e) Any person who operates, who is employed by or who
39 contracts to provide services for an intermediary service
40 organization as defined in NRS 449.4304.

41 (f) Any person who maintains or is employed by an agency to
42 provide nursing in the home.

43 (g) Any employee of the Department of Health and Human
44 Services.



1 (h) Any employee of a law enforcement agency or a county's
2 office for protective services or an adult or juvenile probation
3 officer.

4 (i) Any person who maintains or is employed by a facility or
5 establishment that provides care for older persons.

6 (j) Any person who maintains, is employed by or serves as a
7 volunteer for an agency or service which advises persons regarding
8 the abuse, neglect or exploitation of an older person and refers them
9 to persons and agencies where their requests and needs can be met.

10 (k) Any social worker.

11 (l) Any person who operates or is employed by a community
12 health worker pool or with whom a community health worker pool
13 contracts to provide the services of a community health worker, as
14 defined in NRS 449.0027.

15 (m) Any person who operates or is employed by a peer support
16 recovery organization.

17 2. Every physician who, as a member of the staff of a medical
18 facility or facility for the dependent, has reason to believe that a
19 nursing assistant or medication aide - certified has engaged in
20 conduct which constitutes grounds for the denial, suspension or
21 revocation of a certificate shall notify the superintendent, manager
22 or other person in charge of the facility. The superintendent,
23 manager or other person in charge shall make a report as required in
24 subsection 1.

25 3. A report may be filed by any other person.

26 4. Any person who in good faith reports any violation of the
27 provisions of this chapter to the Executive Director of the Board
28 pursuant to this section is immune from civil liability for reporting
29 the violation.

30 5. As used in this section:

31 (a) "Agency to provide personal care services in the home" has
32 the meaning ascribed to it in NRS 449.0021.

33 (b) "Community health worker pool" has the meaning ascribed
34 to it in NRS 449.0028.

35 (c) "Peer support recovery organization" has the meaning
36 ascribed to it in NRS 449.01563.

37 **Sec. 21.** NRS 633.071 is hereby amended to read as follows:

38 633.071 "Malpractice" means failure on the part of an
39 osteopathic physician ~~for physician assistant~~ to exercise the degree
40 of care, diligence and skill ordinarily exercised by osteopathic
41 physicians ~~for physician assistants~~ in good standing in the
42 community in which he or she practices.

43 **Sec. 22.** NRS 633.075 is hereby amended to read as follows:

44 633.075 1. "Medical assistant" means a person who:



1 (a) Performs clinical tasks under the supervision of an
2 osteopathic physician or physician assistant ~~†~~ *licensed pursuant to*
3 *chapter 630 of NRS;* and

4 (b) Does not hold a license, certificate or registration issued by a
5 professional licensing or regulatory board in this State to perform
6 such clinical tasks.

7 2. The term does not include a person who performs only
8 administrative, clerical, executive or other nonclinical tasks.

9 **Sec. 23.** NRS 633.131 is hereby amended to read as follows:

10 633.131 1. "Unprofessional conduct" includes:

11 (a) Knowingly or willfully making a false or fraudulent
12 statement or submitting a forged or false document in applying for a
13 license to practice osteopathic medicine ~~for to practice as a~~
14 ~~physician assistant,~~ or in applying for the renewal of a license to
15 practice osteopathic medicine . ~~for to practice as a physician~~
16 ~~assistant.~~

17 (b) Failure of a person who is licensed to practice osteopathic
18 medicine to identify himself or herself professionally by using the
19 term D.O., osteopathic physician, doctor of osteopathy or a similar
20 term.

21 (c) Directly or indirectly giving to or receiving from any person,
22 corporation or other business organization any fee, commission,
23 rebate or other form of compensation for sending, referring or
24 otherwise inducing a person to communicate with an osteopathic
25 physician in his or her professional capacity or for any professional
26 services not actually and personally rendered, except as otherwise
27 provided in subsection 2.

28 (d) Employing, directly or indirectly, any suspended or
29 unlicensed person in the practice of osteopathic medicine or in
30 practice as a physician assistant, or the aiding or abetting of any
31 unlicensed person to practice osteopathic medicine or to practice as
32 a physician assistant.

33 (e) Advertising the practice of osteopathic medicine in a manner
34 which does not conform to the guidelines established by regulations
35 of the Board.

36 (f) Engaging in any:

37 (1) Professional conduct which is intended to deceive or
38 which the Board by regulation has determined is unethical; or

39 (2) Medical practice harmful to the public or any conduct
40 detrimental to the public health, safety or morals which does not
41 constitute gross or repeated malpractice or professional
42 incompetence.

43 (g) Administering, dispensing or prescribing any controlled
44 substance or any dangerous drug as defined in chapter 454 of NRS,



1 otherwise than in the course of legitimate professional practice or as
2 authorized by law.

3 (h) Habitual drunkenness or habitual addiction to the use of a
4 controlled substance.

5 (i) Performing, assisting in or advising an unlawful abortion or
6 the injection of any liquid silicone substance into the human body,
7 other than the use of silicone oil to repair a retinal detachment.

8 (j) Knowingly or willfully disclosing a communication
9 privileged pursuant to a statute or court order.

10 (k) Knowingly or willfully disobeying regulations of the State
11 Board of Health, the State Board of Pharmacy or the State Board of
12 Osteopathic Medicine.

13 (l) Violating or attempting to violate, directly or indirectly, or
14 assisting in or abetting the violation of or conspiring to violate any
15 prohibition made in this chapter.

16 (m) Failure of a licensee to maintain timely, legible, accurate
17 and complete medical records relating to the diagnosis, treatment
18 and care of a patient.

19 (n) Making alterations to the medical records of a patient that
20 the licensee knows to be false.

21 (o) Making or filing a report which the licensee knows to be
22 false.

23 (p) Failure of a licensee to file a record or report as required by
24 law, or knowingly or willfully obstructing or inducing any person to
25 obstruct such filing.

26 (q) Failure of a licensee to make medical records of a patient
27 available for inspection and copying as provided by NRS 629.061.

28 (r) Providing false, misleading or deceptive information to the
29 Board in connection with an investigation conducted by the Board.

30 2. It is not unprofessional conduct:

31 (a) For persons holding valid licenses to practice osteopathic
32 medicine issued pursuant to this chapter to practice osteopathic
33 medicine in partnership under a partnership agreement or in a
34 corporation or an association authorized by law, or to pool, share,
35 divide or apportion the fees and money received by them or by the
36 partnership, corporation or association in accordance with the
37 partnership agreement or the policies of the board of directors of
38 the corporation or association;

39 (b) For two or more persons holding valid licenses to practice
40 osteopathic medicine issued pursuant to this chapter to receive
41 adequate compensation for concurrently rendering professional care
42 to a patient and dividing a fee if the patient has full knowledge of
43 this division and if the division is made in proportion to the services
44 performed and the responsibility assumed by each person; or



1 (c) For a person licensed to practice osteopathic medicine
2 pursuant to the provisions of this chapter to form an association or
3 other business relationship with an optometrist pursuant to the
4 provisions of NRS 636.373.

5 **Sec. 24.** NRS 633.151 is hereby amended to read as follows:

6 633.151 The purpose of licensing osteopathic physicians ~~and~~
7 ~~physician assistants~~ is to protect the public health and safety and
8 the general welfare of the people of this State. Any license issued
9 pursuant to this chapter is a revocable privilege, and a holder of such
10 a license does not acquire thereby any vested right.

11 **Sec. 25.** NRS 633.286 is hereby amended to read as follows:

12 633.286 1. On or before February 15 of each odd-numbered
13 year, the Board shall submit to the Governor and to the Director of
14 the Legislative Counsel Bureau for transmittal to the next regular
15 session of the Legislature a written report compiling:

16 (a) Disciplinary action taken by the Board during the previous
17 biennium against osteopathic physicians ~~and physician assistants~~
18 for malpractice or negligence;

19 (b) Information reported to the Board during the previous
20 biennium pursuant to NRS 633.526, 633.527, subsections 3 and 6 of
21 NRS 633.533 and NRS 690B.250 and 690B.260; and

22 (c) Information reported to the Board during the previous
23 biennium pursuant to NRS 633.524, including, without limitation,
24 the number and types of surgeries performed by each holder of a
25 license to practice osteopathic medicine and the occurrence of
26 sentinel events arising from such surgeries, if any.

27 2. The report must include only aggregate information for
28 statistical purposes and exclude any identifying information related
29 to a particular person.

30 **Sec. 26.** NRS 633.301 is hereby amended to read as follows:

31 633.301 1. The Board shall keep a record of its proceedings
32 relating to licensing and disciplinary actions. Except as otherwise
33 provided in this section, the record must be open to public
34 inspection at all reasonable times and contain the name, known
35 place of business and residence, and the date and number of the
36 license of every osteopathic physician ~~and every physician~~
37 ~~assistant~~ licensed under this chapter.

38 2. Except as otherwise provided in this section and NRS
39 239.0115, a complaint filed with the Board, all documents and other
40 information filed with the complaint and all documents and other
41 information compiled as a result of an investigation conducted to
42 determine whether to initiate disciplinary action against a person are
43 confidential, unless the person submits a written statement to the
44 Board requesting that such documents and information be made
45 public records.



1 3. The charging documents filed with the Board to initiate
2 disciplinary action pursuant to chapter 622A of NRS and all other
3 documents and information considered by the Board when
4 determining whether to impose discipline are public records.

5 4. The Board shall, to the extent feasible, communicate or
6 cooperate with or provide any documents or other information to
7 any other licensing board or any other agency that is investigating a
8 person, including, without limitation, a law enforcement agency.

9 **Sec. 27.** NRS 633.305 is hereby amended to read as follows:

10 633.305 Except as otherwise provided in NRS 633.399 ~~† and~~
11 633.400 : ~~†, 633.4335 and 633.4336.†~~

12 1. Every applicant for a license shall:

13 (a) File an application with the Board in the manner prescribed
14 by regulations of the Board;

15 (b) Submit verified proof satisfactory to the Board that the
16 applicant meets any age, citizenship and educational requirements
17 prescribed by this chapter; and

18 (c) Pay in advance to the Board the application and initial
19 license fee specified in NRS 633.501.

20 2. An application filed with the Board pursuant to subsection 1
21 must include all information required to complete the application.

22 3. The Board may hold hearings and conduct investigations
23 into any matter related to the application and, in addition to the
24 proofs required by subsection 1, may take such further evidence and
25 require such other documents or proof of qualifications as it deems
26 proper.

27 4. The Board may reject an application if the Board has cause
28 to believe that any credential or information submitted by the
29 applicant is false, misleading, deceptive or fraudulent.

30 **Sec. 28.** NRS 633.3619 is hereby amended to read as follows:

31 633.3619 The Board shall not issue or renew a license to
32 practice osteopathic medicine ~~for as a physician assistant~~ unless the
33 applicant for issuance or renewal of the license attests to knowledge
34 of and compliance with the guidelines of the Centers for Disease
35 Control and Prevention concerning the prevention of transmission of
36 infectious agents through safe and appropriate injection practices.

37 **Sec. 29.** NRS 633.471 is hereby amended to read as follows:

38 633.471 1. Except as otherwise provided in subsection 8 and
39 NRS 633.491, every holder of a license issued under this chapter,
40 except a temporary or a special license, may renew the license on or
41 before January 1 of each calendar year after its issuance by:

42 (a) Applying for renewal on forms provided by the Board;

43 (b) Paying the annual license renewal fee specified in this
44 chapter;



1 (c) Submitting a list of all actions filed or claims submitted to
2 arbitration or mediation for malpractice or negligence against the
3 holder during the previous year;

4 (d) Submitting evidence to the Board that in the year preceding
5 the application for renewal the holder has attended courses or
6 programs of continuing education approved by the Board in
7 accordance with regulations adopted by the Board totaling a number
8 of hours established by the Board which must not be less than 35
9 hours nor more than that set in the requirements for continuing
10 medical education of the American Osteopathic Association; and

11 (e) Submitting all information required to complete the renewal.

12 2. The Secretary of the Board shall notify each licensee of the
13 requirements for renewal not less than 30 days before the date of
14 renewal.

15 3. The Board shall request submission of verified evidence of
16 completion of the required number of hours of continuing medical
17 education annually from no fewer than one-third of the applicants
18 for renewal of a license to practice osteopathic medicine . ~~for a~~
19 ~~license to practice as a physician assistant.~~ Upon a request from the
20 Board, an applicant for renewal of a license to practice osteopathic
21 medicine ~~for a license to practice as a physician assistant~~ shall
22 submit verified evidence satisfactory to the Board that in the year
23 preceding the application for renewal the applicant attended courses
24 or programs of continuing medical education approved by the Board
25 totaling the number of hours established by the Board.

26 4. The Board shall encourage each holder of a license to
27 practice osteopathic medicine to receive, as a portion of his or her
28 continuing education, training concerning methods for educating
29 patients about how to effectively manage medications, including,
30 without limitation, the ability of the patient to request to have the
31 symptom or purpose for which a drug is prescribed included on the
32 label attached to the container of the drug.

33 5. The Board shall require, as part of the continuing education
34 requirements approved by the Board, the biennial completion by a
35 holder of a license to practice osteopathic medicine of:

36 (a) At least 2 hours of continuing education credits in ethics,
37 pain management or addiction care; and

38 (b) If the holder of a license to practice osteopathic medicine is a
39 psychiatrist, at least 2 hours of continuing education credits on
40 clinically-based suicide prevention and awareness.

41 6. The Board shall encourage each holder of a license to
42 practice osteopathic medicine, other than a psychiatrist, to receive as
43 a portion of his or her continuing education training concerning
44 suicide, including, without limitation, such topics as:



1 (a) The skills and knowledge that the licensee needs to detect
2 behaviors that may lead to suicide, including, without limitation,
3 post-traumatic stress disorder;

4 (b) Approaches to engaging other professionals in suicide
5 intervention; and

6 (c) The detection of suicidal thoughts and ideations and the
7 prevention of suicide.

8 7. A holder of a license to practice osteopathic medicine may
9 substitute not more than 2 hours of continuing education credits in
10 the detection of suicidal thoughts and ideations, and the intervention
11 and prevention of suicide for the purposes of satisfying an
12 equivalent requirement for continuing education in ethics.

13 8. Members of the Armed Forces of the United States and the
14 United States Public Health Service are exempt from payment of the
15 annual license renewal fee during their active duty status.

16 **Sec. 30.** NRS 633.473 is hereby amended to read as follows:

17 633.473 The Board may, by regulation, require each
18 osteopathic physician ~~for physician assistant~~ who is registered to
19 dispense controlled substances pursuant to NRS 453.231 to
20 complete at least 1 hour of training relating specifically to the
21 misuse and abuse of controlled substances during each period of
22 licensure. Any licensee may use such training to satisfy 1 hour of
23 any continuing education requirement established by the Board.

24 **Sec. 31.** NRS 633.491 is hereby amended to read as follows:

25 633.491 1. A licensee who retires from practice is not
26 required annually to renew his or her license after filing with the
27 Board an affidavit stating the date on which he or she retired from
28 practice and any other evidence that the Board may require to verify
29 the retirement.

30 2. An osteopathic physician ~~for physician assistant~~ who retires
31 from practice and who desires to return to practice may apply to
32 renew his or her license by paying all back annual license renewal
33 fees from the date of retirement and submitting verified evidence
34 satisfactory to the Board that the licensee has attended continuing
35 education courses or programs approved by the Board which total:

36 (a) Twenty-five hours if the licensee has been retired 1 year or
37 less.

38 (b) Fifty hours within 12 months of the date of the application if
39 the licensee has been retired for more than 1 year.

40 3. A licensee who wishes to have a license placed on inactive
41 status must provide the Board with an affidavit stating the date on
42 which the licensee will cease the practice of osteopathic medicine
43 ~~for cease to practice as a physician assistant~~ in Nevada and any
44 other evidence that the Board may require. The Board shall place
45 the license of the licensee on inactive status upon receipt of:



1 (a) The affidavit required pursuant to this subsection; and
2 (b) Payment of the inactive license fee prescribed by
3 NRS 633.501.

4 4. An osteopathic physician ~~for physician assistant~~ whose
5 license has been placed on inactive status:

6 (a) Is not required to annually renew the license.
7 (b) Shall annually pay the inactive license fee prescribed by
8 NRS 633.501.

9 (c) Shall not practice osteopathic medicine ~~for practice as a~~
10 ~~physician assistant~~ in this State.

11 5. An osteopathic physician ~~for physician assistant~~ whose
12 license is on inactive status and who wishes to renew his or her
13 license to practice osteopathic medicine ~~for license to practice as a~~
14 ~~physician assistant~~ must:

15 (a) Provide to the Board verified evidence satisfactory to the
16 Board of completion of the total number of hours of continuing
17 medical education required for:

18 (1) The year preceding the date of the application for renewal
19 of the license; and

20 (2) Each year after the date the license was placed on
21 inactive status.

22 (b) Provide to the Board an affidavit stating that the applicant
23 has not withheld from the Board any information which would
24 constitute grounds for disciplinary action pursuant to this chapter.

25 (c) Comply with all other requirements for renewal.

26 **Sec. 32.** NRS 633.501 is hereby amended to read as follows:
27 633.501 1. Except as otherwise provided in subsection 2, the
28 Board shall charge and collect fees not to exceed the following
29 amounts:

| | |
|--|----------------|
| 30 (a) Application and initial license fee for an osteopathic | |
| 31 physician | \$800 |
| 32 (b) Annual license renewal fee for an osteopathic | |
| 33 physician | 500 |
| 34 (c) Temporary license fee | 500 |
| 35 (d) Special or authorized facility license fee | 200 |
| 36 (e) Special event license fee | 200 |
| 37 (f) Special or authorized facility license renewal fee | 200 |
| 38 (g) Reexamination fee | 200 |
| 39 (h) Late payment fee | 300 |
| 40 (i) Application and initial license fee for a physician | |
| 41 assistant | 400 |
| 42 (j) Annual license renewal fee for a physician assistant | 400 |
| 43 (k) Inactive license fee | 200 |



1 2. The Board may prorate the initial license fee for a new
2 license issued pursuant to paragraph (a) ~~for (i)~~ of subsection 1
3 which expires less than 6 months after the date of issuance.

4 3. The cost of any special meeting called at the request of a
5 licensee, an institution, an organization, a state agency or an
6 applicant for licensure must be paid by the person or entity
7 requesting the special meeting. Such a special meeting must not be
8 called until the person or entity requesting the meeting has paid a
9 cash deposit with the Board sufficient to defray all expenses of the
10 meeting.

11 4. If an applicant submits an application for a license by
12 endorsement pursuant to ~~f~~

13 ~~—(a)~~ NRS 633.399 or 633.400 and is an active member of, or the
14 spouse of an active member of, the Armed Forces of the United
15 States, a veteran or the surviving spouse of a veteran, the Board
16 shall collect not more than one-half of the fee set forth in subsection
17 1 for the initial issuance of the license. As used in this ~~paragraph,~~
18 **subsection**, “veteran” has the meaning ascribed to it in
19 NRS 417.005.

20 ~~[(b) NRS 633.4336, the Board shall collect not more than one-~~
21 ~~half of the fee set forth in subsection 1 for the initial issuance of the~~
22 ~~license.]~~

23 **Sec. 33.** NRS 633.511 is hereby amended to read as follows:

24 633.511 1. The grounds for initiating disciplinary action
25 pursuant to this chapter are:

26 (a) Unprofessional conduct.

27 (b) Conviction of:

28 (1) A violation of any federal or state law regulating the
29 possession, distribution or use of any controlled substance or any
30 dangerous drug as defined in chapter 454 of NRS;

31 (2) A felony relating to the practice of osteopathic medicine ;
32 ~~for practice as a physician assistant;]~~

33 (3) A violation of any of the provisions of NRS 616D.200,
34 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

35 (4) Murder, voluntary manslaughter or mayhem;

36 (5) Any felony involving the use of a firearm or other deadly
37 weapon;

38 (6) Assault with intent to kill or to commit sexual assault or
39 mayhem;

40 (7) Sexual assault, statutory sexual seduction, incest,
41 lewdness, indecent exposure or any other sexually related crime;

42 (8) Abuse or neglect of a child or contributory delinquency;

43 or

44 (9) Any offense involving moral turpitude.



- 1 (c) The suspension of a license to practice osteopathic medicine
2 ~~for to practice as a physician assistant~~ by any other jurisdiction.
- 3 (d) Malpractice or gross malpractice, which may be evidenced
4 by a claim of malpractice settled against a licensee.
- 5 (e) Professional incompetence.
- 6 (f) Failure to comply with the requirements of NRS 633.527.
- 7 (g) Failure to comply with the requirements of subsection 3 of
8 NRS 633.471.
- 9 (h) Failure to comply with the provisions of NRS 633.694.
- 10 (i) Operation of a medical facility, as defined in NRS 449.0151,
11 at any time during which:
- 12 (1) The license of the facility is suspended or revoked; or
13 (2) An act or omission occurs which results in the suspension
14 or revocation of the license pursuant to NRS 449.160.
- 15 ➔ This paragraph applies to an owner or other principal responsible
16 for the operation of the facility.
- 17 (j) Failure to comply with the provisions of subsection 2 of
18 NRS 633.322.
- 19 (k) Signing a blank prescription form.
- 20 (l) Knowingly or willfully procuring or administering a
21 controlled substance or a dangerous drug as defined in chapter 454
22 of NRS that is not approved by the United States Food and Drug
23 Administration, unless the unapproved controlled substance or
24 dangerous drug:
- 25 (1) Was procured through a retail pharmacy licensed
26 pursuant to chapter 639 of NRS;
- 27 (2) Was procured through a Canadian pharmacy which is
28 licensed pursuant to chapter 639 of NRS and which has been
29 recommended by the State Board of Pharmacy pursuant to
30 subsection 4 of NRS 639.2328;
- 31 (3) Is marijuana being used for medical purposes in
32 accordance with chapter 453A of NRS; or
- 33 (4) Is an investigational drug or biological product prescribed
34 to a patient pursuant to NRS 630.3735 or 633.6945.
- 35 (m) Attempting, directly or indirectly, by intimidation, coercion
36 or deception, to obtain or retain a patient or to discourage the use of
37 a second opinion.
- 38 (n) Terminating the medical care of a patient without adequate
39 notice or without making other arrangements for the continued care
40 of the patient.
- 41 (o) In addition to the provisions of subsection 3 of NRS
42 633.524, making or filing a report which the licensee knows to be
43 false, failing to file a record or report that is required by law or
44 knowingly or willfully obstructing or inducing another to obstruct
45 the making or filing of such a record or report.



1 (p) Failure to report any person the licensee knows, or has
2 reason to know, is in violation of the provisions of this chapter or
3 the regulations of the Board within 30 days after the date the
4 licensee knows or has reason to know of the violation.

5 (q) Failure by a licensee or applicant to report in writing, within
6 30 days, any criminal action taken or conviction obtained against the
7 licensee or applicant, other than a minor traffic violation, in this
8 State or any other state or by the Federal Government, a branch of
9 the Armed Forces of the United States or any local or federal
10 jurisdiction of a foreign country.

11 (r) Engaging in any act that is unsafe in accordance with
12 regulations adopted by the Board.

13 (s) Failure to comply with the provisions of NRS 629.515.

14 (t) Failure to supervise adequately a medical assistant pursuant
15 to the regulations of the Board.

16 (u) Failure to obtain any training required by the Board pursuant
17 to NRS 633.473.

18 (v) Failure to comply with the provisions of NRS 633.6955.

19 (w) Failure to comply with the provisions of NRS 453.163 or
20 453.164.

21 2. As used in this section, "investigational drug or biological
22 product" has the meaning ascribed to it in NRS 454.351.

23 **Sec. 34.** NRS 633.512 is hereby amended to read as follows:

24 633.512 Any member or agent of the Board may enter any
25 premises in this State where a person who holds a license issued
26 pursuant to the provisions of this chapter practices osteopathic
27 medicine ~~for as a physician assistant~~ and inspect it to determine
28 whether a violation of any provision of this chapter has occurred,
29 including, without limitation, an inspection to determine whether
30 any person at the premises is practicing osteopathic medicine ~~for as
31 a physician assistant~~ without the appropriate license issued
32 pursuant to the provisions of this chapter.

33 **Sec. 35.** NRS 633.526 is hereby amended to read as follows:

34 633.526 1. The insurer of an osteopathic physician ~~for
35 physician assistant~~ licensed under this chapter shall report to the
36 Board:

37 (a) Any action for malpractice against the osteopathic physician
38 ~~for physician assistant~~ not later than 45 days after the osteopathic
39 physician ~~for physician assistant~~ receives service of a summons and
40 complaint for the action;

41 (b) Any claim for malpractice against the osteopathic physician
42 ~~for physician assistant~~ that is submitted to arbitration or mediation
43 not later than 45 days after the claim is submitted to arbitration or
44 mediation; and



1 (c) Any settlement, award, judgment or other disposition of any
2 action or claim described in paragraph (a) or (b) not later than 45
3 days after the settlement, award, judgment or other disposition.

4 2. The Board shall report any failure to comply with subsection
5 1 by an insurer licensed in this State to the Division of Insurance of
6 the Department of Business and Industry. If, after a hearing, the
7 Division of Insurance determines that any such insurer failed to
8 comply with the requirements of subsection 1, the Division may
9 impose an administrative fine of not more than \$10,000 against the
10 insurer for each such failure to report. If the administrative fine is
11 not paid when due, the fine must be recovered in a civil action
12 brought by the Attorney General on behalf of the Division.

13 **Sec. 36.** NRS 633.527 is hereby amended to read as follows:

14 633.527 1. An osteopathic physician ~~for physician assistant~~
15 shall report to the Board:

16 (a) Any action for malpractice against the osteopathic physician
17 ~~for physician assistant~~ not later than 45 days after the osteopathic
18 physician ~~for physician assistant~~ receives service of a summons and
19 complaint for the action;

20 (b) Any claim for malpractice against the osteopathic physician
21 ~~for physician assistant~~ that is submitted to arbitration or mediation
22 not later than 45 days after the claim is submitted to arbitration or
23 mediation;

24 (c) Any settlement, award, judgment or other disposition of any
25 action or claim described in paragraph (a) or (b) not later than 45
26 days after the settlement, award, judgment or other disposition; and

27 (d) Any sanctions imposed against the osteopathic physician ~~for~~
28 ~~physician assistant~~ that are reportable to the National Practitioner
29 Data Bank not later than 45 days after the sanctions are imposed.

30 2. If the Board finds that an osteopathic physician ~~for physician~~
31 ~~assistant~~ has violated any provision of this section, the Board may
32 impose a fine of not more than \$5,000 against the osteopathic
33 physician ~~for physician assistant~~ for each violation, in addition to
34 any other fines or penalties permitted by law.

35 3. All reports made by an osteopathic physician ~~for physician~~
36 ~~assistant~~ pursuant to this section are public records.

37 **Sec. 37.** NRS 633.528 is hereby amended to read as follows:

38 633.528 If the Board receives a report pursuant to the
39 provisions of NRS 633.526, 633.527, 690B.250 or 690B.260
40 indicating that a judgment has been rendered or an award has been
41 made against an osteopathic physician ~~for physician assistant~~
42 regarding an action or claim for malpractice or that such an action or
43 claim against the osteopathic physician ~~for physician assistant~~ has
44 been resolved by settlement, the Board shall conduct an
45 investigation to determine whether to discipline the osteopathic



1 physician ~~for physician assistant~~ regarding the action or claim,
2 unless the Board has already commenced or completed such an
3 investigation regarding the action or claim before it receives the
4 report.

5 **Sec. 38.** NRS 633.529 is hereby amended to read as follows:

6 633.529 1. Notwithstanding the provisions of chapter 622A
7 of NRS, if the Board or an investigative committee of the Board
8 receives a report pursuant to the provisions of NRS 633.526,
9 633.527, 690B.250 or 690B.260 indicating that a judgment has been
10 rendered or an award has been made against an osteopathic
11 physician ~~for physician assistant~~ regarding an action or claim for
12 malpractice, or that such an action or claim against the osteopathic
13 physician ~~for physician assistant~~ has been resolved by settlement,
14 the Board or committee may order the osteopathic physician ~~for~~
15 ~~physician assistant~~ to undergo a mental or physical examination or
16 any other examination designated by the Board to test his or her
17 competence to practice osteopathic medicine . ~~for to practice as a~~
18 ~~physician assistant, as applicable.~~ An examination conducted
19 pursuant to this subsection must be conducted by a person
20 designated by the Board.

21 2. For the purposes of this section:

22 (a) An osteopathic physician ~~for physician assistant~~ who
23 applies for a license or who holds a license under this chapter is
24 deemed to have given consent to submit to a mental or physical
25 examination or an examination testing his or her competence to
26 practice osteopathic medicine ~~for to practice as a physician assistant,~~
27 ~~as applicable,~~ pursuant to a written order by the Board.

28 (b) The testimony or reports of a person who conducts an
29 examination of an osteopathic physician ~~for physician assistant~~ on
30 behalf of the Board pursuant to this section are not privileged
31 communications.

32 **Sec. 39.** NRS 633.531 is hereby amended to read as follows:

33 633.531 1. The Board or any of its members, or a medical
34 review panel of a hospital or medical society, which becomes aware
35 of any conduct by an osteopathic physician ~~for physician assistant~~
36 that may constitute grounds for initiating disciplinary action shall,
37 and any other person who is so aware may, file a written complaint
38 specifying the relevant facts with the Board.

39 2. The Board shall retain all complaints filed with the Board
40 pursuant to this section for at least 10 years, including, without
41 limitation, any complaints not acted upon.

42 **Sec. 40.** NRS 633.533 is hereby amended to read as follows:

43 633.533 1. Except as otherwise provided in subsection 2, any
44 person may file with the Board a complaint against an osteopathic
45 physician ~~for physician assistant~~ on a form provided by the Board.



1 The form may be submitted in writing or electronically. If a
2 complaint is submitted anonymously, the Board may accept the
3 complaint but may refuse to consider the complaint if the lack of the
4 identity of the complainant makes processing the complaint
5 impossible or unfair to the person who is the subject of the
6 complaint.

7 2. Any licensee, medical school or medical facility that
8 becomes aware that a person practicing osteopathic medicine ~~for~~
9 ~~practicing as a physician assistant~~ in this State has, is or is about to
10 become engaged in conduct which constitutes grounds for initiating
11 disciplinary action shall file a written complaint with the Board
12 within 30 days after becoming aware of the conduct.

13 3. Except as otherwise provided in subsection 4, any hospital,
14 clinic or other medical facility licensed in this State, or medical
15 society, shall file a written report with the Board of any change in
16 the privileges of an osteopathic physician ~~for physician assistant~~ to
17 practice while the osteopathic physician ~~for physician assistant~~ is
18 under investigation, and the outcome of any disciplinary action
19 taken by the facility or society against the osteopathic physician ~~for~~
20 ~~physician assistant~~ concerning the care of a patient or the
21 competency of the osteopathic physician, ~~for physician assistant,~~
22 within 30 days after the change in privileges is made or disciplinary
23 action is taken.

24 4. A hospital, clinic or other medical facility licensed in this
25 State, or medical society, shall report to the Board within 5 days
26 after a change in the privileges of an osteopathic physician ~~for~~
27 ~~physician assistant~~ that is based on:

28 (a) An investigation of the mental, medical or psychological
29 competency of the osteopathic physician; ~~for physician assistant;~~
30 or

31 (b) Suspected or alleged substance abuse in any form by the
32 osteopathic physician. ~~for physician assistant.~~

33 5. The Board shall report any failure to comply with subsection
34 3 or 4 by a hospital, clinic or other medical facility licensed in this
35 State to the Division of Public and Behavioral Health of the
36 Department of Health and Human Services. If, after a hearing, the
37 Division determines that any such facility or society failed to
38 comply with the requirements of ~~this subsection;~~ **subsection 3 or**
39 **4**, the Division may impose an administrative fine of not more than
40 \$10,000 against the facility or society for each such failure to report.
41 If the administrative fine is not paid when due, the fine must be
42 recovered in a civil action brought by the Attorney General on
43 behalf of the Division.



1 6. The clerk of every court shall report to the Board any
2 finding, judgment or other determination of the court that an
3 osteopathic physician : ~~for physician assistant;~~

4 (a) Is mentally ill;

5 (b) Is mentally incompetent;

6 (c) Has been convicted of a felony or any law governing
7 controlled substances or dangerous drugs;

8 (d) Is guilty of abuse or fraud under any state or federal program
9 providing medical assistance; or

10 (e) Is liable for damages for malpractice or negligence,

11 → within 45 days after the finding, judgment or determination.

12 **Sec. 41.** NRS 633.542 is hereby amended to read as follows:

13 633.542 Unless the Board determines that extenuating
14 circumstances exist, the Board shall forward to the appropriate law
15 enforcement agency any substantiated information submitted to the
16 Board concerning a person who practices or offers to practice
17 osteopathic medicine ~~for as a physician assistant~~ without the
18 appropriate license issued pursuant to the provisions of this chapter.

19 **Sec. 42.** NRS 633.561 is hereby amended to read as follows:

20 633.561 1. Notwithstanding the provisions of chapter 622A
21 of NRS, if the Board or a member of the Board designated to review
22 a complaint pursuant to NRS 633.541 has reason to believe that the
23 conduct of an osteopathic physician ~~for physician assistant~~ has
24 raised a reasonable question as to his or her competence to practice
25 osteopathic medicine ~~for to practice as a physician assistant, as
26 applicable,~~ with reasonable skill and safety to patients, the Board or
27 the member designated by the Board may require the osteopathic
28 physician ~~for physician assistant~~ to submit to a mental or physical
29 examination conducted by physicians designated by the Board. If
30 the osteopathic physician ~~for physician assistant~~ participates in a
31 diversion program, the diversion program may exchange with any
32 authorized member of the staff of the Board any information
33 concerning the recovery and participation of the osteopathic
34 physician ~~for physician assistant~~ in the diversion program. As used
35 in this subsection, "diversion program" means a program approved
36 by the Board to correct an osteopathic physician's ~~for physician
37 assistant's~~ alcohol or drug dependence or any other impairment.

38 2. For the purposes of this section:

39 (a) An osteopathic physician ~~for physician assistant~~ who is
40 licensed under this chapter and who accepts the privilege of
41 practicing osteopathic medicine ~~for practicing as a physician
42 assistant~~ in this State is deemed to have given consent to submit to
43 a mental or physical examination pursuant to a written order by the
44 Board.



1 (b) The testimony or examination reports of the examining
2 physicians are not privileged communications.

3 3. Except in extraordinary circumstances, as determined by the
4 Board, the failure of an osteopathic physician ~~for physician~~
5 ~~assistant~~ who is licensed under this chapter to submit to an
6 examination pursuant to this section constitutes an admission of the
7 charges against the osteopathic physician. ~~for physician assistant.~~

8 **Sec. 43.** NRS 633.571 is hereby amended to read as follows:

9 633.571 Notwithstanding the provisions of chapter 622A of
10 NRS, if the Board has reason to believe that the conduct of any
11 osteopathic physician ~~for physician assistant~~ has raised a
12 reasonable question as to his or her competence to practice
13 osteopathic medicine ~~for to practice as a physician assistant, as~~
14 ~~applicable,~~ with reasonable skill and safety to patients, the Board
15 may require the osteopathic physician ~~for physician assistant~~ to
16 submit to an examination for the purposes of determining his or her
17 competence to practice osteopathic medicine ~~for to practice as a~~
18 ~~physician assistant, as applicable,~~ with reasonable skill and safety
19 to patients.

20 **Sec. 44.** NRS 633.581 is hereby amended to read as follows:

21 633.581 1. If an investigation by the Board of an osteopathic
22 physician ~~for physician assistant~~ reasonably determines that the
23 health, safety or welfare of the public or any patient served by the
24 osteopathic physician ~~for physician assistant~~ is at risk of imminent
25 or continued harm, the Board may summarily suspend the license of
26 the licensee pending the conclusion of a hearing to consider a formal
27 complaint against the licensee. The order of summary suspension
28 may be issued only by the Board or an investigative committee of
29 the Board.

30 2. If the Board or an investigative committee of the Board
31 issues an order summarily suspending the license of a licensee
32 pursuant to subsection 1, the Board shall hold a hearing not later
33 than 60 days after the date on which the order is issued, unless the
34 Board and the licensee mutually agree to a longer period, to
35 determine whether a reasonable basis exists to continue the
36 suspension of the license pending the conclusion of a hearing to
37 consider a formal complaint against the licensee. If no formal
38 complaint against the licensee is pending before the Board on the
39 date on which a hearing is held pursuant to this section, the Board
40 shall reinstate the license of the licensee.

41 3. Notwithstanding the provisions of chapter 622A of NRS, if
42 the Board or an investigative committee of the Board issues an order
43 summarily suspending the license of an osteopathic physician ~~for~~
44 ~~physician assistant~~ pursuant to subsection 1 and the Board requires
45 the licensee to submit to a mental or physical examination or a



1 medical competency examination, the examination must be
2 conducted and the results must be obtained not later than 30 days
3 after the order is issued.

4 **Sec. 45.** NRS 633.591 is hereby amended to read as follows:

5 633.591 Notwithstanding the provisions of chapter 622A of
6 NRS, if the Board issues an order summarily suspending the license
7 of an osteopathic physician ~~for physician assistant~~ pending
8 proceedings for disciplinary action, including, without limitation, a
9 summary suspension pursuant to NRS 233B.127, the court shall not
10 stay that order unless the Board fails to institute and determine such
11 proceedings as promptly as the requirements for investigation of the
12 case reasonably allow.

13 **Sec. 46.** NRS 633.601 is hereby amended to read as follows:

14 633.601 1. In addition to any other remedy provided by law,
15 the Board, through an officer of the Board or the Attorney General,
16 may apply to any court of competent jurisdiction to enjoin any
17 unprofessional conduct of an osteopathic physician ~~for physician~~
18 ~~assistant~~ which is harmful to the public or to limit the practice of
19 the osteopathic physician ~~for physician assistant~~ or suspend his or
20 her license to practice osteopathic medicine ~~for to practice as a~~
21 ~~physician assistant, as applicable.~~ as provided in this section.

22 2. The court in a proper case may issue a temporary restraining
23 order or a preliminary injunction for such purposes:

24 (a) Without proof of actual damage sustained by any person, this
25 provision being a preventive as well as punitive measure; and

26 (b) Pending proceedings for disciplinary action by the Board.
27 Notwithstanding the provisions of chapter 622A of NRS, such
28 proceedings shall be instituted and determined as promptly as the
29 requirements for investigation of the case reasonably allow.

30 **Sec. 47.** NRS 633.631 is hereby amended to read as follows:

31 633.631 Except as otherwise provided in subsection 2 and
32 chapter 622A of NRS:

33 1. Service of process made under this chapter must be either
34 personal or by registered or certified mail with return receipt
35 requested, addressed to the osteopathic physician ~~for physician~~
36 ~~assistant~~ at his or her last known address, as indicated in the records of
37 the Board. If personal service cannot be made and if mail notice
38 is returned undelivered, the President or Secretary of the Board shall
39 cause a notice of hearing to be published once a week for 4
40 consecutive weeks in a newspaper published in the county of the last
41 known address of the osteopathic physician ~~for physician assistant~~
42 or, if no newspaper is published in that county, in a newspaper
43 widely distributed in that county.

44 2. In lieu of the methods of service of process set forth in
45 subsection 1, if the Board obtains written consent from the



1 osteopathic physician , ~~for physician assistant,~~ service of process
2 under this chapter may be made by electronic mail on the licensee at
3 an electronic mail address designated by the licensee in the written
4 consent.

5 3. Proof of service of process or publication of notice made
6 under this chapter must be filed with the Secretary of the Board and
7 may be recorded in the minutes of the Board.

8 **Sec. 48.** NRS 633.641 is hereby amended to read as follows:

9 633.641 Notwithstanding the provisions of chapter 622A of
10 NRS, in any disciplinary proceeding before the Board, a hearing
11 officer or a panel:

12 1. Proof of actual injury need not be established where the
13 formal complaint charges deceptive or unethical professional
14 conduct or medical practice harmful to the public.

15 2. A certified copy of the record of a court or a licensing
16 agency showing a conviction or the suspension or revocation of a
17 license to practice osteopathic medicine ~~for to practice as a~~
18 ~~physician assistant~~ is conclusive evidence of its occurrence.

19 **Sec. 49.** NRS 633.651 is hereby amended to read as follows:

20 633.651 1. If the Board finds a person guilty in a disciplinary
21 proceeding, it shall by order take one or more of the following
22 actions:

23 (a) Place the person on probation for a specified period or until
24 further order of the Board.

25 (b) Administer to the person a public reprimand.

26 (c) Limit the practice of the person to, or by the exclusion of,
27 one or more specified branches of osteopathic medicine.

28 (d) Suspend the license of the person to practice osteopathic
29 medicine ~~for to practice as a physician assistant~~ for a specified
30 period or until further order of the Board.

31 (e) Revoke the license of the person to practice osteopathic
32 medicine . ~~for to practice as a physietan assistant~~

33 (f) Impose a fine not to exceed \$5,000 for each violation.

34 (g) Require supervision of the practice of the person.

35 (h) Require the person to perform community service without
36 compensation.

37 (i) Require the person to complete any training or educational
38 requirements specified by the Board.

39 (j) Require the person to participate in a program to correct
40 alcohol or drug dependence or any other impairment.

41 ➤ The order of the Board may contain any other terms, provisions
42 or conditions as the Board deems proper and which are not
43 inconsistent with law.

44 2. The Board shall not administer a private reprimand.



1 3. An order that imposes discipline and the findings of fact and
2 conclusions of law supporting that order are public records.

3 **Sec. 50.** NRS 633.671 is hereby amended to read as follows:

4 633.671 1. Any person who has been placed on probation or
5 whose license has been limited, suspended or revoked by the Board
6 is entitled to judicial review of the Board's order as provided by
7 law.

8 2. Every order of the Board which limits the practice of
9 osteopathic medicine ~~for the practice of a physician assistant~~ or
10 suspends or revokes a license is effective from the date on which the
11 order is issued by the Board until the date the order is modified or
12 reversed by a final judgment of the court.

13 3. The district court shall give a petition for judicial review of
14 the Board's order priority over other civil matters which are not
15 expressly given priority by law.

16 **Sec. 51.** NRS 633.681 is hereby amended to read as follows:

17 633.681 1. Any person:

18 (a) Whose practice of osteopathic medicine ~~for practice as a~~
19 ~~physician assistant~~ has been limited; or

20 (b) Whose license to practice osteopathic medicine ~~for to~~
21 ~~practice as a physician assistant~~ has been:

22 (1) Suspended until further order; or

23 (2) Revoked,

24 ↪ may apply to the Board after a reasonable period for removal of
25 the limitation or suspension or may apply to the Board pursuant to
26 the provisions of chapter 622A of NRS for reinstatement of the
27 revoked license.

28 2. In hearing the application, the Board:

29 (a) May require the person to submit to a mental or physical
30 examination by physicians whom it designates and submit such
31 other evidence of changed conditions and of fitness as it deems
32 proper;

33 (b) Shall determine whether under all the circumstances the time
34 of the application is reasonable; and

35 (c) May deny the application or modify or rescind its order as it
36 deems the evidence and the public safety warrants.

37 **Sec. 52.** NRS 633.691 is hereby amended to read as follows:

38 633.691 1. In addition to any other immunity provided by the
39 provisions of chapter 622A of NRS, the Board, a medical review
40 panel of a hospital, a hearing officer, a panel of the Board, an
41 employee or volunteer of a diversion program specified in NRS
42 633.561, or any person who or other organization which initiates or
43 assists in any lawful investigation or proceeding concerning the
44 discipline of an osteopathic physician ~~for physician assistant~~ for
45 gross malpractice, malpractice, professional incompetence or



1 unprofessional conduct is immune from any civil action for such
2 initiation or assistance or any consequential damages, if the person
3 or organization acted in good faith.

4 2. Except as otherwise provided in subsection 3, the Board
5 shall not commence an investigation, impose any disciplinary action
6 or take any other adverse action against an osteopathic physician ~~for~~
7 ~~physician assistant~~ for:

8 (a) Disclosing to a governmental entity a violation of a law, rule
9 or regulation by an applicant for a license to practice osteopathic
10 medicine ~~for to practice as a physician assistant,~~ or by an
11 osteopathic physician ; ~~for physician assistant;~~ or

12 (b) Cooperating with a governmental entity that is conducting an
13 investigation, hearing or inquiry into such a violation, including,
14 without limitation, providing testimony concerning the violation.

15 3. An osteopathic physician ~~for physician assistant~~ who
16 discloses information to or cooperates with a governmental entity
17 pursuant to subsection 2 with respect to the violation of any law,
18 rule or regulation by the osteopathic physician ~~for physician~~
19 ~~assistant~~ is subject to investigation and any other administrative or
20 disciplinary action by the Board under the provisions of this chapter
21 for such violation.

22 4. As used in this section, "governmental entity" includes,
23 without limitation:

24 (a) A federal, state or local officer, employee, agency,
25 department, division, bureau, board, commission, council, authority
26 or other subdivision or entity of a public employer;

27 (b) A federal, state or local employee, committee, member or
28 commission of the Legislative Branch of Government;

29 (c) A federal, state or local representative, member or employee
30 of a legislative body or a county, town, village or any other political
31 subdivision or civil division of the State;

32 (d) A federal, state or local law enforcement agency or
33 prosecutorial office, or any member or employee thereof, or police
34 or peace officer; and

35 (e) A federal, state or local judiciary, or any member or
36 employee thereof, or grand or petit jury.

37 **Sec. 53.** NRS 633.6955 is hereby amended to read as follows:

38 633.6955 1. Except as otherwise provided in subsection 2, an
39 osteopathic physician shall not allow a person to perform or
40 participate in any activity under the supervision of the osteopathic
41 physician for the purpose of receiving credit toward a degree of
42 doctor of medicine, osteopathy or osteopathic medicine, including,
43 without limitation, clinical observation and contact with patients,
44 unless the person is enrolled in good standing at:



1 (a) A medical school that is accredited by the Liaison
2 Committee on Medical Education of the American Medical
3 Association and the Association of American Medical Colleges or
4 their successor organizations; or

5 (b) A school of osteopathic medicine.

6 2. The provisions of subsection 1 do not apply to an
7 osteopathic physician who supervises an activity performed by a
8 person for the purpose of receiving credit toward a degree of doctor
9 of medicine, osteopathy or osteopathic medicine if:

10 (a) The activity takes place:

11 (1) In a primary care practice that is located in an area that
12 has been designated by the United States Secretary of Health and
13 Human Services as a health professional shortage area pursuant to
14 42 U.S.C. § 254e; and

15 (2) Entirely under the supervision of the osteopathic
16 physician; and

17 (b) The osteopathic physician is not currently supervising any
18 other person who is receiving credit toward a degree of doctor of
19 medicine, osteopathy or osteopathic medicine.

20 3. As used in this section, "primary care practice" means a
21 health care practice operated by one or more physicians *or*
22 *physician assistants* who practice in the area of family medicine,
23 internal medicine or pediatrics.

24 **Sec. 54.** NRS 633.701 is hereby amended to read as follows:

25 633.701 The filing and review of a complaint and any
26 subsequent disposition by the Board, the member designated by the
27 Board to review a complaint pursuant to NRS 633.541 or any
28 reviewing court do not preclude:

29 1. Any measure by a hospital or other institution to limit or
30 terminate the privileges of an osteopathic physician ~~for physician~~
31 ~~assistant~~ according to its rules or the custom of the profession. No
32 civil liability attaches to any such action taken without malice even
33 if the ultimate disposition of the complaint is in favor of the
34 osteopathic physician. ~~for physician assistant.~~

35 2. Any appropriate criminal prosecution by the Attorney
36 General or a district attorney based upon the same or other facts.

37 **Sec. 55.** NRS 633.707 is hereby amended to read as follows:

38 633.707 1. An osteopathic physician ~~for physician assistant~~
39 may issue to a public or private school an order to allow the school
40 to obtain and maintain auto-injectable epinephrine at the school,
41 regardless of whether any person at the school has been diagnosed
42 with a condition which may cause the person to require such
43 medication for the treatment of anaphylaxis.

44 2. An osteopathic physician ~~for physician assistant~~ may issue
45 to an authorized entity an order to allow the authorized entity to



1 obtain and maintain auto-injectable epinephrine at any location
2 under the control of the authorized entity where allergens capable of
3 causing anaphylaxis may be present, regardless of whether any
4 person employed by, affiliated with or served by the authorized
5 entity has been diagnosed with a condition which may cause the
6 person to require such medication for the treatment of anaphylaxis.

7 3. An order issued pursuant to subsection 1 or 2 must contain:

8 (a) The name and signature of the osteopathic physician ~~for~~
9 ~~physician assistant~~ and the address of the osteopathic physician ~~for~~
10 ~~physician assistant~~ if not immediately available to the pharmacist;

11 (b) The classification of his or her license;

12 (c) The name of the public or private school or authorized entity
13 to which the order is issued;

14 (d) The name, strength and quantity of the drug authorized to be
15 obtained and maintained by the order; and

16 (e) The date of issue.

17 4. An osteopathic physician ~~for physician assistant~~ is not
18 subject to disciplinary action solely for issuing a valid order
19 pursuant to subsection 1 or 2 to an entity other than a natural person
20 and without knowledge of a specific natural person who requires the
21 medication.

22 5. An osteopathic physician ~~for physician assistant~~ is not
23 liable for any error or omission concerning the acquisition,
24 possession, provision or administration of auto-injectable
25 epinephrine maintained by a public or private school or authorized
26 entity pursuant to an order issued by the osteopathic physician ~~for~~
27 ~~physician assistant~~ not resulting from gross negligence or reckless,
28 willful or wanton conduct of the osteopathic physician . ~~for~~
29 ~~physician assistant.~~

30 6. As used in this section:

31 (a) "Authorized entity" has the meaning ascribed to it in
32 NRS 450B.710.

33 (b) "Private school" has the meaning ascribed to it in
34 NRS 394.103.

35 (c) "Public school" has the meaning ascribed to it in
36 NRS 385.007.

37 **Sec. 56.** NRS 633.711 is hereby amended to read as follows:

38 633.711 1. The Board, through an officer of the Board or the
39 Attorney General, may maintain in any court of competent
40 jurisdiction a suit for an injunction against any person:

41 (a) Practicing osteopathic medicine ~~for practicing as a physician~~
42 ~~assistant~~ without a valid license to practice osteopathic medicine ;
43 ~~for to practice as a physician assistant;~~ or

44 (b) Providing services through telehealth, as defined in NRS
45 629.515, without a valid license.



2. An injunction issued pursuant to subsection 1:

(a) May be issued without proof of actual damage sustained by any person, this provision being a preventive as well as a punitive measure.

(b) Must not relieve such person from criminal prosecution for practicing without such a license.

Sec. 57. NRS 633.721 is hereby amended to read as follows:

633.721 In a criminal complaint charging any person with practicing osteopathic medicine ~~for practicing as a physician assistant~~ without a valid license issued by the Board, it is sufficient to charge that the person did, upon a certain day, and in a certain county of this State, engage in such practice without having a valid license to do so, without averring any further or more particular facts concerning the violation.

Sec. 58. NRS 633.741 is hereby amended to read as follows:

633.741 1. It is unlawful for any person to:

(a) Except as otherwise provided in NRS 629.091, practice:

(1) Osteopathic medicine without a valid license to practice osteopathic medicine under this chapter; *or*

(2) ~~As a physician assistant without a valid license under this chapter; or~~

~~(3)~~ Beyond the limitations ordered upon his or her practice by the Board or the court;

(b) Present as his or her own the diploma, license or credentials of another;

(c) Give either false or forged evidence of any kind to the Board or any of its members in connection with an application for a license;

(d) File for record the license issued to another, falsely claiming himself or herself to be the person named in the license, or falsely claiming himself or herself to be the person entitled to the license;

(e) Practice osteopathic medicine ~~for practice as a physician assistant~~ under a false or assumed name or falsely personate another licensee of a like or different name;

~~(f) Hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant, unless the person has been licensed by the Board as provided in this chapter;~~ or

~~(g)~~ (f) Supervise a person as a physician assistant before such person is licensed as provided in ~~this~~ chapter ~~of~~ *630 of NRS.*

2. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,



1 ↳ and shall be punished as provided in NRS 193.130, unless a
2 greater penalty is provided pursuant to NRS 200.830 or 200.840.

3 3. In addition to any other penalty prescribed by law, if the
4 Board determines that a person has committed any act described in
5 subsection 1, the Board may:

6 (a) Issue and serve on the person an order to cease and desist
7 until the person obtains from the Board the proper license or
8 otherwise demonstrates that he or she is no longer in violation of
9 subsection 1. An order to cease and desist must include a telephone
10 number with which the person may contact the Board.

11 (b) Issue a citation to the person. A citation issued pursuant to
12 this paragraph must be in writing, describe with particularity the
13 nature of the violation and inform the person of the provisions of
14 this paragraph. Each activity in which the person is engaged
15 constitutes a separate offense for which a separate citation may be
16 issued. To appeal a citation, the person must submit a written
17 request for a hearing to the Board not later than 30 days after the
18 date of issuance of the citation.

19 (c) Assess against the person an administrative fine of not more
20 than \$5,000.

21 (d) Impose any combination of the penalties set forth in
22 paragraphs (a), (b) and (c).

23 **Sec. 59.** NRS 639.0125 is hereby amended to read as follows:

24 639.0125 “Practitioner” means:

25 1. A physician, dentist, veterinarian or podiatric physician who
26 holds a license to practice his or her profession in this State;

27 2. A hospital, pharmacy or other institution licensed, registered
28 or otherwise permitted to distribute, dispense, conduct research with
29 respect to or administer drugs in the course of professional practice
30 or research in this State;

31 3. An advanced practice registered nurse who has been
32 authorized to prescribe controlled substances, poisons, dangerous
33 drugs and devices;

34 4. A physician assistant who:

35 (a) Holds a license issued by the Board of Medical Examiners;
36 and

37 (b) Is authorized by the Board to possess, administer, prescribe
38 or dispense controlled substances, poisons, dangerous drugs or
39 devices under the supervision of a physician as required by chapter
40 630 of NRS; *or*

41 5. ~~A physician assistant who:~~

42 ~~—(a) Holds a license issued by the State Board of Osteopathic~~
43 ~~Medicine; and~~

44 ~~—(b) Is authorized by the Board to possess, administer, prescribe~~
45 ~~or dispense controlled substances, poisons, dangerous drugs or~~



1 ~~devices under the supervision of an osteopathic physician as~~
2 ~~required by chapter 633 of NRS; or~~

3 ~~—6.—~~ An optometrist who is certified by the Nevada State Board
4 of Optometry to prescribe and administer therapeutic
5 pharmaceutical agents pursuant to NRS 636.288, when the
6 optometrist prescribes or administers therapeutic pharmaceutical
7 agents within the scope of his or her certification.

8 **Sec. 60.** NRS 639.1373 is hereby amended to read as follows:

9 639.1373 1. A physician assistant licensed pursuant to
10 chapter 630 ~~for 633~~ of NRS may, if authorized by the Board,
11 possess, administer, prescribe or dispense controlled substances, or
12 possess, administer, prescribe or dispense poisons, dangerous drugs
13 or devices in or out of the presence of his or her supervising
14 physician only to the extent and subject to the limitations specified
15 in the registration certificate issued to the physician assistant by the
16 Board pursuant to this section.

17 2. Each physician assistant licensed pursuant to chapter 630 ~~for~~
18 ~~633~~ of NRS who is authorized by his or her physician assistant's
19 license issued by the Board of Medical Examiners ~~for by the State~~
20 ~~Board of Osteopathic Medicine, respectively,~~ to possess,
21 administer, prescribe or dispense controlled substances, or to
22 possess, administer, prescribe or dispense poisons, dangerous drugs
23 or devices must apply for and obtain a registration certificate from
24 the Board, pay a fee to be set by regulations adopted by the Board
25 and pass an examination administered by the Board on the law
26 relating to pharmacy before the physician assistant can possess,
27 administer, prescribe or dispense controlled substances, or possess,
28 administer, prescribe or dispense poisons, dangerous drugs or
29 devices.

30 3. The Board shall consider each application separately and
31 may, even though the physician assistant's license issued by the
32 Board of Medical Examiners ~~for by the State Board of Osteopathic~~
33 ~~Medicine~~ authorizes the physician assistant to possess, administer,
34 prescribe or dispense controlled substances, or to possess,
35 administer, prescribe or dispense poisons, dangerous drugs and
36 devices:

37 (a) Refuse to issue a registration certificate;

38 (b) Issue a registration certificate limiting the authority of the
39 physician assistant to possess, administer, prescribe or dispense
40 controlled substances, or to possess, administer, prescribe or
41 dispense poisons, dangerous drugs or devices, the area in which the
42 physician assistant may possess controlled substances, poisons,
43 dangerous drugs and devices, or the kind and amount of controlled
44 substances, poisons, dangerous drugs and devices; or



1 (c) Issue a registration certificate imposing other limitations or
2 restrictions which the Board feels are necessary and required to
3 protect the health, safety and welfare of the public.

4 4. If the registration of the physician assistant licensed pursuant
5 to chapter 630 ~~for 633~~ of NRS is suspended or revoked, the
6 physician's controlled substance registration may also be suspended
7 or revoked.

8 5. The Board shall adopt regulations controlling the maximum
9 amount to be administered, possessed and dispensed, and the
10 storage, security, recordkeeping and transportation of controlled
11 substances and the maximum amount to be administered, possessed,
12 prescribed and dispensed and the storage, security, recordkeeping
13 and transportation of poisons, dangerous drugs and devices by
14 physician assistants licensed pursuant to chapter 630 ~~for 633~~ of
15 NRS. In the adoption of those regulations, the Board shall consider,
16 but is not limited to, the following:

- 17 (a) The area in which the physician assistant is to operate;
- 18 (b) The population of that area;
- 19 (c) The experience and training of the physician assistant;
- 20 (d) The distance to the nearest hospital and physician; and
- 21 (e) The effect on the health, safety and welfare of the public.

22 ~~16. For the purposes of this section, the term "supervising~~
23 ~~physician" includes a supervising osteopathic physician as defined~~
24 ~~in chapter 633 of NRS.~~

25 **Sec. 61.** NRS 652.210 is hereby amended to read as follows:

26 652.210 1. Except as otherwise provided in subsection 2 and
27 NRS 126.121 and 652.186, no person other than a licensed
28 physician, a licensed optometrist, a licensed practical nurse, a
29 registered nurse, a perfusionist, a physician assistant licensed
30 pursuant to chapter 630 ~~for 633~~ of NRS, a certified advanced
31 emergency medical technician, a certified paramedic, a practitioner
32 of respiratory care licensed pursuant to chapter 630 of NRS or a
33 licensed dentist may manipulate a person for the collection of
34 specimens. The persons described in this subsection may perform
35 any laboratory test which is classified as a waived test pursuant to
36 Subpart A of Part 493 of Title 42 of the Code of Federal Regulations
37 without obtaining certification as an assistant in a medical
38 laboratory pursuant to NRS 652.127.

39 2. The technical personnel of a laboratory may collect blood,
40 remove stomach contents, perform certain diagnostic skin tests or
41 field blood tests or collect material for smears and cultures.

42 **Sec. 62.** NRS 200.471 is hereby amended to read as follows:

43 200.471 1. As used in this section:

- 44 (a) "Assault" means:



1 (1) Unlawfully attempting to use physical force against
2 another person; or

3 (2) Intentionally placing another person in reasonable
4 apprehension of immediate bodily harm.

5 (b) "Officer" means:

6 (1) A person who possesses some or all of the powers of a
7 peace officer;

8 (2) A person employed in a full-time salaried occupation of
9 fire fighting for the benefit or safety of the public;

10 (3) A member of a volunteer fire department;

11 (4) A jailer, guard or other correctional officer of a city or
12 county jail;

13 (5) A justice of the Supreme Court, judge of the Court of
14 Appeals, district judge, justice of the peace, municipal judge,
15 magistrate, court commissioner, master or referee, including a
16 person acting pro tempore in a capacity listed in this subparagraph;
17 or

18 (6) An employee of the State or a political subdivision of the
19 State whose official duties require the employee to make home
20 visits.

21 (c) "Provider of health care" means a physician, a medical
22 student, a perfusionist or a physician assistant licensed pursuant to
23 chapter 630 of NRS, a practitioner of respiratory care, a
24 homeopathic physician, an advanced practitioner of homeopathy, a
25 homeopathic assistant, an osteopathic physician, ~~a physician
26 assistant licensed pursuant to chapter 633 of NRS;~~ a podiatric
27 physician, a podiatry hygienist, a physical therapist, a medical
28 laboratory technician, an optometrist, a chiropractor, a
29 chiropractor's assistant, a doctor of Oriental medicine, a nurse, a
30 student nurse, a certified nursing assistant, a nursing assistant
31 trainee, a medication aide - certified, a dentist, a dental student, a
32 dental hygienist, a dental hygienist student, a pharmacist, a
33 pharmacy student, an intern pharmacist, an attendant on an
34 ambulance or air ambulance, a psychologist, a social worker, a
35 marriage and family therapist, a marriage and family therapist
36 intern, a clinical professional counselor, a clinical professional
37 counselor intern, a licensed dietitian, an emergency medical
38 technician, an advanced emergency medical technician and a
39 paramedic.

40 (d) "School employee" means a licensed or unlicensed person
41 employed by a board of trustees of a school district pursuant to NRS
42 391.100 or 391.281.

43 (e) "Sporting event" has the meaning ascribed to it in
44 NRS 41.630.



1 (f) "Sports official" has the meaning ascribed to it in
2 NRS 41.630.

3 (g) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

4 (h) "Taxicab driver" means a person who operates a taxicab.

5 (i) "Transit operator" means a person who operates a bus or
6 other vehicle as part of a public mass transportation system.

7 2. A person convicted of an assault shall be punished:

8 (a) If paragraph (c) or (d) does not apply to the circumstances of
9 the crime and the assault is not made with the use of a deadly
10 weapon or the present ability to use a deadly weapon, for a
11 misdemeanor.

12 (b) If the assault is made with the use of a deadly weapon or the
13 present ability to use a deadly weapon, for a category B felony by
14 imprisonment in the state prison for a minimum term of not less
15 than 1 year and a maximum term of not more than 6 years, or by a
16 fine of not more than \$5,000, or by both fine and imprisonment.

17 (c) If paragraph (d) does not apply to the circumstances of the
18 crime and if the assault is committed upon an officer, a provider of
19 health care, a school employee, a taxicab driver or a transit operator
20 who is performing his or her duty or upon a sports official based on
21 the performance of his or her duties at a sporting event and the
22 person charged knew or should have known that the victim was an
23 officer, a provider of health care, a school employee, a taxicab
24 driver, a transit operator or a sports official, for a gross
25 misdemeanor, unless the assault is made with the use of a deadly
26 weapon or the present ability to use a deadly weapon, then for a
27 category B felony by imprisonment in the state prison for a
28 minimum term of not less than 1 year and a maximum term of not
29 more than 6 years, or by a fine of not more than \$5,000, or by both
30 fine and imprisonment.

31 (d) If the assault is committed upon an officer, a provider of
32 health care, a school employee, a taxicab driver or a transit operator
33 who is performing his or her duty or upon a sports official based on
34 the performance of his or her duties at a sporting event by a
35 probationer, a prisoner who is in lawful custody or confinement or a
36 parolee, and the probationer, prisoner or parolee charged knew or
37 should have known that the victim was an officer, a provider of
38 health care, a school employee, a taxicab driver, a transit operator or
39 a sports official, for a category D felony as provided in NRS
40 193.130, unless the assault is made with the use of a deadly weapon
41 or the present ability to use a deadly weapon, then for a category B
42 felony by imprisonment in the state prison for a minimum term of
43 not less than 1 year and a maximum term of not more than 6 years,
44 or by a fine of not more than \$5,000, or by both fine and
45 imprisonment.



1 **Sec. 63.** NRS 200.5093 is hereby amended to read as follows:

2 200.5093 1. Any person who is described in subsection 4 and
3 who, in a professional or occupational capacity, knows or has
4 reasonable cause to believe that an older person has been abused,
5 neglected, exploited, isolated or abandoned shall:

6 (a) Except as otherwise provided in subsection 2, report the
7 abuse, neglect, exploitation, isolation or abandonment of the older
8 person to:

9 (1) The local office of the Aging and Disability Services
10 Division of the Department of Health and Human Services;

11 (2) A police department or sheriff's office; or

12 (3) A toll-free telephone service designated by the Aging and
13 Disability Services Division of the Department of Health and
14 Human Services; and

15 (b) Make such a report as soon as reasonably practicable but not
16 later than 24 hours after the person knows or has reasonable cause to
17 believe that the older person has been abused, neglected, exploited,
18 isolated or abandoned.

19 2. If a person who is required to make a report pursuant to
20 subsection 1 knows or has reasonable cause to believe that the
21 abuse, neglect, exploitation, isolation or abandonment of the older
22 person involves an act or omission of the Aging and Disability
23 Services Division, another division of the Department of Health and
24 Human Services or a law enforcement agency, the person shall
25 make the report to an agency other than the one alleged to have
26 committed the act or omission.

27 3. Each agency, after reducing a report to writing, shall forward
28 a copy of the report to the Aging and Disability Services Division of
29 the Department of Health and Human Services and the Unit for the
30 Investigation and Prosecution of Crimes.

31 4. A report must be made pursuant to subsection 1 by the
32 following persons:

33 (a) Every physician, dentist, dental hygienist, chiropractor,
34 optometrist, podiatric physician, medical examiner, resident, intern,
35 professional or practical nurse, physician assistant licensed pursuant
36 to chapter 630 ~~for 633~~ of NRS, perfusionist, psychiatrist,
37 psychologist, marriage and family therapist, clinical professional
38 counselor, clinical alcohol and drug abuse counselor, alcohol and
39 drug abuse counselor, music therapist, athletic trainer, driver of an
40 ambulance, paramedic, licensed dietitian or other person providing
41 medical services licensed or certified to practice in this State, who
42 examines, attends or treats an older person who appears to have
43 been abused, neglected, exploited, isolated or abandoned.

44 (b) Any personnel of a hospital or similar institution engaged in
45 the admission, examination, care or treatment of persons or an



1 administrator, manager or other person in charge of a hospital or
2 similar institution upon notification of the suspected abuse, neglect,
3 exploitation, isolation or abandonment of an older person by a
4 member of the staff of the hospital.

5 (c) A coroner.

6 (d) Every person who maintains or is employed by an agency to
7 provide personal care services in the home.

8 (e) Every person who maintains or is employed by an agency to
9 provide nursing in the home.

10 (f) Every person who operates, who is employed by or who
11 contracts to provide services for an intermediary service
12 organization as defined in NRS 449.4304.

13 (g) Any employee of the Department of Health and Human
14 Services.

15 (h) Any employee of a law enforcement agency or a county's
16 office for protective services or an adult or juvenile probation
17 officer.

18 (i) Any person who maintains or is employed by a facility or
19 establishment that provides care for older persons.

20 (j) Any person who maintains, is employed by or serves as a
21 volunteer for an agency or service which advises persons regarding
22 the abuse, neglect, exploitation, isolation or abandonment of an
23 older person and refers them to persons and agencies where their
24 requests and needs can be met.

25 (k) Every social worker.

26 (l) Any person who owns or is employed by a funeral home or
27 mortuary.

28 (m) Every person who operates or is employed by a peer support
29 recovery organization, as defined in NRS 449.01563.

30 (n) Every person who operates or is employed by a community
31 health worker pool, as defined in NRS 449.0028, or with whom a
32 community health worker pool contracts to provide the services of a
33 community health worker, as defined in NRS 449.0027.

34 5. A report may be made by any other person.

35 6. If a person who is required to make a report pursuant to
36 subsection 1 knows or has reasonable cause to believe that an older
37 person has died as a result of abuse, neglect, isolation or
38 abandonment, the person shall, as soon as reasonably practicable,
39 report this belief to the appropriate medical examiner or coroner,
40 who shall investigate the cause of death of the older person and
41 submit to the appropriate local law enforcement agencies, the
42 appropriate prosecuting attorney, the Aging and Disability Services
43 Division of the Department of Health and Human Services and the
44 Unit for the Investigation and Prosecution of Crimes his or her
45 written findings. The written findings must include the information



1 required pursuant to the provisions of NRS 200.5094, when
2 possible.

3 7. A division, office or department which receives a report
4 pursuant to this section shall cause the investigation of the report to
5 commence within 3 working days. A copy of the final report of the
6 investigation conducted by a division, office or department, other
7 than the Aging and Disability Services Division of the Department
8 of Health and Human Services, must be forwarded within 30 days
9 after the completion of the report to the:

- 10 (a) Aging and Disability Services Division;
- 11 (b) Repository for Information Concerning Crimes Against
12 Older Persons created by NRS 179A.450; and
- 13 (c) Unit for the Investigation and Prosecution of Crimes.

14 8. If the investigation of a report results in the belief that an
15 older person is abused, neglected, exploited, isolated or abandoned,
16 the Aging and Disability Services Division of the Department of
17 Health and Human Services or the county's office for protective
18 services may provide protective services to the older person if the
19 older person is able and willing to accept them.

20 9. A person who knowingly and willfully violates any of the
21 provisions of this section is guilty of a misdemeanor.

22 10. As used in this section, "Unit for the Investigation and
23 Prosecution of Crimes" means the Unit for the Investigation and
24 Prosecution of Crimes Against Older Persons in the Office of the
25 Attorney General created pursuant to NRS 228.265.

26 **Sec. 64.** NRS 200.50935 is hereby amended to read as
27 follows:

28 200.50935 1. Any person who is described in subsection 3
29 and who, in a professional or occupational capacity, knows or has
30 reasonable cause to believe that a vulnerable person has been
31 abused, neglected, exploited, isolated or abandoned shall:

32 (a) Report the abuse, neglect, exploitation, isolation or
33 abandonment of the vulnerable person to a law enforcement agency;
34 and

35 (b) Make such a report as soon as reasonably practicable but not
36 later than 24 hours after the person knows or has reasonable cause to
37 believe that the vulnerable person has been abused, neglected,
38 exploited, isolated or abandoned.

39 2. If a person who is required to make a report pursuant to
40 subsection 1 knows or has reasonable cause to believe that the
41 abuse, neglect, exploitation, isolation or abandonment of the
42 vulnerable person involves an act or omission of a law enforcement
43 agency, the person shall make the report to a law enforcement
44 agency other than the one alleged to have committed the act or
45 omission.



1 3. A report must be made pursuant to subsection 1 by the
2 following persons:

3 (a) Every physician, dentist, dental hygienist, chiropractor,
4 optometrist, podiatric physician, medical examiner, resident, intern,
5 professional or practical nurse, perfusionist, physician assistant
6 licensed pursuant to chapter 630 ~~for 633~~ of NRS, psychiatrist,
7 psychologist, marriage and family therapist, clinical professional
8 counselor, clinical alcohol and drug abuse counselor, alcohol and
9 drug abuse counselor, music therapist, athletic trainer, driver of an
10 ambulance, paramedic, licensed dietitian or other person providing
11 medical services licensed or certified to practice in this State, who
12 examines, attends or treats a vulnerable person who appears to have
13 been abused, neglected, exploited, isolated or abandoned.

14 (b) Any personnel of a hospital or similar institution engaged in
15 the admission, examination, care or treatment of persons or an
16 administrator, manager or other person in charge of a hospital or
17 similar institution upon notification of the suspected abuse, neglect,
18 exploitation, isolation or abandonment of a vulnerable person by a
19 member of the staff of the hospital.

20 (c) A coroner.

21 (d) Every person who maintains or is employed by an agency to
22 provide nursing in the home.

23 (e) Any employee of the Department of Health and Human
24 Services.

25 (f) Any employee of a law enforcement agency or an adult or
26 juvenile probation officer.

27 (g) Any person who maintains or is employed by a facility or
28 establishment that provides care for vulnerable persons.

29 (h) Any person who maintains, is employed by or serves as a
30 volunteer for an agency or service which advises persons regarding
31 the abuse, neglect, exploitation, isolation or abandonment of a
32 vulnerable person and refers them to persons and agencies where
33 their requests and needs can be met.

34 (i) Every social worker.

35 (j) Any person who owns or is employed by a funeral home or
36 mortuary.

37 4. A report may be made by any other person.

38 5. If a person who is required to make a report pursuant to
39 subsection 1 knows or has reasonable cause to believe that a
40 vulnerable person has died as a result of abuse, neglect, isolation or
41 abandonment, the person shall, as soon as reasonably practicable,
42 report this belief to the appropriate medical examiner or coroner,
43 who shall investigate the cause of death of the vulnerable person and
44 submit to the appropriate local law enforcement agencies and the
45 appropriate prosecuting attorney his or her written findings. The



1 written findings must include the information required pursuant to
2 the provisions of NRS 200.5094, when possible.

3 6. A law enforcement agency which receives a report pursuant
4 to this section shall immediately initiate an investigation of the
5 report.

6 7. A person who knowingly and willfully violates any of the
7 provisions of this section is guilty of a misdemeanor.

8 **Sec. 65.** NRS 244.1605 is hereby amended to read as follows:

9 244.1605 The boards of county commissioners may:

10 1. Establish, equip and maintain limited medical facilities in
11 the outlying areas of their respective counties to provide outpatient
12 care and emergency treatment to the residents of and those falling
13 sick or being injured or maimed in those areas.

14 2. Provide a full-time or part-time staff for the facilities which
15 may include a physician, a physician assistant licensed pursuant to
16 chapter 630 ~~for 633~~ of NRS, a registered nurse or a licensed
17 practical nurse, a certified emergency medical technician, advanced
18 emergency medical technician or paramedic, and such other
19 personnel as the board deems necessary or appropriate to ensure
20 adequate staffing commensurate with the needs of the area in which
21 the facility is located.

22 3. Fix the charges for the medical and nursing care and
23 medicine furnished by the facility to those who are able to pay for
24 them, and to provide that care and medicine free of charge to those
25 persons who qualify as medical indigents under the county's criteria
26 of eligibility for medical care.

27 4. Purchase, equip and maintain, either in connection with a
28 limited medical facility as authorized in this section or independent
29 therefrom, ambulances and ambulance services for the benefit of the
30 residents of and those falling sick or being injured or maimed in the
31 outlying areas.

32 **Sec. 66.** NRS 244.3821 is hereby amended to read as follows:

33 244.3821 1. In addition to the powers elsewhere conferred
34 upon all counties, except as otherwise provided in subsection 2, any
35 county may establish a medical scholarship program to induce
36 students in the medical professions to return to the county for
37 practice.

38 2. Any county whose population is 100,000 or more may only
39 establish a medical scholarship program to induce students in the
40 medical professions to return to the less populous rural communities
41 of the county for practice.

42 3. Students in the medical professions for the purposes of NRS
43 244.382 to 244.3823, inclusive, include persons studying to be
44 physician assistants licensed pursuant to chapter 630 ~~for 633~~ of
45 NRS.



1 4. The board of county commissioners of a county that has
2 established a medical scholarship program may appropriate money
3 from the general fund of the county for medical scholarship funds
4 and may accept private contributions to augment the scholarship
5 funds.

6 **Sec. 67.** NRS 397.0617 is hereby amended to read as follows:

7 397.0617 1. The provisions of this section apply only to
8 support fees received by a participant on or after July 1, 1997.

9 2. The three Nevada State Commissioners, acting jointly, may
10 require a participant who is certified to practice in a profession
11 which could benefit a health professional shortage area, a medically
12 underserved area or a medically underserved population of this
13 State, as those terms are defined by the Office of Statewide
14 Initiatives of the University of Nevada School of Medicine, to
15 practice in such an area or with such a population, or to practice in
16 an area designated by the Secretary of Health and Human Services:

17 (a) Pursuant to 42 U.S.C. § 254c, as containing a medically
18 underserved population; or

19 (b) Pursuant to 42 U.S.C. § 254e, as a health professional
20 shortage area,

21 ↪ as a condition to receiving a support fee.

22 3. The three Nevada State Commissioners, acting jointly, may
23 forgive the portion of the support fee designated as the stipend of a
24 participant if that participant agrees to practice in a health
25 professional shortage area, a medically underserved area or an area
26 with a medically underserved population of this State pursuant to
27 subsection 2 for a period of time equal to the lesser of:

28 (a) One year for each year the participant receives a support fee;
29 or

30 (b) One year for each 9 months the participant receives a support
31 fee and is enrolled in an accelerated program that provides more
32 than 1 academic year of graduate and professional education in 9
33 months,

34 ↪ but in no case for a period of time more than 2 years.

35 4. For a participant to qualify for forgiveness pursuant to
36 subsection 3, the participant must complete the relevant practice
37 within 5 years after the completion or termination of the
38 participant's education, internship or residency for which the
39 participant received the support fee.

40 5. If a participant returns to or remains in this State but does
41 not practice in a health professional shortage area, a medically
42 underserved area or an area with a medically underserved
43 population of this State pursuant to subsections 2, 3 and 4, the three
44 Nevada State Commissioners, acting jointly, shall:



1 (a) Assess a default charge in an amount not less than three
2 times the support fees, plus interest; and

3 (b) Convert the portion of the support fee designated as the
4 stipend into a loan to be repaid in accordance with NRS 397.064
5 from the first day of the term for which the participant received the
6 support fee.

7 6. As used in this section, a “profession which could benefit a
8 health professional shortage area, a medically underserved area or
9 an area with a medically underserved population of this State”
10 includes, without limitation, dentistry, physical therapy, pharmacy
11 and practicing as a physician assistant licensed pursuant to chapter
12 630 ~~for 633~~ of NRS.

13 **Sec. 68.** NRS 433A.165 is hereby amended to read as follows:

14 433A.165 1. Before a person alleged to be a person with
15 mental illness may be admitted to a public or private mental health
16 facility pursuant to NRS 433A.160, the person must:

17 (a) First be examined by a licensed physician or physician
18 assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS or an
19 advanced practice registered nurse licensed pursuant to NRS
20 632.237 at any location where such a physician, physician assistant
21 or advanced practice registered nurse is authorized to conduct such
22 an examination to determine whether the person has a medical
23 problem, other than a psychiatric problem, which requires
24 immediate treatment; and

25 (b) If such treatment is required, be admitted for the appropriate
26 medical care:

27 (1) To a hospital if the person is in need of emergency
28 services or care; or

29 (2) To another appropriate medical facility if the person is
30 not in need of emergency services or care.

31 2. If a person with a mental illness has a medical problem in
32 addition to a psychiatric problem which requires medical treatment
33 that requires more than 72 hours to complete, the licensed physician,
34 physician assistant or advanced practice registered nurse who
35 examined the person must:

36 (a) On the first business day after determining that such medical
37 treatment is necessary file with the clerk of the district court a
38 written petition to admit the person to a public or private mental
39 health facility pursuant to NRS 433A.160 after the medical
40 treatment has been completed. The petition must:

41 (1) Include, without limitation, the medical condition of the
42 person and the purpose for continuing the medical treatment of the
43 person; and



1 (2) Be accompanied by a copy of the application for the
2 emergency admission of the person required pursuant to NRS
3 433A.160 and the certificate required pursuant to NRS 433A.170.

4 (b) Seven days after filing a petition pursuant to paragraph (a)
5 and every 7 days thereafter, file with the clerk of the district court an
6 update on the medical condition and treatment of the person.

7 3. The examination and any transfer of the person from a
8 facility when the person has an emergency medical condition and
9 has not been stabilized must be conducted in compliance with:

10 (a) The requirements of 42 U.S.C. § 1395dd and any regulations
11 adopted pursuant thereto, and must involve a person authorized
12 pursuant to federal law to conduct such an examination or certify
13 such a transfer; and

14 (b) The provisions of NRS 439B.410.

15 4. The cost of the examination must be paid by the county in
16 which the person alleged to be a person with mental illness resides if
17 services are provided at a county hospital located in that county or a
18 hospital or other medical facility designated by that county, unless
19 the cost is voluntarily paid by the person alleged to be a person with
20 mental illness or, on the person's behalf, by his or her insurer or by
21 a state or federal program of medical assistance.

22 5. The county may recover all or any part of the expenses paid
23 by it, in a civil action against:

24 (a) The person whose expenses were paid;

25 (b) The estate of that person; or

26 (c) A responsible relative as prescribed in NRS 433A.610, to the
27 extent that financial ability is found to exist.

28 6. The cost of treatment, including hospitalization, for a person
29 who is indigent must be paid pursuant to NRS 428.010 by the
30 county in which the person alleged to be a person with mental
31 illness resides.

32 7. The provisions of this section do not require the Division to
33 provide examinations required pursuant to subsection 1 at a Division
34 facility if the Division does not have the:

35 (a) Appropriate staffing levels of physicians, physician
36 assistants, advanced practice registered nurses or other appropriate
37 staff available at the facility as the Division determines is necessary
38 to provide such examinations; or

39 (b) Appropriate medical laboratories as the Division determines
40 is necessary to provide such examinations.

41 8. The Division shall adopt regulations to carry out the
42 provisions of this section, including, without limitation, regulations
43 that:

44 (a) Define "emergency services or care" as that term is used in
45 this section; and



1 (b) Prescribe the type of medical facility that a person may be
2 admitted to pursuant to subparagraph (2) of paragraph (b) of
3 subsection 1.

4 9. As used in this section, "medical facility" has the meaning
5 ascribed to it in NRS 449.0151.

6 **Sec. 69.** NRS 439.519 is hereby amended to read as follows:

7 439.519 1. The members of the Advisory Council serve
8 terms of 2 years. A member may be reappointed to serve not more
9 than two additional, consecutive terms.

10 2. A majority of the voting members of the Advisory Council
11 shall select a Chair and a Vice Chair of the Advisory Council.

12 3. A majority of the voting members of the Advisory Council
13 may:

14 (a) Appoint committees or subcommittees to study issues
15 relating to wellness and the prevention of chronic disease.

16 (b) Remove a nonlegislative member of the Advisory Council
17 for failing to carry out the business of, or serve the best interests of,
18 the Advisory Council.

19 (c) Establish an advisory group of interested persons and
20 governmental entities to study the delivery of health care through
21 patient-centered medical homes. Interested persons and
22 governmental entities that serve on the advisory group may include,
23 without limitation:

24 (1) Public health agencies;

25 (2) Public and private insurers;

26 (3) Providers of primary care, including, without limitation,
27 physicians , *physician assistants* and advanced practice registered
28 nurses who provide primary care; and

29 (4) Recipients of health care services.

30 4. The Division shall, within the limits of available money,
31 provide the necessary professional staff and a secretary for the
32 Advisory Council.

33 5. A majority of the voting members of the Advisory Council
34 constitutes a quorum to transact all business, and a majority of those
35 voting members present, physically or via telecommunications, must
36 concur in any decision.

37 6. The Advisory Council shall, within the limits of available
38 money, meet at the call of the Administrator, the Chair or a majority
39 of the voting members of the Advisory Council quarterly or as is
40 necessary.

41 7. The members of the Advisory Council serve without
42 compensation, except that each member is entitled, while engaged in
43 the business of the Advisory Council and within the limits of
44 available money, to the per diem allowance and travel expenses
45 provided for state officers and employees generally.



1 8. As used in this section, “patient-centered medical home” has
2 the meaning ascribed to it in NRS 439A.190.

3 **Sec. 70.** NRS 439A.190 is hereby amended to read as follows:

4 439A.190 1. A primary care practice shall not represent itself
5 as a patient-centered medical home unless the primary care practice
6 is certified, accredited or otherwise officially recognized as a
7 patient-centered medical home by a nationally recognized
8 organization for the accrediting of patient-centered medical homes.

9 2. The Department shall post on an Internet website maintained
10 by the Department links to nationally recognized organizations for
11 the accrediting of patient-centered medical homes and any other
12 information specified by the Department to allow patients to find a
13 patient-centered medical home that meets the requirements of this
14 section and any regulations adopted pursuant thereto.

15 3. Any coordination between an insurer and a patient-centered
16 medical home or acceptance of an incentive from an insurer by a
17 patient-centered medical home that is authorized by federal law
18 shall not be deemed to be an unfair method of competition or an
19 unfair or deceptive trade practice or other act or practice prohibited
20 by the provisions of chapter 598 or 686A of NRS.

21 4. As used in this section:

22 (a) “Patient-centered medical home” means a primary care
23 practice that:

24 (1) Offers patient-centered, continuous, culturally competent,
25 evidence-based, comprehensive health care that is led by a provider
26 of primary care and a team of health care providers, coordinates the
27 health care needs of the patient and uses enhanced communication
28 strategies and health information technology; and

29 (2) Emphasizes enhanced access to practitioners and
30 preventive care to improve the outcomes for and experiences of
31 patients and lower the costs of health services.

32 (b) “Primary care practice” means a federally qualified health
33 center, as defined in 42 U.S.C. § 1396d(1)(2)(B), or a business
34 where health services are provided by one or more advanced
35 practice registered nurses *or physician assistants* or one or more
36 physicians who are licensed pursuant to chapter 630 or 633 of NRS
37 and who practice in the area of family practice, internal medicine or
38 pediatrics.

39 **Sec. 71.** NRS 440.415 is hereby amended to read as follows:

40 440.415 1. A physician who anticipates the death of a patient
41 because of an illness, infirmity or disease may authorize a specific
42 registered nurse or physician assistant or the registered nurses or
43 physician assistants employed by a medical facility or program for
44 hospice care to make a pronouncement of death if they attend the
45 death of the patient.



- 1 2. Such an authorization is valid for 120 days. Except as
2 otherwise provided in subsection 3, the authorization must:
- 3 (a) Be a written order entered on the chart of the patient;
4 (b) State the name of the registered nurse or nurses or physician
5 assistant or assistants authorized to make the pronouncement of
6 death; and
7 (c) Be signed and dated by the physician.
- 8 3. If the patient is in a medical facility or under the care of a
9 program for hospice care, the physician may authorize the registered
10 nurses or physician assistants employed by the facility or program to
11 make pronouncements of death without specifying the name of each
12 nurse or physician assistant, as applicable.
- 13 4. If a pronouncement of death is made by a registered nurse or
14 physician assistant, the physician who authorized that action shall
15 sign the medical certificate of death within 24 hours after being
16 presented with the certificate.
- 17 5. If a patient in a medical facility is pronounced dead by a
18 registered nurse or physician assistant employed by the facility, the
19 registered nurse or physician assistant may release the body of
20 the patient to a licensed funeral director pending the completion of
21 the medical certificate of death by the attending physician if the
22 physician or the medical director or chief of the medical staff of the
23 facility has authorized the release in writing.
- 24 6. The Board may adopt regulations concerning the
25 authorization of a registered nurse or physician assistant to make
26 pronouncements of death.
- 27 7. As used in this section:
- 28 (a) "Medical facility" means:
- 29 (1) A facility for skilled nursing as defined in NRS 449.0039;
30 (2) A facility for hospice care as defined in NRS 449.0033;
31 (3) A hospital as defined in NRS 449.012;
32 (4) An agency to provide nursing in the home as defined in
33 NRS 449.0015; or
34 (5) A facility for intermediate care as defined in
35 NRS 449.0038.
- 36 (b) "Physician assistant" means a person who holds a license as
37 a physician assistant pursuant to chapter 630 ~~for 633~~ of NRS.
- 38 (c) "Program for hospice care" means a program for hospice
39 care licensed pursuant to chapter 449 of NRS.
- 40 (d) "Pronouncement of death" means a declaration of the time
41 and date when the cessation of the cardiovascular and respiratory
42 functions of a patient occurs as recorded in the patient's medical
43 record by the attending provider of health care in accordance with
44 the provisions of this chapter.



1 **Sec. 72.** NRS 441A.110 is hereby amended to read as follows:
2 441A.110 “Provider of health care” means a physician,
3 *physician assistant licensed pursuant to chapter 630 of NRS*, nurse
4 or veterinarian licensed in accordance with state law . ~~for a~~
5 ~~physician assistant licensed pursuant to chapter 630 or 633 of NRS.~~

6 **Sec. 73.** NRS 441A.540 is hereby amended to read as follows:
7 441A.540 1. If a person infected with or exposed to a
8 communicable disease is voluntarily isolated or quarantined in a
9 public or private medical facility, the facility shall not change the
10 status of the person to an emergency isolation or quarantine unless,
11 before the change in status is made:

12 (a) The facility provides:

13 (1) An application to a health authority for an emergency
14 isolation or quarantine pursuant to NRS 441A.560; and

15 (2) The certificate of a health authority, physician, physician
16 assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS or
17 registered nurse to a health authority pursuant to NRS 441A.570; or

18 (b) The facility receives an order for isolation or quarantine
19 issued by a health authority.

20 2. A person whose status is changed to an emergency isolation
21 or quarantine pursuant to subsection 1:

22 (a) Must not be detained in excess of 48 hours after the change
23 in status is made, unless within that period a written petition is filed
24 by a health authority with the clerk of the district court pursuant to
25 NRS 441A.600; and

26 (b) May, immediately after the person’s status is changed, seek
27 an injunction or other appropriate process in district court
28 challenging his or her detention.

29 3. If the period specified in subsection 2 expires on a day on
30 which the office of the clerk of the district court is not open, the
31 written petition must be filed on or before the close of the business
32 day next following the expiration of that period.

33 4. Nothing in this section limits the actions that a public or
34 private medical facility may take to prevent or limit the transmission
35 of communicable diseases within the medical facility, including,
36 without limitation, practices for the control of infections.

37 **Sec. 74.** NRS 441A.560 is hereby amended to read as follows:
38 441A.560 1. An application to a health authority for an order
39 of emergency isolation or quarantine of a person or a group of
40 persons alleged to have been infected with or exposed to a
41 communicable disease may only be made by another health
42 authority, a physician, a physician assistant licensed pursuant to
43 chapter 630 ~~for 633~~ of NRS, a registered nurse or a medical facility
44 by submitting the certificate required by NRS 441A.570. Within its



1 jurisdiction, upon application or on its own, subject to the provisions
2 of NRS 441A.510 to 441A.720, inclusive, a health authority may:

3 (a) Pursuant to its own order and without a warrant:

4 (1) Take a person or group of persons alleged to and
5 reasonably believed by the health authority to have been infected
6 with or exposed to a communicable disease into custody in any safe
7 location under emergency isolation or quarantine for testing,
8 examination, observation and the provision of or arrangement for
9 the provision of consensual medical treatment; and

10 (2) Transport the person or group of persons alleged to and
11 reasonably believed by the health authority to have been infected
12 with or exposed to a communicable disease to a public or private
13 medical facility, a residence or other safe location for that purpose,
14 or arrange for the person or group of persons to be transported for
15 that purpose by:

16 (I) A local law enforcement agency;

17 (II) A system for the nonemergency medical
18 transportation of persons whose operation is authorized by the
19 Nevada Transportation Authority; or

20 (III) If medically necessary, an ambulance service that
21 holds a permit issued pursuant to the provisions of chapter 450B of
22 NRS,

23 ➔ only if the health authority acting in good faith has, based upon
24 personal observation, its own epidemiological investigation or an
25 epidemiological investigation by another health authority, a
26 physician, a physician assistant licensed pursuant to chapter 630 ~~for~~
27 ~~633~~ of NRS or a registered nurse as stated in a certificate submitted
28 pursuant to NRS 441A.570, if such a certificate was submitted, of
29 the person or group of persons alleged to have been infected with or
30 exposed to a communicable disease, a reasonable factual and
31 medical basis to believe that the person or group of persons has been
32 infected with or exposed to a communicable disease, and that
33 because of the risks of that disease, the person or group of persons is
34 likely to be an immediate threat to the health of members of the
35 public who have not been infected with or exposed to the
36 communicable disease.

37 (b) Petition a district court for an emergency order requiring:

38 (1) Any health authority or peace officer to take a person or
39 group of persons alleged to have been infected with or exposed to a
40 communicable disease into custody to allow the health authority to
41 investigate, file and prosecute a petition for the involuntary court-
42 ordered isolation or quarantine of the person or group of persons
43 alleged to have been infected with or exposed to a communicable
44 disease in the manner set forth in NRS 441A.510 to 441A.720,
45 inclusive; and



1 (2) Any agency, system or service described in subparagraph
2 (2) of paragraph (a) to transport, in accordance with such court
3 order, the person or group of persons alleged to have been infected
4 with or exposed to a communicable disease to a public or private
5 medical facility, a residence or other safe location for that purpose.

6 2. The district court may issue an emergency order for isolation
7 or quarantine pursuant to paragraph (b) of subsection 1:

8 (a) Only for the time deemed necessary by the court to allow a
9 health authority to investigate, file and prosecute each petition for
10 involuntary court-ordered isolation or quarantine pursuant to NRS
11 441A.510 to 441A.720, inclusive; and

12 (b) Only if it is satisfied that there is probable cause to believe
13 that the person or group of persons alleged to have been infected
14 with or exposed to a communicable disease has been infected with
15 or exposed to a communicable disease, and that because of the risks
16 of that disease, the person or group of persons is likely to be an
17 immediate threat to the health of the public.

18 **Sec. 75.** NRS 441A.570 is hereby amended to read as follows:

19 441A.570 A health authority shall not accept an application for
20 an emergency isolation or quarantine under NRS 441A.560 unless
21 that application is accompanied by a certificate of another health
22 authority or a physician, physician assistant licensed pursuant to
23 chapter 630 ~~for 633~~ of NRS or registered nurse stating that he or
24 she has examined the person or group of persons alleged to have
25 been infected with or exposed to a communicable disease or has
26 investigated the circumstances of potential infection or exposure
27 regarding the person or group of persons alleged to have been
28 infected with or exposed to a communicable disease and that he or
29 she has concluded that the person or group of persons has been
30 infected with or exposed to a communicable disease, and that
31 because of the risks of that disease, the person or group of persons is
32 likely to be an immediate threat to the health of the public. The
33 certificate required by this section may be obtained from a
34 physician, physician assistant licensed pursuant to chapter 630 ~~for~~
35 ~~633~~ of NRS or registered nurse who is employed by the public or
36 private medical facility in which the person or group of persons is
37 admitted or detained and from the facility from which the
38 application is made.

39 **Sec. 76.** NRS 441A.580 is hereby amended to read as follows:

40 441A.580 1. No application or certificate authorized under
41 NRS 441A.560 or 441A.570 may be considered if made by a person
42 on behalf of a medical facility or by a health authority, physician,
43 physician assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS
44 or registered nurse who is related by blood or marriage to the person
45 alleged to have been infected with or exposed to a communicable



1 disease, or who is financially interested, in a manner that would be
2 prohibited pursuant to NRS 439B.425 if the application or
3 certificate were deemed a referral, in a medical facility in which the
4 person alleged to have been infected with or exposed to a
5 communicable disease is to be detained.

6 2. No application or certificate of any health authority or
7 person authorized under NRS 441A.560 or 441A.570 may be
8 considered unless it is based on personal observation, examination
9 or epidemiological investigation of the person or group of persons
10 alleged to have been infected with or exposed to a communicable
11 disease made by such health authority or person not more than 72
12 hours before the making of the application or certificate. The
13 certificate must set forth in detail the facts and reasons on which the
14 health authority or person who submitted the certificate pursuant to
15 NRS 441A.570 based his or her opinions and conclusions.

16 **Sec. 77.** NRS 441A.600 is hereby amended to read as follows:

17 441A.600 A proceeding for an involuntary court-ordered
18 isolation or quarantine of any person in this State may be
19 commenced by a health authority filing a petition with the clerk of
20 the district court of the county where the person is to be isolated or
21 quarantined. The petition may be pled in the alternative for both
22 isolation and quarantine, if required by developing or changing
23 facts, and must be accompanied:

24 1. By a certificate of a health authority or a physician, a
25 physician assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS
26 or a registered nurse stating that he or she has examined the person
27 alleged to have been infected with or exposed to a communicable
28 disease or has investigated the circumstances of potential infection
29 or exposure regarding the person alleged to have been infected with
30 or exposed to a communicable disease and has concluded that the
31 person has been infected with or exposed to a communicable
32 disease, and that because of the risks of that disease, the person is
33 likely to be an immediate threat to the health of the public; or

34 2. By a sworn written statement by the health authority that:

35 (a) The health authority has, based upon its personal observation
36 of the person alleged to have been infected with or exposed to a
37 communicable disease, or its epidemiological investigation of the
38 circumstances of potential infection or exposure regarding the
39 person alleged to have been infected with or exposed to a
40 communicable disease, a reasonable factual and medical basis to
41 believe that the person has been infected with or exposed to a
42 communicable disease and, that because of the risks of that disease,
43 the person is likely to be an immediate threat to the health of the
44 public; and



1 (b) The person alleged to have been infected with or exposed to
2 a communicable disease has refused to submit to voluntary isolation
3 or quarantine, examination, testing, or treatment known to control or
4 resolve the transmission of the communicable disease.

5 **Sec. 78.** NRS 441A.610 is hereby amended to read as follows:

6 441A.610 In addition to the requirements of NRS 441A.600, a
7 petition filed pursuant to that section with the clerk of the district
8 court to commence proceedings for involuntary court-ordered
9 isolation or quarantine of a person pursuant to NRS 441A.540 or
10 441A.550 must include a certified copy of:

11 1. If an application for an order of emergency isolation or
12 quarantine of the person was made pursuant to NRS 441A.560, the
13 application for the emergency isolation or quarantine of the person
14 made to the petitioning health authority pursuant to NRS 441A.560;
15 and

16 2. A petition executed by a health authority, including, without
17 limitation, a sworn statement that:

18 (a) The health authority or a physician, physician assistant
19 licensed pursuant to chapter 630 ~~for 633~~ of NRS or registered nurse
20 who submitted a certificate pursuant to NRS 441A.570, if such a
21 certificate was submitted, has examined the person alleged to have
22 been infected with or exposed to a communicable disease;

23 (b) In the opinion of the health authority, there is a reasonable
24 degree of certainty that the person alleged to have been infected
25 with or exposed to a communicable disease is currently capable of
26 transmitting the disease, or is likely to become capable of
27 transmitting the disease in the near future;

28 (c) Based on either the health authority's personal observation
29 of the person alleged to have been infected with or exposed to the
30 communicable disease or the health authority's epidemiological
31 investigation of the circumstances of potential infection or exposure
32 regarding the person alleged to have been infected with or exposed
33 to the communicable disease, and on other facts set forth in the
34 petition, the person likely poses an immediate threat to the health of
35 the public; and

36 (d) In the opinion of the health authority, involuntary isolation
37 or quarantine of the person alleged to have been infected with or
38 exposed to a communicable disease to a public or private medical
39 facility, residence or other safe location is necessary to prevent the
40 person from immediately threatening the health of the public.

41 **Sec. 79.** NRS 441A.630 is hereby amended to read as follows:

42 441A.630 1. After the filing of a petition to commence
43 proceedings for the involuntary court-ordered isolation or quarantine
44 of a person pursuant to NRS 441A.600 or 441A.610, the court shall
45 promptly cause two or more physicians or physician assistants



1 licensed pursuant to chapter 630 or 633 of NRS, at least one of
2 whom must always be a physician, to either examine the person
3 alleged to have been infected with or exposed to a communicable
4 disease or assess the likelihood that the person alleged to have been
5 infected with or exposed to a communicable disease has been so
6 infected or exposed.

7 2. To conduct the examination or assessment of a person who
8 is not being detained at a public or private medical facility,
9 residence or other safe location under emergency isolation or
10 quarantine pursuant to the emergency order of a health authority or
11 court made pursuant to NRS 441A.550 or 441A.560, the court may
12 order a peace officer to take the person into protective custody and
13 transport the person to a public or private medical facility, residence
14 or other safe location where the person may be detained until a
15 hearing is held upon the petition.

16 3. If the person is being detained at his or her home or other
17 place of residence under an emergency order of a health authority or
18 court pursuant to NRS 441A.550 or 441A.560, the person may be
19 allowed to remain in his or her home or other place of residence
20 pending an ordered assessment, examination or examinations and to
21 return to his or her home or other place of residence upon
22 completion of the assessment, examination or examinations if such
23 remaining or returning would not constitute an immediate threat to
24 others residing in his or her home or place of residence.

25 4. Each physician and physician assistant ~~licensed pursuant to~~
26 ~~chapter 630 or 633 of NRS~~ who examines or assesses a person
27 pursuant to subsection 1 shall, not later than 24 hours before the
28 hearing set pursuant to NRS 441A.620, submit to the court in
29 writing a summary of his or her findings and evaluation regarding
30 the person alleged to have been infected with or exposed to a
31 communicable disease.

32 **Sec. 80.** NRS 441A.640 is hereby amended to read as follows:

33 441A.640 1. The health authority shall establish such
34 evaluation teams as are necessary to aid the courts under NRS
35 441A.630 and 441A.700.

36 2. Each team must be composed of at least two physicians, or
37 at least one physician and one physician assistant licensed pursuant
38 to chapter 630 ~~or 633~~ of NRS.

39 3. Fees for the evaluations must be established and collected as
40 set forth in NRS 441A.650.

41 **Sec. 81.** NRS 441A.670 is hereby amended to read as follows:

42 441A.670 In proceedings for involuntary court-ordered
43 isolation or quarantine, the court shall hear and consider all relevant
44 testimony, including, but not limited to, the testimony of examining
45 personnel who participated in the evaluation of the person alleged to



1 have been infected with or exposed to a communicable disease and
2 the certificates, if any, of a health authority or a physician, physician
3 assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS or
4 registered nurse accompanying the petition.

5 **Sec. 82.** NRS 441A.720 is hereby amended to read as follows:

6 441A.720 When any involuntary court isolation or quarantine
7 is ordered under the provisions of NRS 441A.510 to 441A.720,
8 inclusive, the involuntarily isolated or quarantined person, together
9 with the court orders, any certificates of the health authorities,
10 physicians, physician assistants licensed pursuant to chapter 630 ~~for~~
11 ~~633~~ of NRS or registered nurses, the written summary of the
12 evaluation team and a full and complete transcript of the notes of
13 the official reporter made at the examination of such person before
14 the court, must be delivered to the sheriff of the appropriate county
15 who must be ordered to:

16 1. Transport the person; or

17 2. Arrange for the person to be transported by:

18 (a) A system for the nonemergency medical transportation of
19 persons whose operation is authorized by the Nevada Transportation
20 Authority; or

21 (b) If medically necessary, an ambulance service that holds a
22 permit issued pursuant to the provisions of chapter 450B of NRS,
23 to the appropriate public or private medical facility, residence or
24 other safe location.

25 **Sec. 83.** NRS 442.003 is hereby amended to read as follows:

26 442.003 As used in this chapter, unless the context requires
27 otherwise:

28 1. "Advisory Board" means the Advisory Board on Maternal
29 and Child Health.

30 2. "Department" means the Department of Health and Human
31 Services.

32 3. "Director" means the Director of the Department.

33 4. "Division" means the Division of Public and Behavioral
34 Health of the Department.

35 5. "Fetal alcohol syndrome" includes fetal alcohol effects.

36 6. "Laboratory" has the meaning ascribed to it in
37 NRS 652.040.

38 7. "Obstetric center" has the meaning ascribed to it in
39 NRS 449.0155.

40 8. "Provider of health care or other services" means:

41 (a) A clinical alcohol and drug abuse counselor who is licensed,
42 or an alcohol and drug abuse counselor who is licensed or certified,
43 pursuant to chapter 641C of NRS;

44 (b) A *licensed* physician or a physician assistant who is licensed
45 pursuant to chapter 630 ~~for 633~~ of NRS and who practices in the



1 area of obstetrics and gynecology, family practice, internal
2 medicine, pediatrics or psychiatry;

- 3 (c) A licensed nurse;
- 4 (d) A licensed psychologist;
- 5 (e) A licensed marriage and family therapist;
- 6 (f) A licensed clinical professional counselor;
- 7 (g) A licensed social worker;
- 8 (h) A licensed dietitian; or
- 9 (i) The holder of a certificate of registration as a pharmacist.

10 **Sec. 84.** NRS 442.119 is hereby amended to read as follows:
11 442.119 As used in NRS 442.119 to 442.1198, inclusive,
12 unless the context otherwise requires:

13 1. "Health officer" includes a local health officer, a city health
14 officer, a county health officer and a district health officer.

15 2. "Medicaid" has the meaning ascribed to it in
16 NRS 439B.120.

17 3. "Medicare" has the meaning ascribed to it in
18 NRS 439B.130.

19 4. "Provider of prenatal care" means:

20 (a) A physician who is licensed in this State and certified in
21 obstetrics and gynecology, family practice, general practice or
22 general surgery.

23 (b) A certified nurse midwife who is licensed by the State Board
24 of Nursing.

25 (c) An advanced practice registered nurse who is licensed by the
26 State Board of Nursing pursuant to NRS 632.237 and who has
27 specialized skills and training in obstetrics or family nursing.

28 (d) A physician assistant *who is* licensed pursuant to chapter 630
29 ~~for 633~~ of NRS *and* who has specialized skills and training in
30 obstetrics or family practice.

31 **Sec. 85.** NRS 449.0175 is hereby amended to read as follows:

32 449.0175 "Rural clinic" means a facility located in an area that
33 is not designated as an urban area by the Bureau of the Census,
34 where medical services are provided by a physician assistant
35 licensed pursuant to chapter 630 ~~for 633~~ of NRS or an advanced
36 practice registered nurse licensed pursuant to NRS 632.237 who is
37 under the supervision of a licensed physician.

38 **Sec. 86.** NRS 453.038 is hereby amended to read as follows:

39 453.038 "Chart order" means an order entered on the chart of a
40 patient:

41 1. In a hospital, facility for intermediate care or facility for
42 skilled nursing which is licensed as such by the Division of Public
43 and Behavioral Health of the Department; or

44 2. Under emergency treatment in a hospital by a physician,
45 advanced practice registered nurse, dentist or podiatric physician, or



1 on the written or oral order of a physician, physician assistant
2 licensed pursuant to chapter 630 ~~for 633~~ of NRS, advanced practice
3 registered nurse, dentist or podiatric physician authorizing the
4 administration of a drug to the patient.

5 **Sec. 87.** NRS 453.091 is hereby amended to read as follows:

6 453.091 1. "Manufacture" means the production, preparation,
7 propagation, compounding, conversion or processing of a substance,
8 either directly or indirectly by extraction from substances of natural
9 origin, or independently by means of chemical synthesis, or by a
10 combination of extraction and chemical synthesis, and includes any
11 packaging or repackaging of the substance or labeling or relabeling
12 of its container.

13 2. "Manufacture" does not include the preparation,
14 compounding, packaging or labeling of a substance by a pharmacist,
15 physician, physician assistant licensed pursuant to chapter 630 ~~for~~
16 ~~633~~ of NRS, dentist, podiatric physician, advanced practice
17 registered nurse or veterinarian:

18 (a) As an incident to the administering or dispensing of a
19 substance in the course of his or her professional practice; or

20 (b) By an authorized agent under his or her supervision, for the
21 purpose of, or as an incident to, research, teaching or chemical
22 analysis and not for sale.

23 **Sec. 88.** NRS 453.126 is hereby amended to read as follows:

24 453.126 "Practitioner" means:

25 1. A physician, dentist, veterinarian or podiatric physician who
26 holds a license to practice his or her profession in this State and is
27 registered pursuant to this chapter.

28 2. An advanced practice registered nurse who holds a
29 certificate from the State Board of Pharmacy authorizing him or her
30 to dispense or to prescribe and dispense controlled substances.

31 3. A scientific investigator or a pharmacy, hospital or other
32 institution licensed, registered or otherwise authorized in this State
33 to distribute, dispense, conduct research with respect to, to
34 administer, or use in teaching or chemical analysis, a controlled
35 substance in the course of professional practice or research.

36 4. A euthanasia technician who is licensed by the Nevada State
37 Board of Veterinary Medical Examiners and registered pursuant to
38 this chapter, while he or she possesses or administers sodium
39 pentobarbital pursuant to his or her license and registration.

40 5. A physician assistant who:

41 (a) Holds a license from the Board of Medical Examiners; and

42 (b) Is authorized by the Board to possess, administer, prescribe
43 or dispense controlled substances under the supervision of a
44 physician *or osteopathic physician* as required by chapter 630 of
45 NRS.



1 6. ~~[A physician assistant who:~~
2 ~~—(a) Holds a license from the State Board of Osteopathic~~
3 ~~Medicine; and~~
4 ~~—(b) Is authorized by the Board to possess, administer, prescribe~~
5 ~~or dispense controlled substances under the supervision of an~~
6 ~~osteopathic physician as required by chapter 633 of NRS-~~

7 ~~—7.]~~ An optometrist who is certified by the Nevada State Board
8 of Optometry to prescribe and administer therapeutic
9 pharmaceutical agents pursuant to NRS 636.288, when the
10 optometrist prescribes or administers therapeutic pharmaceutical
11 agents within the scope of his or her certification.

12 **Sec. 89.** NRS 453.128 is hereby amended to read as follows:

13 453.128 1. "Prescription" means:

14 (a) An order given individually for the person for whom
15 prescribed, directly from a physician, physician assistant licensed
16 pursuant to chapter 630 ~~for 633~~ of NRS, dentist, podiatric
17 physician, optometrist, advanced practice registered nurse or
18 veterinarian, or his or her agent, to a pharmacist or indirectly by
19 means of an order signed by the practitioner or an electronic
20 transmission from the practitioner to a pharmacist; or

21 (b) A chart order written for an inpatient specifying drugs which
22 he or she is to take home upon his or her discharge.

23 2. The term does not include a chart order written for an
24 inpatient for use while he or she is an inpatient.

25 **Sec. 90.** NRS 453.226 is hereby amended to read as follows:

26 453.226 1. Every practitioner or other person who dispenses
27 any controlled substance within this State or who proposes to
28 engage in the dispensing of any controlled substance within this
29 State shall obtain biennially a registration issued by the Board in
30 accordance with its regulations.

31 2. A person registered by the Board in accordance with the
32 provisions of NRS 453.011 to 453.552, inclusive, to dispense or
33 conduct research with controlled substances may possess, dispense
34 or conduct research with those substances to the extent authorized
35 by the registration and in conformity with the other provisions of
36 those sections.

37 3. The following persons are not required to register and may
38 lawfully possess and distribute controlled substances pursuant to the
39 provisions of NRS 453.011 to 453.552, inclusive:

40 (a) An agent or employee of a registered dispenser of a
41 controlled substance if he or she is acting in the usual course of his
42 or her business or employment;

43 (b) A common or contract carrier or warehouseman, or an
44 employee thereof, whose possession of any controlled substance is
45 in the usual course of business or employment;



1 (c) An ultimate user or a person in possession of any controlled
2 substance pursuant to a lawful order of a physician, physician
3 assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS, dentist,
4 advanced practice registered nurse, podiatric physician or
5 veterinarian or in lawful possession of a schedule V substance; or

6 (d) A physician who:

7 (1) Holds a locum tenens license issued by the Board of
8 Medical Examiners or a temporary license issued by the State Board
9 of Osteopathic Medicine; and

10 (2) Is registered with the Drug Enforcement Administration
11 at a location outside this State.

12 4. The Board may waive the requirement for registration of
13 certain dispensers if it finds it consistent with the public health and
14 safety.

15 5. A separate registration is required at each principal place of
16 business or professional practice where the applicant dispenses
17 controlled substances.

18 6. The Board may inspect the establishment of a registrant
19 or applicant for registration in accordance with the Board's
20 regulations.

21 **Sec. 91.** NRS 453.336 is hereby amended to read as follows:

22 453.336 1. Except as otherwise provided in subsection 5, a
23 person shall not knowingly or intentionally possess a controlled
24 substance, unless the substance was obtained directly from, or
25 pursuant to, a prescription or order of a physician, physician
26 assistant licensed pursuant to chapter 630 ~~for 633~~ of NRS, dentist,
27 podiatric physician, optometrist, advanced practice registered nurse
28 or veterinarian while acting in the course of his or her professional
29 practice, or except as otherwise authorized by the provisions of NRS
30 453.005 to 453.552, inclusive.

31 2. Except as otherwise provided in subsections 3 and 4 and in
32 NRS 453.3363, and unless a greater penalty is provided in NRS
33 212.160, 453.3385, 453.339 or 453.3395, a person who violates this
34 section shall be punished:

35 (a) For the first or second offense, if the controlled substance is
36 listed in schedule I, II, III or IV, for a category E felony as provided
37 in NRS 193.130.

38 (b) For a third or subsequent offense, if the controlled substance
39 is listed in schedule I, II, III or IV, or if the offender has previously
40 been convicted two or more times in the aggregate of any violation
41 of the law of the United States or of any state, territory or district
42 relating to a controlled substance, for a category D felony as
43 provided in NRS 193.130, and may be further punished by a fine of
44 not more than \$20,000.



1 (c) For the first offense, if the controlled substance is listed in
2 schedule V, for a category E felony as provided in NRS 193.130.

3 (d) For a second or subsequent offense, if the controlled
4 substance is listed in schedule V, for a category D felony as
5 provided in NRS 193.130.

6 3. Unless a greater penalty is provided in NRS 212.160,
7 453.337 or 453.3385, a person who is convicted of the possession of
8 flunitrazepam or gamma-hydroxybutyrate, or any substance for
9 which flunitrazepam or gamma-hydroxybutyrate is an immediate
10 precursor, is guilty of a category B felony and shall be punished by
11 imprisonment in the state prison for a minimum term of not less
12 than 1 year and a maximum term of not more than 6 years.

13 4. Unless a greater penalty is provided pursuant to NRS
14 212.160, a person who is convicted of the possession of 1 ounce or
15 less of marijuana:

16 (a) For the first offense, is guilty of a misdemeanor and shall be:

17 (1) Punished by a fine of not more than \$600; or

18 (2) Examined by a treatment provider approved by the court
19 to determine whether the person is a drug addict and is likely to be
20 rehabilitated through treatment and, if the examination reveals that
21 the person is a drug addict and is likely to be rehabilitated through
22 treatment, assigned to a program of treatment and rehabilitation
23 pursuant to NRS 453.580. As used in this subparagraph, "treatment
24 provider" has the meaning ascribed to it in NRS 458.010.

25 (b) For the second offense, is guilty of a misdemeanor and shall
26 be:

27 (1) Punished by a fine of not more than \$1,000; or

28 (2) Assigned to a program of treatment and rehabilitation
29 pursuant to NRS 453.580.

30 (c) For the third offense, is guilty of a gross misdemeanor and
31 shall be punished as provided in NRS 193.140.

32 (d) For a fourth or subsequent offense, is guilty of a category E
33 felony and shall be punished as provided in NRS 193.130.

34 5. It is not a violation of this section if a person possesses a
35 trace amount of a controlled substance and that trace amount is in or
36 on a hypodermic device obtained from a sterile hypodermic device
37 program pursuant to NRS 439.985 to 439.994, inclusive.

38 6. As used in this section:

39 (a) "Controlled substance" includes flunitrazepam, gamma-
40 hydroxybutyrate and each substance for which flunitrazepam or
41 gamma-hydroxybutyrate is an immediate precursor.

42 (b) "Marijuana" does not include concentrated cannabis.

43 (c) "Sterile hypodermic device program" has the meaning
44 ascribed to it in NRS 439.986.



1 **Sec. 92.** NRS 453.371 is hereby amended to read as follows:
2 453.371 As used in NRS 453.371 to 453.552, inclusive:

3 1. "Medical intern" means a medical graduate acting as an
4 assistant in a hospital for the purpose of clinical training.

5 2. "Pharmacist" means a person who holds a certificate of
6 registration issued pursuant to NRS 639.127 and is registered with
7 the Board.

8 3. "Physician," "dentist," "podiatric physician," "veterinarian"
9 and "euthanasia technician" mean persons authorized by a license to
10 practice their respective professions in this State who are registered
11 with the Board.

12 4. "Physician assistant" means a person who is registered with
13 the Board and ~~†~~

14 ~~—(a) Holds† holds~~ a license issued pursuant to NRS 630.273 . ~~† or~~

15 ~~—(b) Holds a license issued pursuant to NRS 633.433.†~~

16 **Sec. 93.** NRS 453C.030 is hereby amended to read as follows:

17 453C.030 1. "Health care professional" means a physician, a
18 physician assistant or an advanced practice registered nurse.

19 2. As used in this section:

20 (a) "Advanced practice registered nurse" has the meaning
21 ascribed to it in NRS 632.012.

22 (b) "Physician" means a physician licensed pursuant to chapter
23 630 or 633 of NRS.

24 (c) "Physician assistant" means a physician assistant licensed
25 pursuant to chapter 630 ~~for 633†~~ of NRS.

26 **Sec. 94.** NRS 454.213 is hereby amended to read as follows:

27 454.213 1. A drug or medicine referred to in NRS 454.181 to
28 454.371, inclusive, may be possessed and administered by:

29 (a) A practitioner.

30 (b) A physician assistant licensed pursuant to chapter 630 ~~for~~
31 ~~633†~~ of NRS, at the direction of his or her supervising physician or a
32 licensed dental hygienist acting in the office of and under the
33 supervision of a dentist.

34 (c) Except as otherwise provided in paragraph (d), a registered
35 nurse licensed to practice professional nursing or licensed practical
36 nurse, at the direction of a prescribing physician, physician assistant
37 licensed pursuant to chapter 630 ~~for 633†~~ of NRS, dentist, podiatric
38 physician or advanced practice registered nurse, or pursuant to a
39 chart order, for administration to a patient at another location.

40 (d) In accordance with applicable regulations of the Board, a
41 registered nurse licensed to practice professional nursing or licensed
42 practical nurse who is:

43 (1) Employed by a health care agency or health care facility
44 that is authorized to provide emergency care, or to respond to the
45 immediate needs of a patient, in the residence of the patient; and



1 (2) Acting under the direction of the medical director of that
2 agency or facility who works in this State.

3 (e) A medication aide - certified at a designated facility under
4 the supervision of an advanced practice registered nurse or
5 registered nurse and in accordance with standard protocols
6 developed by the State Board of Nursing. As used in this paragraph,
7 "designated facility" has the meaning ascribed to it in
8 NRS 632.0145.

9 (f) Except as otherwise provided in paragraph (g), an advanced
10 emergency medical technician or a paramedic, as authorized by
11 regulation of the State Board of Pharmacy and in accordance with
12 any applicable regulations of:

13 (1) The State Board of Health in a county whose population
14 is less than 100,000;

15 (2) A county board of health in a county whose population is
16 100,000 or more; or

17 (3) A district board of health created pursuant to NRS
18 439.362 or 439.370 in any county.

19 (g) An advanced emergency medical technician or a paramedic
20 who holds an endorsement issued pursuant to NRS 450B.1975,
21 under the direct supervision of a local health officer or a designee of
22 the local health officer pursuant to that section.

23 (h) A respiratory therapist employed in a health care facility.
24 The therapist may possess and administer respiratory products only
25 at the direction of a physician.

26 (i) A dialysis technician, under the direction or supervision of a
27 physician or registered nurse only if the drug or medicine is used for
28 the process of renal dialysis.

29 (j) A medical student or student nurse in the course of his or her
30 studies at an accredited college of medicine or approved school of
31 professional or practical nursing, at the direction of a physician and:

32 (1) In the presence of a physician or a registered nurse; or

33 (2) Under the supervision of a physician or a registered nurse
34 if the student is authorized by the college or school to administer the
35 drug or medicine outside the presence of a physician or nurse.

36 ➤ A medical student or student nurse may administer a dangerous
37 drug in the presence or under the supervision of a registered nurse
38 alone only if the circumstances are such that the registered nurse
39 would be authorized to administer it personally.

40 (k) Any person designated by the head of a correctional
41 institution.

42 (l) An ultimate user or any person designated by the ultimate
43 user pursuant to a written agreement.



1 (m) A nuclear medicine technologist, at the direction of a
2 physician and in accordance with any conditions established by
3 regulation of the Board.

4 (n) A radiologic technologist, at the direction of a physician and
5 in accordance with any conditions established by regulation of the
6 Board.

7 (o) A chiropractic physician, but only if the drug or medicine is
8 a topical drug used for cooling and stretching external tissue during
9 therapeutic treatments.

10 (p) A physical therapist, but only if the drug or medicine is a
11 topical drug which is:

12 (1) Used for cooling and stretching external tissue during
13 therapeutic treatments; and

14 (2) Prescribed by a licensed physician for:

15 (I) Iontophoresis; or

16 (II) The transmission of drugs through the skin using
17 ultrasound.

18 (q) In accordance with applicable regulations of the State Board
19 of Health, an employee of a residential facility for groups, as
20 defined in NRS 449.017, pursuant to a written agreement entered
21 into by the ultimate user.

22 (r) A veterinary technician or a veterinary assistant at the
23 direction of his or her supervising veterinarian.

24 (s) In accordance with applicable regulations of the Board, a
25 registered pharmacist who:

26 (1) Is trained in and certified to carry out standards and
27 practices for immunization programs;

28 (2) Is authorized to administer immunizations pursuant to
29 written protocols from a physician; and

30 (3) Administers immunizations in compliance with the
31 "Standards for Immunization Practices" recommended and
32 approved by the Advisory Committee on Immunization Practices of
33 the Centers for Disease Control and Prevention.

34 (t) A registered pharmacist pursuant to written guidelines and
35 protocols developed and approved pursuant to NRS 639.2809.

36 (u) A person who is enrolled in a training program to become a
37 physician assistant licensed pursuant to chapter 630 ~~for 633~~ of
38 NRS, dental hygienist, advanced emergency medical technician,
39 paramedic, respiratory therapist, dialysis technician, nuclear
40 medicine technologist, radiologic technologist, physical therapist or
41 veterinary technician if the person possesses and administers the
42 drug or medicine in the same manner and under the same conditions
43 that apply, respectively, to a physician assistant licensed pursuant to
44 chapter 630 ~~for 633~~ of NRS, dental hygienist, advanced emergency
45 medical technician, paramedic, respiratory therapist, dialysis



1 technician, nuclear medicine technologist, radiologic technologist,
2 physical therapist or veterinary technician who may possess and
3 administer the drug or medicine, and under the direct supervision of
4 a person licensed or registered to perform the respective medical art
5 or a supervisor of such a person.

6 (v) A medical assistant, in accordance with applicable
7 regulations of the:

8 (1) Board of Medical Examiners, at the direction of the
9 prescribing physician and under the supervision of a physician or
10 physician assistant.

11 (2) State Board of Osteopathic Medicine, at the direction of
12 the prescribing physician and under the supervision of a physician
13 or physician assistant.

14 2. As used in this section, "accredited college of medicine" has
15 the meaning ascribed to it in NRS 453.375.

16 **Sec. 95.** NRS 454.215 is hereby amended to read as follows:

17 454.215 A dangerous drug may be dispensed by:

18 1. A registered pharmacist upon the legal prescription from a
19 practitioner or to a pharmacy in a correctional institution upon the
20 written order of the prescribing practitioner in charge;

21 2. A pharmacy in a correctional institution, in case of
22 emergency, upon a written order signed by the chief medical officer;

23 3. A practitioner, or a physician assistant licensed pursuant to
24 chapter 630 ~~for 633~~ of NRS if authorized by the Board;

25 4. A registered nurse, when the nurse is engaged in the
26 performance of any public health program approved by the Board;

27 5. A medical intern in the course of his or her internship;

28 6. An advanced practice registered nurse who holds a
29 certificate from the State Board of Pharmacy permitting him or her
30 to dispense dangerous drugs;

31 7. A registered nurse employed at an institution of the
32 Department of Corrections to an offender in that institution;

33 8. A registered pharmacist from an institutional pharmacy
34 pursuant to regulations adopted by the Board; or

35 9. A registered nurse to a patient at a rural clinic that is
36 designated as such pursuant to NRS 433.233 and that is operated by
37 the Division of Public and Behavioral Health of the Department of
38 Health and Human Services if the nurse is providing mental health
39 services at the rural clinic,

40 ↪ except that no person may dispense a dangerous drug in violation
41 of a regulation adopted by the Board.

42 **Sec. 96.** NRS 454.221 is hereby amended to read as follows:

43 454.221 1. A person who furnishes any dangerous drug
44 except upon the prescription of a practitioner is guilty of a category



1 D felony and shall be punished as provided in NRS 193.130, unless
2 the dangerous drug was obtained originally by a legal prescription.

3 2. The provisions of this section do not apply to the furnishing
4 of any dangerous drug by:

5 (a) A practitioner to his or her patients;

6 (b) A physician assistant licensed pursuant to chapter 630 ~~for~~
7 ~~633~~ of NRS if authorized by the Board;

8 (c) A registered nurse while participating in a public health
9 program approved by the Board, or an advanced practice registered
10 nurse who holds a certificate from the State Board of Pharmacy
11 permitting him or her to dispense dangerous drugs;

12 (d) A manufacturer or wholesaler or pharmacy to each other or
13 to a practitioner or to a laboratory under records of sales and
14 purchases that correctly give the date, the names and addresses of
15 the supplier and the buyer, the drug and its quantity;

16 (e) A hospital pharmacy or a pharmacy so designated by a
17 county health officer in a county whose population is 100,000 or
18 more, or by a district health officer in any county within its
19 jurisdiction or, in the absence of either, by the Chief Medical Officer
20 or the Chief Medical Officer's designated Medical Director of
21 Emergency Medical Services, to a person or agency described in
22 subsection 3 of NRS 639.268 to stock ambulances or other
23 authorized vehicles or replenish the stock; or

24 (f) A pharmacy in a correctional institution to a person
25 designated by the Director of the Department of Corrections to
26 administer a lethal injection to a person who has been sentenced to
27 death.

28 **Sec. 97.** NRS 484C.250 is hereby amended to read as follows:

29 484C.250 1. The results of any blood test administered under
30 the provisions of NRS 484C.160 or 484C.180 are not admissible in
31 any hearing or criminal action arising out of acts alleged to have
32 been committed by a person who was driving or in actual physical
33 control of a vehicle while under the influence of intoxicating liquor
34 or a controlled substance or with a prohibited substance in his or her
35 blood or urine or who was engaging in any other conduct prohibited
36 by NRS 484C.110, 484C.120, 484C.130 or 484C.430 unless:

37 (a) The blood tested was withdrawn by a person, other than an
38 arresting officer, who:

39 (1) Is a physician, physician assistant licensed pursuant to
40 chapter 630 ~~for 633~~ of NRS, registered nurse, licensed practical
41 nurse, advanced emergency medical technician, paramedic or a
42 phlebotomist, technician, technologist or assistant employed in a
43 medical laboratory; or

44 (2) Has special knowledge, skill, experience, training and
45 education in withdrawing blood in a medically acceptable manner,



1 including, without limitation, a person qualified as an expert on that
2 subject in a court of competent jurisdiction or a person who has
3 completed a course of instruction that qualifies him or her to take an
4 examination in phlebotomy that is administered by the American
5 Medical Technologists or the American Society for Clinical
6 Pathology; and

7 (b) The test was performed on whole blood, except if the sample
8 was clotted when it was received by the laboratory, the test may be
9 performed on blood serum or plasma.

10 2. The limitation contained in paragraph (a) of subsection 1
11 does not apply to the taking of a chemical test of the urine, breath or
12 other bodily substance.

13 3. No person listed in paragraph (a) of subsection 1 incurs any
14 civil or criminal liability as a result of the administering of a blood
15 test when requested by a police officer or the person to be tested to
16 administer the test.

17 **Sec. 98.** NRS 616B.527 is hereby amended to read as follows:

18 616B.527 1. A self-insured employer, an association of self-
19 insured public or private employers or a private carrier may:

20 (a) Except as otherwise provided in NRS 616B.5273, enter into
21 a contract or contracts with one or more organizations for managed
22 care to provide comprehensive medical and health care services to
23 employees for injuries and diseases that are compensable pursuant
24 to chapters 616A to 617, inclusive, of NRS.

25 (b) Enter into a contract or contracts with providers of health
26 care, including, without limitation, physicians *and physician*
27 *assistants* who provide primary care, specialists, pharmacies,
28 physical therapists, radiologists, nurses, diagnostic facilities,
29 laboratories, hospitals and facilities that provide treatment to
30 outpatients, to provide medical and health care services to
31 employees for injuries and diseases that are compensable pursuant
32 to chapters 616A to 617, inclusive, of NRS.

33 (c) Require employees to obtain medical and health care
34 services for their industrial injuries from those organizations and
35 persons with whom the self-insured employer, association or private
36 carrier has contracted pursuant to paragraphs (a) and (b), or as the
37 self-insured employer, association or private carrier otherwise
38 prescribes.

39 (d) Except as otherwise provided in subsection 3 of NRS
40 616C.090, require employees to obtain the approval of the self-
41 insured employer, association or private carrier before obtaining
42 medical and health care services for their industrial injuries from a
43 provider of health care who has not been previously approved by the
44 self-insured employer, association or private carrier.



1 2. An organization for managed care with whom a self-insured
2 employer, association of self-insured public or private employers or
3 a private carrier has contracted pursuant to this section shall comply
4 with the provisions of NRS 616B.528, 616B.5285 and 616B.529.

5 **Sec. 99.** NRS 687B.450 is hereby amended to read as follows:

6 687B.450 1. Except as otherwise provided in this subsection,
7 if an insurer requires a medical examination of an applicant or an
8 insured before the issuance, renewal, reinstatement or reevaluation
9 of the terms of any policy or certificate of insurance or annuity
10 contract, the insurer shall:

11 (a) If the applicant or insured has a primary care ~~physician,~~
12 *provider or physician assistant*, notify:

13 (1) The physician *or physician assistant* of any potentially
14 serious medical condition that is detected as a result of that medical
15 examination; and

16 (2) The applicant or insured:

17 (I) Of any potentially serious medical condition that is
18 detected as a result of that medical examination; and

19 (II) That the primary care ~~physician~~ *provider or*
20 *physician assistant* of the applicant or insured has also been notified
21 of any potentially serious medical condition detected as a result of
22 that medical examination.

23 (b) If the applicant or insured does not have a primary care
24 ~~physician,~~ *provider or physician assistant*, notify the applicant or
25 insured of any potentially serious medical condition that is detected
26 as a result of that medical examination.

27 ➤ Any notice required pursuant to this section must be sent by
28 registered or certified mail not later than 30 days after the date on
29 which the potentially serious medical condition is detected. If the
30 applicant or insured is under the age of 18 years, any notice required
31 pursuant to this section must not be sent to the applicant or insured,
32 but instead must be sent to a parent or legal guardian of the
33 applicant or insured.

34 2. The Commissioner may adopt regulations to carry out the
35 provisions of this section.

36 3. The provisions of this section do not apply to a policy of
37 workers' compensation insurance or industrial insurance.

38 4. As used in this section, "potentially serious medical
39 condition" includes, without limitation, any medical condition that:

40 (a) Is life-threatening or potentially life-threatening if it is not
41 treated immediately or is not closely monitored; or

42 (b) Causes the insurer to refuse to issue, renew, reinstate or
43 reevaluate the terms of a policy or certificate of insurance or annuity
44 contract.



1 **5. As used in this section, “primary care provider” has the**
2 **meaning ascribed to it in NRS 695G.060.**

3 **Sec. 100.** NRS 689A.0413 is hereby amended to read as
4 follows:

5 689A.0413 1. A policy of health insurance must include a
6 provision authorizing a woman covered by the policy to obtain
7 covered gynecological or obstetrical services without first receiving
8 authorization or a referral from her primary care ~~{physician}~~
9 **provider.**

10 2. The provisions of this section do not authorize a woman
11 covered by a policy of health insurance to designate an obstetrician
12 or gynecologist as her primary care ~~{physician}~~ **provider.**

13 3. A policy subject to the provisions of this chapter that is
14 delivered, issued for delivery or renewed on or after October 1,
15 1999, has the legal effect of including the coverage required by this
16 section, and any provision of the policy or the renewal which is in
17 conflict with this section is void.

18 4. As used in this section, “primary care ~~{physician}~~ **provider”**
19 has the meaning ascribed to it in NRS 695G.060.

20 **Sec. 101.** NRS 689B.031 is hereby amended to read as
21 follows:

22 689B.031 1. A policy of group health insurance must include
23 a provision authorizing a woman covered by the policy to obtain
24 covered gynecological or obstetrical services without first receiving
25 authorization or a referral from her primary care ~~{physician}~~
26 **provider.**

27 2. The provisions of this section do not authorize a woman
28 covered by a policy of group health insurance to designate an
29 obstetrician or gynecologist as her primary care ~~{physician}~~
30 **provider.**

31 3. A policy subject to the provisions of this chapter that is
32 delivered, issued for delivery or renewed on or after October 1,
33 1999, has the legal effect of including the coverage required by this
34 section, and any provision of the policy or the renewal which is in
35 conflict with this section is void.

36 4. As used in this section, “primary care ~~{physician}~~ **provider”**
37 has the meaning ascribed to it in NRS 695G.060.

38 **Sec. 102.** NRS 695B.1914 is hereby amended to read as
39 follows:

40 695B.1914 1. A contract for hospital or medical service must
41 include a provision authorizing a woman covered by the contract to
42 obtain covered gynecological or obstetrical services without first
43 receiving authorization or a referral from her primary care
44 ~~{physician}~~ **provider.**



1 2. The provisions of this section do not authorize a woman
2 covered by a contract for hospital or medical service to designate an
3 obstetrician or gynecologist as her primary care ~~physician~~
4 *provider*.

5 3. A contract subject to the provisions of this chapter that is
6 delivered, issued for delivery or renewed on or after October 1,
7 1999, has the legal effect of including the coverage required by this
8 section, and any provision of the contract or the renewal which is in
9 conflict with this section is void.

10 4. As used in this section, "primary care ~~physician~~ *provider*"
11 has the meaning ascribed to it in NRS 695G.060.

12 **Sec. 103.** NRS 695C.1713 is hereby amended to read as
13 follows:

14 695C.1713 1. A health care plan must include a provision
15 authorizing a woman covered by the plan to obtain covered
16 gynecological or obstetrical services without first receiving
17 authorization or a referral from her primary care ~~physician~~
18 *provider*.

19 2. The provisions of this section do not authorize a woman
20 covered by a health care plan to designate an obstetrician or
21 gynecologist as her primary care ~~physician~~ *provider*.

22 3. An evidence of coverage subject to the provisions of this
23 chapter that is delivered, issued for delivery or renewed on or after
24 October 1, 1999, has the legal effect of including the coverage
25 required by this section, and any provision of the evidence of
26 coverage or the renewal which is in conflict with this section is void.

27 4. As used in this section, "primary care ~~physician~~ *provider*"
28 has the meaning ascribed to it in NRS 695G.060.

29 **Sec. 104.** NRS 695G.060 is hereby amended to read as
30 follows:

31 695G.060 "Primary care ~~physician~~ *provider*" means a
32 physician or *physician assistant, or any* group ~~of physicians~~
33 *thereof*, who:

- 34 1. Provides initial and primary health care services to an
35 insured;
36 2. Maintains the continuity of care for the insured; and
37 3. May refer the insured to a specialized provider of health
38 care.

39 **Sec. 105.** NRS 695G.150 is hereby amended to read as
40 follows:

41 695G.150 Each managed care organization shall authorize
42 coverage of a health care service that has been recommended for the
43 insured by a provider of health care acting within the scope of his or
44 her practice if that service is covered by the health care plan of the
45 insured, unless:



1 1. The decision not to authorize coverage is made by a
2 physician who:

3 (a) Is licensed to practice medicine in the State of Nevada
4 pursuant to chapter 630 or 633 of NRS;

5 (b) Possesses the education, training and expertise to evaluate
6 the medical condition of the insured; and

7 (c) Has reviewed the available medical documentation, notes of
8 the attending physician, test results and other relevant medical
9 records of the insured.

10 ➔ The physician may consult with other providers of health care in
11 determining whether to authorize coverage.

12 2. The decision not to authorize coverage and the reason for the
13 decision have been transmitted in writing in a timely manner to the
14 insured, the provider of health care who recommended the service
15 and the primary care ~~physician~~ provider of the insured, if any.

16 **Sec. 106.** Notwithstanding the amendatory provisions of this
17 act, a license to practice as a physician assistant that is valid on
18 January 1, 2018, and that was issued by the State Board of
19 Osteopathic Medicine created by NRS 633.181:

20 1. Shall be deemed to be issued by the Board of Medical
21 Examiners created by NRS 630.050;

22 2. Remains valid until its date of expiration if the holder of the
23 license otherwise remains qualified for the issuance or renewal of
24 the license on or after January 1, 2018; and

25 3. Upon its expiration, may be renewed in accordance with the
26 provisions of chapter 630 of NRS and chapter 630 of NAC
27 governing the renewal of a physician assistant's license.

28 **Sec. 107.** 1. Notwithstanding the amendatory provisions of
29 this act transferring authority to adopt regulations relating to
30 physician assistants from the State Board of Osteopathic Medicine
31 created by NRS 633.181 to the Board of Medical Examiners created
32 by NRS 630.050, any regulations adopted by the State Board of
33 Osteopathic Medicine that do not conflict with the provisions of this
34 act remain in effect and may be enforced by the Board of Medical
35 Examiners until the Board of Medical Examiners adopts regulations
36 to repeal or replace those regulations.

37 2. Any regulations adopted by the State Board of Osteopathic
38 Medicine created by NRS 633.181 that conflict with the provisions
39 of this act are void. The Legislative Counsel shall remove those
40 regulations from the Nevada Administrative Code as soon as
41 practicable after January 1, 2018.

42 **Sec. 108.** NRS 633.107, 633.123, 633.432, 633.433, 633.4335,
43 633.4336, 633.434, 633.442, 633.452, 633.466, 633.467, 633.468
44 and 633.469 are hereby repealed.



- 1 **Sec. 109.** This act becomes effective:
2 1. Upon passage and approval for the purpose of adopting any
3 regulations and performing any other preparatory administrative
4 tasks necessary to carry out the provisions of this act; and
5 2. On January 1, 2018, for all other purposes.

LEADLINES OF REPEALED SECTIONS

- 633.107 "Physician assistant" defined.
633.123 "Supervising osteopathic physician" defined.
633.432 Authorized services.
633.433 Issuance and conditions of license as physician
assistant.
633.4335 Expedited license by endorsement to practice as
physician assistant: Requirements; procedure for issuance.
633.4336 Expedited license by endorsement to practice as
physician assistant for active member of Armed Forces,
member's spouse, veteran or veteran's surviving spouse:
Requirements; procedure for issuance; provisional license
pending action on application.
633.434 Regulations concerning licensure of physician
assistants.
633.442 Display of license; identification; separate billing
prohibited.
633.452 Rendering of emergency care in emergency or
disaster without supervision of osteopathic physician.
633.466 Supervision of physician assistant by physician;
joint regulations.
633.467 Persons prohibited from acting as supervising
osteopathic physician.
633.468 Supervising osteopathic physicians: Right to refuse
to act as supervising osteopathic physician; certain agreements
void.
633.469 Supervising osteopathic physicians: Requirements
of supervision.

