

---

---

ASSEMBLY BILL NO. 270—ASSEMBLYWOMAN MARZOLA

MARCH 8, 2023

---

Referred to Committee on Commerce and Labor

SUMMARY—Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-714)

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

~

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

---

---

AN ACT relating to providers of health care; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; requiring an anesthesiologist assistant to work under the supervision of a supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable, except when rendering emergency care under certain circumstances; establishing the maximum fee the Boards may impose for the licensure of an anesthesiologist assistant and the biennial registration of such licenses; exempting an anesthesiologist assistant from civil liability under certain circumstances; requiring an anesthesiologist assistant to report instances of neglect or abuse of older persons and vulnerable persons; authorizing an anesthesiologist assistant to be simultaneously licensed by the Board of Medical Examiners and the State Board of Osteopathic Medicine; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law provides for the licensure by the Board of Medical Examiners and  
2 the State Board of Osteopathic Medicine of a physician assistant who works under  
3 the supervision of a physician or osteopathic physician, respectively. (NRS  
4 630.273, 633.305) **Sections 8, 9, 47 and 48** of this bill provide for the licensure of  
5 anesthesiologist assistants by the Board of Medical Examiners and the State Board  
6 of Osteopathic Medicine, respectively, and prescribe the qualifications necessary  
7 for licensure. **Sections 12, 13, 51 and 52** of this bill require that an anesthesiologist



8 assistant work under the supervision of a supervising anesthesiologist or  
9 supervising osteopathic anesthesiologist, except when rendering emergency care  
10 directly related to an emergency or disaster, under certain circumstances. **Sections**  
11 **10 and 49** of this bill require the Boards to adopt regulations establishing  
12 requirements for the licensure of anesthesiologist assistants. **Sections 31 and 66** of  
13 this bill prescribe the maximum fee that the Boards may charge for the respective  
14 applications for and the issuance of a license to practice as an anesthesiologist  
15 assistant and the biennial registration of an anesthesiologist assistant. **Section 24** of  
16 this bill authorizes the Board of Medical Examiners to select anesthesiologist  
17 assistants to serve as advisory members of the Board. **Sections 25-30, 33, 37, 61,**  
18 **64, 65, 67, 70-73 and 77-84** of this bill make conforming changes to the duties of  
19 the Boards to include anesthesiologist assistants for the purposes of licensure,  
20 investigation and discipline.

21 **Sections 7 and 46** of this bill authorize a licensed anesthesiologist assistant to  
22 assist in the practice of medicine under the supervision of a supervising  
23 anesthesiologist or supervising osteopathic anesthesiologist, as applicable. **Sections**  
24 **7 and 46** list the services and duties that an anesthesiologist assistant may perform,  
25 including requirements for the ordering and administration of controlled  
26 substances. **Sections 7 and 46** also provide that an anesthesiologist assistant may  
27 not perform any duties that are outside the scope of the duties assigned to the  
28 anesthesiologist assistant by the supervising anesthesiologist or supervising  
29 osteopathic anesthesiologist, as applicable, or delegate to any other person any  
30 medical care task assigned to the anesthesiologist assistant by a supervising  
31 anesthesiologist or supervising osteopathic anesthesiologist, as applicable.

32 **Sections 32, 74-76 and 87-89** of this bill establish the process for the filing  
33 with the Boards of certain complaints concerning an anesthesiologist assistant.  
34 **Sections 33, 62, 63 and 67** set forth procedures for the investigation of complaints  
35 and the imposition of disciplinary action by the Boards against an anesthesiologist  
36 assistant. **Sections 39 and 90** of this bill provide that a person who holds himself or  
37 herself out as an anesthesiologist assistant without being licensed as such by the  
38 Board is guilty of a category C or D felony. **Sections 14 and 53** of this bill require  
39 each medical facility in this State employing an anesthesiologist assistant to submit  
40 to the Boards a list of such personnel at least three times annually, as directed by  
41 the Boards. **Sections 14, 53 and 97** of this bill provide that such a list is  
42 confidential. **Sections 14 and 53** also require a medical facility to obtain validation  
43 from the Boards that a prospective employee is licensed pursuant to the provisions  
44 of **sections 8 or 9 and 47 or 48** of this bill, as applicable.

45 **Sections 1, 94, 95, 101 and 102** of this bill include anesthesiologist assistant in  
46 the definition of the term "provider of health care" for certain purposes. **Section 40**  
47 of this bill requires an anesthesiologist assistant to report to the Executive Director  
48 of the State Board of Nursing any conduct of a licensee of that Board or holder of a  
49 certificate issued by that Board which violates provisions governing nursing.  
50 **Sections 86, 92 and 93** of this bill provide that an anesthesiologist assistant is  
51 immune from civil liability for rendering medical care in certain emergency  
52 situations. **Section 96** of this bill requires an anesthesiologist assistant to report  
53 instances of suspected abuse, neglect, exploitation, isolation or abandonment of  
54 older persons and vulnerable persons.

55 **Sections 99 and 100** of this bill include anesthesiologist assistants as a medical  
56 field of study eligible for certain scholarships.

57 **Sections 3-6 and 42-45** of this bill define certain terms pertaining to  
58 anesthesiologist assistants. **Sections 11 and 50** of this bill require an  
59 anesthesiologist assistant to identify himself or herself as an anesthesiologist  
60 assistant when engaged in professional duties. **Sections 19-23, 27, 34-36, 38, 41,**  
61 **98, 101, 103 and 104** of this bill make conforming changes to include



62 anesthesiologist assistants with certain other providers of health care for certain  
63 purposes.

---

---

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

1       **Section 1.** NRS 629.031 is hereby amended to read as follows:

2       629.031 Except as otherwise provided by a specific statute:

3       1. "Provider of health care" means:

4       (a) A physician licensed pursuant to chapter 630, 630A or 633  
5 of NRS;

6       (b) A physician assistant;

7       (c) *An anesthesiologist assistant;*

8       ~~(d)~~ (d) A dentist;

9       ~~(e)~~ (e) A licensed nurse;

10       ~~(f)~~ (f) A person who holds a license as an attendant or who is  
11 certified as an emergency medical technician, advanced emergency  
12 medical technician or paramedic pursuant to chapter 450B of NRS;

13       ~~(g)~~ (g) A dispensing optician;

14       ~~(h)~~ (h) An optometrist;

15       ~~(i)~~ (i) A speech-language pathologist;

16       ~~(j)~~ (j) An audiologist;

17       ~~(k)~~ (k) A practitioner of respiratory care;

18       ~~(l)~~ (l) A licensed physical therapist;

19       ~~(m)~~ (m) An occupational therapist;

20       ~~(n)~~ (n) A podiatric physician;

21       ~~(o)~~ (o) A licensed psychologist;

22       ~~(p)~~ (p) A licensed marriage and family therapist;

23       ~~(q)~~ (q) A licensed clinical professional counselor;

24       ~~(r)~~ (r) A music therapist;

25       ~~(s)~~ (s) A chiropractic physician;

26       ~~(t)~~ (t) An athletic trainer;

27       ~~(u)~~ (u) A perfusionist;

28       ~~(v)~~ (v) A doctor of Oriental medicine in any form;

29       ~~(w)~~ (w) A medical laboratory director or technician;

30       ~~(x)~~ (x) A pharmacist;

31       ~~(y)~~ (y) A licensed dietitian;

32       ~~(z)~~ (z) An associate in social work, a social worker, a master  
33 social worker, an independent social worker or a clinical social  
34 worker licensed pursuant to chapter 641B of NRS;

35       ~~(aa)~~ (aa) An alcohol and drug counselor or a problem gambling  
36 counselor who is certified pursuant to chapter 641C of NRS;

37       ~~(bb)~~ (bb) An alcohol and drug counselor or a clinical alcohol  
38 and drug counselor who is licensed pursuant to chapter 641C of  
39 NRS;



1 ~~[(bb)]~~ (cc) A behavior analyst, assistant behavior analyst or  
2 registered behavior technician; or

3 ~~[(ee)]~~ (dd) A medical facility as the employer of any person  
4 specified in this subsection.

5 2. For the purposes of NRS 629.400 to 629.490, inclusive, the  
6 term includes:

7 (a) A person who holds a license or certificate issued pursuant to  
8 chapter 631 of NRS; and

9 (b) A person who holds a current license or certificate to  
10 practice his or her respective discipline pursuant to the applicable  
11 provisions of law of another state or territory of the United States.

12 **Sec. 2.** Chapter 630 of NRS is hereby amended by adding  
13 thereto the provisions set forth as sections 3 to 18, inclusive, of this  
14 act.

15 **Sec. 3.** *“Anesthesiologist assistant” means a person who has*  
16 *been issued a license by the Board pursuant to section 8 or 9 of*  
17 *this act, as applicable, and is approved by the Board to assist in the*  
18 *practice of medicine under the supervision of a supervising*  
19 *anesthesiologist.*

20 **Sec. 4.** *“Assist in the practice of medicine” means an*  
21 *anesthesiologist assistant personally performs the duties assigned*  
22 *to the anesthesiologist assistant by and under the supervision of a*  
23 *supervising anesthesiologist.*

24 **Sec. 5.** *“Certification examination” means the initial*  
25 *certifying examination approved by the Board for the certification*  
26 *of anesthesiologist assistants, including, without limitation, the*  
27 *examination administered by the National Commission for*  
28 *Certification of Anesthesiologist Assistants, its successor*  
29 *organization or other nationally recognized organization for the*  
30 *certification of anesthesiologist assistants that has been reviewed*  
31 *and approved by the Board.*

32 **Sec. 6.** *“Supervising anesthesiologist” means an active*  
33 *physician who is licensed and in good standing in this State, is*  
34 *certified or is eligible to be certified as an anesthesiologist by the*  
35 *American Board of Anesthesiology or its successor organization*  
36 *and supervises one or more anesthesiologist assistants.*

37 **Sec. 7. 1.** *An anesthesiologist assistant licensed under the*  
38 *provisions of this chapter may assist in the practice of medicine in*  
39 *accordance with the regulations adopted by the Board pursuant to*  
40 *section 10 of this act and under the supervision of a supervising*  
41 *anesthesiologist.*

42 **2.** *An anesthesiologist assistant may perform the following*  
43 *duties and responsibilities as delegated by and under the*  
44 *supervision of a supervising anesthesiologist, including, without*  
45 *limitation:*



- 1 (a) *Developing and implementing an anesthesia care plan for*  
2 *a patient;*
- 3 (b) *Obtaining the comprehensive health history of a patient,*  
4 *performing relevant elements of a physical examination of a*  
5 *patient and recording relevant data;*
- 6 (c) *Ordering and performing preoperative and postoperative*  
7 *anesthetic patient evaluations and consultations and maintaining*  
8 *patient progress notes;*
- 9 (d) *Subject to the limitations of NRS 453.375, ordering*  
10 *preoperative and perioperative medications, including, without*  
11 *limitation, controlled substances, administering anesthetic agents,*  
12 *related pharmaceutical agents, fluid and blood products and*  
13 *adjunctive treatment, maintaining and altering the levels of*  
14 *anesthesia and providing continuity of anesthetic care into and*  
15 *during the postoperative recovery period;*
- 16 (e) *Changing or discontinuing an anesthesia care plan after*  
17 *consulting with the supervising anesthesiologist;*
- 18 (f) *Obtaining informed consent from a patient or the parent or*  
19 *guardian of the patient, as applicable, for the administration of*  
20 *anesthesia or related procedures;*
- 21 (g) *Ordering perioperative continuation of current*  
22 *medications;*
- 23 (h) *Pretesting and calibrating anesthesia delivery systems and*  
24 *obtaining information from such systems and from monitors;*
- 25 (i) *Implementing medically accepted monitoring techniques;*
- 26 (j) *Establishing airway interventions and performing*  
27 *ventilatory support, including, without limitation, endotracheal*  
28 *intubation, laryngeal mask insertion and other advanced airway*  
29 *techniques;*
- 30 (k) *Establishing peripheral intravenous lines, including,*  
31 *without limitation, the use of subcutaneous lidocaine, and*  
32 *performing invasive procedures, including, without limitation, the*  
33 *placement of arterial lines, central lines and Swan-Ganz*  
34 *catheters;*
- 35 (l) *Performing general anesthesia, including, without*  
36 *limitation, induction, maintenance, emergence and other*  
37 *procedures associated with general anesthesia;*
- 38 (m) *Administering vasoactive drugs and starting and titrating*  
39 *vasoactive infusions to treat patient responses to anesthesia;*
- 40 (n) *Performing, maintaining, evaluating and managing*  
41 *epidural, spinal and regional anesthesia, including, without*  
42 *limitation, catheters;*
- 43 (o) *Performing monitored anesthesia care;*



1 (p) *Conducting laboratory and other related studies, including,*  
2 *without limitation, taking blood samples and administering blood,*  
3 *blood products and supportive fluids;*

4 (q) *Performing, ordering and interpreting preoperative, point-*  
5 *of-care, intraoperative or postoperative diagnostic testing or*  
6 *procedures;*

7 (r) *Monitoring the patient while in the preoperative suite,*  
8 *recovery area or labor suites and making postanesthesia rounds;*

9 (s) *Ordering postoperative sedation, anxiolysis or analgesia,*  
10 *postoperative respiratory therapy and medication to treat patient*  
11 *responses to anesthesia and postoperative oxygen therapy,*  
12 *including, without limitation, ventilator therapy;*

13 (t) *Participating in administrative, research and clinical*  
14 *teaching activities, including, without limitation, supervising*  
15 *student anesthesiologist assistants and students involved in*  
16 *anesthesia training;*

17 (u) *Initiating and managing cardiopulmonary resuscitation in*  
18 *response to a life-threatening situation; and*

19 (v) *Performing such other tasks that are not otherwise*  
20 *prohibited by law and in which the anesthesiologist assistant has*  
21 *been trained and is competent.*

22 3. *An anesthesiologist assistant shall not prescribe any*  
23 *controlled substance or any dangerous drug, as defined in*  
24 *NRS 454.201.*

25 4. *An anesthesiologist assistant may not perform any duties*  
26 *which are outside the scope of the duties assigned to the*  
27 *anesthesiologist assistant by the supervising anesthesiologist or*  
28 *delegate any medical care task assigned to the anesthesiologist*  
29 *assistant by the supervising anesthesiologist to any other person.*

30 **Sec. 8. 1.** *The Board may issue a license to practice as an*  
31 *anesthesiologist assistant to an applicant who:*

32 (a) *Graduated from an anesthesiologist assistant program*  
33 *accredited by the Commission on Accreditation of Allied Health*  
34 *Education Programs or its predecessor or successor organization;*

35 (b) *Has passed a certification examination administered by the*  
36 *National Commission for Certification of Anesthesiologist*  
37 *Assistants, its successor organization or other nationally*  
38 *recognized organization for the certification of anesthesiologist*  
39 *assistants that has been reviewed and approved by the Board;*

40 (c) *Is certified by the National Commission for Certification of*  
41 *Anesthesiologist Assistants, its successor organization or other*  
42 *nationally recognized organization for the certification of*  
43 *anesthesiologist assistances that has been reviewed and approved*  
44 *by the Board;*



1 (d) Submits an application for a license as an anesthesiologist  
2 assistant in accordance with the regulations adopted by the Board  
3 pursuant to section 10 of this act;

4 (e) Pays the application fee for the application for and  
5 issuance of a license as an anesthesiologist assistant required by  
6 NRS 630.268; and

7 (f) Meets the qualifications prescribed by the regulations  
8 adopted by the Board pursuant to section 10 of this act to assist in  
9 the practice of medicine under the supervision of a supervising  
10 anesthesiologist.

11 2. An applicant for a license to practice as an anesthesiologist  
12 assistant submitted pursuant to this section must include, without  
13 limitation, all the information required by the Board to complete  
14 the application.

15 3. A license issued by the Board pursuant to subsection 1 is  
16 valid for a period of 2 years and may be renewed in a manner  
17 consistent with the regulations adopted by the Board pursuant to  
18 section 10 of this act.

19 **Sec. 9. 1.** The Board may issue a temporary license to  
20 practice as an anesthesiologist assistant to an applicant who:

21 (a) Graduated from an anesthesiologist assistant program  
22 accredited by the Commission on Accreditation of Allied Health  
23 Education Programs or its predecessor or successor organization  
24 or another program for educating and training anesthesiologist  
25 assistants but who has not yet passed the certification examination  
26 required by paragraph (b) of subsection 1 of section 8 of this act;

27 (b) Submits an application for temporary licensure; and

28 (c) Pays the application fee required by NRS 630.268.

29 2. An applicant for a temporary license to practice as an  
30 anesthesiologist assistant submitted pursuant to this section must  
31 include all the information required by the Board to complete the  
32 application.

33 3. An applicant issued a temporary license to practice as an  
34 anesthesiologist assistant pursuant to subsection 1 must take the  
35 next available certification examination required by paragraph (b)  
36 of subsection 1 of section 8 of this act after receiving a temporary  
37 license.

38 4. A temporary license to practice as an anesthesiologist  
39 assistant issued pursuant to subsection 1 is valid for a period of 1  
40 year and is subject to any requirements established by the  
41 regulations adopted by the Board pursuant to section 10 of this  
42 act.

43 **Sec. 10.** The Board shall adopt regulations establishing the  
44 requirements for the issuance of a license to practice as an  
45 anesthesiologist assistant pursuant to section 8 of this act and a



1 *temporary license to practice as an anesthesiologist assistant*  
2 *pursuant to section 9 of this act, including, without limitation:*

3 1. *The required qualifications of an applicant for such a*  
4 *license or temporary license;*

5 2. *The academic or educational certificates, credentials or*  
6 *programs of study required of an applicant for such a license or*  
7 *temporary license;*

8 3. *The procedures for submitting an application for such a*  
9 *license or temporary license;*

10 4. *The standards of review for applications submitted*  
11 *pursuant to sections 8 and 9 of this act and procedures for the*  
12 *issuance of such licenses;*

13 5. *The testing or examination of applicants by the Board;*

14 6. *The renewal, revocation, suspension and termination of*  
15 *licenses;*

16 7. *The regulation and discipline of anesthesiologist*  
17 *assistants, including, without limitation, the reporting of*  
18 *complaints, conducting investigations of alleged misconduct and*  
19 *disciplinary proceedings;*

20 8. *The requirements for the supervision of an*  
21 *anesthesiologist assistant by a supervising anesthesiologist; and*

22 9. *Consistent with the provisions of section 7 of this act, the*  
23 *duties which an anesthesiologist assistant may perform under the*  
24 *supervision of a supervising anesthesiologist.*

25 **Sec. 11.** *An anesthesiologist assistant licensed pursuant to*  
26 *section 8 or 9 of this act shall identify himself or herself as an*  
27 *anesthesiologist assistant when engaged in professional duties.*

28 **Sec. 12.** 1. *An anesthesiologist assistant licensed pursuant*  
29 *to sections 8 or 9 of this act who is responding to a need for*  
30 *medical care created by an emergency or disaster, as declared by a*  
31 *governmental agency, may render emergency care that is directly*  
32 *related to the emergency or disaster without the supervision of a*  
33 *supervising anesthesiologist as required by this chapter. The*  
34 *provisions of this subsection apply only for the duration of the*  
35 *emergency or disaster.*

36 2. *A supervising anesthesiologist who supervises an*  
37 *anesthesiologist assistant who is rendering emergency care that is*  
38 *directly related to an emergency or disaster, as described in*  
39 *subsection 1, is not required to meet the requirements set forth in*  
40 *this chapter for such supervision.*

41 **Sec. 13.** 1. *A supervising anesthesiologist shall be*  
42 *immediately available in such proximity to an anesthesiologist*  
43 *assistant during the performance of his or her duties that the*  
44 *supervising anesthesiologist is able to effectively reestablish direct*  
45 *contact with the patient to meet the medical needs of the patient*





1 *and intervene to address any urgent or emergent clinical*  
2 *problems.*

3 *2. A supervising anesthesiologist shall supervise an*  
4 *anesthesiologist assistant in a manner consistent with any*  
5 *applicable federal rule or regulation for reimbursement for*  
6 *anesthesia services.*

7 **Sec. 14.** *1. Each medical facility in this State employing an*  
8 *anesthesiologist assistant shall submit to the Board a list of such*  
9 *personnel at least three times annually, as directed by the Board.*  
10 *Except as otherwise provided in NRS 239.0115, each list submitted*  
11 *to the Board pursuant to this subsection is confidential.*

12 *2. A medical facility shall, before hiring an anesthesiologist*  
13 *assistant, obtain validation from the Board that the prospective*  
14 *employee is licensed pursuant to the provisions of section 8 or 9 of*  
15 *this act, as applicable.*

16 **Sec. 15.** *A person applying for an anesthesiologist license*  
17 *pursuant to the provisions of this chapter who wishes to hold a*  
18 *simultaneous license to practice as an anesthesiologist assistant*  
19 *pursuant to the provisions of chapter 633 of NRS must:*

20 *1. Indicate in the application that he or she wishes to hold a*  
21 *simultaneous license as an anesthesiologist assistant pursuant to*  
22 *the provisions of chapter 633 of NRS;*

23 *2. Apply for a license to practice as an anesthesiologist*  
24 *assistant to:*

25 *(a) The Board pursuant to this chapter; and*

26 *(b) The State Board of Osteopathic Medicine pursuant to*  
27 *chapter 633 of NRS; and*

28 *3. Pay all applicable fees, including, without limitation:*

29 *(a) The fee for application for and issuance of a simultaneous*  
30 *license as an anesthesiologist assistant pursuant to NRS 630.268;*  
31 *and*

32 *(b) The application and initial simultaneous license fee for an*  
33 *anesthesiologist assistant pursuant to NRS 633.501.*

34 **Sec. 16.** *A person applying to renew an anesthesiologist*  
35 *assistant license pursuant to the provisions of this chapter who*  
36 *wishes to hold a simultaneous anesthesiologist assistant license*  
37 *pursuant to the provisions of chapter 633 of NRS must:*

38 *1. Indicate in the application that he or she wishes to hold a*  
39 *simultaneous license as an anesthesiologist assistant pursuant to*  
40 *the provisions of chapter 633 of NRS;*

41 *2. Apply:*

42 *(a) To renew an anesthesiologist assistant license to the Board*  
43 *pursuant to this chapter; and*

44 *(b) For an anesthesiologist assistant license to the State Board*  
45 *of Osteopathic Medicine pursuant to chapter 633 of NRS; and*



1       **3. Pay all applicable fees, including, without limitation:**  
2       (a) *The fee for biennial simultaneous registration of an*  
3       *anesthesiologist assistant pursuant to NRS 630.268; and*

4       (b) *The application and initial simultaneous license fee for an*  
5       *anesthesiologist assistant pursuant to NRS 633.501.*

6       **Sec. 17.** *If a person licensed as an anesthesiologist assistant*  
7       *pursuant to the provisions of this chapter is not applying to renew*  
8       *his or her license and wishes to hold a simultaneous license as an*  
9       *anesthesiologist assistant pursuant to the provisions of chapter*  
10       *633 of NRS, the person must:*

11       1. *Apply for an anesthesiologist assistant license to the State*  
12       *Board of Osteopathic Medicine pursuant to chapter 633 of NRS;*  
13       *and*

14       2. *Pay all applicable fees, including, without limitation:*

15       (a) *The fee for biennial simultaneous registration of an*  
16       *anesthesiologist assistant pursuant to NRS 630.268; and*

17       (b) *The application and initial simultaneous license fee for an*  
18       *anesthesiologist assistant pursuant to NRS 633.501.*

19       **Sec. 18.** *On or before the last day of each quarter, the Board*  
20       *shall provide the State Board of Osteopathic Medicine a list of all*  
21       *anesthesiologist assistants licensed by the Board.*

22       **Sec. 19.** NRS 630.003 is hereby amended to read as follows:

23       630.003 1. The Legislature finds and declares that:

24       (a) It is among the responsibilities of State Government to  
25       ensure, as far as possible, that only competent persons practice  
26       medicine, perfusion and respiratory care within this State;

27       (b) For the protection and benefit of the public, the Legislature  
28       delegates to the Board of Medical Examiners the power and duty to  
29       determine the initial and continuing competence of physicians,  
30       perfusionists, physician assistants , *anesthesiologist assistants* and  
31       practitioners of respiratory care who are subject to the provisions of  
32       this chapter;

33       (c) The Board must exercise its regulatory power to ensure that  
34       the interests of the medical profession do not outweigh the interests  
35       of the public;

36       (d) The Board must ensure that unfit physicians, perfusionists,  
37       physician assistants , *anesthesiologist assistants* and practitioners of  
38       respiratory care are removed from the medical profession so that  
39       they will not cause harm to the public; and

40       (e) The Board must encourage and allow for public input into its  
41       regulatory activities to further improve the quality of medical  
42       practice within this State.

43       2. The powers conferred upon the Board by this chapter must  
44       be liberally construed to carry out these purposes for the protection  
45       and benefit of the public.



1       **Sec. 20.** NRS 630.005 is hereby amended to read as follows:  
2       630.005 As used in this chapter, unless the context otherwise  
3 requires, the words and terms defined in NRS 630.007 to 630.026,  
4 inclusive, *and sections 3 to 6, inclusive, of this act* have the  
5 meanings ascribed to them in those sections.

6       **Sec. 21.** NRS 630.021 is hereby amended to read as follows:

7       630.021 “Practice of respiratory care” includes:

8       1. Therapeutic and diagnostic use of medical gases, humidity  
9 and aerosols and the maintenance of associated apparatus;

10      2. The administration of drugs and medications to the  
11 cardiopulmonary system;

12      3. The provision of ventilatory assistance and control;

13      4. Postural drainage and percussion, breathing exercises and  
14 other respiratory rehabilitation procedures;

15      5. Cardiopulmonary resuscitation and maintenance of natural  
16 airways and the insertion and maintenance of artificial airways;

17      6. Carrying out the written orders of a physician, physician  
18 assistant, *anesthesiologist assistant*, certified registered nurse  
19 anesthetist or an advanced practice registered nurse relating to  
20 respiratory care;

21      7. Techniques for testing to assist in diagnosis, monitoring,  
22 treatment and research related to respiratory care, including the  
23 measurement of ventilatory volumes, pressures and flows, collection  
24 of blood and other specimens, testing of pulmonary functions and  
25 hemodynamic and other related physiological monitoring of the  
26 cardiopulmonary system; and

27      8. Training relating to the practice of respiratory care.

28       **Sec. 22.** NRS 630.045 is hereby amended to read as follows:

29       630.045 1. The purpose of licensing physicians,  
30 perfusionists, physician assistants, *anesthesiologist assistants* and  
31 practitioners of respiratory care is to protect the public health and  
32 safety and the general welfare of the people of this State.

33      2. Any license issued pursuant to this chapter is a revocable  
34 privilege.

35       **Sec. 23.** NRS 630.047 is hereby amended to read as follows:

36       630.047 1. This chapter does not apply to:

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

44      (b) Physicians who are called into this State, other than on a  
45 regular basis, for consultation with or assistance to a physician



1 licensed in this State, and who are legally qualified to practice in the  
2 state where they reside;

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

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

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

9 (d) Physicians who are temporarily exempt from licensure  
10 pursuant to NRS 630.2665 and are practicing medicine within the  
11 scope of the exemption;

12 (e) Any person permitted to practice any other healing art under  
13 this title who does so within the scope of that authority, or healing  
14 by faith or Christian Science;

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

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

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

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

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

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

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

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

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



1 is supervised by a provider of health care who is acting within the  
2 authorized scope of his or her practice;

3 (l) The performance of medical services by a student enrolled in  
4 an educational program for a physician assistant which is accredited  
5 by the Accreditation Review Commission on Education for the  
6 Physician Assistant, Inc., or its successor organization, as part of  
7 such a program; and

8 (m) A physician assistant of any division or department of the  
9 United States in the discharge of his or her official duties unless  
10 licensure by a state is required by the division or department of the  
11 United States.

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

14 3. This chapter does not prohibit:

15 (a) Gratuitous services outside of a medical school or medical  
16 facility by a person who is not a physician, perfusionist, physician  
17 assistant , *anesthesiologist assistant* or practitioner of respiratory  
18 care in cases of emergency.

19 (b) The domestic administration of family remedies.

20 **Sec. 24.** NRS 630.075 is hereby amended to read as follows:

21 630.075 The Board may, by majority vote, select physicians ,  
22 *anesthesiologist assistants* and members of the public, who must  
23 meet the same qualifications as required for members of the Board,  
24 to serve as advisory members of the Board. One or more advisory  
25 members may be designated by the Board to assist a committee of  
26 its members in an investigation as provided in NRS 630.311 but  
27 may not vote on any matter before the committee. Advisory  
28 members may also serve as members of the panel selected to hear  
29 charges as provided in NRS 630.339 and may vote on any  
30 recommendation made by the panel to the Board.

31 **Sec. 25.** NRS 630.120 is hereby amended to read as follows:

32 630.120 1. The Board shall procure a seal.

33 2. All licenses issued to physicians, perfusionists, physician  
34 assistants , *anesthesiologist assistants* and practitioners of  
35 respiratory care must bear the seal of the Board and the signatures of  
36 its President and Secretary-Treasurer.

37 **Sec. 26.** NRS 630.137 is hereby amended to read as follows:

38 630.137 1. Notwithstanding any other provision of law and  
39 except as otherwise provided in this section, the Board shall not  
40 adopt any regulations that prohibit or have the effect of prohibiting a  
41 physician, perfusionist, physician assistant , *anesthesiologist*  
42 *assistant* or practitioner of respiratory care from collaborating or  
43 consulting with another provider of health care.

44 2. The provisions of this section do not prevent the Board from  
45 adopting regulations that prohibit a physician, perfusionist,



1 physician assistant , *anesthesiologist assistant* or practitioner of  
2 respiratory care from aiding or abetting another person in the  
3 unlicensed practice of medicine or the unlicensed practice of  
4 perfusion or respiratory care.

5 3. As used in this section, “provider of health care” has the  
6 meaning ascribed to it in NRS 629.031.

7 **Sec. 27.** NRS 630.167 is hereby amended to read as follows:

8 630.167 1. In addition to any other requirements set forth in  
9 this chapter, each applicant for a license to practice medicine,  
10 including, without limitation, an expedited license pursuant to NRS  
11 630.1606 or 630.1607 or chapter 629A of NRS, and each applicant  
12 for a license to practice as a perfusionist, to practice as a physician  
13 assistant , *to practice as an anesthesiologist assistant* or to practice  
14 respiratory care shall submit to the Board a complete set of  
15 fingerprints and written permission authorizing the Board to forward  
16 the fingerprints to the Central Repository for Nevada Records of  
17 Criminal History for submission to the Federal Bureau of  
18 Investigation for its report. Any fees or costs charged by the Board  
19 for this service pursuant to NRS 630.268 are not refundable.

20 2. Any communication between the Board and the Interstate  
21 Medical Licensure Compact Commission created by NRS 629A.100  
22 relating to verification of a physician’s eligibility for expedited  
23 licensure pursuant to that section must not include any information  
24 received in a report from the Federal Bureau of Investigation  
25 relating to a state and federal criminal records check performed for  
26 the purposes of an application for an expedited license issued  
27 pursuant to NRS 629A.100.

28 **Sec. 28.** NRS 630.197 is hereby amended to read as follows:

29 630.197 1. In addition to any other requirements set forth in  
30 this chapter:

31 (a) An applicant for the issuance of a license to practice  
32 medicine, to practice as a perfusionist, to practice as a physician  
33 assistant , *to practice as an anesthesiologist assistant* or to practice  
34 as a practitioner of respiratory care shall include the social security  
35 number of the applicant in the application submitted to the Board.

36 (b) An applicant for the issuance or renewal of a license to  
37 practice medicine, to practice as a perfusionist, to practice as a  
38 physician assistant , *to practice as an anesthesiologist assistant* or  
39 to practice as a practitioner of respiratory care shall submit to the  
40 Board the statement prescribed by the Division of Welfare and  
41 Supportive Services of the Department of Health and Human  
42 Services pursuant to NRS 425.520. The statement must be  
43 completed and signed by the applicant.

44 2. The Board shall include the statement required pursuant to  
45 subsection 1 in:



1 (a) The application or any other forms that must be submitted  
2 for the issuance or renewal of the license; or

3 (b) A separate form prescribed by the Board.

4 3. A license to practice medicine, to practice as a perfusionist,  
5 to practice as a physician assistant, *to practice as an*  
6 *anesthesiologist assistant* or to practice as a practitioner of  
7 respiratory care may not be issued or renewed by the Board if the  
8 applicant:

9 (a) Fails to submit the statement required pursuant to subsection  
10 1; or

11 (b) Indicates on the statement submitted pursuant to subsection  
12 1 that the applicant is subject to a court order for the support of a  
13 child and is not in compliance with the order or a plan approved by  
14 the district attorney or other public agency enforcing the order for  
15 the repayment of the amount owed pursuant to the order.

16 4. If an applicant indicates on the statement submitted pursuant  
17 to subsection 1 that the applicant is subject to a court order for the  
18 support of a child and is not in compliance with the order or a plan  
19 approved by the district attorney or other public agency enforcing  
20 the order for the repayment of the amount owed pursuant to the  
21 order, the Board shall advise the applicant to contact the district  
22 attorney or other public agency enforcing the order to determine the  
23 actions that the applicant may take to satisfy the arrearage.

24 **Sec. 29.** NRS 630.198 is hereby amended to read as follows:

25 630.198 1. The Board shall not issue or renew a license to  
26 practice as a physician, physician assistant, *anesthesiologist*  
27 *assistant* or perfusionist unless the applicant for issuance or renewal  
28 of the license attests to knowledge of and compliance with the  
29 guidelines of the Centers for Disease Control and Prevention  
30 concerning the prevention of transmission of infectious agents  
31 through safe and appropriate injection practices.

32 2. In addition to the attestation provided pursuant to subsection  
33 1, a physician shall attest that any person:

34 (a) Who is under the control and supervision of the physician;

35 (b) Who is not licensed pursuant to this chapter; and

36 (c) Whose duties involve injection practices,

37 ➤ has knowledge of and is in compliance with the guidelines of the  
38 Centers for Disease Control and Prevention concerning the  
39 prevention of transmission of infectious agents through safe and  
40 appropriate injection practices.

41 **Sec. 30.** NRS 630.253 is hereby amended to read as follows:

42 630.253 1. The Board shall, as a prerequisite for the:

43 (a) Renewal of a license as a physician assistant; ~~or~~

44 (b) *Renewal of a license as an anesthesiologist assistant; or*



1 (c) Biennial registration of the holder of a license to practice  
2 medicine,

3 ➔ require each holder to submit evidence of compliance with the  
4 requirements for continuing education as set forth in regulations  
5 adopted by the Board.

6 2. These requirements:

7 (a) May provide for the completion of one or more courses of  
8 instruction relating to risk management in the performance of  
9 medical services.

10 (b) Must provide for the completion of a course of instruction,  
11 within 2 years after initial licensure, relating to the medical  
12 consequences of an act of terrorism that involves the use of a  
13 weapon of mass destruction. The course must provide at least 4  
14 hours of instruction that includes instruction in the following  
15 subjects:

16 (1) An overview of acts of terrorism and weapons of mass  
17 destruction;

18 (2) Personal protective equipment required for acts of  
19 terrorism;

20 (3) Common symptoms and methods of treatment associated  
21 with exposure to, or injuries caused by, chemical, biological,  
22 radioactive and nuclear agents;

23 (4) Syndromic surveillance and reporting procedures for acts  
24 of terrorism that involve biological agents; and

25 (5) An overview of the information available on, and the use  
26 of, the Health Alert Network.

27 (c) Must provide for the completion by a holder of a license to  
28 practice medicine of a course of instruction within 2 years after  
29 initial licensure that provides at least 2 hours of instruction on  
30 evidence-based suicide prevention and awareness as described in  
31 subsection 6.

32 (d) Must provide for the completion of at least 2 hours of  
33 training in the screening, brief intervention and referral to treatment  
34 approach to substance use disorder within 2 years after initial  
35 licensure.

36 (e) Must provide for the biennial completion by each  
37 psychiatrist and each physician assistant practicing under the  
38 supervision of a psychiatrist of one or more courses of instruction  
39 that provide at least 2 hours of instruction relating to cultural  
40 competency and diversity, equity and inclusion. Such instruction:

41 (1) May include the training provided pursuant to NRS  
42 449.103, where applicable.

43 (2) Must be based upon a range of research from diverse  
44 sources.





1 (3) Must address persons of different cultural backgrounds,  
2 including, without limitation:

3 (I) Persons from various gender, racial and ethnic  
4 backgrounds;

5 (II) Persons from various religious backgrounds;

6 (III) Lesbian, gay, bisexual, transgender and questioning  
7 persons;

8 (IV) Children and senior citizens;

9 (V) Veterans;

10 (VI) Persons with a mental illness;

11 (VII) Persons with an intellectual disability,  
12 developmental disability or physical disability; and

13 (VIII) Persons who are part of any other population that a  
14 psychiatrist or a physician assistant practicing under the supervision  
15 of a psychiatrist may need to better understand, as determined by the  
16 Board.

17 (f) Must allow the holder of a license to receive credit toward  
18 the total amount of continuing education required by the Board for  
19 the completion of a course of instruction relating to genetic  
20 counseling and genetic testing.

21 3. The Board may determine whether to include in a program  
22 of continuing education courses of instruction relating to the  
23 medical consequences of an act of terrorism that involves the use of  
24 a weapon of mass destruction in addition to the course of instruction  
25 required by paragraph (b) of subsection 2.

26 4. The Board shall encourage each holder of a license who  
27 treats or cares for persons who are more than 60 years of age to  
28 receive, as a portion of their continuing education, education in  
29 geriatrics and gerontology, including such topics as:

30 (a) The skills and knowledge that the licensee needs to address  
31 aging issues;

32 (b) Approaches to providing health care to older persons,  
33 including both didactic and clinical approaches;

34 (c) The biological, behavioral, social and emotional aspects of  
35 the aging process; and

36 (d) The importance of maintenance of function and  
37 independence for older persons.

38 5. The Board shall encourage each holder of a license to  
39 practice medicine to receive, as a portion of his or her continuing  
40 education, training concerning methods for educating patients about  
41 how to effectively manage medications, including, without  
42 limitation, the ability of the patient to request to have the symptom  
43 or purpose for which a drug is prescribed included on the label  
44 attached to the container of the drug.



1 6. The Board shall require each holder of a license to practice  
2 medicine to receive as a portion of his or her continuing education at  
3 least 2 hours of instruction every 4 years on evidence-based suicide  
4 prevention and awareness, which may include, without limitation,  
5 instruction concerning:

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

9 (b) Approaches to engaging other professionals in suicide  
10 intervention; and

11 (c) The detection of suicidal thoughts and ideations and the  
12 prevention of suicide.

13 7. The Board shall encourage each holder of a license to  
14 practice medicine or as a physician assistant to receive, as a portion  
15 of his or her continuing education, training and education in the  
16 diagnosis of rare diseases, including, without limitation:

17 (a) Recognizing the symptoms of pediatric cancer; and

18 (b) Interpreting family history to determine whether such  
19 symptoms indicate a normal childhood illness or a condition that  
20 requires additional examination.

21 8. A holder of a license to practice medicine may not substitute  
22 the continuing education credits relating to suicide prevention and  
23 awareness required by this section for the purposes of satisfying an  
24 equivalent requirement for continuing education in ethics.

25 9. Except as otherwise provided in NRS 630.2535, a holder of  
26 a license to practice medicine may substitute not more than 2 hours  
27 of continuing education credits in pain management, care for  
28 persons with an addictive disorder or the screening, brief  
29 intervention and referral to treatment approach to substance use  
30 disorder for the purposes of satisfying an equivalent requirement for  
31 continuing education in ethics.

32 10. As used in this section:

33 (a) "Act of terrorism" has the meaning ascribed to it in  
34 NRS 202.4415.

35 (b) "Biological agent" has the meaning ascribed to it in  
36 NRS 202.442.

37 (c) "Chemical agent" has the meaning ascribed to it in  
38 NRS 202.4425.

39 (d) "Radioactive agent" has the meaning ascribed to it in  
40 NRS 202.4437.

41 (e) "Weapon of mass destruction" has the meaning ascribed to it  
42 in NRS 202.4445.

43 **Sec. 31.** NRS 630.268 is hereby amended to read as follows:

44 630.268 1. The Board shall charge and collect not more than  
45 the following fees:



1	For application for and issuance of a license to	
2	practice as a physician, including a license by	
3	endorsement .....	\$600
4	For application for and issuance of a temporary,	
5	locum tenens, limited, restricted, authorized	
6	facility, special, special purpose or special event	
7	license.....	400
8	For renewal of a limited, restricted, authorized	
9	facility or special license.....	400
10	For application for and issuance of a license as a	
11	physician assistant, including a license by	
12	endorsement .....	400
13	For application for and issuance of a simultaneous	
14	license as a physician assistant.....	200
15	For biennial registration of a physician assistant.....	800
16	For biennial simultaneous registration of a	
17	physician assistant.....	400
18	For biennial registration of a physician .....	800
19	For application for and issuance of a license as a	
20	perfusionist or practitioner of respiratory care .....	400
21	For biennial renewal of a license as a perfusionist.....	600
22	<i>For application for and issuance of a license or</i>	
23	<i>temporary license to practice as an</i>	
24	<i>anesthesiologist assistant .....</i>	<i>400</i>
25	<i>For application for and initial issuance of a</i>	
26	<i>simultaneous license as an anesthesiologist</i>	
27	<i>assistant.....</i>	<i>200</i>
28	<i>For biennial registration of an anesthesiologist</i>	
29	<i>assistant.....</i>	<i>800</i>
30	<i>For biennial simultaneous registration of an</i>	
31	<i>anesthesiologist assistant .....</i>	<i>400</i>
32	For biennial registration of a practitioner of	
33	respiratory care.....	600
34	For biennial registration for a physician who is on	
35	inactive status .....	400
36	For written verification of licensure.....	50
37	For a duplicate identification card.....	25
38	For a duplicate license.....	50
39	For computer printouts or labels.....	500
40	For verification of a listing of physicians, per hour .....	20
41	For furnishing a list of new physicians.....	100
42		

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees prescribed in subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited



1 processing of a request or for any other incidental service the Board  
2 provides.

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

9 4. If an applicant submits an application for a license by  
10 endorsement pursuant to:

11 (a) NRS 630.1607, and the applicant is an active member of, or  
12 the spouse of an active member of, the Armed Forces of the United  
13 States, a veteran or the surviving spouse of a veteran, the Board  
14 shall collect not more than one-half of the fee set forth in subsection  
15 1 for the initial issuance of the license. As used in this paragraph,  
16 "veteran" has the meaning ascribed to it in NRS 417.005.

17 (b) NRS 630.2752, the Board shall collect not more than one-  
18 half of the fee set forth in subsection 1 for the initial issuance of the  
19 license.

20 5. If an applicant submits an application for a license by  
21 endorsement pursuant to NRS 630.1606 or 630.2751, as applicable,  
22 the Board shall charge and collect not more than the fee specified in  
23 subsection 1 for the application for and initial issuance of a license.

24 **Sec. 32.** NRS 630.307 is hereby amended to read as follows:

25 630.307 1. Except as otherwise provided in subsection 2, any  
26 person may file with the Board a complaint against a physician,  
27 perfusionist, physician assistant, *anesthesiologist assistant* or  
28 practitioner of respiratory care on a form provided by the Board.  
29 The form may be submitted in writing or electronically. If a  
30 complaint is submitted anonymously, the Board may accept the  
31 complaint but may refuse to consider the complaint if the lack of the  
32 identity of the complainant makes processing the complaint  
33 impossible or unfair to the person who is the subject of the  
34 complaint.

35 2. Any licensee, medical school or medical facility that  
36 becomes aware that a person practicing medicine, perfusion or  
37 respiratory care in this State has, is or is about to become engaged in  
38 conduct which constitutes grounds for initiating disciplinary action  
39 shall file a written complaint with the Board within 30 days after  
40 becoming aware of the conduct.

41 3. Except as otherwise provided in subsection 4, any hospital,  
42 clinic or other medical facility licensed in this State, or medical  
43 society, shall report to the Board any change in the privileges of a  
44 physician, perfusionist, physician assistant, *anesthesiologist*  
45 *assistant* or practitioner of respiratory care to practice while the



1 physician, perfusionist, physician assistant , *anesthesiologist*  
2 *assistant* or practitioner of respiratory care is under investigation  
3 and the outcome of any disciplinary action taken by that facility or  
4 society against the physician, perfusionist, physician assistant ,  
5 *anesthesiologist assistant* or practitioner of respiratory care  
6 concerning the care of a patient or the competency of the physician,  
7 perfusionist, physician assistant , *anesthesiologist assistant* or  
8 practitioner of respiratory care within 30 days after the change in  
9 privileges is made or disciplinary action is taken.

10 4. A hospital, clinic or other medical facility licensed in this  
11 State, or medical society, shall report to the Board within 5 days  
12 after a change in the privileges of a physician, perfusionist,  
13 physician assistant , *anesthesiologist assistant* or practitioner of  
14 respiratory care to practice that is based on:

15 (a) An investigation of the mental, medical or psychological  
16 competency of the physician, perfusionist, physician assistant ,  
17 *anesthesiologist assistant* or practitioner of respiratory care; or

18 (b) Suspected or alleged substance abuse in any form by the  
19 physician, perfusionist, physician assistant , *anesthesiologist*  
20 *assistant* or practitioner of respiratory care.

21 5. The Board shall report any failure to comply with subsection  
22 3 or 4 by a hospital, clinic or other medical facility licensed in this  
23 State to the Division of Public and Behavioral Health of the  
24 Department of Health and Human Services. If, after a hearing, the  
25 Division of Public and Behavioral Health determines that any such  
26 facility or society failed to comply with the requirements of  
27 subsection 3 or 4, the Division may impose an administrative fine of  
28 not more than \$10,000 against the facility or society for each such  
29 failure to report. If the administrative fine is not paid when due, the  
30 fine must be recovered in a civil action brought by the Attorney  
31 General on behalf of the Division.

32 6. The clerk of every court shall report to the Board any  
33 finding, judgment or other determination of the court that a  
34 physician, perfusionist, physician assistant , *anesthesiologist*  
35 *assistant* or practitioner of respiratory care:

36 (a) Is mentally ill;

37 (b) Is mentally incompetent;

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

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

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

43 ↪ within 45 days after such a finding, judgment or determination is  
44 made.



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

4 **Sec. 33.** NRS 630.309 is hereby amended to read as follows:

5 630.309 To institute a disciplinary action against a perfusionist,  
6 physician assistant , *anesthesiologist assistant* or practitioner of  
7 respiratory care, a written complaint, specifying the charges, must  
8 be filed with the Board by:

9 1. The Board or a committee designated by the Board to  
10 investigate a complaint;

11 2. Any member of the Board; or

12 3. Any other person who is aware of any act or circumstance  
13 constituting a ground for disciplinary action set forth in the  
14 regulations adopted by the Board.

15 **Sec. 34.** NRS 630.326 is hereby amended to read as follows:

16 630.326 1. If an investigation by the Board regarding a  
17 physician, perfusionist, physician assistant , *anesthesiologist*  
18 *assistant* or practitioner of respiratory care reasonably determines  
19 that the health, safety or welfare of the public or any patient served  
20 by the licensee is at risk of imminent or continued harm, the Board  
21 may summarily suspend the license of the licensee pending the  
22 conclusion of a hearing to consider a formal complaint against the  
23 licensee. The order of summary suspension may be issued only by  
24 the Board or an investigative committee of the Board.

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

37 3. If the Board or an investigative committee of the Board  
38 issues an order summarily suspending the license of a licensee  
39 pursuant to subsection 1 and the Board requires the licensee to  
40 submit to a mental or physical examination or an examination  
41 testing his or her competence to practice, the examination must be  
42 conducted and the results obtained not later than 30 days after the  
43 order is issued.



1     **Sec. 35.** NRS 630.329 is hereby amended to read as follows:  
2     630.329 If the Board issues an order suspending the license of  
3 a physician, perfusionist, physician assistant , *anesthesiologist*  
4 *assistant* or practitioner of respiratory care pending proceedings for  
5 disciplinary action, including, without limitation, a summary  
6 suspension pursuant to NRS 233B.127, the court shall not stay that  
7 order.

8     **Sec. 36.** NRS 630.336 is hereby amended to read as follows:  
9     630.336 1. Any deliberations conducted or vote taken by the  
10 Board or any investigative committee of the Board regarding its  
11 ordering of a physician, perfusionist, physician assistant ,  
12 *anesthesiologist assistant* or practitioner of respiratory care to  
13 undergo a physical or mental examination or any other examination  
14 designated to assist the Board or committee in determining the  
15 fitness of a physician, perfusionist, physician assistant ,  
16 *anesthesiologist assistant* or practitioner of respiratory care are not  
17 subject to the requirements of NRS 241.020.

18     2. Except as otherwise provided in subsection 3 or 4, all  
19 applications for a license to practice medicine, perfusion or  
20 respiratory care, any charges filed by the Board, financial records of  
21 the Board, formal hearings on any charges heard by the Board or a  
22 panel selected by the Board, records of such hearings and any order  
23 or decision of the Board or panel must be open to the public.

24     3. Except as otherwise provided in NRS 239.0115, the  
25 following may be kept confidential:

26     (a) Any statement, evidence, credential or other proof submitted  
27 in support of or to verify the contents of an application;

28     (b) Any report concerning the fitness of any person to receive or  
29 hold a license to practice medicine, perfusion or respiratory care;  
30 and

31     (c) Any communication between:

32         (1) The Board and any of its committees or panels; and

33         (2) The Board or its staff, investigators, experts, committees,  
34 panels, hearing officers, advisory members or consultants and  
35 counsel for the Board.

36     4. Except as otherwise provided in subsection 5 and NRS  
37 239.0115, a complaint filed with the Board pursuant to NRS  
38 630.307, all documents and other information filed with the  
39 complaint and all documents and other information compiled as a  
40 result of an investigation conducted to determine whether to initiate  
41 disciplinary action are confidential.

42     5. The formal complaint or other document filed by the Board  
43 to initiate disciplinary action and all documents and information  
44 considered by the Board when determining whether to impose  
45 discipline are public records.



1 6. The Board shall, to the extent feasible, communicate or  
2 cooperate with or provide any documents or other information to  
3 any other licensing board or agency or any agency which is  
4 investigating a person, including a law enforcement agency. Such  
5 cooperation may include, without limitation, providing the board or  
6 agency with minutes of a closed meeting, transcripts of oral  
7 examinations and the results of oral examinations.

8 **Sec. 37.** NRS 630.366 is hereby amended to read as follows:

9 630.366 1. If the Board receives a copy of a court order  
10 issued pursuant to NRS 425.540 that provides for the suspension of  
11 all professional, occupational and recreational licenses, certificates  
12 and permits issued to a person who is the holder of a license to  
13 practice medicine, to practice as a perfusionist, to practice as a  
14 physician assistant , *to practice as an anesthesiologist assistant* or  
15 to practice as a practitioner of respiratory care, the Board shall deem  
16 the license issued to that person to be suspended at the end of the  
17 30th day after the date on which the court order was issued unless  
18 the Board receives a letter issued to the holder of the license by the  
19 district attorney or other public agency pursuant to NRS 425.550  
20 stating that the holder of the license has complied with the subpoena  
21 or warrant or has satisfied the arrearage pursuant to NRS 425.560.

22 2. The Board shall reinstate a license to practice medicine, to  
23 practice as a perfusionist, to practice as a physician assistant , *to*  
24 *practice as an anesthesiologist assistant* or to practice as a  
25 practitioner of respiratory care that has been suspended by a district  
26 court pursuant to NRS 425.540 if the Board receives a letter issued  
27 by the district attorney or other public agency pursuant to NRS  
28 425.550 to the person whose license was suspended stating that the  
29 person whose license was suspended has complied with the  
30 subpoena or warrant or has satisfied the arrearage pursuant to  
31 NRS 425.560.

32 **Sec. 38.** NRS 630.388 is hereby amended to read as follows:

33 630.388 1. In addition to any other remedy provided by law,  
34 the Board, through its President or Secretary-Treasurer or the  
35 Attorney General, may apply to any court of competent jurisdiction:

36 (a) To enjoin any prohibited act or other conduct of a licensee  
37 which is harmful to the public;

38 (b) To enjoin any person who is not licensed under this chapter  
39 from practicing medicine, perfusion or respiratory care;

40 (c) To limit the practice of a physician, perfusionist, physician  
41 assistant , *anesthesiologist assistant* or practitioner of respiratory  
42 care, or suspend his or her license to practice;

43 (d) To enjoin the use of the title "P.A.," "P.A.-C.," *"C.A.A.,"*  
44 "R.C.P." or any other word, combination of letters or other  
45 designation intended to imply or designate a person as a physician





1 assistant , *anesthesiologist assistant* or practitioner of respiratory  
2 care, when not licensed by the Board pursuant to this chapter, unless  
3 the use is otherwise authorized by a specific statute; or

4 (e) To enjoy the use of the title “L.P.,” “T.L.P.,” “licensed  
5 perfusionist,” “temporarily licensed perfusionist” or any other word,  
6 combination of letters or other designation intended to imply or  
7 designate a person as a perfusionist, when not licensed by the Board  
8 pursuant to this chapter, unless the use is otherwise authorized by a  
9 specific statute.

10 2. The court in a proper case may issue a temporary restraining  
11 order or a preliminary injunction for the purposes set forth in  
12 subsection 1:

13 (a) Without proof of actual damage sustained by any person;

14 (b) Without relieving any person from criminal prosecution for  
15 engaging in the practice of medicine, perfusion or respiratory care  
16 without a license; and

17 (c) Pending proceedings for disciplinary action by the Board.

18 **Sec. 39.** NRS 630.400 is hereby amended to read as follows:

19 630.400 1. It is unlawful for any person to:

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

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

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

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

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

32 (f) Hold himself or herself out as a physician assistant or use any  
33 other term indicating or implying that he or she is a physician  
34 assistant without being licensed by the Board; ~~or~~

35 (g) *Hold himself or herself out as an anesthesiologist assistant*  
36 *or use any other term indicating or implying that he or she is an*  
37 *anesthesiologist assistant without being licensed by the Board; or*

38 (h) Hold himself or herself out as a practitioner of respiratory  
39 care or use any other term indicating or implying that he or she is a  
40 practitioner of respiratory care without being licensed by the Board.

41 2. Unless a greater penalty is provided pursuant to NRS  
42 200.830 or 200.840, a person who violates any provision of  
43 subsection 1:

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



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

3 and shall be punished as provided in NRS 193.130.

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

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

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

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

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

24 **Sec. 40.** NRS 632.472 is hereby amended to read as follows:

25 632.472 1. The following persons shall report in writing to  
26 the Executive Director of the Board any conduct of a licensee or  
27 holder of a certificate which constitutes a violation of the provisions  
28 of this chapter:

29 (a) Any physician, dentist, dental hygienist, chiropractic  
30 physician, optometrist, podiatric physician, medical examiner,  
31 resident, intern, professional or practical nurse, nursing assistant,  
32 medication aide - certified, perfusionist, physician assistant licensed  
33 pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant*,  
34 psychiatrist, psychologist, marriage and family therapist, clinical  
35 professional counselor, alcohol or drug counselor, peer recovery  
36 support specialist, peer recovery support specialist supervisor, music  
37 therapist, holder of a license or limited license issued pursuant to  
38 chapter 653 of NRS, driver of an ambulance, paramedic or other  
39 person providing medical services licensed or certified to practice in  
40 this State.

41 (b) Any personnel of a medical facility or facility for the  
42 dependent engaged in the admission, examination, care or treatment  
43 of persons or an administrator, manager or other person in charge of  
44 a medical facility or facility for the dependent upon notification by a  
45 member of the staff of the facility.



1 (c) A coroner.

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

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

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

9 (g) Any employee of the Department of Health and Human  
10 Services.

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

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

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

20 (k) Any social worker.

21 (l) Any person who operates or is employed by a community  
22 health worker pool or with whom a community health worker pool  
23 contracts to provide the services of a community health worker, as  
24 defined in NRS 449.0027.

25 2. Every physician who, as a member of the staff of a medical  
26 facility or facility for the dependent, has reason to believe that a  
27 nursing assistant or medication aide - certified has engaged in  
28 conduct which constitutes grounds for the denial, suspension or  
29 revocation of a certificate shall notify the superintendent, manager  
30 or other person in charge of the facility. The superintendent,  
31 manager or other person in charge shall make a report as required in  
32 subsection 1.

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

34 4. Any person who in good faith reports any violation of the  
35 provisions of this chapter to the Executive Director of the Board  
36 pursuant to this section is immune from civil liability for reporting  
37 the violation.

38 5. As used in this section:

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

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

43 (c) "Peer recovery support specialist" has the meaning ascribed  
44 to it in NRS 433.627.



1 (d) "Peer recovery support specialist supervisor" has the  
2 meaning ascribed to it in NRS 433.629.

3 **Sec. 41.** Chapter 633 of NRS is hereby amended by adding  
4 thereto the provisions set forth as sections 42 to 57, inclusive, of this  
5 act.

6 **Sec. 42.** *"Anesthesiologist assistant" means a person who  
7 has been issued a license by the Board pursuant to section 47 or  
8 48 of this act, as applicable, and is approved by the Board to assist  
9 in the practice of medicine under the supervision of a supervising  
10 osteopathic anesthesiologist.*

11 **Sec. 43.** *"Assist in the practice of medicine" means an  
12 anesthesiologist assistant personally performs the duties assigned  
13 to the anesthesiologist assistant by and under the supervision of a  
14 supervising anesthesiologist.*

15 **Sec. 44.** *"Certification examination" means the initial  
16 certifying examination approved by the Board for the certification  
17 of anesthesiologist assistants, including, without limitation, the  
18 examination administered by the National Commission for  
19 Certification of Anesthesiologist Assistants, its successor  
20 organization or other nationally recognized organization for the  
21 certification of anesthesiologist assistants that has been reviewed  
22 and approved by the Board.*

23 **Sec. 45.** *"Supervising osteopathic anesthesiologist" means  
24 an active osteopathic physician who is licensed and in good  
25 standing in this State, is certified or eligible to be certified as an  
26 anesthesiologist by the American Board of Anesthesiology or its  
27 successor organization and supervises one or more  
28 anesthesiologist assistants.*

29 **Sec. 46. 1.** *An anesthesiologist assistant licensed under the  
30 provisions of this chapter may assist in the practice of medicine in  
31 accordance with the regulations adopted by the Board pursuant to  
32 section 49 of this act and under the supervision of a supervising  
33 osteopathic anesthesiologist.*

34 **2.** *An anesthesiologist assistant may perform the following  
35 duties and responsibilities as delegated by and under the  
36 supervision of a supervising osteopathic anesthesiologist,  
37 including, without limitation:*

38 *(a) Developing and implementing an anesthesia care plan for  
39 a patient;*

40 *(b) Obtaining the comprehensive health history of a patient,  
41 performing relevant elements of a physical examination of a  
42 patient and recording relevant data;*

43 *(c) Ordering and performing preoperative and postoperative  
44 anesthetic patient evaluations and consultations and maintaining  
45 progress notes;*



1 (d) Subject to the limitations for NRS 453.375, ordering  
2 preoperative and perioperative medications, including, without  
3 limitation, controlled substances, administering anesthetic agents,  
4 related pharmaceutical agents, fluid and blood products and  
5 adjunctive treatment, maintaining and altering the levels of  
6 anesthesia and providing continuity of anesthetic care into and  
7 during the postoperative recovery period;

8 (e) Changing or discontinuing an anesthesia care plan after  
9 consulting with the supervising osteopathic anesthesiologist;

10 (f) Obtaining informed consent from a patient or the parent or  
11 guardian of the patient, as applicable, for the administration of  
12 anesthesia or related procedures;

13 (g) Ordering perioperative continuation of current  
14 medications;

15 (h) Pretesting and calibrating anesthesia delivery systems and  
16 obtaining information from such systems and from monitors;

17 (i) Implementing medically accepted monitoring techniques;

18 (j) Establishing airway interventions and performing  
19 ventilatory support, including, without limitation, endotracheal  
20 intubation, laryngeal mask insertion and other advanced airway  
21 techniques;

22 (k) Establishing peripheral intravenous lines, including,  
23 without limitation, the use of subcutaneous lidocaine, and  
24 performing invasive procedures, including, without limitation, the  
25 placement of arterial lines, central lines and Swan-Ganz  
26 catheters;

27 (l) Performing general anesthesia, including, without  
28 limitation, induction, maintenance, emergence and other  
29 procedures associated with general anesthesia;

30 (m) Administering vasoactive drugs and starting and titrating  
31 vasoactive infusions to treat patient responses to anesthesia;

32 (n) Performing, maintaining, evaluating and managing  
33 epidural, spinal and regional anesthesia including, without  
34 limitation, catheters;

35 (o) Performing monitored anesthesia care;

36 (p) Conducting laboratory and other related studies, including,  
37 without limitation, taking blood samples and administering blood,  
38 blood products and supportive fluids;

39 (q) Performing, ordering and interpreting preoperative, point-  
40 of-care, intraoperative or postoperative diagnostic testing or  
41 procedures;

42 (r) Monitoring the patient while in the preoperative suite,  
43 recovery area or labor suites and making postanesthesia rounds;

44 (s) Ordering postoperative sedation, anxiolysis or analgesia,  
45 postoperative respiratory therapy and medication to treat patient



1 *responses to anesthesia and postoperative oxygen therapy,*  
2 *including, without limitation, ventilator therapy;*

3 *(t) Participating in administrative, research and clinical*  
4 *teaching activities, including, without limitation, supervising*  
5 *student anesthesiologist assistants and students involved in*  
6 *anesthesia training;*

7 *(u) Initiating and managing cardiopulmonary resuscitation in*  
8 *response to a life-threatening situation; and*

9 *(v) Performing such other tasks that are not otherwise*  
10 *prohibited by law and in which the anesthesiologist assistant has*  
11 *been trained and is competent.*

12 **3. An anesthesiologist assistant shall not prescribe any**  
13 **controlled substance or any dangerous drug, as defined in**  
14 **NRS 454.201.**

15 **4. An anesthesiologist assistant may not perform any duties**  
16 **which are outside the scope of the duties assigned to the**  
17 **anesthesiologist assistant by the supervising osteopathic**  
18 **anesthesiologist or delegate any medical care task assigned to**  
19 **the anesthesiologist assistant by the supervising osteopathic**  
20 **anesthesiologist to any other person.**

21 **Sec. 47. 1. The Board may issue a license to practice as an**  
22 **anesthesiologist assistant to an applicant who:**

23 *(a) Graduated from an anesthesiologist assistant program*  
24 *accredited by the Commission Accreditation of Allied Health*  
25 *Education Programs or its predecessor or successor organization;*

26 *(b) Has passed a certification examination administered by the*  
27 *National Commission for Certification of Anesthesiologist*  
28 *Assistants, its successor organization or other nationally*  
29 *recognized for the certification of anesthesiologist assistants that*  
30 *has been reviewed and approved by the Board;*

31 *(c) Is certified by the National Commission for Certification of*  
32 *Anesthesiologist Assistants, its successor organization or other*  
33 *nationally recognized organization for the certification of*  
34 *anesthesiologist assistant that has been reviewed and approved by*  
35 *the Board;*

36 *(d) Submits an application for a license as an anesthesiologist*  
37 *assistant in accordance with the regulations adopted by the Board*  
38 *pursuant to section 49 of this act;*

39 *(e) Pays the application fee for the application for and*  
40 *issuance of a license as an anesthesiologist assistant required by*  
41 *NRS 630.268; and*

42 *(f) Meets the qualifications prescribed by the regulations*  
43 *adopted by the Board pursuant to section 49 of this act to assist in*  
44 *the practice of medicine under the supervision of a supervising*  
45 *osteopathic anesthesiologist.*



1       2. *An applicant for a license to practice as an anesthesiologist*  
2 *assistant submitted pursuant to this section must include, without*  
3 *limitation, all the information required by the Board to complete*  
4 *the application.*

5       3. *A license issued by the Board pursuant to subsection 1 is*  
6 *valid for a period of 2 years and may be renewed in a manner*  
7 *consistent with the regulations adopted by the Board pursuant to*  
8 *section 49 of this act.*

9       **Sec. 48.** *1. The Board may issue a temporary license to*  
10 *practice as an anesthesiologist assistant to an applicant who:*

11       (a) *Graduated from an anesthesiologist assistant program*  
12 *accredited by the Commission on Accreditation of Allied Health*  
13 *Education Programs or its predecessor or successor organization*  
14 *or another program for educating and training anesthesiologist*  
15 *assistants but who has not yet passed the certification examination*  
16 *required by paragraph (b) of subsection 1 of section 47 of this act;*

17       (b) *Submits an application for temporary licensure; and*

18       (c) *Pays the application fee required by NRS 630.268.*

19       2. *An applicant for a temporary license to practice as an*  
20 *anesthesiologist assistant submitted pursuant to this section must*  
21 *include all the information required by the Board to complete the*  
22 *application.*

23       3. *An applicant issued a temporary license to practice as an*  
24 *anesthesiologist assistant pursuant to subsection 1 must take the*  
25 *next available certification examination required by paragraph (b)*  
26 *of subsection 1 of section 47 of this act after receiving a temporary*  
27 *license.*

28       4. *A temporary license to practice as an anesthesiologist*  
29 *assistant issued pursuant to subsection 1 is valid for a period of 1*  
30 *year and is subject to any requirements established by the Board*  
31 *pursuant to section 47 of this act.*

32       **Sec. 49.** *The Board shall adopt regulations establishing the*  
33 *requirements for the issuance of a license to practice as an*  
34 *anesthesiologist assistant pursuant to section 47 of this act and a*  
35 *temporary license to practice as an anesthesiologist assistant*  
36 *pursuant to section 48 of this act, including, without limitation:*

37       1. *The required qualifications of an applicant for such a*  
38 *license or temporary license;*

39       2. *The academic or educational certificates, credentials or*  
40 *programs of study required of an applicant for such a license or*  
41 *temporary licenses;*

42       3. *The procedures for submitting an application for a license*  
43 *or temporary license;*



1       4. *The standards of review for applicants submitted pursuant*  
2 *to sections 47 and 48 of this act and procedures for the issuance of*  
3 *such licenses;*

4       5. *The testing or examination of applicants by the Board;*

5       6. *The renewal, revocation, suspension and termination of*  
6 *licenses;*

7       7. *The regulation and discipline of anesthesiologist*  
8 *assistants, including, without limitation, the reporting of*  
9 *complaints, conducting investigations of alleged misconduct and*  
10 *disciplinary proceedings;*

11       8. *The requirements for the supervision of an*  
12 *anesthesiologist assistant by a supervising osteopathic*  
13 *anesthesiologist; and*

14       9. *Consistent with the provisions of section 46 of this act, the*  
15 *duties which an anesthesiologist assistant may perform under the*  
16 *supervision of a supervising osteopathic anesthesiologist.*

17       **Sec. 50.** *An anesthesiologist assistant licensed pursuant to*  
18 *section 47 or 48 of this act shall identify himself or herself as an*  
19 *anesthesiologist assistant when engaged in professional duties.*

20       **Sec. 51.** 1. *An anesthesiologist assistant licensed pursuant*  
21 *to section 47 or 48 of this act who is responding to a need for*  
22 *medical care created by an emergency or disaster, as declared by a*  
23 *governmental agency, may render emergency care that is directly*  
24 *related to the emergency or disaster without the supervision of a*  
25 *supervising osteopathic anesthesiologist as required by this*  
26 *chapter. The provisions of this subsection apply only for the*  
27 *duration of the emergency or disaster.*

28       2. *A supervising osteopathic anesthesiologist who supervises*  
29 *an anesthesiologist assistant who is rendering emergency care that*  
30 *is directly related to an emergency or disaster, as described in*  
31 *subsection 1, is not required to meet the requirements set forth in*  
32 *this chapter for such supervision.*

33       **Sec. 52.** 1. *A supervising osteopathic anesthesiologist shall*  
34 *be immediately available in such proximity to an anesthesiologist*  
35 *assistant during the performance of his or her duties that the*  
36 *supervising anesthesiologist is able to effectively reestablish direct*  
37 *contact with the patient to meet the medical needs of the patient*  
38 *and intervene to address any urgent or emergent clinical*  
39 *problems.*

40       2. *A supervising osteopathic anesthesiologist shall supervise*  
41 *an anesthesiologist assistant in a manner consistent with any*  
42 *applicable federal rule or regulation for reimbursement for*  
43 *anesthesia services.*

44       **Sec. 53.** 1. *Each medical facility in this State employing an*  
45 *anesthesiologist assistant shall submit to the Board a list of such*





1 *personnel at least three times annually, as directed by the Board.*  
2 *Except as otherwise provided in NRS 239.0115, each list submitted*  
3 *to the Board pursuant to this subsection is confidential.*

4 2. *A medical facility shall, before hiring an anesthesiologist*  
5 *assistant, obtain validation from the Board that the prospective*  
6 *employee is licensed pursuant to the provisions of section 47 or 48*  
7 *of this act, as applicable.*

8 **Sec. 54.** *A person applying for a license to practice as an*  
9 *anesthesiologist pursuant to the provisions of this chapter who*  
10 *wishes to hold a simultaneous license to practice as an*  
11 *anesthesiologist assistant pursuant to the provisions of chapter*  
12 *630 of NRS must:*

13 1. *Indicate in the application that he or she wishes to hold a*  
14 *simultaneous license as an anesthesiologist assistant pursuant to*  
15 *the provisions of chapter 630 of NRS;*

16 2. *Apply for a license to practice as an anesthesiologist*  
17 *assistant to:*

18 (a) *The Board pursuant to this chapter; and*

19 (b) *The State Board of Medical Examiners pursuant to chapter*  
20 *630 of NRS; and*

21 3. *Pay all applicable fees, including, without limitation:*

22 (a) *The application and initial simultaneous license fee for an*  
23 *anesthesiologist assistant pursuant to NRS 633.501; and*

24 (b) *The fee for application for and issuance of a simultaneous*  
25 *license as an anesthesiologist assistant pursuant to NRS 630.268.*

26 **Sec. 55.** *A person applying to renew an anesthesiologist*  
27 *assistant license pursuant to the provisions of this chapter who*  
28 *wishes to hold a simultaneous anesthesiologist assistant license*  
29 *pursuant to the provisions of chapter 630 of NRS must:*

30 1. *Indicate in the application that he or she wishes to hold a*  
31 *simultaneous license as an anesthesiologist assistant pursuant to*  
32 *the provisions of chapter 630 of NRS;*

33 2. *Apply:*

34 (a) *To renew an anesthesiologist assistant license to the Board*  
35 *pursuant to this chapter; and*

36 (b) *For an anesthesiologist assistant license to the Board of*  
37 *Medical Examiners pursuant to chapter 630 of NRS; and*

38 3. *Pay all applicable fees, including, without limitation:*

39 (a) *The fee for initial simultaneous license as an*  
40 *anesthesiologist assistant pursuant to NRS 633.501; and*

41 (b) *The application and initial simultaneous license fee for an*  
42 *anesthesiologist assistant pursuant to NRS 630.268.*

43 **Sec. 56.** *If a person licensed as an anesthesiologist assistant*  
44 *pursuant to the provisions of this chapter is not applying to renew*  
45 *his or her license and wishes to hold a simultaneous license as an*



1 *anesthesiologist assistant pursuant to the provisions of chapter*  
2 *630 of NRS, the person must:*

3 1. *Apply for an anesthesiologist assistant license to the Board*  
4 *of Medical Examiners pursuant to chapter 630 of NRS; and*

5 2. *Pay all applicable fees, including, without limitation:*

6 (a) *The fee for biennial simultaneous registration of an*  
7 *anesthesiologist assistant pursuant to NRS 633.501; and*

8 (b) *The application and initial simultaneous license fee for an*  
9 *anesthesiologist assistant pursuant to NRS 630.268.*

10 **Sec. 57.** *On or before the last day of each quarter, the Board*  
11 *shall provide the Board of Medical Examiners a list of all*  
12 *anesthesiologist assistants licensed by the Board.*

13 **Sec. 58.** NRS 633.011 is hereby amended to read as follows:

14 633.011 As used in this chapter, unless the context otherwise  
15 requires, the words and terms defined in NRS 633.021 to 633.131,  
16 inclusive, *and sections 42 to 45, inclusive, of this act* have the  
17 meanings ascribed to them in those sections.

18 **Sec. 59.** NRS 633.071 is hereby amended to read as follows:

19 633.071 “Malpractice” means failure on the part of an  
20 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*  
21 *assistant* to exercise the degree of care, diligence and skill ordinarily  
22 exercised by osteopathic physicians , ~~or~~ physician assistants *or*  
23 *anesthesiologist assistants* in good standing in the community in  
24 which he or she practices.

25 **Sec. 60.** NRS 633.131 is hereby amended to read as follows:

26 633.131 1. “Unprofessional conduct” includes:

27 (a) Knowingly or willfully making a false or fraudulent  
28 statement or submitting a forged or false document in applying for a  
29 license to practice osteopathic medicine , ~~or~~ to practice as a  
30 physician *assistant or to practice as an anesthesiologist* assistant,  
31 or in applying for the renewal of a license to practice osteopathic  
32 medicine , ~~or~~ to practice as a physician *assistant or to practice as*  
33 *an anesthesiologist* assistant.

34 (b) Failure of a person who is licensed to practice osteopathic  
35 medicine to identify himself or herself professionally by using the  
36 term D.O., osteopathic physician, doctor of osteopathy or a similar  
37 term.

38 (c) Directly or indirectly giving to or receiving from any person,  
39 corporation or other business organization any fee, commission,  
40 rebate or other form of compensation for sending, referring or  
41 otherwise inducing a person to communicate with an osteopathic  
42 physician in his or her professional capacity or for any professional  
43 services not actually and personally rendered, except as otherwise  
44 provided in subsection 2.



1 (d) Employing, directly or indirectly, any suspended or  
2 unlicensed person in the practice of osteopathic medicine or in  
3 practice as a physician *assistant or anesthesiologist* assistant, or the  
4 aiding or abetting of any unlicensed person to practice osteopathic  
5 medicine or to practice as a physician *assistant or anesthesiologist*  
6 assistant.

7 (e) Advertising the practice of osteopathic medicine in a manner  
8 which does not conform to the guidelines established by regulations  
9 of the Board.

10 (f) Engaging in any:

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

13 (2) Medical practice harmful to the public or any conduct  
14 detrimental to the public health, safety or morals which does not  
15 constitute gross or repeated malpractice or professional  
16 incompetence.

17 (g) Administering, dispensing or prescribing any controlled  
18 substance or any dangerous drug as defined in chapter 454 of NRS,  
19 otherwise than in the course of legitimate professional practice or as  
20 authorized by law.

21 (h) An alcohol or other substance use disorder.

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

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

27 (k) Knowingly or willfully disobeying regulations of the State  
28 Board of Health, the State Board of Pharmacy or the State Board of  
29 Osteopathic Medicine.

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

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

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

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

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

43 (q) Failure of a licensee to make medical records of a patient  
44 available for inspection and copying as provided by NRS 629.061, if



1 the licensee is the custodian of health care records with respect to  
2 those records.

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

5 2. It is not unprofessional conduct:

6 (a) For persons holding valid licenses to practice osteopathic  
7 medicine issued pursuant to this chapter to practice osteopathic  
8 medicine in partnership under a partnership agreement or in a  
9 corporation or an association authorized by law, or to pool, share,  
10 divide or apportion the fees and money received by them or by  
11 the partnership, corporation or association in accordance with the  
12 partnership agreement or the policies of the board of directors of the  
13 corporation or association;

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

20 (c) For a person licensed to practice osteopathic medicine  
21 pursuant to the provisions of this chapter to form an association or  
22 other business relationship with an optometrist pursuant to the  
23 provisions of NRS 636.373.

24 3. As used in this section, "custodian of health care records"  
25 has the meaning ascribed to it in NRS 629.016.

26 **Sec. 61.** NRS 633.151 is hereby amended to read as follows:

27 633.151 The purpose of licensing osteopathic physicians ,  
28 ~~and~~ physician assistants *and anesthesiologist assistants* is to  
29 protect the public health and safety and the general welfare of the  
30 people of this State. Any license issued pursuant to this chapter is a  
31 revocable privilege, and a holder of such a license does not acquire  
32 thereby any vested right.

33 **Sec. 62.** NRS 633.286 is hereby amended to read as follows:

34 633.286 1. On or before February 15 of each odd-numbered  
35 year, the Board shall submit to the Governor and to the Director of  
36 the Legislative Counsel Bureau for transmittal to the next regular  
37 session of the Legislature a written report compiling:

38 (a) Disciplinary action taken by the Board during the previous  
39 biennium against osteopathic physicians , ~~and~~ physician assistants  
40 *and anesthesiologist assistant* for malpractice or negligence;

41 (b) Information reported to the Board during the previous  
42 biennium pursuant to NRS 633.526, 633.527, subsections 3 and 6 of  
43 NRS 633.533 and NRS 690B.250; and

44 (c) Information reported to the Board during the previous  
45 biennium pursuant to NRS 633.524, including, without limitation,



1 the number and types of surgeries performed by each holder of a  
2 license to practice osteopathic medicine and the occurrence of  
3 sentinel events arising from such surgeries, if any.

4 2. The report must include only aggregate information for  
5 statistical purposes and exclude any identifying information related  
6 to a particular person.

7 **Sec. 63.** NRS 633.301 is hereby amended to read as follows:

8 633.301 1. The Board shall keep a record of its proceedings  
9 relating to licensing and disciplinary actions. Except as otherwise  
10 provided in this section, the record must be open to public  
11 inspection at all reasonable times and contain the name, known  
12 place of business and residence, and the date and number of the  
13 license of every osteopathic physician , ~~[and every]~~ physician  
14 assistant *and anesthesiologist assistant* licensed under this chapter.

15 2. Except as otherwise provided in this section and NRS  
16 239.0115, a complaint filed with the Board, all documents and other  
17 information filed with the complaint and all documents and other  
18 information compiled as a result of an investigation conducted to  
19 determine whether to initiate disciplinary action against a person are  
20 confidential, unless the person submits a written statement to the  
21 Board requesting that such documents and information be made  
22 public records.

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

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

31 **Sec. 64.** NRS 633.3619 is hereby amended to read as follows:

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

39 **Sec. 65.** NRS 633.471 is hereby amended to read as follows:

40 633.471 1. Except as otherwise provided in subsection 14  
41 and NRS 633.491, every holder of a license, except a physician  
42 *assistant or anesthesiologist* assistant, issued under this chapter,  
43 except a temporary or a special license, may renew the license on or  
44 before January 1 of each calendar year after its issuance by:

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



1 (b) Paying the annual license renewal fee specified in this  
2 chapter;

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

6 (d) Subject to subsection 13, submitting evidence to the Board  
7 that in the year preceding the application for renewal the holder has  
8 attended courses or programs of continuing education approved by  
9 the Board in accordance with regulations adopted by the Board  
10 totaling a number of hours established by the Board which must not  
11 be less than 35 hours nor more than that set in the requirements for  
12 continuing medical education of the American Osteopathic  
13 Association; and

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

15 2. The Secretary of the Board shall notify each licensee of the  
16 requirements for renewal not less than 30 days before the date of  
17 renewal.

18 3. The Board shall request submission of verified evidence of  
19 completion of the required number of hours of continuing medical  
20 education annually from no fewer than one-third of the applicants  
21 for renewal of a license to practice osteopathic medicine or a license  
22 to practice as a physician assistant **[H] or anesthesiologist assistant.**  
23 Subject to subsection 13, upon a request from the Board, an  
24 applicant for renewal of a license to practice osteopathic medicine  
25 or a license to practice as a physician assistant **or anesthesiologist**  
26 **assistant** shall submit verified evidence satisfactory to the Board  
27 that in the year preceding the application for renewal the applicant  
28 attended courses or programs of continuing medical education  
29 approved by the Board totaling the number of hours established by  
30 the Board.

31 4. The Board shall require each holder of a license to practice  
32 osteopathic medicine to complete a course of instruction within 2  
33 years after initial licensure that provides at least 2 hours of  
34 instruction on evidence-based suicide prevention and awareness as  
35 described in subsection 9.

36 5. The Board shall encourage each holder of a license to  
37 practice osteopathic medicine to receive, as a portion of his or her  
38 continuing education, training concerning methods for educating  
39 patients about how to effectively manage medications, including,  
40 without limitation, the ability of the patient to request to have the  
41 symptom or purpose for which a drug is prescribed included on the  
42 label attached to the container of the drug.

43 6. The Board shall encourage each holder of a license to  
44 practice osteopathic medicine or as a physician assistant to receive,  
45 as a portion of his or her continuing education, training and



1 education in the diagnosis of rare diseases, including, without  
2 limitation:

- 3 (a) Recognizing the symptoms of pediatric cancer; and
- 4 (b) Interpreting family history to determine whether such  
5 symptoms indicate a normal childhood illness or a condition that  
6 requires additional examination.

7 7. The Board shall require, as part of the continuing education  
8 requirements approved by the Board, the biennial completion by a  
9 holder of a license to practice osteopathic medicine of at least 2  
10 hours of continuing education credits in ethics, pain management,  
11 care of persons with addictive disorders or the screening, brief  
12 intervention and referral to treatment approach to substance use  
13 disorder.

14 8. The continuing education requirements approved by the  
15 Board must allow the holder of a license as an osteopathic physician  
16 , ~~for~~ physician assistant *or anesthesiologist assistant* to receive  
17 credit toward the total amount of continuing education required by  
18 the Board for the completion of a course of instruction relating to  
19 genetic counseling and genetic testing.

20 9. The Board shall require each holder of a license to practice  
21 osteopathic medicine to receive as a portion of his or her continuing  
22 education at least 2 hours of instruction every 4 years on evidence-  
23 based suicide prevention and awareness which may include, without  
24 limitation, instruction concerning:

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

28 (b) Approaches to engaging other professionals in suicide  
29 intervention; and

30 (c) The detection of suicidal thoughts and ideations and the  
31 prevention of suicide.

32 10. A holder of a license to practice osteopathic medicine may  
33 not substitute the continuing education credits relating to suicide  
34 prevention and awareness required by this section for the purposes  
35 of satisfying an equivalent requirement for continuing education in  
36 ethics.

37 11. The Board shall require each holder of a license to practice  
38 osteopathic medicine to complete at least 2 hours of training in the  
39 screening, brief intervention and referral to treatment approach to  
40 substance use disorder within 2 years after initial licensure.

41 12. The Board shall require each psychiatrist or a physician  
42 assistant practicing under the supervision of a psychiatrist to  
43 biennially complete one or more courses of instruction that provide  
44 at least 2 hours of instruction relating to cultural competency and  
45 diversity, equity and inclusion. Such instruction:



1 (a) May include the training provided pursuant to NRS 449.103,  
2 where applicable.

3 (b) Must be based upon a range of research from diverse  
4 sources.

5 (c) Must address persons of different cultural backgrounds,  
6 including, without limitation:

7 (1) Persons from various gender, racial and ethnic  
8 backgrounds;

9 (2) Persons from various religious backgrounds;

10 (3) Lesbian, gay, bisexual, transgender and questioning  
11 persons;

12 (4) Children and senior citizens;

13 (5) Veterans;

14 (6) Persons with a mental illness;

15 (7) Persons with an intellectual disability, developmental  
16 disability or physical disability; and

17 (8) Persons who are part of any other population that a  
18 psychiatrist or physician assistant practicing under the supervision  
19 of a psychiatrist may need to better understand, as determined by the  
20 Board.

21 13. The Board shall not require a physician assistant to receive  
22 or maintain certification by the National Commission on  
23 Certification of Physician Assistants, or its successor organization,  
24 or by any other nationally recognized organization for the  
25 accreditation of physician assistants to satisfy any continuing  
26 education requirement pursuant to paragraph (d) of subsection 1 and  
27 subsection 3.

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

31 **Sec. 66.** NRS 633.501 is hereby amended to read as follows:

32 633.501 1. Except as otherwise provided in subsection 2, the  
33 Board shall charge and collect fees not to exceed the following  
34 amounts:

35 (a) Application and initial license fee for an  
36 osteopathic physician..... \$800

37 (b) Annual license renewal fee for an osteopathic  
38 physician ..... 500

39 (c) Temporary license fee ..... 500

40 (d) Special or authorized facility license fee ..... 200

41 (e) Special event license fee ..... 200

42 (f) Special or authorized facility license renewal fee ..... 200

43 (g) Reexamination fee ..... 200

44 (h) Late payment fee ..... 300





1 (i) Application and initial license fee for a physician  
2 assistant..... \$400  
3 (j) Application and initial simultaneous license fee for  
4 a physician assistant..... 200  
5 (k) Annual registration fee for a physician assistant..... 400  
6 (l) Annual simultaneous registration fee for a  
7 physician assistant..... 200  
8 (m) Inactive license fee..... 200  
9 *(n) Application and initial license fee for an*  
10 *anesthesiologist assistant..... 400*  
11 *(o) Application and initial simultaneous license fee*  
12 *for an anesthesiologist assistant..... 200*

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

16 3. The cost of any special meeting called at the request of a  
17 licensee, an institution, an organization, a state agency or an  
18 applicant for licensure must be paid by the person or entity  
19 requesting the special meeting. Such a special meeting must not be  
20 called until the person or entity requesting the meeting has paid a  
21 cash deposit with the Board sufficient to defray all expenses of the  
22 meeting.

23 4. If an applicant submits an application for a license by  
24 endorsement pursuant to:

25 (a) NRS 633.399 or 633.400 and is an active member of, or the  
26 spouse of an active member of, the Armed Forces of the United  
27 States, a veteran or the surviving spouse of a veteran, the Board  
28 shall collect not more than one-half of the fee set forth in subsection  
29 1 for the initial issuance of the license. As used in this paragraph,  
30 "veteran" has the meaning ascribed to it in NRS 417.005.

31 (b) NRS 633.4336, the Board shall collect not more than one-  
32 half of the fee set forth in subsection 1 for the initial issuance of the  
33 license.

34 **Sec. 67.** NRS 633.511 is hereby amended to read as follows:

35 633.511 1. The grounds for initiating disciplinary action  
36 pursuant to this chapter are:

37 (a) Unprofessional conduct.

38 (b) Conviction of:

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

42 (2) A felony relating to the practice of osteopathic medicine  
43 or practice as a physician *assistant or anesthesiologist* assistant;

44 (3) A violation of any of the provisions of NRS 616D.200,  
45 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;



- 1 (4) Murder, voluntary manslaughter or mayhem;  
2 (5) Any felony involving the use of a firearm or other deadly  
3 weapon;  
4 (6) Assault with intent to kill or to commit sexual assault or  
5 mayhem;  
6 (7) Sexual assault, statutory sexual seduction, incest,  
7 lewdness, indecent exposure or any other sexually related crime;  
8 (8) Abuse or neglect of a child or contributory delinquency;  
9 or  
10 (9) Any offense involving moral turpitude.  
11 (c) The suspension of a license to practice osteopathic medicine  
12 or to practice as a physician assistant *or anesthesiologist assistant*  
13 by any other jurisdiction.  
14 (d) Malpractice or gross malpractice, which may be evidenced  
15 by a claim of malpractice settled against a licensee.  
16 (e) Professional incompetence.  
17 (f) Failure to comply with the requirements of NRS 633.527.  
18 (g) Failure to comply with the requirements of subsection 3 of  
19 NRS 633.471.  
20 (h) Failure to comply with the provisions of NRS 633.694.  
21 (i) Operation of a medical facility, as defined in NRS 449.0151,  
22 at any time during which:  
23 (1) The license of the facility is suspended or revoked; or  
24 (2) An act or omission occurs which results in the suspension  
25 or revocation of the license pursuant to NRS 449.160.  
26 ↪ This paragraph applies to an owner or other principal responsible  
27 for the operation of the facility.  
28 (j) Failure to comply with the provisions of subsection 2 of  
29 NRS 633.322.  
30 (k) Signing a blank prescription form.  
31 (l) Knowingly or willfully procuring or administering a  
32 controlled substance or a dangerous drug as defined in chapter 454  
33 of NRS that is not approved by the United States Food and Drug  
34 Administration, unless the unapproved controlled substance or  
35 dangerous drug:  
36 (1) Was procured through a retail pharmacy licensed  
37 pursuant to chapter 639 of NRS;  
38 (2) Was procured through a Canadian pharmacy which is  
39 licensed pursuant to chapter 639 of NRS and which has been  
40 recommended by the State Board of Pharmacy pursuant to  
41 subsection 4 of NRS 639.2328;  
42 (3) Is cannabis being used for medical purposes in  
43 accordance with chapter 678C of NRS; or  
44 (4) Is an investigational drug or biological product prescribed  
45 to a patient pursuant to NRS 630.3735 or 633.6945.



1 (m) Attempting, directly or indirectly, by intimidation, coercion  
2 or deception, to obtain or retain a patient or to discourage the use of  
3 a second opinion.

4 (n) Terminating the medical care of a patient without adequate  
5 notice or without making other arrangements for the continued care  
6 of the patient.

7 (o) In addition to the provisions of subsection 3 of NRS  
8 633.524, making or filing a report which the licensee knows to be  
9 false, failing to file a record or report that is required by law or  
10 knowingly or willfully obstructing or inducing another to obstruct  
11 the making or filing of such a record or report.

12 (p) Failure to report any person the licensee knows, or has  
13 reason to know, is in violation of the provisions of this chapter,  
14 except for a violation of NRS 633.4717, or the regulations of the  
15 Board within 30 days after the date the licensee knows or has reason  
16 to know of the violation.

17 (q) Failure by a licensee or applicant to report in writing, within  
18 30 days, any criminal action taken or conviction obtained against the  
19 licensee or applicant, other than a minor traffic violation, in this  
20 State or any other state or by the Federal Government, a branch of  
21 the Armed Forces of the United States or any local or federal  
22 jurisdiction of a foreign country.

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

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

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

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

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

31 (w) Failure to comply with the provisions of NRS 453.163,  
32 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to  
33 639.23916, inclusive, and any regulations adopted by the State  
34 Board of Pharmacy pursuant thereto.

35 (x) Fraudulent, illegal, unauthorized or otherwise inappropriate  
36 prescribing, administering or dispensing of a controlled substance  
37 listed in schedule II, III or IV.

38 (y) Failure to comply with the provisions of NRS 454.217 or  
39 629.086.

40 (z) Failure to comply with the provisions of NRS 441A.315 or  
41 any regulations adopted pursuant thereto.

42 (aa) Performing or supervising the performance of a pelvic  
43 examination in violation of NRS 629.085.

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



1       **Sec. 68.** NRS 633.512 is hereby amended to read as follows:

2       633.512 Any member or agent of the Board may enter any  
3 premises in this State where a person who holds a license issued  
4 pursuant to the provisions of this chapter practices osteopathic  
5 medicine or as a physician assistant *or anesthesiologist assistant*  
6 and inspect it to determine whether a violation of any provision of  
7 this chapter has occurred, including, without limitation:

8       1. An inspection to determine whether any person at the  
9 premises is practicing osteopathic medicine or as a physician  
10 assistant *or anesthesiologist assistant* without the appropriate  
11 license issued pursuant to the provisions of this chapter; or

12       2. An inspection to determine whether any osteopathic  
13 physician is allowing a person to perform or participate in any  
14 activity under the supervision of the osteopathic physician for the  
15 purpose of receiving credit toward a degree of doctor of medicine,  
16 osteopathy or osteopathic medicine in violation of NRS 633.6955.

17       **Sec. 69.** NRS 633.526 is hereby amended to read as follows:

18       633.526 1. The insurer of an osteopathic physician , ~~or~~  
19 physician assistant *or anesthesiologist assistant* licensed under this  
20 chapter shall report to the Board:

21       (a) Any action for malpractice against the osteopathic physician  
22 , ~~or~~ physician assistant *or anesthesiologist assistant* not later than  
23 45 days after the osteopathic physician , ~~or~~ physician assistant *or*  
24 *anesthesiologist assistant* receives service of a summons and  
25 complaint for the action;

26       (b) Any claim for malpractice against the osteopathic physician ,  
27 ~~or~~ physician assistant *or anesthesiologist assistant* that is  
28 submitted to arbitration or mediation not later than 45 days after the  
29 claim is submitted to arbitration or mediation; and

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

33       2. The Board shall report any failure to comply with subsection  
34 1 by an insurer licensed in this State to the Division of Insurance of  
35 the Department of Business and Industry. If, after a hearing, the  
36 Division of Insurance determines that any such insurer failed to  
37 comply with the requirements of subsection 1, the Division may  
38 impose an administrative fine of not more than \$10,000 against the  
39 insurer for each such failure to report. If the administrative fine is  
40 not paid when due, the fine must be recovered in a civil action  
41 brought by the Attorney General on behalf of the Division.

42       **Sec. 70.** NRS 633.527 is hereby amended to read as follows:

43       633.527 1. An osteopathic physician , ~~or~~ physician assistant  
44 *or anesthesiologist assistant* shall report to the Board:



1 (a) Any action for malpractice against the osteopathic physician  
2 , ~~or~~ physician assistant *or anesthesiologist assistant* not later than  
3 45 days after the osteopathic physician , ~~or~~ physician assistant *or*  
4 *anesthesiologist assistant* receives service of a summons and  
5 complaint for the action;

6 (b) Any claim for malpractice against the osteopathic physician ,  
7 ~~or~~ physician assistant *or anesthesiologist assistant* that is  
8 submitted to arbitration or mediation not later than 45 days after the  
9 claim is submitted to arbitration or mediation;

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

13 (d) Any sanctions imposed against the osteopathic physician ,  
14 ~~or~~ physician assistant *or anesthesiologist assistant* that are  
15 reportable to the National Practitioner Data Bank not later than 45  
16 days after the sanctions are imposed.

17 2. If the Board finds that an osteopathic physician , ~~or~~  
18 physician assistant *or anesthesiologist assistant* has violated any  
19 provision of this section, the Board may impose a fine of not more  
20 than \$5,000 against the osteopathic physician , ~~or~~ physician  
21 assistant *or anesthesiologist assistant* for each violation, in addition  
22 to any other fines or penalties permitted by law.

23 3. All reports made by an osteopathic physician , ~~or~~ physician  
24 assistant *or anesthesiologist assistant* pursuant to this section are  
25 public records.

26 **Sec. 71.** NRS 633.528 is hereby amended to read as follows:

27 633.528 If the Board receives a report pursuant to the  
28 provisions of NRS 633.526, 633.527 or 690B.250 indicating that a  
29 judgment has been rendered or an award has been made against an  
30 osteopathic physician , ~~or~~ physician assistant *or anesthesiologist*  
31 *assistant* regarding an action or claim for malpractice or that such an  
32 action or claim against the osteopathic physician , ~~or~~ physician  
33 assistant *or anesthesiologist assistant* has been resolved by  
34 settlement, the Board shall conduct an investigation to determine  
35 whether to discipline the osteopathic physician , ~~or~~ physician  
36 assistant *or anesthesiologist assistant* regarding the action or claim,  
37 unless the Board has already commenced or completed such an  
38 investigation regarding the action or claim before it receives the  
39 report.

40 **Sec. 72.** NRS 633.529 is hereby amended to read as follows:

41 633.529 1. Notwithstanding the provisions of chapter 622A  
42 of NRS, if the Board or an investigative committee of the Board  
43 receives a report pursuant to the provisions of NRS 633.526,  
44 633.527 or 690B.250 indicating that a judgment has been rendered  
45 or an award has been made against an osteopathic physician , ~~or~~



1 physician assistant *or anesthesiologist assistant* regarding an action  
2 or claim for malpractice, or that such an action or claim against the  
3 osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*  
4 *assistant* has been resolved by settlement, the Board or committee  
5 may order the osteopathic physician, ~~or~~ physician assistant *or*  
6 *anesthesiologist assistant* to undergo a mental or physical  
7 examination or any other examination designated by the Board to  
8 test his or her competence to practice osteopathic medicine or to  
9 practice as a physician assistant ~~or~~ *or an anesthesiologist assistant*  
10 as applicable. An examination conducted pursuant to this subsection  
11 must be conducted by a person designated by the Board.

12 2. For the purposes of this section:

13 (a) An osteopathic physician, ~~or~~ physician assistant *or*  
14 *anesthesiologist assistant* who applies for a license or who holds a  
15 license under this chapter is deemed to have given consent to submit  
16 to a mental or physical examination or an examination testing his or  
17 her competence to practice osteopathic medicine or to practice as a  
18 physician assistant ~~or~~ *or anesthesiologist assistant*, as applicable,  
19 pursuant to a written order by the Board.

20 (b) The testimony or reports of a person who conducts an  
21 examination of an osteopathic physician, ~~or~~ physician assistant *or*  
22 *anesthesiologist assistant* on behalf of the Board pursuant to this  
23 section are not privileged communications.

24 **Sec. 73.** NRS 633.531 is hereby amended to read as follows:

25 633.531 1. The Board or any of its members, or a medical  
26 review panel of a hospital or medical society, which becomes aware  
27 of any conduct by an osteopathic physician, ~~or~~ physician assistant  
28 *or anesthesiologist assistant* that may constitute grounds for  
29 initiating disciplinary action shall, and any other person who is so  
30 aware may, file a written complaint specifying the relevant facts  
31 with the Board.

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

35 **Sec. 74.** NRS 633.533 is hereby amended to read as follows:

36 633.533 1. Except as otherwise provided in subsection 2, any  
37 person may file with the Board a complaint against an osteopathic  
38 physician, ~~or~~ physician assistant *or anesthesiologist assistant* on a  
39 form provided by the Board. The form may be submitted in writing  
40 or electronically. If a complaint is submitted anonymously, the  
41 Board may accept the complaint but may refuse to consider the  
42 complaint if the lack of the identity of the complainant makes  
43 processing the complaint impossible or unfair to the person who is  
44 the subject of the complaint.



1 2. Any licensee, medical school or medical facility that  
2 becomes aware that a person practicing osteopathic medicine or  
3 practicing as a physician assistant *or anesthesiologist assistant* in  
4 this State has, is or is about to become engaged in conduct which  
5 constitutes grounds for initiating disciplinary action shall file a  
6 written complaint with the Board within 30 days after becoming  
7 aware of the conduct.

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

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

25 (a) An investigation of the mental, medical or psychological  
26 competency of the osteopathic physician , ~~or~~ physician assistant ~~or~~  
27 *or anesthesiologist assistant*; or

28 (b) A suspected or alleged substance use disorder in any form by  
29 the osteopathic physician , ~~or~~ physician *assistant or*  
30 *anesthesiologist* assistant.

31 5. The Board shall report any failure to comply with subsection  
32 3 or 4 by a hospital, clinic or other medical facility licensed in this  
33 State to the Division of Public and Behavioral Health of the  
34 Department of Health and Human Services. If, after a hearing, the  
35 Division determines that any such facility or society failed to  
36 comply with the requirements of subsection 3 or 4, the Division may  
37 impose an administrative fine of not more than \$10,000 against the  
38 facility or society for each such failure to report. If the  
39 administrative fine is not paid when due, the fine must be recovered  
40 in a civil action brought by the Attorney General on behalf of the  
41 Division.

42 6. The clerk of every court shall report to the Board any  
43 finding, judgment or other determination of the court that an  
44 osteopathic physician , ~~or~~ physician *assistant or anesthesiologist*  
45 assistant:





- 1 (a) Is mentally ill;
- 2 (b) Is mentally incompetent;
- 3 (c) Has been convicted of a felony or any law governing
- 4 controlled substances or dangerous drugs;
- 5 (d) Is guilty of abuse or fraud under any state or federal program
- 6 providing medical assistance; or
- 7 (e) Is liable for damages for malpractice or negligence,
- 8 ↪ within 45 days after the finding, judgment or determination.

9 **Sec. 75.** NRS 633.542 is hereby amended to read as follows:

10 633.542 Unless the Board determines that extenuating  
11 circumstances exist, the Board shall forward to the appropriate law  
12 enforcement agency any substantiated information submitted to the  
13 Board concerning a person who practices or offers to practice  
14 osteopathic medicine or as a physician assistant *or anesthesiologist*  
15 *assistant* without the appropriate license issued pursuant to the  
16 provisions of this chapter.

17 **Sec. 76.** NRS 633.561 is hereby amended to read as follows:

18 633.561 1. Notwithstanding the provisions of chapter 622A  
19 of NRS, if the Board or a member of the Board designated to review  
20 a complaint pursuant to NRS 633.541 has reason to believe that the  
21 conduct of an osteopathic physician, ~~or~~ physician assistant *or*  
22 *anesthesiologist assistant* has raised a reasonable question as to his  
23 or her competence to practice osteopathic medicine or to practice as  
24 a physician *assistant or anesthesiologist* assistant, as applicable,  
25 with reasonable skill and safety to patients, the Board or the member  
26 designated by the Board may require the osteopathic physician, ~~or~~  
27 physician assistant *or anesthesiologist assistant* to submit to a  
28 mental or physical examination conducted by physicians designated  
29 by the Board. If the osteopathic physician, ~~or~~ physician assistant  
30 *or anesthesiologist assistant* participates in a diversion program, the  
31 diversion program may exchange with any authorized member of  
32 the staff of the Board any information concerning the recovery and  
33 participation of the osteopathic physician, ~~or~~ physician assistant  
34 *or anesthesiologist assistant* in the diversion program. As used in  
35 this subsection, "diversion program" means a program approved by  
36 the Board for an alcohol or other substance use disorder or any other  
37 impairment of an osteopathic physician, ~~or~~ physician *assistant or*  
38 *anesthesiologist* assistant.

39 2. For the purposes of this section:

40 (a) An osteopathic physician, ~~or~~ physician assistant *or*  
41 *anesthesiologist assistant* who is licensed under this chapter and  
42 who accepts the privilege of practicing osteopathic medicine, ~~or~~  
43 practicing as a physician assistant *or anesthesiologist assistant* in  
44 this State is deemed to have given consent to submit to a mental or  
45 physical examination pursuant to a written order by the 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 , ~~or~~ physician  
5 assistant *or anesthesiologist assistant* who is licensed under this  
6 chapter to submit to an examination pursuant to this section  
7 constitutes an admission of the charges against the osteopathic  
8 physician , ~~or~~ physician *assistant or anesthesiologist* assistant.

9 **Sec. 77.** NRS 633.571 is hereby amended to read as follows:

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

22 **Sec. 78.** NRS 633.581 is hereby amended to read as follows:

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

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

44 3. Notwithstanding the provisions of chapter 622A of NRS, if  
45 the Board or an investigative committee of the Board issues an order



1 summarily suspending the license of an osteopathic physician , ~~or~~  
2 physician assistant *or anesthesiologist assistant* pursuant to  
3 subsection 1 and the Board requires the licensee to submit to a  
4 mental or physical examination or a medical competency  
5 examination, the examination must be conducted and the results  
6 must be obtained not later than 30 days after the order is issued.

7 **Sec. 79.** NRS 633.591 is hereby amended to read as follows:

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

17 **Sec. 80.** NRS 633.601 is hereby amended to read as follows:

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

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

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

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

36 **Sec. 81.** NRS 633.631 is hereby amended to read as follows:

37 633.631 Except as otherwise provided in subsection 2 and  
38 chapter 622A of NRS:

39 1. Service of process made under this chapter must be either  
40 personal or by registered or certified mail with return receipt  
41 requested, addressed to the osteopathic physician , ~~or~~ physician  
42 assistant *or anesthesiologist assistant* at his or her last known  
43 address, as indicated in the records of the Board. If personal service  
44 cannot be made and if mail notice is returned undelivered, the  
45 President or Secretary-Treasurer of the Board shall cause a notice of



1 hearing to be published once a week for 4 consecutive weeks in a  
2 newspaper published in the county of the last known address of the  
3 osteopathic physician, ~~or~~ physician assistant *or anesthesiologist*  
4 *assistant* or, if no newspaper is published in that county, in a  
5 newspaper widely distributed in that county.

6 2. In lieu of the methods of service of process set forth in  
7 subsection 1, if the Board obtains written consent from the  
8 osteopathic physician, ~~or~~ physician *assistant or anesthesiologist*  
9 assistant, service of process under this chapter may be made by  
10 electronic mail on the licensee at an electronic mail address  
11 designated by the licensee in the written consent.

12 3. Proof of service of process or publication of notice made  
13 under this chapter must be filed with the Secretary-Treasurer of the  
14 Board and may be recorded in the minutes of the Board.

15 **Sec. 82.** NRS 633.641 is hereby amended to read as follows:

16 633.641 Notwithstanding the provisions of chapter 622A of  
17 NRS, in any disciplinary proceeding before the Board, a hearing  
18 officer or a panel:

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

22 2. A certified copy of the record of a court or a licensing  
23 agency showing a conviction or the suspension or revocation of a  
24 license to practice osteopathic medicine or to practice as a physician  
25 assistant *or anesthesiologist assistant* is conclusive evidence of its  
26 occurrence.

27 **Sec. 83.** NRS 633.651 is hereby amended to read as follows:

28 633.651 1. If the Board finds a person guilty in a disciplinary  
29 proceeding, it shall by order take one or more of the following  
30 actions:

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

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

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

36 (d) Suspend the license of the person to practice osteopathic  
37 medicine or to practice as a physician assistant *or anesthesiologist*  
38 *assistant* for a specified period or until further order of the Board.

39 (e) Revoke the license of the person to practice osteopathic  
40 medicine or to practice as a physician *assistant or anesthesiologist*  
41 *assistant*.

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

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

44 (h) Require the person to perform community service without  
45 compensation.



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

3 (j) Require the person to participate in a program for an alcohol  
4 or other substance use disorder or any other impairment.

5 ➔ The order of the Board may contain any other terms, provisions  
6 or conditions as the Board deems proper and which are not  
7 inconsistent with law.

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

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

11 **Sec. 84.** NRS 633.671 is hereby amended to read as follows:

12 633.671 1. Any person who has been placed on probation or  
13 whose license has been limited, suspended or revoked by the Board  
14 is entitled to judicial review of the Board's order as provided by  
15 law.

16 2. Every order of the Board which limits the practice of  
17 osteopathic medicine or the practice of a physician assistant *or*  
18 *anesthesiologist assistant* or suspends or revokes a license is  
19 effective from the date on which the order is issued by the Board  
20 until the date the order is modified or reversed by a final judgment  
21 of the court.

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

25 **Sec. 85.** NRS 633.681 is hereby amended to read as follows:

26 633.681 1. Any person:

27 (a) Whose practice of osteopathic medicine or practice as a  
28 physician assistant *or anesthesiologist assistant* has been limited; or

29 (b) Whose license to practice osteopathic medicine or to practice  
30 as a physician assistant *or anesthesiologist assistant* has been:

31 (1) Suspended until further order; or

32 (2) Revoked,

33 ➔ may apply to the Board after a reasonable period for removal of  
34 the limitation or suspension or may apply to the Board pursuant to  
35 the provisions of chapter 622A of NRS for reinstatement of the  
36 revoked license.

37 2. In hearing the application, the Board:

38 (a) May require the person to submit to a mental or physical  
39 examination by physicians whom it designates and submit such  
40 other evidence of changed conditions and of fitness as it deems  
41 proper;

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

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



**Sec. 86.** NRS 633.691 is hereby amended to read as follows:

633.691 1. In addition to any other immunity provided by the provisions of chapter 622A of NRS, the Board, a medical review panel of a hospital, a hearing officer, a panel of the Board, an employee or volunteer of a diversion program specified in NRS 633.561, or any person who or other organization which initiates or assists in any lawful investigation or proceeding concerning the discipline of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* for gross malpractice, malpractice, professional incompetence or unprofessional conduct is immune from any civil action for such initiation or assistance or any consequential damages, if the person or organization acted in good faith.

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

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

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

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

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

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

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

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



1 (d) A federal, state or local law enforcement agency or  
2 prosecutorial office, or any member or employee thereof, or police  
3 or peace officer; and

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

6 **Sec. 87.** NRS 633.701 is hereby amended to read as follows:

7 633.701 The filing and review of a complaint and any  
8 subsequent disposition by the Board, the member designated by the  
9 Board to review a complaint pursuant to NRS 633.541 or any  
10 reviewing court do not preclude:

11 1. Any measure by a hospital or other institution to limit or  
12 terminate the privileges of an osteopathic physician, ~~or~~ physician  
13 assistant *or anesthesiologist assistant* according to its rules or the  
14 custom of the profession. No civil liability attaches to any such  
15 action taken without malice even if the ultimate disposition of the  
16 complaint is in favor of the osteopathic physician, ~~or~~ physician  
17 *assistant or anesthesiologist* assistant.

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

20 **Sec. 88.** NRS 633.711 is hereby amended to read as follows:

21 633.711 1. The Board, through an officer of the Board or the  
22 Attorney General, may maintain in any court of competent  
23 jurisdiction a suit for an injunction against any person:

24 (a) Practicing osteopathic medicine or practicing as a physician  
25 assistant *or anesthesiologist assistant* without a valid license to  
26 practice osteopathic medicine or to practice as a physician *assistant*  
27 *or anesthesiologist* assistant ~~is~~, *as applicable*; or

28 (b) Providing services through telehealth, as defined in NRS  
29 629.515, without a valid license.

30 2. An injunction issued pursuant to subsection 1:

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

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

36 **Sec. 89.** NRS 633.721 is hereby amended to read as follows:

37 633.721 In a criminal complaint charging any person with  
38 practicing osteopathic medicine or practicing as a physician  
39 assistant *or anesthesiologist assistant* without a valid license issued  
40 by the Board, it is sufficient to charge that the person did, upon a  
41 certain day, and in a certain county of this State, engage in such  
42 practice without having a valid license to do so, without averring  
43 any further or more particular facts concerning the violation.

44 **Sec. 90.** NRS 633.741 is hereby amended to read as follows:

45 633.741 1. It is unlawful for any person to:



- 1 (a) Except as otherwise provided in NRS 629.091, practice:  
2 (1) Osteopathic medicine without a valid license to practice  
3 osteopathic medicine under this chapter;  
4 (2) As a physician assistant *or anesthesiologist assistant*  
5 without a valid license under this chapter; or  
6 (3) Beyond the limitations ordered upon his or her practice  
7 by the Board or the court;  
8 (b) Present as his or her own the diploma, license or credentials  
9 of another;  
10 (c) Give either false or forged evidence of any kind to the Board  
11 or any of its members in connection with an application for a  
12 license;  
13 (d) File for record the license issued to another, falsely claiming  
14 himself or herself to be the person named in the license, or falsely  
15 claiming himself or herself to be the person entitled to the license;  
16 (e) Practice osteopathic medicine or practice as a physician  
17 assistant *or anesthesiologist assistant* under a false or assumed  
18 name or falsely personate another licensee of a like or different  
19 name;  
20 (f) Hold himself or herself out as a physician assistant *or*  
21 *anesthesiologist assistant* or use any other term indicating or  
22 implying that he or she is a physician assistant  *or*  
23 *anesthesiologist assistant, as applicable*, unless the person has been  
24 licensed by the Board as provided in this chapter; or  
25 (g) Supervise a person as a physician assistant *or*  
26 *anesthesiologist assistant* before such person is licensed as provided  
27 in this chapter.
- 28 2. A person who violates any provision of subsection 1:  
29 (a) If no substantial bodily harm results, is guilty of a category  
30 D felony; or  
31 (b) If substantial bodily harm results, is guilty of a category C  
32 felony,  
33 ↪ and shall be punished as provided in NRS 193.130, unless a  
34 greater penalty is provided pursuant to NRS 200.830 or 200.840.
- 35 3. In addition to any other penalty prescribed by law, if the  
36 Board determines that a person has committed any act described in  
37 subsection 1, the Board may:  
38 (a) Issue and serve on the person an order to cease and desist  
39 until the person obtains from the Board the proper license or  
40 otherwise demonstrates that he or she is no longer in violation of  
41 subsection 1. An order to cease and desist must include a telephone  
42 number with which the person may contact the Board.  
43 (b) Issue a citation to the person. A citation issued pursuant to  
44 this paragraph must be in writing, describe with particularity the  
45 nature of the violation and inform the person of the provisions of





1 this paragraph. Each activity in which the person is engaged  
2 constitutes a separate offense for which a separate citation may be  
3 issued. To appeal a citation, the person must submit a written  
4 request for a hearing to the Board not later than 30 days after the  
5 date of issuance of the citation.

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

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

10 **Sec. 91.** NRS 652.210 is hereby amended to read as follows:

11 652.210 1. Except as otherwise provided in subsection 2 and  
12 NRS 126.121 and 652.186, no person other than a licensed  
13 physician, a licensed optometrist, a licensed practical nurse, a  
14 registered nurse, a perfusionist, a physician assistant licensed  
15 pursuant to chapter 630 or 633 of NRS, a certified advanced  
16 emergency medical technician, a certified paramedic, a practitioner  
17 of respiratory care licensed pursuant to chapter 630 of NRS, *a*  
18 *licensed anesthesiologist assistant*, a licensed dentist or a registered  
19 pharmacist may manipulate a person for the collection of specimens.  
20 The persons described in this subsection may perform any  
21 laboratory test which is classified as a waived test pursuant to  
22 Subpart A of Part 493 of Title 42 of the Code of Federal Regulations  
23 without obtaining certification as an assistant in a medical  
24 laboratory pursuant to NRS 652.127.

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

28 **Sec. 92.** NRS 41.504 is hereby amended to read as follows:

29 41.504 1. Any physician, physician assistant ,  
30 *anesthesiologist assistant* or registered nurse who in good faith  
31 gives instruction or provides supervision to an emergency medical  
32 attendant, physician assistant , *anesthesiologist assistant* or  
33 registered nurse, at the scene of an emergency or while transporting  
34 an ill or injured person from the scene of an emergency, is not liable  
35 for any civil damages as a result of any act or omission, not  
36 amounting to gross negligence, in giving that instruction or  
37 providing that supervision.

38 2. An emergency medical attendant, physician assistant,  
39 *anesthesiologist assistant*, registered nurse or licensed practical  
40 nurse who obeys an instruction given by a physician, physician  
41 assistant, *anesthesiologist assistant*, registered nurse or licensed  
42 practical nurse and thereby renders emergency care, at the scene of  
43 an emergency or while transporting an ill or injured person from the  
44 scene of an emergency, is not liable for any civil damages as a result





1 of any act or omission, not amounting to gross negligence, in  
2 rendering that emergency care.

3 3. As used in this section, "emergency medical attendant"  
4 means a person licensed as an attendant or certified as an emergency  
5 medical technician, advanced emergency medical technician or  
6 paramedic pursuant to chapter 450B of NRS.

7 **Sec. 93.** NRS 41.505 is hereby amended to read as follows:

8 41.505 1. Any person licensed under the provisions of  
9 chapter 630, 632 or 633 of NRS and any person who holds an  
10 equivalent license issued by another state, who renders emergency  
11 care or assistance, including, without limitation, emergency  
12 obstetrical care or assistance, in an emergency, gratuitously and in  
13 good faith, is not liable for any civil damages as a result of any act  
14 or omission, not amounting to gross negligence, by that person in  
15 rendering the emergency care or assistance or as a result of any  
16 failure to act, not amounting to gross negligence, to provide or  
17 arrange for further medical treatment for the injured or ill person.  
18 This section does not excuse a physician, physician assistant,  
19 *anesthesiologist assistant* or nurse from liability for damages  
20 resulting from that person's acts or omissions which occur in a  
21 licensed medical facility relative to any person with whom there is a  
22 preexisting relationship as a patient.

23 2. Any person licensed under the provisions of chapter 630,  
24 632 or 633 of NRS and any person who holds an equivalent license  
25 issued by another state who:

26 (a) Is retired or otherwise does not practice on a full-time basis;  
27 and

28 (b) Gratuitously and in good faith, renders medical care within  
29 the scope of that person's license to an indigent person,

30 ➤ is not liable for any civil damages as a result of any act or  
31 omission by that person, not amounting to gross negligence or  
32 reckless, willful or wanton conduct, in rendering that care.

33 3. Any person licensed to practice medicine under the  
34 provisions of chapter 630 or 633 of NRS or licensed to practice  
35 dentistry under the provisions of chapter 631 of NRS who renders  
36 care or assistance to a patient for a governmental entity or a  
37 nonprofit organization is not liable for any civil damages as a result  
38 of any act or omission by that person in rendering that care or  
39 assistance if the care or assistance is rendered gratuitously, in good  
40 faith and in a manner not amounting to gross negligence or reckless,  
41 willful or wanton conduct.

42 4. As used in this section, "gratuitously" has the meaning  
43 ascribed to it in NRS 41.500.



1       **Sec. 94.** NRS 41A.017 is hereby amended to read as follows:  
2       41A.017 “Provider of health care” means a physician licensed  
3 pursuant to chapter 630 or 633 of NRS, physician assistant,  
4 *anesthesiologist assistant*, dentist, licensed nurse, dispensing  
5 optician, optometrist, registered physical therapist, podiatric  
6 physician, licensed psychologist, chiropractic physician, doctor of  
7 Oriental medicine, holder of a license or a limited license issued  
8 under the provisions of chapter 653 of NRS, medical laboratory  
9 director or technician, licensed dietitian or a licensed hospital,  
10 clinic, surgery center, physicians’ professional corporation or group  
11 practice that employs any such person and its employees.

12       **Sec. 95.** NRS 200.471 is hereby amended to read as follows:  
13       200.471 1. As used in this section:  
14       (a) “Assault” means:  
15           (1) Unlawfully attempting to use physical force against  
16 another person; or  
17           (2) Intentionally placing another person in reasonable  
18 apprehension of immediate bodily harm.  
19       (b) “Fire-fighting agency” has the meaning ascribed to it in  
20 NRS 239B.020.

21       (c) “Officer” means:  
22           (1) A person who possesses some or all of the powers of a  
23 peace officer;  
24           (2) A person employed in a full-time salaried occupation of  
25 fire fighting for the benefit or safety of the public;  
26           (3) A member of a volunteer fire department;  
27           (4) A jailer, guard or other correctional officer of a city or  
28 county jail;  
29           (5) A prosecuting attorney of an agency or political  
30 subdivision of the United States or of this State;  
31           (6) A justice of the Supreme Court, judge of the Court of  
32 Appeals, district judge, justice of the peace, municipal judge,  
33 magistrate, court commissioner, master or referee, including a  
34 person acting pro tempore in a capacity listed in this subparagraph;  
35           (7) An employee of this State or a political subdivision of  
36 this State whose official duties require the employee to make home  
37 visits;  
38           (8) A civilian employee or a volunteer of a law enforcement  
39 agency whose official duties require the employee or volunteer to:  
40           (I) Interact with the public;  
41           (II) Perform tasks related to law enforcement; and  
42           (III) Wear identification, clothing or a uniform that  
43 identifies the employee or volunteer as working or volunteering for  
44 the law enforcement agency;



1 (9) A civilian employee or a volunteer of a fire-fighting  
2 agency whose official duties require the employee or volunteer to:

3 (I) Interact with the public;

4 (II) Perform tasks related to fire fighting or fire  
5 prevention; and

6 (III) Wear identification, clothing or a uniform that  
7 identifies the employee or volunteer as working or volunteering for  
8 the fire-fighting agency; or

9 (10) A civilian employee or volunteer of this State or a  
10 political subdivision of this State whose official duties require the  
11 employee or volunteer to:

12 (I) Interact with the public;

13 (II) Perform tasks related to code enforcement; and

14 (III) Wear identification, clothing or a uniform that  
15 identifies the employee or volunteer as working or volunteering for  
16 this State or a political subdivision of this State.

17 (d) "Provider of health care" means a physician, a medical  
18 student, a perfusionist, *an anesthesiologist assistant* or a physician  
19 assistant licensed pursuant to chapter 630 of NRS, a practitioner of  
20 respiratory care, a homeopathic physician, an advanced practitioner  
21 of homeopathy, a homeopathic assistant, an osteopathic physician, a  
22 physician *assistant or anesthesiologist* assistant licensed pursuant to  
23 chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a  
24 physical therapist, a medical laboratory technician, an optometrist, a  
25 chiropractic physician, a chiropractic assistant, a doctor of Oriental  
26 medicine, a nurse, a student nurse, a certified nursing assistant,  
27 a nursing assistant trainee, a medication aide - certified, a dentist, a  
28 dental student, a dental hygienist, a dental hygienist student, a  
29 pharmacist, a pharmacy student, an intern pharmacist, an attendant  
30 on an ambulance or air ambulance, a psychologist, a social worker,  
31 a marriage and family therapist, a marriage and family therapist  
32 intern, a clinical professional counselor, a clinical professional  
33 counselor intern, a licensed dietitian, the holder of a license or a  
34 limited license issued under the provisions of chapter 653 of NRS,  
35 an emergency medical technician, an advanced emergency medical  
36 technician and a paramedic.

37 (e) "School employee" means a licensed or unlicensed person  
38 employed by a board of trustees of a school district pursuant to NRS  
39 391.100 or 391.281.

40 (f) "Sporting event" has the meaning ascribed to it in  
41 NRS 41.630.

42 (g) "Sports official" has the meaning ascribed to it in  
43 NRS 41.630.

44 (h) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

45 (i) "Taxicab driver" means a person who operates a taxicab.



1 (j) "Transit operator" means a person who operates a bus or  
2 other vehicle as part of a public mass transportation system.

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

4 (a) If paragraph (c) or (d) does not apply to the circumstances of  
5 the crime and the assault is not made with the use of a deadly  
6 weapon or the present ability to use a deadly weapon, for a  
7 misdemeanor.

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

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

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

42 **Sec. 96.** NRS 200.5093 is hereby amended to read as follows:

43 200.5093 1. Any person who is described in subsection 4 and  
44 who, in a professional or occupational capacity, knows or has  
45 reasonable cause to believe that an older person or vulnerable



1 person has been abused, neglected, exploited, isolated or abandoned  
2 shall:

3 (a) Except as otherwise provided in subsection 2, report the  
4 abuse, neglect, exploitation, isolation or abandonment of the older  
5 person or vulnerable person to:

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

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

9 (3) A toll-free telephone service designated by the Aging and  
10 Disability Services Division of the Department of Health and  
11 Human Services; and

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

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

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

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

30 (a) Every physician, dentist, dental hygienist, chiropractic  
31 physician, optometrist, podiatric physician, medical examiner,  
32 resident, intern, professional or practical nurse, physician assistant  
33 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*  
34 *assistant*, perfusionist, psychiatrist, psychologist, marriage and  
35 family therapist, clinical professional counselor, clinical alcohol and  
36 drug counselor, alcohol and drug counselor, music therapist, athletic  
37 trainer, driver of an ambulance, paramedic, licensed dietitian, holder  
38 of a license or a limited license issued under the provisions of  
39 chapter 653 of NRS, behavior analyst, assistant behavior analyst,  
40 registered behavior technician, peer recovery support specialist, as  
41 defined in NRS 433.627, peer recovery support specialist  
42 supervisor, as defined in NRS 433.629, or other person providing  
43 medical services licensed or certified to practice in this State, who  
44 examines, attends or treats an older person or vulnerable person who



1 appears to have been abused, neglected, exploited, isolated or  
2 abandoned.

3 (b) Any personnel of a hospital or similar institution engaged in  
4 the admission, examination, care or treatment of persons or an  
5 administrator, manager or other person in charge of a hospital or  
6 similar institution upon notification of the suspected abuse, neglect,  
7 exploitation, isolation or abandonment of an older person or  
8 vulnerable person by a member of the staff of the hospital.

9 (c) A coroner.

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

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

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

17 (g) Any employee of the Department of Health and Human  
18 Services, except the State Long-Term Care Ombudsman appointed  
19 pursuant to NRS 427A.125 and any of his or her advocates or  
20 volunteers where prohibited from making such a report pursuant to  
21 45 C.F.R. § 1321.11.

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

25 (i) Any person who maintains or is employed by a facility or  
26 establishment that provides care for older persons or vulnerable  
27 persons.

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

33 (k) Every social worker.

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

36 (m) Every person who operates or is employed by a community  
37 health worker pool, as defined in NRS 449.0028, or with whom a  
38 community health worker pool contracts to provide the services of a  
39 community health worker, as defined in NRS 449.0027.

40 (n) Every person who is enrolled with the Division of Health  
41 Care Financing and Policy of the Department of Health and Human  
42 Services to provide doula services to recipients of Medicaid  
43 pursuant to NRS 422.27177.

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



1 6. If a person who is required to make a report pursuant to  
2 subsection 1 knows or has reasonable cause to believe that an older  
3 person or vulnerable person has died as a result of abuse, neglect,  
4 isolation or abandonment, the person shall, as soon as reasonably  
5 practicable, report this belief to the appropriate medical examiner or  
6 coroner, who shall investigate the cause of death of the older person  
7 or vulnerable person and submit to the appropriate local law  
8 enforcement agencies, the appropriate prosecuting attorney, the  
9 Aging and Disability Services Division of the Department of Health  
10 and Human Services and the Unit for the Investigation and  
11 Prosecution of Crimes his or her written findings. The written  
12 findings must include the information required pursuant to the  
13 provisions of NRS 200.5094, when possible.

14 7. A division, office or department which receives a report  
15 pursuant to this section shall cause the investigation of the report to  
16 commence within 3 working days. A copy of the final report of the  
17 investigation conducted by a division, office or department, other  
18 than the Aging and Disability Services Division of the Department  
19 of Health and Human Services, must be forwarded within 30 days  
20 after the completion of the report to the:

21 (a) Aging and Disability Services Division;

22 (b) Repository for Information Concerning Crimes Against  
23 Older Persons or Vulnerable Persons created by NRS 179A.450;  
24 and

25 (c) Unit for the Investigation and Prosecution of Crimes.

26 8. If the investigation of a report results in the belief that an  
27 older person or vulnerable person is abused, neglected, exploited,  
28 isolated or abandoned, the Aging and Disability Services Division  
29 of the Department of Health and Human Services or the county's  
30 office for protective services may provide protective services to the  
31 older person or vulnerable person if the older person or vulnerable  
32 person is able and willing to accept them.

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

35 10. As used in this section, "Unit for the Investigation and  
36 Prosecution of Crimes" means the Unit for the Investigation and  
37 Prosecution of Crimes Against Older Persons or Vulnerable Persons  
38 in the Office of the Attorney General created pursuant to  
39 NRS 228.265.

40 **Sec. 97.** NRS 239.010 is hereby amended to read as follows:

41 239.010 1. Except as otherwise provided in this section and  
42 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095,  
43 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030,  
44 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152,  
45 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,



1 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,  
2 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,  
3 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,  
4 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640,  
5 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730,  
6 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312,  
7 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015,  
8 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715,  
9 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771,  
10 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392,  
11 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140,  
12 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464,  
13 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240,  
14 218G.350, 224.240, 226.300, 228.270, 228.450, 228.495, 228.570,  
15 231.069, 231.1473, 232.1369, 233.190, 237.300, 239.0105,  
16 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050,  
17 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420,  
18 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335,  
19 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150,  
20 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195,  
21 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755,  
22 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438,  
23 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503,  
24 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910,  
25 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335,  
26 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420,  
27 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100,  
28 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242,  
29 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080,  
30 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830,  
31 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503,  
32 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035,  
33 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271,  
34 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045,  
35 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465,  
36 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525,  
37 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888,  
38 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305,  
39 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028,  
40 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407,  
41 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534,  
42 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116,  
43 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170,  
44 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,  
45 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209,





1 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805,  
2 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555,  
3 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403,  
4 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940,  
5 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340,  
6 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830,  
7 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040,  
8 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098,  
9 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303,  
10 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350,  
11 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110,  
12 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,  
13 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672,  
14 630.2673, 630.30665, 630.336, 630A.327, 630A.555, 631.332,  
15 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283,  
16 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055,  
17 634.1303, 634.214, 634A.169, 634A.185, 635.111, 635.158,  
18 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087,  
19 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185,  
20 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620,  
21 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340,  
22 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217,  
23 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760,  
24 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180,  
25 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,  
26 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,  
27 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126,  
28 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130,  
29 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480,  
30 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710,  
31 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190,  
32 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,  
33 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306,  
34 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,  
35 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536,  
36 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550,  
37 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159,  
38 711.600, *and sections 14 and 53 of this act*, sections 35, 38 and 41  
39 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter  
40 391, Statutes of Nevada 2013 and unless otherwise declared by law  
41 to be confidential, all public books and public records of a  
42 governmental entity must be open at all times during office hours to  
43 inspection by any person, and may be fully copied or an abstract or  
44 memorandum may be prepared from those public books and public  
45 records. Any such copies, abstracts or memoranda may be used to



1 supply the general public with copies, abstracts or memoranda of the  
2 records or may be used in any other way to the advantage of the  
3 governmental entity or of the general public. This section does not  
4 supersede or in any manner affect the federal laws governing  
5 copyrights or enlarge, diminish or affect in any other manner the  
6 rights of a person in any written book or record which is  
7 copyrighted pursuant to federal law.

8 2. A governmental entity may not reject a book or record  
9 which is copyrighted solely because it is copyrighted.

10 3. A governmental entity that has legal custody or control of a  
11 public book or record shall not deny a request made pursuant to  
12 subsection 1 to inspect or copy or receive a copy of a public book or  
13 record on the basis that the requested public book or record contains  
14 information that is confidential if the governmental entity can  
15 redact, delete, conceal or separate, including, without limitation,  
16 electronically, the confidential information from the information  
17 included in the public book or record that is not otherwise  
18 confidential.

19 4. If requested, a governmental entity shall provide a copy of a  
20 public record in an electronic format by means of an electronic  
21 medium. Nothing in this subsection requires a governmental entity  
22 to provide a copy of a public record in an electronic format or by  
23 means of an electronic medium if:

24 (a) The public record:

25 (1) Was not created or prepared in an electronic format; and

26 (2) Is not available in an electronic format; or

27 (b) Providing the public record in an electronic format or by  
28 means of an electronic medium would:

29 (1) Give access to proprietary software; or

30 (2) Require the production of information that is confidential  
31 and that cannot be redacted, deleted, concealed or separated from  
32 information that is not otherwise confidential.

33 5. An officer, employee or agent of a governmental entity who  
34 has legal custody or control of a public record:

35 (a) Shall not refuse to provide a copy of that public record in the  
36 medium that is requested because the officer, employee or agent has  
37 already prepared or would prefer to provide the copy in a different  
38 medium.

39 (b) Except as otherwise provided in NRS 239.030, shall, upon  
40 request, prepare the copy of the public record and shall not require  
41 the person who has requested the copy to prepare the copy himself  
42 or herself.

43 **Sec. 98.** NRS 244.1605 is hereby amended to read as follows:

44 244.1605 The boards of county commissioners may:



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

5 2. Provide a full-time or part-time staff for the facilities which  
6 may include a physician, a physician assistant licensed pursuant to  
7 chapter 630 or 633 of NRS, *an anesthesiologist assistant*, a  
8 registered nurse or a licensed practical nurse, a certified emergency  
9 medical technician, advanced emergency medical technician or  
10 paramedic, and such other personnel as the board deems necessary  
11 or appropriate to ensure adequate staffing commensurate with the  
12 needs of the area in which the facility is located.

13 3. Fix the charges for the medical and nursing care and  
14 medicine furnished by the facility to those who are able to pay for  
15 them, and to provide that care and medicine free of charge to those  
16 persons who qualify as medical indigents under the county's criteria  
17 of eligibility for medical care.

18 4. Purchase, equip and maintain, either in connection with a  
19 limited medical facility as authorized in this section or independent  
20 therefrom, ambulances and ambulance services for the benefit of the  
21 residents of and those falling sick or being injured or maimed in the  
22 outlying areas.

23 **Sec. 99.** NRS 244.382 is hereby amended to read as follows:

24 244.382 The Legislature finds that:

25 1. Many of the less populous counties of the State have  
26 experienced shortages of physicians, surgeons, anesthetists, dentists,  
27 other medical professionals , ~~and~~ physician *assistants and*  
28 *anesthesiologist* assistants.

29 2. Some of the more populous counties of the State have also  
30 experienced shortages of physicians, surgeons, anesthetists, dentists,  
31 other medical professionals , ~~and~~ physician *assistants and*  
32 *anesthesiologist* assistants in their rural communities.

33 3. By granting county scholarships to students in such medical  
34 professions who will agree to return to the less populous counties or  
35 the rural communities of the more populous counties for residence  
36 and practice, these counties can alleviate the shortages to a degree  
37 and thereby provide their people with needed health services.

38 **Sec. 100.** NRS 244.3821 is hereby amended to read as  
39 follows:

40 244.3821 1. In addition to the powers elsewhere conferred  
41 upon all counties, except as otherwise provided in subsection 2, any  
42 county may establish a medical scholarship program to induce  
43 students in the medical professions to return to the county for  
44 practice.



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

5 3. Students in the medical professions for the purposes of NRS  
6 244.382 to 244.3823, inclusive, include persons studying to be  
7 physician assistants licensed pursuant to chapter 630 or 633 of NRS  
8 ~~or~~ *or anesthesiologist assistants licensed pursuant to chapters 630*  
9 *and 633 of NRS.*

10 4. The board of county commissioners of a county that has  
11 established a medical scholarship program may appropriate money  
12 from the general fund of the county for medical scholarship funds  
13 and may accept private contributions to augment the scholarship  
14 funds.

15 **Sec. 101.** NRS 441A.110 is hereby amended to read as  
16 follows:

17 441A.110 "Provider of health care" means a physician, nurse ,  
18 *anesthesiologist assistant* or veterinarian licensed in accordance  
19 with state law, a physician assistant licensed pursuant to chapter 630  
20 or 633 of NRS or a pharmacist registered pursuant to chapter 639 of  
21 NRS.

22 **Sec. 102.** NRS 441A.334 is hereby amended to read as  
23 follows:

24 441A.334 As used in this section and NRS 441A.335 and  
25 441A.336, "provider of health care" means a physician, nurse , ~~or~~  
26 physician assistant *or anesthesiologist assistant* licensed in  
27 accordance with state law.

28 **Sec. 103.** NRS 453.038 is hereby amended to read as follows:

29 453.038 "Chart order" means an order entered on the chart of a  
30 patient:

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

34 2. Under emergency treatment in a hospital by a physician,  
35 advanced practice registered nurse, dentist or podiatric physician, or  
36 on the written or oral order of a physician, physician assistant *or*  
37 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of  
38 NRS, advanced practice registered nurse, dentist or podiatric  
39 physician authorizing the administration of a drug to the patient.

40 **Sec. 104.** NRS 453.375 is hereby amended to read as follows:

41 453.375 1. A controlled substance may be possessed and  
42 administered by the following persons:

43 (a) A practitioner.

44 (b) A registered nurse licensed to practice professional nursing  
45 or licensed practical nurse, at the direction of a physician, physician



1 assistant, dentist, podiatric physician or advanced practice registered  
2 nurse, or pursuant to a chart order, for administration to a patient at  
3 another location.

4 (c) A paramedic:

5 (1) As authorized by regulation of:

6 (I) The State Board of Health in a county whose  
7 population is less than 100,000; or

8 (II) A county or district board of health in a county whose  
9 population is 100,000 or more; and

10 (2) In accordance with any applicable regulations of:

11 (I) The State Board of Health in a county whose  
12 population is less than 100,000;

13 (II) A county board of health in a county whose  
14 population is 100,000 or more; or

15 (III) A district board of health created pursuant to NRS  
16 439.362 or 439.370 in any county.

17 (d) A respiratory therapist, at the direction of a physician or  
18 physician assistant.

19 (e) *An anesthesiologist assistant, at the direction of a*  
20 *supervising anesthesiologist or supervising osteopathic*  
21 *anesthesiologist.*

22 (f) A medical student, student in training to become a physician  
23 assistant or *anesthesiologist assistant*, student nurse in the course of  
24 his or her studies at an accredited college of medicine or approved  
25 school of professional or practical nursing, at the direction of a  
26 physician or physician assistant and:

27 (1) In the presence of a physician, physician assistant or a  
28 registered nurse; or

29 (2) Under the supervision of a physician, physician assistant  
30 or a registered nurse if the student is authorized by the college or  
31 school to administer the substance outside the presence of a  
32 physician, physician assistant or nurse.

33 ➤ A medical student or student nurse may administer a controlled  
34 substance in the presence or under the supervision of a registered  
35 nurse alone only if the circumstances are such that the registered  
36 nurse would be authorized to administer it personally.

37 ~~(f)~~ (g) An ultimate user or any person whom the ultimate user  
38 designates pursuant to a written agreement.

39 ~~(g)~~ (h) Any person designated by the head of a correctional  
40 institution.

41 ~~(h)~~ (i) A veterinary technician at the direction of his or her  
42 supervising veterinarian.

43 ~~(i)~~ (j) In accordance with applicable regulations of the State  
44 Board of Health, an employee of a residential facility for groups, as



1 defined in NRS 449.017, pursuant to a written agreement entered  
2 into by the ultimate user.

3 ~~[(k)]~~ *(k)* In accordance with applicable regulations of the State  
4 Board of Pharmacy, an animal control officer, a wildlife biologist or  
5 an employee designated by a federal, state or local governmental  
6 agency whose duties include the control of domestic, wild and  
7 predatory animals.

8 ~~[(l)]~~ *(l)* A person who is enrolled in a training program to  
9 become a paramedic, respiratory therapist or veterinary technician if  
10 the person possesses and administers the controlled substance in the  
11 same manner and under the same conditions that apply, respectively,  
12 to a paramedic, respiratory therapist or veterinary technician who  
13 may possess and administer the controlled substance, and under the  
14 direct supervision of a person licensed or registered to perform the  
15 respective medical art or a supervisor of such a person.

16 ~~[(m)]~~ *(m)* A registered pharmacist pursuant to written guidelines  
17 and protocols developed pursuant to NRS 639.2629 or a  
18 collaborative practice agreement, as defined in NRS 639.0052.

19 2. As used in this section ~~["accredited"]~~ :

20 *(a) "Accredited college of medicine" means:*

21 ~~[(1)]~~ *(1)* A medical school that is accredited by the Liaison  
22 Committee on Medical Education of the American Medical  
23 Association and the Association of American Medical Colleges or  
24 their successor organizations; or

25 ~~[(2)]~~ *(2)* A school of osteopathic medicine, as defined in  
26 NRS 633.121.

27 *(b) "Anesthesiologist assistant" means a person who holds a*  
28 *license issued pursuant to section 8 or 47 of this act or a*  
29 *temporary license issued pursuant to section 9 or 48 of this act.*

30 **Sec. 105.** NRS 454.213 is hereby amended to read as follows:

31 454.213 1. Except as otherwise provided in NRS 454.217, a  
32 drug or medicine referred to in NRS 454.181 to 454.371, inclusive,  
33 may be possessed and administered by:

34 (a) A practitioner.

35 (b) A physician assistant licensed pursuant to chapter 630 or 633  
36 of NRS ~~[(1)]~~ *or an anesthesiologist assistant*, at the direction of his or  
37 her supervising physician or *supervising anesthesiologist or*  
38 *supervising osteopathic anesthesiologist, as applicable, or* a  
39 licensed dental hygienist acting in the office of and under the  
40 supervision of a dentist.

41 (c) Except as otherwise provided in paragraph (d), a registered  
42 nurse licensed to practice professional nursing or licensed practical  
43 nurse, at the direction of a prescribing physician, physician assistant  
44 licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric



1 physician or advanced practice registered nurse, or pursuant to a  
2 chart order, for administration to a patient at another location.

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

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

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

11 (e) A medication aide - certified at a designated facility under  
12 the supervision of an advanced practice registered nurse or  
13 registered nurse and in accordance with standard protocols  
14 developed by the State Board of Nursing. As used in this paragraph,  
15 "designated facility" has the meaning ascribed to it in  
16 NRS 632.0145.

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

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

23 (2) A county board of health in a county whose population is  
24 100,000 or more; or

25 (3) A district board of health created pursuant to NRS  
26 439.362 or 439.370 in any county.

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

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

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

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

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

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

44 ➤ A medical student or student nurse may administer a dangerous  
45 drug in the presence or under the supervision of a registered nurse



1 alone only if the circumstances are such that the registered nurse  
2 would be authorized to administer it personally.

3 (k) Any person designated by the head of a correctional  
4 institution.

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

7 (m) A holder of a license to engage in radiation therapy and  
8 radiologic imaging issued pursuant to chapter 653 of NRS, at the  
9 direction of a physician and in accordance with any conditions  
10 established by regulation of the Board.

11 (n) A chiropractic physician, but only if the drug or medicine is  
12 a topical drug used for cooling and stretching external tissue during  
13 therapeutic treatments.

14 (o) A physical therapist, but only if the drug or medicine is a  
15 topical drug which is:

16 (1) Used for cooling and stretching external tissue during  
17 therapeutic treatments; and

18 (2) Prescribed by a licensed physician for:

19 (I) Iontophoresis; or

20 (II) The transmission of drugs through the skin using  
21 ultrasound.

22 (p) In accordance with applicable regulations of the State Board  
23 of Health, an employee of a residential facility for groups, as  
24 defined in NRS 449.017, pursuant to a written agreement entered  
25 into by the ultimate user.

26 (q) A veterinary technician or a veterinary assistant at the  
27 direction of his or her supervising veterinarian.

28 (r) In accordance with applicable regulations of the Board, a  
29 registered pharmacist who:

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

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

34 (3) Administers immunizations in compliance with the  
35 "Standards for Immunization Practices" recommended and  
36 approved by the Advisory Committee on Immunization Practices of  
37 the Centers for Disease Control and Prevention.

38 (s) A registered pharmacist pursuant to written guidelines and  
39 protocols developed pursuant to NRS 639.2629 or a collaborative  
40 practice agreement, as defined in NRS 639.0052.

41 (t) A person who is enrolled in a training program to become a  
42 physician assistant *or anesthesiologist assistant* licensed pursuant to  
43 chapter 630 or 633 of NRS, dental hygienist, advanced emergency  
44 medical technician, paramedic, respiratory therapist, dialysis  
45 technician, physical therapist or veterinary technician or to obtain a





1 license to engage in radiation therapy and radiologic imaging  
2 pursuant to chapter 653 of NRS if the person possesses and  
3 administers the drug or medicine in the same manner and under the  
4 same conditions that apply, respectively, to a physician assistant *or*  
5 *anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of  
6 NRS, dental hygienist, advanced emergency medical technician,  
7 paramedic, respiratory therapist, dialysis technician, physical  
8 therapist, veterinary technician or person licensed to engage in  
9 radiation therapy and radiologic imaging who may possess and  
10 administer the drug or medicine, and under the direct supervision of  
11 a person licensed or registered to perform the respective medical art  
12 or a supervisor of such a person.

13 (u) A medical assistant, in accordance with applicable  
14 regulations of the:

15 (1) Board of Medical Examiners, at the direction of the  
16 prescribing physician and under the supervision of a physician or  
17 physician assistant.

18 (2) State Board of Osteopathic Medicine, at the direction of  
19 the prescribing physician and under the supervision of a physician  
20 or physician assistant.

21 2. As used in this section, “accredited college of medicine” has  
22 the meaning ascribed to it in NRS 453.375.

23 **Sec. 106.** 1. This section becomes effective upon passage  
24 and approval.

25 2. Sections 1 to 105, inclusive, of this act become effective:

26 (a) Upon passage and approval for the purpose of adopting any  
27 regulations and performing any other preparatory administrative  
28 tasks that are necessary to carry out the provisions of this act; and

29 (b) On January 1, 2024, for all other purposes.

