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SENATE BILL NO. 204—SENATORS DONATE; NEAL AND STONE

MARCH 2, 2023

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JOINT SPONSORS: ASSEMBLYMEN DURAN,  
TORRES; GONZÁLEZ AND ORENTLICHER

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Referred to Committee on Health and Human Services

SUMMARY—Provides for the limited practice of medicine by certain medical school graduates. (BDR 54-49)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
Effect on the State: Yes.

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

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AN ACT relating to health care; providing for the limited licensure of certain graduates of a foreign medical school; providing for the licensure of associate physicians and associate osteopathic physicians; prescribing the conditions under which a limited licensee, associate physician or associate osteopathic physician is authorized to practice medicine; updating certain references; requiring certain insurers to cover medical services provided by an associate physician or associate osteopathic physician; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law provides for the licensing of physicians and physician assistants  
2 by the Board of Medical Examiners and for the licensing of osteopathic physicians  
3 by the State Board of Osteopathic Medicine. (NRS 630.160-630.1607, 630.258-  
4 630.2665, 630.271-630.2755, 633.305-633.469) Existing law also authorizes a  
5 graduate of a foreign medical school to obtain a restricted license to teach, research  
6 or practice medicine at a medical facility, medical research facility or medical  
7 school by completing certain requirements that are less stringent than the  
8 requirements to obtain an unrestricted license. (NRS 630.2645) If the holder of  
9 such a restricted license wishes to obtain an unrestricted license, existing law  
10 requires the holder to meet all of the qualifications ordinarily required to obtain an  
11 unrestricted license. (NRS 630.160, 630.2645)



12 **Sections 3-13 and 23-30** of this bill create special license types that authorize  
13 certain medical school graduates to engage in the supervised practice of medicine  
14 in a medically underserved area of this State. **Sections 2 and 22** of this bill define  
15 the term “medically underserved area” for those purposes. **Sections 14 and 31** of  
16 this bill make conforming changes to indicate the appropriate placement of **sections**  
17 **2 and 22**, respectively, in the Nevada Revised Statutes.

18 **Section 3** authorizes the Board of Medical Examiners to issue a limited license  
19 to practice medicine to a graduate of a foreign medical school who agrees to  
20 practice in a medically underserved area and possesses certain other qualifications  
21 related to the practice of medicine. **Section 4** of this bill requires the holder of a  
22 limited license to practice medicine only under the supervision of a physician who  
23 holds an unrestricted license and with whom the holder of the limited license has  
24 entered into a practice agreement. **Section 5** of this bill: (1) provides for the  
25 expiration and renewal of a limited license; (2) authorizes a limited licensee to  
26 apply for an unrestricted license upon completion of certain requirements; and (3)  
27 requires the Board of Medical Examiners to adopt regulations governing the limited  
28 license. **Sections 16, 17, 19 and 20** of this bill update references to certification by  
29 the Educational Commission for Foreign Medical Graduates in existing law to  
30 reflect the current practices of the Commission. **Sections 32 and 33** of this bill  
31 make revisions to reflect that internships for osteopathic physicians are currently  
32 approved by the Accreditation Council for Graduate Medical Education.

33 **Sections 6 and 23** of this bill authorize the Board of Medical Examiners and  
34 State Board of Osteopathic Medicine, respectively, to issue a limited license as an  
35 associate physician or associate osteopathic physician to an applicant who: (1) has  
36 graduated from certain medical schools in the United States or Canada; (2) agrees  
37 to perform medical services in a medically underserved area in this State; and (3)  
38 possesses certain other qualifications. **Sections 7 and 24** of this bill limit the  
39 practice of an associate physician or associate osteopathic physician to: (1) certain  
40 primary care services that are within the skill, training and competence of the  
41 associate physician or associate osteopathic physician; and (2) practicing under the  
42 supervision and control of a supervising physician or supervising osteopathic  
43 physician and in a medically underserved area. **Sections 7 and 24**: (1) deem an  
44 associate physician or associate osteopathic physician working in a rural health  
45 clinic to be a physician assistant for certain purposes under federal law; and (2)  
46 exempt such an associate physician or associate osteopathic physician and his or  
47 her supervising physician or supervising osteopathic physician from state  
48 requirements governing supervision that are more stringent than federal law and  
49 regulations.

50 **Sections 7 and 24** require an associate physician or associate osteopathic  
51 physician to enter into a collaborative practice agreement with his or her  
52 supervising physician or supervising osteopathic physician. **Sections 7 and 24**  
53 require a supervising physician or supervising osteopathic physician to be on the  
54 same premises and available to assist an associate physician or associate  
55 osteopathic physician for the first 30 days of supervision. **Sections 8 and 25** of this  
56 bill require a supervising physician and associate physician or supervising  
57 osteopathic physician and associate osteopathic physician to take certain measures  
58 to notify the public of their respective statuses and their relationship. **Sections 9**  
59 **and 26** of this bill prescribe the required qualifications of a supervising physician  
60 or supervising osteopathic physician. **Sections 9 and 26** also: (1) provide that a  
61 supervising physician or supervising osteopathic physician is responsible for the  
62 practice of medicine or osteopathic medicine by the associate physician or associate  
63 osteopathic physician that he or she is supervising; and (2) require a supervising  
64 physician or supervising osteopathic physician to maintain liability insurance that  
65 covers malpractice by an associate physician or associate osteopathic physician.  
66 **Sections 9 and 26** prohibit a supervising physician or supervising osteopathic



67 physician from entering into a collaborative practice agreement with more than  
68 three associate physicians or associate osteopathic physicians. **Sections 9 and 26**  
69 additionally prohibit the Board of Medical Examiners and the State Board of  
70 Osteopathic Medicine from disciplining a supervising physician or supervising  
71 osteopathic physician for legal activity of an associate physician or associate  
72 osteopathic physician that is within the scope of the relevant collaborative practice  
73 agreement. **Sections 10 and 27** of this bill prescribe the required provisions of a  
74 collaborative practice agreement. **Sections 18 and 34** of this bill require a physician  
75 or osteopathic physician to biennially submit to the Board of Medical Examiners or  
76 the State Board of Osteopathic Medicine, as applicable, a list of the names of each  
77 associate physician or associate osteopathic physician supervised by the physician  
78 or osteopathic physician.

79 **Sections 11 and 28** of this bill authorize an associate physician or associate  
80 osteopathic physician to prescribe or dispense certain controlled substances and  
81 establish the conditions under which an associate physician or associate osteopathic  
82 physician may prescribe or dispense such controlled substances. **Sections 12 and**  
83 **29** of this bill provide for the expiration and renewal of the licenses. **Sections 13**  
84 **and 30** of this bill require the Board of Medical Examiners and the State Board of  
85 Osteopathic Medicine to: (1) adopt regulations to carry out the provisions of law  
86 governing associate physicians and associate osteopathic physicians; and (2) work  
87 with medical schools in this State to develop and implement a program for  
88 associate physicians and associate osteopathic physicians to gain knowledge and  
89 experience that may count as credit towards a residency program in this State.

90 **Sections 15 and 33** of this bill make conforming changes to ensure that the  
91 limited licenses created by this bill are treated the same as other special licenses for  
92 physicians or osteopathic physicians, as applicable. **Section 35** of this bill makes a  
93 conforming change to clarify the meaning of the terms "associate physician" and  
94 "associate osteopathic physician."

95 Existing law requires public and private policies of insurance regulated under  
96 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-  
97 422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169,  
98 689C.194-689C.195, 695A.184-689A.1875, 695B.1901-695B.1949, 695C.1691-  
99 695C.176, 695G.162-695G.177) Existing law also requires employers to provide  
100 certain benefits to employees, including the coverage required of health insurers, if  
101 the employer provides health benefits for its employees. (NRS 608.1555) **Sections**  
102 **37-40, 42, 43, 45-48 and 50** of this bill require public and private health plans,  
103 including Medicaid, to provide coverage for medical services provided by an  
104 associate physician or associate osteopathic physician, if the health plan covers the  
105 same medical services when performed by a different provider of health care.  
106 **Sections 36, 41 and 44** of this bill make conforming changes to indicate the proper  
107 placement of **sections 39, 40 and 43** in the Nevada Revised Statutes. **Section 49** of  
108 this bill authorizes the Commissioner of Insurance to suspend or revoke the  
109 certificate of a health maintenance organization that fails to comply with the  
110 requirement of **section 47** of this bill to cover medical services provided by an  
111 associate physician or associate osteopathic physician. The Commissioner would  
112 also be authorized to take such actions against other health insurers who fail to  
113 comply with the requirements of **sections 40, 42, 43, 45, 46 and 50**.



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

1       **Section 1.** Chapter 630 of NRS is hereby amended by adding  
2 thereto the provisions set forth in sections 2 to 13, inclusive, of this  
3 act.

4       **Sec. 2.** *“Medically underserved area” means an area*  
5 *designated as:*

6       1. *A health professional shortage area for primary care by*  
7 *the United States Secretary of Health and Human Services*  
8 *pursuant to 42 U.S.C. § 254e; or*

9       2. *An area with a medically underserved population by the*  
10 *United States Secretary of Health and Human Services pursuant*  
11 *to 42 U.S.C. § 254b.*

12       **Sec. 3.** *Except as otherwise provided in NRS 630.161, the*  
13 *Board may issue a limited license to practice medicine to an*  
14 *applicant who:*

15       1. *Is a graduate of a foreign medical school and is certified*  
16 *by the Educational Commission for Foreign Medical Graduates;*

17       2. *Has passed the Step 1 Exam and Step 2 CK Exam of the*  
18 *United States Medical Licensing Examination; and*

19       3. *Commits to serving at least 3 years in a medically*  
20 *underserved area of this State.*

21       **Sec. 4.** 1. *The holder of a limited license issued pursuant to*  
22 *section 3 of this act shall not practice medicine except:*

23       (a) *Under the supervision and control of a physician who*  
24 *holds an active unrestricted license to practice medicine in this*  
25 *State and practices in the same or a substantially similar medical*  
26 *specialty; and*

27       (b) *In a facility or office or for an organization that has*  
28 *authorized the licensee to practice medicine in the facility or office*  
29 *or for the organization, as applicable.*

30       2. *The holder of a limited license issued pursuant to section 3*  
31 *of this act shall file with the Board a written practice agreement*  
32 *between the limited licensee and the physician supervising him or*  
33 *her pursuant to paragraph (a) of subsection 1.*

34       3. *A physician supervising a limited licensee pursuant to*  
35 *paragraph (a) of subsection 1:*

36       (a) *Is responsible for any act that constitutes the practice of*  
37 *medicine by the limited licensee; and*

38       (b) *Must have insurance that includes coverage for any claim*  
39 *of malpractice against the limited licensee.*

40       **Sec. 5.** 1. *A limited license issued pursuant to section 3 of*  
41 *this act expires 2 years after it is issued. The Board may renew the*  
42 *license upon application by the limited licensee.*



1       2. *The Board may issue an unrestricted license to practice*  
2 *medicine upon the submission of an application by the holder of a*  
3 *limited license issued pursuant to section 3 of this act who has:*

4       (a) *Completed at least 3 years of practice as a full-time*  
5 *physician under the limited license;*

6       (b) *Fulfilled all other statutory requirements for licensure*  
7 *pursuant to NRS 630.160 except the requirements of paragraph*  
8 *(c) of subsection 2 of NRS 630.160; and*

9       (c) *Not been the subject of disciplinary action by a medical*  
10 *board in any jurisdiction.*

11       3. *The Board shall adopt regulations necessary to carry out*  
12 *the provisions of this section and sections 3 and 4 of this act,*  
13 *including, without limitation:*

14       (a) *Any additional requirements for the issuance or renewal of*  
15 *a limited license to which this section and sections 3 and 4 of this*  
16 *act apply;*

17       (b) *The required fees for the issuance and renewal of such a*  
18 *limited license; and*

19       (c) *The required provisions of a practice agreement between a*  
20 *limited licensee and his or her supervising physician pursuant to*  
21 *subsection 2 of section 4 of this act.*

22       **Sec. 6. 1. Except as otherwise provided in NRS 630.161,**  
23 *the Board may issue a limited license for a person to practice*  
24 *medicine as an associate physician if the applicant:*

25       (a) *Has received the degree of doctor of medicine from a*  
26 *medical school in the United States or Canada:*

27       (1) *Approved by the Liaison Committee on Medical*  
28 *Education of the American Medical Association and Association*  
29 *of American Medical Colleges; or*

30       (2) *Which provides a course of professional instruction*  
31 *equivalent to that provided in medical schools in the United States*  
32 *approved by the Liaison Committee on Medical Education;*

33       (b) *Except as otherwise provided in subsection 2, has passed*  
34 *the Step 1 Exam and Step 2 CK Exam of the United States*  
35 *Medical Licensing Examination or an examination deemed*  
36 *equivalent by the Board, not earlier than:*

37       (1) *Three years before receiving the degree of doctor of*  
38 *medicine, if the applicant received the degree of doctor of*  
39 *medicine within 3 years before applying for licensure; or*

40       (2) *Three years before applying for licensure, in all other*  
41 *cases;*

42       (c) *Commits to practicing in a medically underserved area of*  
43 *this State; and*

44       (d) *Is proficient in the English language.*



1       2. An applicant who has passed the examinations required by  
2 paragraph (b) of subsection 1 at any time is otherwise exempt  
3 from the requirements of that paragraph if the applicant:

4       (a) Served as a resident in a program described in sub-  
5 subparagraph (1) of subparagraph (1) of paragraph (c) of  
6 subsection 2 of NRS 630.160 within 30 days before applying for  
7 licensure under this section; and

8       (b) Served continuously as such a resident beginning on or  
9 before the most recent date on which the applicant met the  
10 requirements of paragraph (b) of subsection 1.

11       **Sec. 7. 1.** An associate physician shall only practice  
12 medicine:

13       (a) In the areas of family medicine, pediatrics, internal  
14 medicine, psychiatry and obstetrics and gynecology;

15       (b) Under the supervision and control of a physician:

16           (1) Who meets the requirements of section 9 of this act; and

17           (2) With whom the associate physician has entered into a  
18 collaborative practice agreement that meets the requirements of  
19 section 10 of this act; and

20       (c) In a medically underserved area of this State.

21       2. An associate physician shall not practice medicine in a  
22 manner that exceeds the skill, training and competence of the  
23 associate physician or his or her supervising physician.

24       3. For the first 30 days during which an associate physician  
25 practices medicine under the supervision of a new supervising  
26 physician, the supervising physician must be physically present on  
27 the same premises and available to assist the associate physician.

28       4. An associate physician working in a rural health clinic, as  
29 defined in 42 U.S.C. § 1395x(aa)(2), shall be considered to be a  
30 physician assistant for the purposes of the regulations of the  
31 Centers for Medicare and Medicaid Services of the United States  
32 Department of Health and Human Services. Such an associate  
33 physician and his or her supervising physician are not required to  
34 comply with the requirements of any regulations adopted pursuant  
35 to section 13 of this act governing the supervision of an associate  
36 physician that are more stringent than the requirements of federal  
37 law and regulations.

38       **Sec. 8. 1.** The supervising physician of an associate  
39 physician shall prominently display a disclosure at every office  
40 where the associate physician practices medicine explaining to  
41 patients that the patient may be seen by an associate physician and  
42 the patient may instead request to be seen by the supervising  
43 physician.

44       2. An associate physician shall clearly identify himself or  
45 herself as an associate physician, including, without limitation, by



1 *wearing an identification badge that clearly identifies the person*  
2 *as an associate physician. An associate physician may identify*  
3 *himself or herself as a doctor.*

4 3. *While acting as the supervising physician of an associate*  
5 *physician, a physician shall wear an identification badge that*  
6 *clearly identifies the person as a supervising physician of an*  
7 *associate physician.*

8 **Sec. 9.** 1. *A physician shall not serve as the supervising*  
9 *physician of an associate physician pursuant to paragraph (b) of*  
10 *subsection 1 of section 7 of this act unless the physician:*

11 (a) *Holds an active unrestricted license to practice medicine in*  
12 *this State; and*

13 (b) *Practices in the same specialty area as the associate*  
14 *physician or a substantially similar specialty area as the associate*  
15 *physician.*

16 2. *The supervising physician of an associate physician:*

17 (a) *Is responsible for any act that constitutes the practice of*  
18 *medicine by the associate physician;*

19 (b) *Must have insurance that includes coverage for any claim*  
20 *of malpractice against the associate physician; and*

21 (c) *May not enter into a collaborative practice agreement with*  
22 *more than three associate physicians.*

23 3. *The Board may not deny, revoke, suspend or take any*  
24 *other disciplinary action against the supervising physician of an*  
25 *associate physician for any act performed by the associate*  
26 *physician that:*

27 (a) *Is performed in accordance with the collaborative practice*  
28 *agreement entered into pursuant to section 7 of this act; and*

29 (b) *Does not violate applicable federal, state or local laws or*  
30 *the regulations of the Board.*

31 **Sec. 10.** 1. *A collaborative practice agreement entered into*  
32 *pursuant to section 7 of this act must be in writing and must*  
33 *include, without limitation:*

34 (a) *The names, home and business addresses and telephone*  
35 *numbers of the supervising physician and associate physician;*

36 (b) *A list of each location where the associate physician may*  
37 *practice medicine, including, without limitation, the prescribing*  
38 *and dispensing of controlled substances;*

39 (c) *Any specialty or board certification held by the supervising*  
40 *physician;*

41 (d) *Any certification held by the associate physician;*

42 (e) *Requirements governing collaboration between the*  
43 *supervising physician and the associate physician, including,*  
44 *without limitation;*



1           (1) *The geographic proximity which, except as otherwise*  
2 *provided in subsection 4, must exist between the supervising*  
3 *physician and the associate physician while the associate*  
4 *physician is practicing medicine; and*

5           (2) *A plan for alternative supervision if the supervising*  
6 *physician is absent, incapacitated or otherwise unavailable;*

7           (f) *Any controlled substance the supervising physician*  
8 *authorizes the associate physician to prescribe or dispense in*  
9 *accordance with section 11 of this act;*

10          (g) *The procedure by which the supervising physician will*  
11 *review the standard of care the associate physician is providing to*  
12 *patients, including, without limitation, a requirement that, at least*  
13 *every 14 days, the associate physician submit to the supervising*  
14 *physician:*

15           (1) *At least 10 percent of the charts for patients whom the*  
16 *associate physician cared for and did not prescribe or dispense a*  
17 *controlled substance; and*

18           (2) *At least 20 percent of the charts for patients whom the*  
19 *associate physician cared for and prescribed or dispensed a*  
20 *controlled substance;*

21           (h) *The duration of the collaborative practice agreement; and*

22           (i) *A statement of any other collaborative practice agreements*  
23 *into which:*

24           (1) *The supervising physician has entered into with another*  
25 *associate physician; and*

26           (2) *The associate physician has entered into with another*  
27 *supervising physician.*

28          2. *Upon entering into a new collaborative practice agreement*  
29 *with an associate physician, a supervising physician shall file with*  
30 *the Board:*

31           (a) *A copy of the agreement; and*

32           (b) *Proof that any controlled substance listed pursuant to*  
33 *paragraph (f) of subsection 1 is within the skill, training and*  
34 *competence of the associate physician and his or her supervising*  
35 *physician to prescribe and dispense.*

36          3. *A supervising physician or associate physician may*  
37 *terminate a collaborative practice agreement or a relationship with*  
38 *a supervising physician or an associate physician, as applicable, at*  
39 *any time. Any provision of a collaborative practice agreement or*  
40 *any other agreement that limits the authority of a supervising*  
41 *physician or an associate physician to terminate a collaborative*  
42 *practice agreement or such a relationship is void.*

43          4. *If an associate physician is able to communicate at any*  
44 *time with a supervising physician through electronic*  
45 *communication, videoconferencing or other telecommunication,*





1 *the supervising physician may waive any provision of a*  
2 *collaborative practice agreement described in subparagraph (1) of*  
3 *paragraph (e) of subsection 1 for not more than 28 days in a year*  
4 *while the supervising physician is practicing in a rural health*  
5 *clinic, as defined in 42 U.S.C. § 1395x(aa)(2), that:*

6 (a) *Is operating independently of other health care facilities;*

7 (b) *Is operating jointly with a critical access hospital*  
8 *designated pursuant to 42 U.S.C. § 1395i-4; or*

9 (c) *Is operating jointly with a hospital that is located more*  
10 *than 50 miles from the clinic.*

11 **Sec. 11. 1.** *An associate physician may prescribe or*  
12 *dispense the controlled substances listed in subsection 2 under the*  
13 *conditions prescribed by this section if the associate physician:*

14 (a) *Is registered with the State Board of Pharmacy pursuant to*  
15 *NRS 453.231;*

16 (b) *Has entered into a collaborative practice agreement*  
17 *pursuant to section 7 of this act authorizing the associate*  
18 *physician to prescribe controlled substances; and*

19 (c) *Meets all other requirements prescribed by federal and*  
20 *state law to prescribe controlled substances.*

21 **2.** *An associate physician who meets the requirements of*  
22 *subsection 1 may prescribe or dispense:*

23 (a) *Any controlled substance listed in schedule III, IV or V;*  
24 *and*

25 (b) *Any controlled substance listed in schedule II that contains*  
26 *hydrocodone.*

27 **3.** *Except as otherwise provided in this subsection, an*  
28 *associate physician shall not prescribe or dispense more than a 5-*  
29 *day supply of a controlled substance listed in schedule II or III.*  
30 *An associate physician may prescribe or dispense a 30-day supply*  
31 *of buprenorphine for the treatment of a substance use disorder*  
32 *under the direction of his or her supervising physician.*

33 **4.** *An associate physician shall not prescribe or dispense*  
34 *controlled substances unless:*

35 (a) *The supervising physician of the associate physician is*  
36 *physically present on the same premises; or*

37 (b) *The associate physician has, at any time, completed 120*  
38 *hours practicing medicine over a period of not more than 4*  
39 *months with his or her supervising physician physically present on*  
40 *the same premises.*

41 **Sec. 12. 1.** *A limited license to practice medicine as an*  
42 *associate physician issued pursuant to section 6 of this act expires*  
43 *2 years after it is issued.*

44 **2.** *The Board may renew a limited license to practice*  
45 *medicine as an associate physician upon application by the*



1 *associate physician. An application for renewal must include,*  
2 *without limitation, proof that the associate physician has actually*  
3 *engaged in the practice of medicine under a collaborative practice*  
4 *agreement entered into pursuant to section 7 of this act during the*  
5 *immediately preceding 2 years.*

6 **Sec. 13.** 1. *The Board shall adopt regulations necessary:*

7 (a) *To carry out the provisions of sections 6 to 13, inclusive, of*  
8 *this act, including, without limitation:*

9 (1) *Any additional requirements for the issuance or*  
10 *renewal of a limited license to practice medicine as an associate*  
11 *physician;*

12 (2) *The required fees for the issuance and renewal of such*  
13 *a license;*

14 (3) *Standards of practice for associate physicians,*  
15 *including, without limitation, limitations on the practice of*  
16 *medicine by an associate physician in addition to those prescribed*  
17 *by sections 6 to 13, inclusive, of this act;*

18 (4) *Any additional requirements governing collaborative*  
19 *practice agreements entered into pursuant to section 7 of this act;*  
20 *and*

21 (5) *Any additional requirements concerning the supervision*  
22 *of an associate physician by a supervising physician.*

23 (b) *For an associate physician to be eligible to work in a clinic*  
24 *that receives federal funding.*

25 2. *The regulations adopted pursuant to this section and NRS*  
26 *630.253 must not require an associate physician to complete a*  
27 *greater amount of continuing education than a physician licensed*  
28 *pursuant to NRS 630.160.*

29 3. *The Board shall coordinate with the State Board of*  
30 *Osteopathic Medicine and schools of medicine and osteopathic*  
31 *medicine in this State to develop and implement a program*  
32 *enabling associate physicians to gain knowledge and experience*  
33 *as an associate physician that may count as credit towards a*  
34 *residency program in this State.*

35 4. *The Board shall publish on the Internet website*  
36 *maintained pursuant to NRS 630.144 the name of each associate*  
37 *physician and the physician or physicians supervising the*  
38 *associate physician.*

39 **Sec. 14.** NRS 630.005 is hereby amended to read as follows:

40 630.005 As used in this chapter, unless the context otherwise  
41 requires, the words and terms defined in NRS 630.007 to 630.026,  
42 inclusive, *and section 2 of this act* have the meanings ascribed to  
43 them in those sections.



1       **Sec. 15.** NRS 630.160 is hereby amended to read as follows:  
2       630.160 1. Every person desiring to practice medicine must,  
3 before beginning to practice, procure from the Board a license  
4 authorizing the person to practice.

5       2. Except as otherwise provided in NRS 630.1605 to 630.161,  
6 inclusive, and 630.258 to 630.2665, inclusive, *and sections 3 to 13,*  
7 *inclusive, of this act,* a license may be issued to any person who:

8       (a) Has received the degree of doctor of medicine from a  
9 medical school:

10       (1) Approved by the Liaison Committee on Medical  
11 Education of the American Medical Association and Association of  
12 American Medical Colleges; or

13       (2) Which provides a course of professional instruction  
14 equivalent to that provided in medical schools in the United States  
15 approved by the Liaison Committee on Medical Education;

16       (b) Is currently certified by a specialty board of the American  
17 Board of Medical Specialties and who agrees to maintain the  
18 certification for the duration of the licensure, or has passed:

19       (1) All parts of the examination given by the National Board  
20 of Medical Examiners;

21       (2) All parts of the Federation Licensing Examination;

22       (3) All parts of the United States Medical Licensing  
23 Examination;

24       (4) All parts of a licensing examination given by any state or  
25 territory of the United States, if the applicant is certified by a  
26 specialty board of the American Board of Medical Specialties;

27       (5) All parts of the examination to become a licentiate of the  
28 Medical Council of Canada; or

29       (6) Any combination of the examinations specified in  
30 subparagraphs (1), (2) and (3) that the Board determines to be  
31 sufficient;

32       (c) Is currently certified by a specialty board of the American  
33 Board of Medical Specialties in the specialty of emergency  
34 medicine, preventive medicine or family medicine and who agrees  
35 to maintain certification in at least one of these specialties for the  
36 duration of the licensure, or:

37       (1) Has completed 36 months of progressive postgraduate:

38       (I) Education as a resident in the United States or Canada  
39 in a program approved by the Board, the Accreditation Council for  
40 Graduate Medical Education, the Royal College of Physicians and  
41 Surgeons of Canada, the Collège des médecins du Québec or the  
42 College of Family Physicians of Canada, or, as applicable, their  
43 successor organizations; or



1 (II) Fellowship training in the United States or Canada  
2 approved by the Board or the Accreditation Council for Graduate  
3 Medical Education;

4 (2) Has completed at least 36 months of postgraduate  
5 education, not less than 24 months of which must have been  
6 completed as a resident after receiving a medical degree from a  
7 combined dental and medical degree program approved by the  
8 Board; or

9 (3) Is a resident who is enrolled in a progressive postgraduate  
10 training program in the United States or Canada approved by the  
11 Board, the Accreditation Council for Graduate Medical Education,  
12 the Royal College of Physicians and Surgeons of Canada, the  
13 Collège des médecins du Québec or the College of Family  
14 Physicians of Canada, or, as applicable, their successor  
15 organizations, has completed at least 24 months of the program and  
16 has committed, in writing, to the Board that he or she will complete  
17 the program; and

18 (d) Passes a written or oral examination, or both, as to his or her  
19 qualifications to practice medicine and provides the Board with a  
20 description of the clinical program completed demonstrating that the  
21 applicant's clinical training met the requirements of paragraph (a).

22 3. The Board may issue a license to practice medicine after the  
23 Board verifies, through any readily available source, that the  
24 applicant has complied with the provisions of subsection 2. The  
25 verification may include, but is not limited to, using the Federation  
26 Credentials Verification Service. If any information is verified by a  
27 source other than the primary source of the information, the Board  
28 may require subsequent verification of the information by the  
29 primary source of the information.

30 4. Notwithstanding any provision of this chapter to the  
31 contrary, if, after issuing a license to practice medicine, the Board  
32 obtains information from a primary or other source of information  
33 and that information differs from the information provided by the  
34 applicant or otherwise received by the Board, the Board may:

35 (a) Temporarily suspend the license;

36 (b) Promptly review the differing information with the Board as  
37 a whole or in a committee appointed by the Board;

38 (c) Declare the license void if the Board or a committee  
39 appointed by the Board determines that the information submitted  
40 by the applicant was false, fraudulent or intended to deceive the  
41 Board;

42 (d) Refer the applicant to the Attorney General for possible  
43 criminal prosecution pursuant to NRS 630.400; or



1 (e) If the Board temporarily suspends the license, allow the  
2 license to return to active status subject to any terms and conditions  
3 specified by the Board, including:

4 (1) Placing the licensee on probation for a specified period  
5 with specified conditions;

6 (2) Administering a public reprimand;

7 (3) Limiting the practice of the licensee;

8 (4) Suspending the license for a specified period or until  
9 further order of the Board;

10 (5) Requiring the licensee to participate in a program to  
11 correct an alcohol or other substance use disorder;

12 (6) Requiring supervision of the practice of the licensee;

13 (7) Imposing an administrative fine not to exceed \$5,000;

14 (8) Requiring the licensee to perform community service  
15 without compensation;

16 (9) Requiring the licensee to take a physical or mental  
17 examination or an examination testing his or her competence to  
18 practice medicine;

19 (10) Requiring the licensee to complete any training or  
20 educational requirements specified by the Board; and

21 (11) Requiring the licensee to submit a corrected application,  
22 including the payment of all appropriate fees and costs incident to  
23 submitting an application.

24 5. If the Board determines after reviewing the differing  
25 information to allow the license to remain in active status, the action  
26 of the Board is not a disciplinary action and must not be reported to  
27 any national database. If the Board determines after reviewing the  
28 differing information to declare the license void, its action shall be  
29 deemed a disciplinary action and shall be reportable to national  
30 databases.

31 **Sec. 16.** NRS 630.195 is hereby amended to read as follows:

32 630.195 1. Except as otherwise provided in NRS 630.1606  
33 and 630.1607, in addition to the other requirements for licensure, an  
34 applicant for a license to practice medicine who is a graduate of a  
35 foreign medical school shall submit to the Board proof that the  
36 applicant has received:

37 (a) The degree of doctor of medicine or its equivalent, as  
38 determined by the Board; and

39 (b) The ~~standard~~ certificate of the Educational Commission for  
40 Foreign Medical Graduates . ~~for a written statement from that~~  
41 ~~Commission that the applicant passed the examination given by the~~  
42 ~~Commission.]~~

43 2. The proof of the degree of doctor of medicine or its  
44 equivalent must be submitted directly to the Board by the medical  
45 school that granted the degree. If proof of the degree is unavailable



1 from the medical school that granted the degree, the Board may  
2 accept proof from any other source specified by the Board.

3 **Sec. 17.** NRS 630.265 is hereby amended to read as follows:

4 630.265 1. Unless the Board denies such licensure pursuant  
5 to NRS 630.161 or for other good cause, the Board shall issue to a  
6 qualified applicant a limited license to practice medicine as a  
7 resident physician in a graduate program approved by the  
8 Accreditation Council for Graduate Medical Education if the  
9 applicant is:

10 (a) A graduate of an accredited medical school in the United  
11 States or Canada; or

12 (b) A graduate of a foreign medical school and ~~has received the~~  
13 ~~standard certificate of~~ *is certified by* the Educational Commission  
14 for Foreign Medical Graduates . ~~for a written statement from that~~  
15 ~~Commission that the applicant passed the examination given by it.~~

16 2. The medical school or other institution sponsoring the  
17 program shall provide the Board with written confirmation that the  
18 applicant has been appointed to a position in the program. A limited  
19 license remains valid only while the licensee is actively practicing  
20 medicine in the residency program and is legally entitled to work  
21 and remain in the United States.

22 3. The Board may issue a limited license for not more than 1  
23 year but may renew the license if the applicant for the limited  
24 license meets the requirements set forth by the Board by regulation.

25 4. The holder of a limited license may practice medicine only  
26 in connection with his or her duties as a resident physician or under  
27 such conditions as are approved by the director of the program.

28 5. The holder of a limited license granted pursuant to this  
29 section may be disciplined by the Board at any time for any of the  
30 grounds provided in NRS 630.161 or 630.301 to 630.3065,  
31 inclusive.

32 **Sec. 18.** NRS 630.267 is hereby amended to read as follows:

33 630.267 1. Each holder of a license to practice medicine *for*  
34 *which the procedure for renewal is not otherwise prescribed by*  
35 *specific statute* must, on or before June 30, or if June 30 is a  
36 Saturday, Sunday or legal holiday, on the next business day after  
37 June 30, of each odd-numbered year:

38 (a) Submit a list of all actions filed or claims submitted to  
39 arbitration or mediation for malpractice or negligence against him or  
40 her during the previous 2 years.

41 (b) Pay to the Secretary-Treasurer of the Board the applicable  
42 fee for biennial registration. This fee must be collected for the  
43 period for which a physician is licensed.

44 (c) *Submit a list of the names of each associate physician*  
45 *supervised by the holder of the license.*



1 (d) Submit all information required to complete the biennial  
2 registration.

3 2. When a holder of a license fails to pay the fee for biennial  
4 registration and submit all information required to complete the  
5 biennial registration after they become due, his or her license to  
6 practice medicine in this State expires. The holder may, within 2  
7 years after the date the license expires, upon payment of twice the  
8 amount of the current fee for biennial registration to the Secretary-  
9 Treasurer and submission of all information required to complete  
10 the biennial registration and after he or she is found to be in good  
11 standing and qualified under the provisions of this chapter, be  
12 reinstated to practice.

13 3. The Board shall make such reasonable attempts as are  
14 practicable to notify a licensee:

15 (a) At least once that the fee for biennial registration and all  
16 information required to complete the biennial registration are due;  
17 and

18 (b) That his or her license has expired.

19 ↪ A copy of this notice must be sent to the Drug Enforcement  
20 Administration of the United States Department of Justice or its  
21 successor agency.

22 **Sec. 19.** NRS 630A.270 is hereby amended to read as follows:

23 630A.270 1. An applicant for a license to practice  
24 homeopathic medicine who is a graduate of a foreign medical  
25 school shall submit to the Board through its Secretary-Treasurer  
26 proof that the applicant:

27 (a) Has received the degree of doctor of medicine or its  
28 equivalent, as determined by the Board, from a foreign medical  
29 school recognized by the Educational Commission for Foreign  
30 Medical Graduates;

31 (b) Has completed 3 years of postgraduate training satisfactory  
32 to the Board;

33 (c) Has completed an additional 6 months of postgraduate  
34 training in homeopathic medicine;

35 (d) ~~Has received the standard certificate of~~ *Is certified by* the  
36 Educational Commission for Foreign Medical Graduates; and

37 (e) Has passed all parts of the Federation Licensing Examination  
38 ~~. [; or has received a written statement from the Educational~~  
39 ~~Commission for Foreign Medical Graduates that the applicant has~~  
40 ~~passed the examination given by the Commission.]~~

41 2. In addition to the proofs required by subsection 1, the Board  
42 may take such further evidence and require such further proof of the  
43 professional and moral qualifications of the applicant as in its  
44 discretion may be deemed proper.



1 3. If the applicant is a diplomate of an approved specialty  
2 board recognized by this Board, the requirements of paragraphs (b)  
3 and (c) of subsection 1 may be waived by the Board.

4 4. Before issuance of a license to practice homeopathic  
5 medicine, the applicant who presents the proof required by  
6 subsection 1 shall appear personally before the Board and  
7 satisfactorily pass a written or oral examination, or both, as to his or  
8 her qualifications to practice homeopathic medicine.

9 **Sec. 20.** NRS 630A.320 is hereby amended to read as follows:

10 630A.320 1. Except as otherwise provided in NRS  
11 630A.225, the Board may issue to a qualified applicant a limited  
12 license to practice homeopathic medicine as a resident homeopathic  
13 physician in a postgraduate program of clinical training if:

14 (a) The applicant is a graduate of an accredited medical school  
15 in the United States or Canada or is a graduate of a foreign medical  
16 school recognized by the Educational Commission for Foreign  
17 Medical Graduates and has completed 1 year of supervised clinical  
18 training approved by the Board.

19 (b) The Board approves the program of clinical training, and the  
20 medical school or other institution sponsoring the program provides  
21 the Board with written confirmation that the applicant has been  
22 appointed to a position in the program.

23 2. In addition to the requirements of subsection 1, an applicant  
24 who is a graduate of a foreign medical school must ~~have received~~  
25 ~~the standard certificate of~~ *be certified by* the Educational  
26 Commission for Foreign Medical Graduates.

27 3. The Board may issue this limited license for not more than 1  
28 year, but may renew the license.

29 4. The holder of this limited license may practice homeopathic  
30 medicine only in connection with his or her duties as a resident  
31 physician and shall not engage in the private practice of  
32 homeopathic medicine.

33 5. A limited license granted under this section may be revoked  
34 by the Board at any time for any of the grounds set forth in NRS  
35 630A.225 or 630A.340 to 630A.380, inclusive.

36 **Sec. 21.** Chapter 633 of NRS is hereby amended by adding  
37 thereto the provisions set forth as sections 22 to 30, inclusive, of this  
38 act.

39 **Sec. 22.** *“Medically underserved area” means an area*  
40 *designated as:*

41 *1. A health professional shortage area for primary care by*  
42 *the United States Secretary of Health and Human Services*  
43 *pursuant to 42 U.S.C. § 254e; or*





1       2. *An area with a medically underserved population by the*  
2 *United States Secretary of Health and Human Services pursuant*  
3 *to 42 U.S.C. § 254b.*

4       **Sec. 23.** *1. Except as otherwise provided in NRS 633.315,*  
5 *the Board may issue a limited license for a person to practice*  
6 *osteopathic medicine as an associate osteopathic physician if the*  
7 *applicant:*

8       *(a) Has received the degree of doctor of osteopathic medicine*  
9 *from a school of osteopathic medicine in the United States*  
10 *approved by the Commission on Osteopathic College Accreditation*  
11 *of the American Osteopathic Association;*

12       *(b) Except as otherwise provided in subsection 2, has passed*  
13 *the Level 1 Exam and Level 2 CE Exam of the Comprehensive*  
14 *Osteopathic Medical Licensing Examination of the United States*  
15 *of the National Board of Osteopathic Medical Examiners, the Step*  
16 *1 Exam and Step 2 CK Exam of the United States Medical*  
17 *Licensing Examination or an examination deemed equivalent by*  
18 *the Board not later than:*

19       *(1) Three years before receiving the degree of doctor of*  
20 *osteopathic medicine, if the applicant received the degree of doctor*  
21 *of osteopathic medicine within 3 years before applying for*  
22 *licensure; or*

23       *(2) Three years before applying for licensure, in all other*  
24 *cases;*

25       *(c) Commits to practicing in a medically underserved area of*  
26 *this State; and*

27       *(d) Is proficient in the English language.*

28       2. *An applicant who has passed the examinations required by*  
29 *paragraph (b) of subsection 1 at any time is otherwise exempt*  
30 *from the requirements of that paragraph if the applicant:*

31       *(a) Served as a resident in a program described in*  
32 *subparagraph (2) of paragraph (c) of subsection 1 of NRS 633.311*  
33 *within 30 days before applying for licensure under this section;*  
34 *and*

35       *(b) Served continuously as such a resident beginning on or*  
36 *before the most recent date on which the applicant met the*  
37 *requirements of paragraph (b) of subsection 1.*

38       **Sec. 24.** *1. An associate osteopathic physician shall only*  
39 *practice osteopathic medicine:*

40       *(a) In the areas of family medicine, pediatrics, internal*  
41 *medicine, psychiatry and obstetrics and gynecology;*

42       *(b) Under the supervision and control of an osteopathic*  
43 *physician:*

44       *(1) Who meets the requirements of section 26 of this act;*  
45 *and*



1           (2) *With whom the associate osteopathic physician has*  
2 *entered into a collaborative practice agreement that meets the*  
3 *requirements of section 27 of this act; and*

4           (c) *In a medically underserved area of this State.*

5           2. *An associate osteopathic physician shall not practice*  
6 *osteopathic medicine in a manner that exceeds the skill, training*  
7 *and competence of the associate osteopathic physician or his or*  
8 *her supervising osteopathic physician.*

9           3. *For the first 30 days during which an associate osteopathic*  
10 *physician practices medicine under the supervision of a new*  
11 *supervising osteopathic physician, the supervising osteopathic*  
12 *physician must be physically present on the same premises and*  
13 *available to assist the associate osteopathic physician.*

14           4. *An associate osteopathic physician working in a rural*  
15 *health clinic, as defined in 42 U.S.C. § 1395x(aa)(2), shall be*  
16 *considered to be a physician assistant for the purposes of the*  
17 *regulations of the Centers for Medicare and Medicaid Services*  
18 *of the United States Department of Health and Human Services.*  
19 *Such an associate osteopathic physician and his or her*  
20 *supervising osteopathic physician are not required to comply with*  
21 *the requirements of any regulations adopted pursuant to section*  
22 *30 of this act governing the supervision of an associate osteopathic*  
23 *physician that are more stringent than the requirements of federal*  
24 *law and regulations.*

25           **Sec. 25.** 1. *The supervising osteopathic physician of an*  
26 *associate osteopathic physician shall prominently display a*  
27 *disclosure at every office where the associate osteopathic*  
28 *physician practices osteopathic medicine explaining to patients*  
29 *that the patient may be seen by an associate osteopathic physician*  
30 *and the patient may instead request to be seen by the supervising*  
31 *osteopathic physician.*

32           2. *An associate osteopathic physician shall clearly identify*  
33 *himself or herself as an associate osteopathic physician, including,*  
34 *without limitation, by wearing an identification badge that clearly*  
35 *identifies the person as an associate osteopathic physician. An*  
36 *associate osteopathic physician may identify himself or herself as*  
37 *a doctor.*

38           3. *While acting as the supervising osteopathic physician of an*  
39 *associate osteopathic physician, an osteopathic physician shall*  
40 *wear an identification badge that clearly identifies the person as a*  
41 *supervising osteopathic physician of an associate osteopathic*  
42 *physician.*

43           **Sec. 26.** 1. *An osteopathic physician shall not serve as the*  
44 *supervising osteopathic physician of an associate osteopathic*



1 *physician pursuant to paragraph (b) of subsection 1 of section 24*  
2 *of this act unless the osteopathic physician:*

3 (a) *Holds an active unrestricted license to practice osteopathic*  
4 *medicine in this State; and*

5 (b) *Practices in the same specialty area as the associate*  
6 *osteopathic physician or a substantially similar specialty area as*  
7 *the associate osteopathic physician.*

8 2. *The supervising osteopathic physician of an associate*  
9 *osteopathic physician:*

10 (a) *Is responsible for any act that constitutes the practice of*  
11 *osteopathic medicine by the associate osteopathic physician;*

12 (b) *Must have insurance that includes coverage for any claim*  
13 *of malpractice against the associate osteopathic physician; and*

14 (c) *May not enter into a collaborative practice agreement with*  
15 *more than three associate osteopathic physicians.*

16 3. *The Board may not deny, revoke, suspend or take any*  
17 *other disciplinary action against the supervising osteopathic*  
18 *physician of an associate osteopathic physician for any act*  
19 *performed by the associate osteopathic physician that:*

20 (a) *Is performed in accordance with the collaborative practice*  
21 *agreement entered into pursuant to section 24 of this act; and*

22 (b) *Does not violate applicable federal, state or local laws or*  
23 *the regulations of the Board.*

24 **Sec. 27. 1.** *A collaborative practice agreement entered into*  
25 *pursuant to section 24 of this act must be in writing and must*  
26 *include, without limitation:*

27 (a) *The names, home and business addresses and telephone*  
28 *numbers of the supervising osteopathic physician and associate*  
29 *osteopathic physician;*

30 (b) *A list of each location where the associate osteopathic*  
31 *physician may practice osteopathic medicine, including, without*  
32 *limitation, the prescribing and dispensing of controlled*  
33 *substances;*

34 (c) *Any specialty or board certification held by the supervising*  
35 *osteopathic physician;*

36 (d) *Any certification held by the associate osteopathic*  
37 *physician;*

38 (e) *Requirements governing collaboration between the*  
39 *supervising osteopathic physician and associate osteopathic*  
40 *physician, including, without limitation;*

41 (1) *The geographic proximity which, except as otherwise*  
42 *provided in subsection 4, must exist between the supervising*  
43 *osteopathic physician and the associate osteopathic physician*  
44 *while the associate osteopathic physician is practicing osteopathic*  
45 *medicine; and*



1 (2) A plan for alternative supervision if the supervising  
2 osteopathic physician is absent, incapacitated or otherwise  
3 unavailable;

4 (f) Any controlled substance the supervising osteopathic  
5 physician authorizes the associate osteopathic physician to  
6 prescribe or dispense in accordance with section 28 of this act;

7 (g) The procedure by which the supervising osteopathic  
8 physician will review the standard of care the associate  
9 osteopathic physician is providing to patients, including, without  
10 limitation, a requirement that, at least every 14 days, the associate  
11 osteopathic physician submit to the supervising osteopathic  
12 physician:

13 (1) At least 10 percent of the charts for patients whom the  
14 associate osteopathic physician cared for and did not prescribe or  
15 dispense a controlled substance; and

16 (2) At least 20 percent of the charts for patients whom the  
17 associate osteopathic physician cared for and prescribed or  
18 dispensed a controlled substance;

19 (h) The duration of the collaborative practice agreement; and

20 (i) A statement of any other collaborative practice agreements  
21 into which:

22 (1) The supervising osteopathic physician has entered into  
23 with another associate osteopathic physician; and

24 (2) The associate osteopathic physician has entered into  
25 with another supervising osteopathic physician.

26 2. Upon entering into a new collaborative practice agreement  
27 with an associate osteopathic physician, a supervising osteopathic  
28 physician shall file with the Board:

29 (a) A copy of the agreement; and

30 (b) Proof that any controlled substance listed in paragraph (f)  
31 of subsection 1 is within the skill, training and competence of the  
32 associate osteopathic physician and his or her supervising  
33 osteopathic physician to prescribe and dispense.

34 3. A supervising osteopathic physician or associate  
35 osteopathic physician may terminate a collaborative practice  
36 agreement or a relationship with a supervising osteopathic  
37 physician or an associate osteopathic physician, as applicable, at  
38 any time. Any provision of a collaborative practice agreement or  
39 any other agreement that limits the authority of a supervising  
40 osteopathic physician or an associate osteopathic physician to  
41 terminate a collaborative practice agreement or such a  
42 relationship is void.

43 4. If an associate osteopathic physician is able to  
44 communicate at any time with a supervising osteopathic physician  
45 through electronic communication, videoconferencing or other



1 *telecommunication, the supervising osteopathic physician may*  
2 *waive any provision of a collaborative practice agreement*  
3 *described in subparagraph (1) of paragraph (e) of subsection 1 for*  
4 *not more than 28 days in a year while the supervising osteopathic*  
5 *physician is practicing in a rural health clinic, as defined in 42*  
6 *U.S.C. § 1395x(aa)(2), that:*

7 (a) *Is operating independently of other health care facilities;*

8 (b) *Is operating jointly with a critical access hospital*  
9 *designated pursuant to 42 U.S.C. § 1395i-4; or*

10 (c) *Is operating jointly with a hospital that is located more*  
11 *than 50 miles from the clinic.*

12 **Sec. 28. 1.** *An associate osteopathic physician may*  
13 *prescribe or dispense the controlled substances listed in subsection*  
14 *2 under the conditions prescribed by this section if the associate*  
15 *osteopathic physician:*

16 (a) *Is registered with the State Board of Pharmacy pursuant to*  
17 *NRS 453.231;*

18 (b) *Has entered into a collaborative practice agreement*  
19 *pursuant to section 24 of this act authorizing the associate*  
20 *osteopathic physician to prescribe controlled substances; and*

21 (c) *Meets all other requirements prescribed by federal and*  
22 *state law to prescribe controlled substances.*

23 **2.** *An associate osteopathic physician who meets the*  
24 *requirements of subsection 1 may prescribe or dispense:*

25 (a) *Any controlled substance listed in schedule III, IV or V;*  
26 *and*

27 (b) *Any controlled substance listed in schedule II that contains*  
28 *hydrocodone.*

29 **3.** *Except as otherwise provided in this subsection, an*  
30 *associate osteopathic physician shall not prescribe or dispense*  
31 *more than a 5-day supply of a controlled substance listed in*  
32 *schedule II or III. An associate osteopathic physician may*  
33 *prescribe or dispense a 30-day supply of buprenorphine for the*  
34 *treatment of a substance use disorder under the direction of his or*  
35 *her supervising osteopathic physician.*

36 **4.** *An associate osteopathic physician shall not prescribe or*  
37 *dispense controlled substances unless:*

38 (a) *The supervising osteopathic physician of the associate*  
39 *osteopathic physician is physically present on the same premises;*  
40 *or*

41 (b) *The associate osteopathic physician has, at any time,*  
42 *completed 120 hours practicing medicine over a period of not*  
43 *more than 4 months with his or her supervising osteopathic*  
44 *physician physically present on the same premises.*



1     **Sec. 29. 1.** *A limited license to practice osteopathic*  
2 *medicine as an associate osteopathic physician issued pursuant to*  
3 *section 23 of this act expires 2 years after it is issued.*

4     **2.** *The Board may renew a limited license to practice*  
5 *osteopathic medicine as an associate osteopathic physician upon*  
6 *application by the associate osteopathic physician. An application*  
7 *for renewal must include, without limitation, proof that the*  
8 *associate osteopathic physician has actually engaged in the*  
9 *practice of osteopathic medicine under a collaborative practice*  
10 *agreement entered into pursuant to section 24 of this act during*  
11 *the immediately preceding 2 years.*

12     **Sec. 30. 1.** *The Board shall adopt regulations necessary:*

13     **(a)** *To carry out the provisions of sections 23 to 30, inclusive,*  
14 *of this act, including, without limitation:*

15         **(1)** *Any additional requirements for the issuance or*  
16 *renewal of a limited license to practice osteopathic medicine as an*  
17 *associate osteopathic physician;*

18         **(2)** *The required fees for the issuance and renewal of such*  
19 *a license;*

20         **(3)** *Standards of practice for associate osteopathic*  
21 *physicians, including, without limitation, limitations on the*  
22 *practice of osteopathic medicine by an associate osteopathic*  
23 *physician in addition to those prescribed by sections 23 to 30,*  
24 *inclusive, of this act;*

25         **(4)** *Any additional requirements governing collaborative*  
26 *practice agreements entered into pursuant to section 24 of this act;*  
27 *and*

28         **(5)** *Any additional requirements concerning the supervision*  
29 *of an associate osteopathic physician by a supervising osteopathic*  
30 *physician.*

31     **(b)** *For an associate osteopathic physician to be eligible to*  
32 *work in a clinic that receives federal funding.*

33     **2.** *The regulations adopted pursuant to this section and NRS*  
34 *633.471 must not require an associate osteopathic physician to*  
35 *complete a greater amount of continuing education than an*  
36 *osteopathic physician licensed pursuant to NRS 633.311.*

37     **3.** *The Board shall coordinate with the Board of Medical*  
38 *Examiners and schools of medicine and osteopathic medicine in*  
39 *this State to develop and implement a program enabling associate*  
40 *osteopathic physicians to gain knowledge and experience as an*  
41 *associate osteopathic physician that may count as credit towards a*  
42 *residency program in this State.*

43     **4.** *The Board shall publish on an Internet website maintained*  
44 *by the Board the name of each associate osteopathic physician and*



1 *the osteopathic physician or osteopathic physicians supervising*  
2 *the associate osteopathic physician.*

3 **Sec. 31.** NRS 633.011 is hereby amended to read as follows:  
4 633.011 As used in this chapter, unless the context otherwise  
5 requires, the words and terms defined in NRS 633.021 to 633.131,  
6 inclusive, *and section 22 of this act* have the meanings ascribed to  
7 them in those sections.

8 **Sec. 32.** NRS 633.061 is hereby amended to read as follows:  
9 633.061 “Hospital internship” means a 1-year internship in a  
10 hospital ~~[conforming]~~ *that:*

11 *1. Conforms* to the minimum standards for intern training  
12 established by the American Osteopathic Association ~~[ ]~~; *or*

13 *2. Has been approved by the Accreditation Council for*  
14 *Graduate Medical Education.*

15 **Sec. 33.** NRS 633.311 is hereby amended to read as follows:  
16 633.311 1. Except as otherwise provided in NRS 633.315  
17 and 633.381 to 633.419, inclusive, *and sections 23 to 30, inclusive,*  
18 *of this act,* an applicant for a license to practice osteopathic  
19 medicine may be issued a license by the Board if:

- 20 (a) The applicant is 21 years of age or older;  
21 (b) The applicant is a graduate of a school of osteopathic  
22 medicine;  
23 (c) The applicant:

24 (1) Has graduated from a school of osteopathic medicine  
25 before 1995 and has completed:

26 (I) A hospital internship; or

27 (II) One year of postgraduate training that complies with  
28 the standards of intern training established by the American  
29 Osteopathic Association ~~[ ]~~ *or approved by the Accreditation*  
30 *Council for Graduate Medical Education;*

31 (2) Has completed 3 years, or such other length of time as  
32 required by a specific program, of postgraduate medical education  
33 as a resident in the United States or Canada in a program approved  
34 by the Board, the Bureau of Professional Education of the American  
35 Osteopathic Association or the Accreditation Council for Graduate  
36 Medical Education; or

37 (3) Is a resident who is enrolled in a postgraduate training  
38 program in this State, has completed 24 months of the program and  
39 has committed, in writing, that he or she will complete the program;

40 (d) The applicant applies for the license as provided by law;

41 (e) The applicant passes:

42 (1) All parts of the licensing examination of the National  
43 Board of Osteopathic Medical Examiners;

44 (2) All parts of the licensing examination of the Federation  
45 of State Medical Boards;



1 (3) All parts of the licensing examination of the Board, a  
2 state, territory or possession of the United States, or the District of  
3 Columbia, and is certified by a specialty board of the American  
4 Osteopathic Association or by the American Board of Medical  
5 Specialties; or

6 (4) A combination of the parts of the licensing examinations  
7 specified in subparagraphs (1), (2) and (3) that is approved by the  
8 Board;

9 (f) The applicant pays the fees provided for in this chapter; and

10 (g) The applicant submits all information required to complete  
11 an application for a license.

12 2. An applicant for a license to practice osteopathic medicine  
13 may satisfy the requirements for postgraduate education or training  
14 prescribed by paragraph (c) of subsection 1:

15 (a) In one or more approved postgraduate programs, which may  
16 be conducted at one or more facilities in this State or, except for a  
17 resident who is enrolled in a postgraduate training program in this  
18 State pursuant to subparagraph (3) of paragraph (c) of subsection 1,  
19 in the District of Columbia or another state or territory of the United  
20 States;

21 (b) In one or more approved specialties or disciplines;

22 (c) In nonconsecutive months; and

23 (d) At any time before receiving his or her license.

24 **Sec. 34.** NRS 633.471 is hereby amended to read as follows:

25 633.471 1. Except as otherwise provided in subsection 14 ,  
26 ~~and~~ NRS 633.491 ~~and~~ *and section 29 of this act*, every holder of a  
27 license, except a physician assistant, issued under this chapter,  
28 except a temporary or a special license, may renew the license on or  
29 before January 1 of each calendar year after its issuance by:

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

31 (b) Paying the annual license renewal fee specified in this  
32 chapter;

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

36 (d) Subject to subsection 13, submitting evidence to the Board  
37 that in the year preceding the application for renewal the holder has  
38 attended courses or programs of continuing education approved by  
39 the Board in accordance with regulations adopted by the Board  
40 totaling a number of hours established by the Board which must not  
41 be less than 35 hours nor more than that set in the requirements for  
42 continuing medical education of the American Osteopathic  
43 Association; ~~and~~

44 (e) *Submitting a list of the names of each associate osteopathic*  
45 *physician supervised by the holder; and*





1 (f) Submitting all information required to complete the renewal.  
2 2. The Secretary of the Board shall notify each licensee of the  
3 requirements for renewal not less than 30 days before the date of  
4 renewal.

5 3. The Board shall request submission of verified evidence of  
6 completion of the required number of hours of continuing medical  
7 education annually from no fewer than one-third of the applicants  
8 for renewal of a license to practice osteopathic medicine or a license  
9 to practice as a physician assistant. Subject to subsection 13, upon a  
10 request from the Board, an applicant for renewal of a license to  
11 practice osteopathic medicine or a license to practice as a physician  
12 assistant shall submit verified evidence satisfactory to the Board that  
13 in the year preceding the application for renewal the applicant  
14 attended courses or programs of continuing medical education  
15 approved by the Board totaling the number of hours established by  
16 the Board.

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

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

29 6. The Board shall encourage each holder of a license to  
30 practice osteopathic medicine or as a physician assistant to receive,  
31 as a portion of his or her continuing education, training and  
32 education in the diagnosis of rare diseases, including, without  
33 limitation:

- 34 (a) Recognizing the symptoms of pediatric cancer; and  
35 (b) Interpreting family history to determine whether such  
36 symptoms indicate a normal childhood illness or a condition that  
37 requires additional examination.

38 7. The Board shall require, as part of the continuing education  
39 requirements approved by the Board, the biennial completion by a  
40 holder of a license to practice osteopathic medicine of at least 2  
41 hours of continuing education credits in ethics, pain management,  
42 care of persons with addictive disorders or the screening, brief  
43 intervention and referral to treatment approach to substance use  
44 disorder.



1 8. The continuing education requirements approved by the  
2 Board must allow the holder of a license as an osteopathic physician  
3 or physician assistant to receive credit toward the total amount of  
4 continuing education required by the Board for the completion of a  
5 course of instruction relating to genetic counseling and genetic  
6 testing.

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

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

15 (b) Approaches to engaging other professionals in suicide  
16 intervention; and

17 (c) The detection of suicidal thoughts and ideations and the  
18 prevention of suicide.

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

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

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

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

35 (b) Must be based upon a range of research from diverse  
36 sources.

37 (c) Must address persons of different cultural backgrounds,  
38 including, without limitation:

39 (1) Persons from various gender, racial and ethnic  
40 backgrounds;

41 (2) Persons from various religious backgrounds;

42 (3) Lesbian, gay, bisexual, transgender and questioning  
43 persons;

44 (4) Children and senior citizens;

45 (5) Veterans;



- 1 (6) Persons with a mental illness;  
2 (7) Persons with an intellectual disability, developmental  
3 disability or physical disability; and  
4 (8) Persons who are part of any other population that a  
5 psychiatrist or physician assistant practicing under the supervision  
6 of a psychiatrist may need to better understand, as determined by the  
7 Board.

8 13. The Board shall not require a physician assistant to receive  
9 or maintain certification by the National Commission on  
10 Certification of Physician Assistants, or its successor organization,  
11 or by any other nationally recognized organization for the  
12 accreditation of physician assistants to satisfy any continuing  
13 education requirement pursuant to paragraph (d) of subsection 1 and  
14 subsection 3.

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

18 **Sec. 35.** NRS 0.040 is hereby amended to read as follows:

19 0.040 1. Except as otherwise provided in subsection 2,  
20 "physician" means a person who engages in the practice of  
21 medicine, including osteopathy and homeopathy.

22 2. The terms "physician," "*associate physician,*" "osteopathic  
23 physician," "*associate osteopathic physician,*" "homeopathic  
24 physician," "chiropractic physician" and "podiatric physician" are  
25 used in chapters 630, 630A, 633, 634 and 635 of NRS in the limited  
26 senses prescribed by those chapters respectively.

27 **Sec. 36.** NRS 232.320 is hereby amended to read as follows:

28 232.320 1. The Director:

29 (a) Shall appoint, with the consent of the Governor,  
30 administrators of the divisions of the Department, who are  
31 respectively designated as follows:

32 (1) The Administrator of the Aging and Disability Services  
33 Division;

34 (2) The Administrator of the Division of Welfare and  
35 Supportive Services;

36 (3) The Administrator of the Division of Child and Family  
37 Services;

38 (4) The Administrator of the Division of Health Care  
39 Financing and Policy; and

40 (5) The Administrator of the Division of Public and  
41 Behavioral Health.

42 (b) Shall administer, through the divisions of the Department,  
43 the provisions of chapters 63, 424, 425, 427A, 432A to 442,  
44 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS  
45 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*



1 *section 39 of this act*, 422.580, 432.010 to 432.133, inclusive,  
2 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,  
3 and 445A.010 to 445A.055, inclusive, and all other provisions of  
4 law relating to the functions of the divisions of the Department, but  
5 is not responsible for the clinical activities of the Division of Public  
6 and Behavioral Health or the professional line activities of the other  
7 divisions.

8 (c) Shall administer any state program for persons with  
9 developmental disabilities established pursuant to the  
10 Developmental Disabilities Assistance and Bill of Rights Act of  
11 2000, 42 U.S.C. §§ 15001 et seq.

12 (d) Shall, after considering advice from agencies of local  
13 governments and nonprofit organizations which provide social  
14 services, adopt a master plan for the provision of human services in  
15 this State. The Director shall revise the plan biennially and deliver a  
16 copy of the plan to the Governor and the Legislature at the  
17 beginning of each regular session. The plan must:

18 (1) Identify and assess the plans and programs of the  
19 Department for the provision of human services, and any  
20 duplication of those services by federal, state and local agencies;

21 (2) Set forth priorities for the provision of those services;

22 (3) Provide for communication and the coordination of those  
23 services among nonprofit organizations, agencies of local  
24 government, the State and the Federal Government;

25 (4) Identify the sources of funding for services provided by  
26 the Department and the allocation of that funding;

27 (5) Set forth sufficient information to assist the Department  
28 in providing those services and in the planning and budgeting for the  
29 future provision of those services; and

30 (6) Contain any other information necessary for the  
31 Department to communicate effectively with the Federal  
32 Government concerning demographic trends, formulas for the  
33 distribution of federal money and any need for the modification of  
34 programs administered by the Department.

35 (e) May, by regulation, require nonprofit organizations and state  
36 and local governmental agencies to provide information regarding  
37 the programs of those organizations and agencies, excluding  
38 detailed information relating to their budgets and payrolls, which the  
39 Director deems necessary for the performance of the duties imposed  
40 upon him or her pursuant to this section.

41 (f) Has such other powers and duties as are provided by law.

42 2. Notwithstanding any other provision of law, the Director, or  
43 the Director's designee, is responsible for appointing and removing  
44 subordinate officers and employees of the Department.



1     **Sec. 37.** NRS 287.010 is hereby amended to read as follows:  
2     287.010 1. The governing body of any county, school  
3     district, municipal corporation, political subdivision, public  
4     corporation or other local governmental agency of the State of  
5     Nevada may:

6     (a) Adopt and carry into effect a system of group life, accident  
7     or health insurance, or any combination thereof, for the benefit of its  
8     officers and employees, and the dependents of officers and  
9     employees who elect to accept the insurance and who, where  
10    necessary, have authorized the governing body to make deductions  
11    from their compensation for the payment of premiums on the  
12    insurance.

13    (b) Purchase group policies of life, accident or health insurance,  
14    or any combination thereof, for the benefit of such officers and  
15    employees, and the dependents of such officers and employees, as  
16    have authorized the purchase, from insurance companies authorized  
17    to transact the business of such insurance in the State of Nevada,  
18    and, where necessary, deduct from the compensation of officers and  
19    employees the premiums upon insurance and pay the deductions  
20    upon the premiums.

21    (c) Provide group life, accident or health coverage through a  
22    self-insurance reserve fund and, where necessary, deduct  
23    contributions to the maintenance of the fund from the compensation  
24    of officers and employees and pay the deductions into the fund. The  
25    money accumulated for this purpose through deductions from the  
26    compensation of officers and employees and contributions of the  
27    governing body must be maintained as an internal service fund as  
28    defined by NRS 354.543. The money must be deposited in a state or  
29    national bank or credit union authorized to transact business in the  
30    State of Nevada. Any independent administrator of a fund created  
31    under this section is subject to the licensing requirements of chapter  
32    683A of NRS, and must be a resident of this State. Any contract  
33    with an independent administrator must be approved by the  
34    Commissioner of Insurance as to the reasonableness of  
35    administrative charges in relation to contributions collected and  
36    benefits provided. The provisions of NRS 686A.135, 687B.352,  
37    687B.408, 687B.723, 687B.725, 689B.030 to 689B.050, inclusive,  
38    *and section 42 of this act*, 689B.265, 689B.287 and 689B.500 apply  
39    to coverage provided pursuant to this paragraph, except that the  
40    provisions of NRS 689B.0378, 689B.03785 and 689B.500 only  
41    apply to coverage for active officers and employees of the  
42    governing body, or the dependents of such officers and employees.

43    (d) Defray part or all of the cost of maintenance of a self-  
44    insurance fund or of the premiums upon insurance. The money for  
45    contributions must be budgeted for in accordance with the laws



1 governing the county, school district, municipal corporation,  
2 political subdivision, public corporation or other local governmental  
3 agency of the State of Nevada.

4 2. If a school district offers group insurance to its officers and  
5 employees pursuant to this section, members of the board of trustees  
6 of the school district must not be excluded from participating in the  
7 group insurance. If the amount of the deductions from compensation  
8 required to pay for the group insurance exceeds the compensation to  
9 which a trustee is entitled, the difference must be paid by the trustee.

10 3. In any county in which a legal services organization exists,  
11 the governing body of the county, or of any school district,  
12 municipal corporation, political subdivision, public corporation or  
13 other local governmental agency of the State of Nevada in the  
14 county, may enter into a contract with the legal services  
15 organization pursuant to which the officers and employees of the  
16 legal services organization, and the dependents of those officers and  
17 employees, are eligible for any life, accident or health insurance  
18 provided pursuant to this section to the officers and employees, and  
19 the dependents of the officers and employees, of the county, school  
20 district, municipal corporation, political subdivision, public  
21 corporation or other local governmental agency.

22 4. If a contract is entered into pursuant to subsection 3, the  
23 officers and employees of the legal services organization:

24 (a) Shall be deemed, solely for the purposes of this section, to be  
25 officers and employees of the county, school district, municipal  
26 corporation, political subdivision, public corporation or other local  
27 governmental agency with which the legal services organization has  
28 contracted; and

29 (b) Must be required by the contract to pay the premiums or  
30 contributions for all insurance which they elect to accept or of which  
31 they authorize the purchase.

32 5. A contract that is entered into pursuant to subsection 3:

33 (a) Must be submitted to the Commissioner of Insurance for  
34 approval not less than 30 days before the date on which the contract  
35 is to become effective.

36 (b) Does not become effective unless approved by the  
37 Commissioner.

38 (c) Shall be deemed to be approved if not disapproved by the  
39 Commissioner within 30 days after its submission.

40 6. As used in this section, "legal services organization" means  
41 an organization that operates a program for legal aid and receives  
42 money pursuant to NRS 19.031.



1     **Sec. 38.** NRS 287.04335 is hereby amended to read as  
2 follows:

3     287.04335 If the Board provides health insurance through a  
4 plan of self-insurance, it shall comply with the provisions of NRS  
5 686A.135, 687B.352, 687B.409, 687B.723, 687B.725, 689B.0353,  
6 689B.255, 695C.1723, 695G.150, 695G.155, 695G.160, 695G.162,  
7 695G.1635, 695G.164, 695G.1645, 695G.1665, 695G.167,  
8 695G.1675, 695G.170 to 695G.174, inclusive, 695G.176, 695G.177,  
9 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive,  
10 and 695G.405, *and section 50 of this act* in the same manner as an  
11 insurer that is licensed pursuant to title 57 of NRS is required to  
12 comply with those provisions.

13     **Sec. 39.** Chapter 422 of NRS is hereby amended by adding  
14 thereto a new section to read as follows:

15     1. *The Director shall include in the State Plan for Medicaid a*  
16 *requirement that the State must pay the nonfederal share of*  
17 *expenditures incurred for services that are within the authorized*  
18 *scope of practice of an associate physician and which are*  
19 *reimbursed when provided by another provider of health care.*

20     2. *The State Plan for Medicaid must not limit:*

21     (a) *Coverage for services provided by such an associate*  
22 *physician to a number of occasions less than for services provided*  
23 *by another provider of health care.*

24     (b) *Reimbursement for services provided by such an associate*  
25 *physician to an amount less than the amount reimbursed for*  
26 *similar services provided by a physician assistant.*

27     3. *The State Plan for Medicaid must not require a recipient to*  
28 *obtain prior authorization for any services provided by an*  
29 *associate physician that is not required for the service when*  
30 *provided by a physician assistant.*

31     4. *As used in this section, "associate physician" means an*  
32 *associate physician licensed pursuant to chapter 630 of NRS or an*  
33 *associate osteopathic physician licensed pursuant to chapter 633*  
34 *of NRS.*

35     **Sec. 40.** Chapter 689A of NRS is hereby amended by adding  
36 thereto a new section to read as follows:

37     1. *If a policy of health insurance provides coverage for*  
38 *services that are within the authorized scope of practice of an*  
39 *associate physician and which are reimbursed when provided by*  
40 *another provider of health care, the insured is entitled to*  
41 *reimbursement for services provided by such an associate*  
42 *physician.*

43     2. *The terms of the policy must not limit:*



1 (a) Coverage for services provided by such an associate  
2 physician to a number of occasions less than for services provided  
3 by another provider of health care.

4 (b) Reimbursement for services provided by such an associate  
5 physician to an amount less than the amount reimbursed for  
6 similar services provided by a physician assistant.

7 3. A policy of health insurance must not require an insured to  
8 obtain prior authorization for any service provided by an associate  
9 physician that is not required for the service when provided by a  
10 physician assistant.

11 4. A policy of health insurance subject to the provisions of  
12 this chapter that is delivered, issued for delivery or renewed on or  
13 after January 1, 2024, has the legal effect of including the  
14 coverage required by this section, and any provision of the policy  
15 or the renewal which is in conflict with this section is void.

16 5. As used in this section, "associate physician" means an  
17 associate physician licensed pursuant to chapter 630 of NRS or an  
18 associate osteopathic physician licensed pursuant to chapter 633  
19 of NRS.

20 **Sec. 41.** NRS 689A.330 is hereby amended to read as follows:

21 689A.330 If any policy is issued by a domestic insurer for  
22 delivery to a person residing in another state, and if the insurance  
23 commissioner or corresponding public officer of that other state has  
24 informed the Commissioner that the policy is not subject to approval  
25 or disapproval by that officer, the Commissioner may by ruling  
26 require that the policy meet the standards set forth in NRS 689A.030  
27 to 689A.320, inclusive ~~§~~, and section 40 of this act.

28 **Sec. 42.** Chapter 689B of NRS is hereby amended by adding  
29 thereto a new section to read as follows:

30 1. If a policy of group health insurance provides coverage for  
31 services that are within the authorized scope of practice of an  
32 associate physician and which are reimbursed when provided by  
33 another provider of health care, the insured is entitled to  
34 reimbursement for services provided by such an associate  
35 physician.

36 2. The terms of the policy must not limit:

37 (a) Coverage for services provided by such an associate  
38 physician to a number of occasions less than for services provided  
39 by another provider of health care.

40 (b) Reimbursement for services provided by such an associate  
41 physician to an amount less than the amount reimbursed for  
42 similar services provided by a physician assistant.

43 3. A policy of group health insurance must not require an  
44 insured to obtain prior authorization for any service provided by





1 *an associate physician that is not required for the service when*  
2 *provided by a physician assistant.*

3 *4. A policy of group health insurance subject to the*  
4 *provisions of this chapter that is delivered, issued for delivery or*  
5 *renewed on or after January 1, 2024, has the legal effect of*  
6 *including the coverage required by this section, and any provision of*  
7 *the policy or the renewal which is in conflict with this section is*  
8 *void.*

9 *5. As used in this section, "associate physician" means an*  
10 *associate physician licensed pursuant to chapter 630 of NRS or an*  
11 *associate osteopathic physician licensed pursuant to chapter 633*  
12 *of NRS.*

13 **Sec. 43.** Chapter 689C of NRS is hereby amended by adding  
14 thereto a new section to read as follows:

15 *1. If a health benefit plan provides coverage for services that*  
16 *are within the authorized scope of practice of an associate*  
17 *physician and which are reimbursed when provided by another*  
18 *provider of health care, the insured is entitled to reimbursement*  
19 *for services provided by such an associate physician.*

20 *2. The terms of the plan must not limit:*

21 *(a) Coverage for services provided by such an associate*  
22 *physician to a number of occasions less than for services provided*  
23 *by another provider of health care.*

24 *(b) Reimbursement for services provided by such an associate*  
25 *physician to an amount less than the amount reimbursed for*  
26 *similar services provided by a physician assistant.*

27 *3. A health benefit plan must not require an insured to obtain*  
28 *prior authorization for any service provided by an associate*  
29 *physician that is not required for the service when provided by a*  
30 *physician assistant.*

31 *4. A health benefit plan subject to the provisions of this*  
32 *chapter that is delivered, issued for delivery or renewed on or after*  
33 *January 1, 2024, has the legal effect of including the coverage*  
34 *required by this section, and any provision of the plan or the*  
35 *renewal which is in conflict with this section is void.*

36 *5. As used in this section, "associate physician" means an*  
37 *associate physician licensed pursuant to chapter 630 of NRS or an*  
38 *associate osteopathic physician licensed pursuant to chapter 633*  
39 *of NRS.*

40 **Sec. 44.** NRS 689C.425 is hereby amended to read as follows:

41 689C.425 A voluntary purchasing group and any contract  
42 issued to such a group pursuant to NRS 689C.360 to 689C.600,  
43 inclusive, are subject to the provisions of NRS 689C.015 to  
44 689C.355, inclusive, *and section 43 of this act* to the extent



1 applicable and not in conflict with the express provisions of NRS  
2 687B.408 and 689C.360 to 689C.600, inclusive.

3 **Sec. 45.** Chapter 695A of NRS is hereby amended by adding  
4 thereto a new section to read as follows:

5 *1. If a benefit contract provides coverage for services that are*  
6 *within the authorized scope of practice of an associate physician*  
7 *and which are reimbursed when provided by another provider of*  
8 *health care, the insured is entitled to reimbursement for services*  
9 *provided by such an associate physician.*

10 *2. The terms of the benefit contract must not limit:*

11 *(a) Coverage for services provided by such an associate*  
12 *physician to a number of occasions less than for services provided*  
13 *by another provider of health care.*

14 *(b) Reimbursement for services provided by such an associate*  
15 *physician to an amount less than the amount reimbursed for*  
16 *similar services provided by a physician assistant.*

17 *3. A benefit contract must not require an insured to obtain*  
18 *prior authorization for any service provided by an associate*  
19 *physician that is not required for the service when provided by a*  
20 *physician assistant.*

21 *4. A benefit contract subject to the provisions of this chapter*  
22 *that is delivered, issued for delivery or renewed on or after*  
23 *January 1, 2024, has the legal effect of including the coverage*  
24 *required by this section, and any provision of the contract or the*  
25 *renewal which is in conflict with this section is void.*

26 *5. As used in this section, "associate physician" means an*  
27 *associate physician licensed pursuant to chapter 630 of NRS or an*  
28 *associate osteopathic physician licensed pursuant to chapter 633*  
29 *of NRS.*

30 **Sec. 46.** Chapter 695B of NRS is hereby amended by adding  
31 thereto a new section to read as follows:

32 *1. If a contract for hospital, medical or dental services subject*  
33 *to the provisions of this chapter provides coverage for services that*  
34 *are within the authorized scope of practice of an associate*  
35 *physician and which are reimbursed when provided by another*  
36 *provider of health care, the insured is entitled to reimbursement*  
37 *for services provided by such an associate physician.*

38 *2. The terms of the contract must not limit:*

39 *(a) Coverage for services provided by such an associate*  
40 *physician to a number of occasions less than for services provided*  
41 *by another provider of health care.*

42 *(b) Reimbursement for services provided by such an associate*  
43 *physician to an amount less than the amount reimbursed for*  
44 *similar services provided by a physician assistant.*



1       3. *A contract for hospital, medical or dental services subject*  
2 *to the provisions of this chapter must not require an insured to*  
3 *obtain prior authorization for any service provided by an associate*  
4 *physician that is not required for the service when provided by a*  
5 *physician assistant.*

6       4. *A contract for hospital, medical or dental services subject*  
7 *to the provisions of this chapter that is delivered, issued for*  
8 *delivery or renewed on or after January 1, 2024, has the legal*  
9 *effect of including the coverage required by this section, and any*  
10 *provision of the contract or the renewal which is in conflict with*  
11 *this section is void.*

12       5. *As used in this section, "associate physician" means an*  
13 *associate physician licensed pursuant to chapter 630 of NRS or an*  
14 *associate osteopathic physician licensed pursuant to chapter 633*  
15 *of NRS.*

16       **Sec. 47.** Chapter 695C of NRS is hereby amended by adding  
17 thereto a new section to read as follows:

18       1. *If a health care plan issued by a health maintenance*  
19 *organization provides coverage for services that are within the*  
20 *authorized scope of practice of an associate physician and which*  
21 *are reimbursed when provided by another provider of health care,*  
22 *the enrollee is entitled to reimbursement for services provided by*  
23 *such an associate physician.*

24       2. *The terms of the plan must not limit:*

25       (a) *Coverage for services provided by such an associate*  
26 *physician to a number of occasions less than for services provided*  
27 *by another provider of health care.*

28       (b) *Reimbursement for services provided by such an associate*  
29 *physician to an amount less than the amount reimbursed for*  
30 *similar services provided by a physician assistant.*

31       3. *A health care plan issued by a health maintenance*  
32 *organization must not require an enrollee to obtain prior*  
33 *authorization for any service provided by an associate physician*  
34 *that is not required for the service when provided by a physician*  
35 *assistant.*

36       4. *A health care plan subject to the provisions of this chapter*  
37 *that is delivered, issued for delivery or renewed on or after*  
38 *January 1, 2024, has the legal effect of including the coverage*  
39 *required by this section, and any provision of the plan or the*  
40 *renewal which is in conflict with this section is void.*

41       5. *As used in this section, "associate physician" means an*  
42 *associate physician licensed pursuant to chapter 630 of NRS or an*  
43 *associate osteopathic physician licensed pursuant to chapter 633*  
44 *of NRS.*



1       **Sec. 48.** NRS 695C.050 is hereby amended to read as follows:  
2       695C.050 1. Except as otherwise provided in this chapter or  
3 in specific provisions of this title, the provisions of this title are not  
4 applicable to any health maintenance organization granted a  
5 certificate of authority under this chapter. This provision does not  
6 apply to an insurer licensed and regulated pursuant to this title  
7 except with respect to its activities as a health maintenance  
8 organization authorized and regulated pursuant to this chapter.

9       2. Solicitation of enrollees by a health maintenance  
10 organization granted a certificate of authority, or its representatives,  
11 must not be construed to violate any provision of law relating to  
12 solicitation or advertising by practitioners of a healing art.

13       3. Any health maintenance organization authorized under this  
14 chapter shall not be deemed to be practicing medicine and is exempt  
15 from the provisions of chapter 630 of NRS.

16       4. The provisions of NRS 695C.110, 695C.125, 695C.1691,  
17 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to  
18 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,  
19 695C.1751, 695C.1755, 695C.1759, 695C.176 to 695C.200,  
20 inclusive, and 695C.265 do not apply to a health maintenance  
21 organization that provides health care services through managed  
22 care to recipients of Medicaid under the State Plan for Medicaid or  
23 insurance pursuant to the Children's Health Insurance Program  
24 pursuant to a contract with the Division of Health Care Financing  
25 and Policy of the Department of Health and Human Services. This  
26 subsection does not exempt a health maintenance organization from  
27 any provision of this chapter for services provided pursuant to any  
28 other contract.

29       5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,  
30 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17333,  
31 695C.17345, 695C.17347, 695C.1735, 695C.1737, 695C.1743,  
32 695C.1745 and 695C.1757 *and section 47 of this act* apply to a  
33 health maintenance organization that provides health care services  
34 through managed care to recipients of Medicaid under the State Plan  
35 for Medicaid.

36       **Sec. 49.** NRS 695C.330 is hereby amended to read as follows:  
37       695C.330 1. The Commissioner may suspend or revoke any  
38 certificate of authority issued to a health maintenance organization  
39 pursuant to the provisions of this chapter if the Commissioner finds  
40 that any of the following conditions exist:

41       (a) The health maintenance organization is operating  
42 significantly in contravention of its basic organizational document,  
43 its health care plan or in a manner contrary to that described in and  
44 reasonably inferred from any other information submitted pursuant  
45 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments



1 to those submissions have been filed with and approved by the  
2 Commissioner;

3 (b) The health maintenance organization issues evidence of  
4 coverage or uses a schedule of charges for health care services  
5 which do not comply with the requirements of NRS 695C.1691 to  
6 695C.200, inclusive, *and section 47 of this act* or 695C.207;

7 (c) The health care plan does not furnish comprehensive health  
8 care services as provided for in NRS 695C.060;

9 (d) The Commissioner certifies that the health maintenance  
10 organization:

11 (1) Does not meet the requirements of subsection 1 of NRS  
12 695C.080; or

13 (2) Is unable to fulfill its obligations to furnish health care  
14 services as required under its health care plan;

15 (e) The health maintenance organization is no longer financially  
16 responsible and may reasonably be expected to be unable to meet its  
17 obligations to enrollees or prospective enrollees;

18 (f) The health maintenance organization has failed to put into  
19 effect a mechanism affording the enrollees an opportunity to  
20 participate in matters relating to the content of programs pursuant to  
21 NRS 695C.110;

22 (g) The health maintenance organization has failed to put into  
23 effect the system required by NRS 695C.260 for:

24 (1) Resolving complaints in a manner reasonably to dispose  
25 of valid complaints; and

26 (2) Conducting external reviews of adverse determinations  
27 that comply with the provisions of NRS 695G.241 to 695G.310,  
28 inclusive;

29 (h) The health maintenance organization or any person on its  
30 behalf has advertised or merchandised its services in an untrue,  
31 misrepresentative, misleading, deceptive or unfair manner;

32 (i) The continued operation of the health maintenance  
33 organization would be hazardous to its enrollees or creditors or to  
34 the general public;

35 (j) The health maintenance organization fails to provide the  
36 coverage required by NRS 695C.1691; or

37 (k) The health maintenance organization has otherwise failed to  
38 comply substantially with the provisions of this chapter.

39 2. A certificate of authority must be suspended or revoked only  
40 after compliance with the requirements of NRS 695C.340.

41 3. If the certificate of authority of a health maintenance  
42 organization is suspended, the health maintenance organization shall  
43 not, during the period of that suspension, enroll any additional  
44 groups or new individual contracts, unless those groups or persons  
45 were contracted for before the date of suspension.



1 4. If the certificate of authority of a health maintenance  
2 organization is revoked, the organization shall proceed, immediately  
3 following the effective date of the order of revocation, to wind up its  
4 affairs and shall conduct no further business except as may be  
5 essential to the orderly conclusion of the affairs of the organization.  
6 It shall engage in no further advertising or solicitation of any kind.  
7 The Commissioner may, by written order, permit such further  
8 operation of the organization as the Commissioner may find to be in  
9 the best interest of enrollees to the end that enrollees are afforded  
10 the greatest practical opportunity to obtain continuing coverage for  
11 health care.

12 **Sec. 50.** Chapter 695G of NRS is hereby amended by adding  
13 thereto a new section to read as follows:

14 *1. If a health care plan issued by a managed care*  
15 *organization provides coverage for services that are within the*  
16 *authorized scope of practice of an associate physician and which*  
17 *are reimbursed when provided by another provider of health care,*  
18 *the insured is entitled to reimbursement for services provided by*  
19 *such an associate physician.*

20 *2. The terms of the plan must not limit:*

21 *(a) Coverage for services provided by such an associate*  
22 *physician to a number of occasions less than for services provided*  
23 *by another provider of health care.*

24 *(b) Reimbursement for services provided by such an associate*  
25 *physician to an amount less than the amount reimbursed for*  
26 *similar services provided by a physician assistant.*

27 *3. A health care plan issued by a managed care organization*  
28 *must not require an insured to obtain prior authorization for any*  
29 *service provided by an associate physician that is not required for*  
30 *the service when provided by a physician assistant.*

31 *4. A health care plan subject to the provisions of this chapter*  
32 *that is delivered, issued for delivery or renewed on or after*  
33 *January 1, 2024, has the legal effect of including the coverage*  
34 *required by this section, and any provision of the plan or the*  
35 *renewal which is in conflict with this section is void.*

36 *5. As used in this section, "associate physician" means an*  
37 *associate physician licensed pursuant to chapter 630 of NRS or an*  
38 *associate osteopathic physician licensed pursuant to chapter 633*  
39 *of NRS.*

40 **Sec. 51.** 1. This section becomes effective upon passage and  
41 approval.

42 2. Sections 1 to 50, inclusive, of this act become effective:

43 (a) Upon passage and approval for the purpose of adopting any  
44 regulations and performing any other preparatory administrative  
45 tasks that are necessary to carry out the provisions of this act; and



1 (b) On January 1, 2024, for all other purposes.

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