

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

LCB File No. R149-97

November 14, 1997

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

AUTHORITY: §§ 2-5, 8-11 and 34, NRS 630.130; §§6-7, NRS 630.130 and 630.253; §§12-33, NRS 630.130 and 630.275.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. 1. *A resident physician who wishes to renew a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application for renewal with the board.*

2. The application must be:

(a) Completed by the applicant; and

(b) Certified by the director of the program of clinical training.

3. The board may deny the application for any of the reasons set forth as grounds for the denial of a license to practice medicine pursuant to NRS 630.200.

Sec. 3. 1. *Except as otherwise provided in subsection 2, a physician must not:*

(a) Supervise more than three physicians' assistants;

(b) Collaborate with more than three advanced practitioners of nursing; or

(c) Supervise or collaborate with a combination of more than three physicians' assistants and advanced practitioners of nursing,

at the same time.

2. A physician may petition the board for approval to supervise or collaborate with more physicians' assistants and advanced practitioners of nursing than he would otherwise be allowed pursuant to subsection 1. The board will not approve the petition unless the physician provides satisfactory proof to the board that:

(a) Special circumstances regarding his practice exist that necessitate his supervision or collaboration with more physicians' assistants and advanced practitioners of nursing than would otherwise be allowed pursuant to subsection 1; and

(b) He will be able to supervise or collaborate with the number of physicians' assistants and advanced practitioners of nursing that he is requesting approval for in a satisfactory manner.

Sec. 4. NAC 630.050 is hereby amended to read as follows:

630.050 1. The board will not accept any application for any type of license to practice medicine in [the State of Nevada] *this state* if the board cannot substantiate that the medical school from which the applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or *a* Canadian medical [schools] *school* approved by the Liaison Committee on Medical Education of the American Medical Association or the Committee for Accreditation of Canadian Medical Schools.

2. [An] *Except as otherwise provided in NAC 630.130, an* applicant for any license to practice medicine [, **except as otherwise provided for a limited license pursuant to NAC 630.130,**] must file his sworn application with the board. The application must include or indicate the following:

(a) If the applicant is not a citizen of the United States, satisfactory evidence from the Immigration and Naturalization Service that he is lawfully entitled to remain and work in the United States.

(b) All documentation required by the application.

(c) Complete answers to all questions on the form.

3. The application must be accompanied by the applicable fee.

[4. The application must be complete with all required documentation and received by the board not less than 30 days before the date of the examination. The applicant will be notified of the time and place of the examination at least 20 days before its administration.]

Sec. 5. NAC 630.080 is hereby amended to read as follows:

630.080 1. For the purposes of paragraph (e) of subsection 2 of NRS 630.160, an applicant for [licensure] *a license to practice medicine* must pass:

(a) [An oral examination;

(b)] A written examination concerning the statutes and regulations relating to the practice of medicine in this state; and

[(c)] (b) The Special Purpose Examination, unless within 10 years before the date of his application for a license to practice medicine in this state, the applicant has passed:

(1) Part III [, a general test of clinical competence,] of the examination given by the National Board of Medical Examiners;

(2) Component II of the Federation Licensing Examination;

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

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

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

~~(4)] (6) *The examination for recertification by the specialty board of the American Board of Medical Specialties which issued the primary certification if the examination for recertification was a written and proctored examination; or*~~

(7) The Special Purpose Examination.

2. For any examination conducted by the board for a license to practice medicine , an applicant must answer correctly at least 75 percent of the questions propounded.

Sec. 6. NAC 630.153 is hereby amended to read as follows:

630.153 1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the board by the final date set by the board for submitting applications for biennial registration evidence, in such form as the board requires, that he has completed 40 [full] hours of continuing medical education during the preceding 2 years in one or more educational programs [.], *2 hours of which must be in medical ethics and 20 hours of which must be in the scope of practice or specialty of the holder of the license.* Each educational program must:

(a) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license;

(b) Be approved by the board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association or the Liaison Committee on Continuing Medical Education.

2. Any holder of a license who has completed a full year of residency or fellowship *in the United States or Canada* any time during the period for biennial registration immediately preceding the submission of the application for biennial registration is exempt from the requirements set forth in subsection 1.

3. If the holder of a license fails to submit evidence of his completion of continuing medical education within the time and in the manner prescribed by subsection 1, his license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, he:

(a) Pays a fee to the board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.290;

(b) Submits to the board, in such form as it requires, evidence that he has completed 40 [full] hours of *Category 1* continuing medical education [in addition to that otherwise required by subsection 1 or NAC 630.157;] *as recognized by the American Medical Association within the preceding 2 years;* and

(c) Is found by the board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

Sec. 7. NAC 630.157 is hereby amended to read as follows:

630.157 1. [The requirement for continuing medical education for a physician who holds a license to practice medicine in this state as of July 1, 1985, is effective for the period of biennial registration beginning on July 1, 1985.

2. Unless otherwise exempt under] *Except as otherwise provided in* NAC 630.153, each person licensed after the beginning of a period of biennial registration must, if he was licensed during the:

- (a) First 6 months of the biennial period of registration, complete 40 [full] hours of *Category I* continuing medical education [;] *as recognized by the American Medical Association;*
- (b) Second 6 months of the biennial period of registration, complete 30 [full] hours of *Category I* continuing medical education [;] *as recognized by the American Medical Association;*
- (c) Third 6 months of the biennial period of registration, complete 20 [full] hours of *Category I* continuing medical education [;] *as recognized by the American Medical Association;* or
- (d) Fourth 6 months of the biennial period of registration, complete 10 [full] hours of *Category I* continuing medical education [.] *as recognized by the American Medical Association.*

2. An applicant who applies to change his status to active status must provide proof of completion of 40 hours of Category I continuing medical education as recognized by the American Medical Association within the preceding 24 months.

Sec. 8. NAC 630.180 is hereby amended to read as follows:

630.180 1. [If an applicant fails to appear for two consecutive examinations, written or oral, any fees paid to the board will not be refunded, and in order to take another examination he must submit a new fully completed form for application together with the fee for application.

2.] If an applicant:

- (a) Does not complete his application by providing all *the* documentation required by the form for application within 6 months [of] *after* the actual date of filing of the form by the applicant;
- (b) Withdraws his application; or
- (c) Dies before he is issued a license by the board,

the board will not refund any portion of the fee for application.

[3.] 2. Applications which are not completed within 6 months will be rejected. [The completed application of an applicant who does not appear for two consecutive scheduled examinations will be rejected.]

Sec. 9. NAC 630.230 is hereby amended to read as follows:

630.230 1. A physician shall not:

- (a) Falsify records of health care;
- (b) Falsify the medical records of a hospital so as to indicate his presence at a time when he was not in attendance or falsify those records to indicate that procedures were performed by him which were in fact not performed by him;
- (c) Engage in the practice of writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable medical practice;
- (d) Render professional services to a patient while the physician is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (e) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (f) Write a prescription for controlled substances for any person without an appropriate examination which confirms the medical necessity for the controlled substances;
- (g) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (h) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician and performed outside *of* his own office;

- (i) Treat any patient in a manner not recognized scientifically as being beneficial;
- (j) Prescribe controlled substances listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530, controlled substance analogs, chorionic gonadotrophic hormones, thyroid preparations or thyroid synthetics for the control of weight;
- (k) Allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance;
- (l) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician; **[or]**
- (m) Fail to provide adequate supervision of a physician's assistant or an advanced practitioner of nursing [.

2.] ; or

(n) Prescribe or dispense disodium ethylene diamine tetra acetic acid (EDTA) or use chelation therapy, except for the treatment of any unusual or infrequent condition, including, without limitation, heavy metal poisoning, for which the board approves the substance or procedure.

2. The violation of paragraph (n) of subsection 1:

- (a) Is harmful to the public;*
- (b) Is detrimental to the health, safety and morals of the public; and*
- (c) Constitutes unprofessional conduct.*

3. As used in this section:

- (a) "Controlled substance analog" means:

(1) A substance whose chemical structure is substantially similar to the chemical structure of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530; or

(2) A substance which has, is represented as having, or is intended to have a stimulant, depressant, or hallucinogenic effect on the central nervous system of a person that is substantially similar to, or greater than, the stimulant, depressant, or hallucinogenic effect on the central nervous system of a person of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530.

(b) “Medical assistant” means any person who:

- (1) Is employed by a physician;
- (2) Is under the direction and supervision of the physician;
- (3) Assists in the care of a patient; and
- (4) Is not required to be certified or licensed to provide such assistance by any administrative agency.

Sec. 10. NAC 630.251 is hereby amended to read as follows:

630.251 For the purposes of NRS 630.301, [**“gross malpractice” means malpractice where the failure**] *as that section existed before October 1, 1997, a physician’s assistant shall be deemed to have committed gross malpractice if, before October 1, 1997, he has failed* to exercise the required degree of care, skill, or knowledge *and such failure* amounts to:

1. A conscious indifference to the consequences which may result from the malpractice; and
2. A disregard for and indifference to the safety and welfare of a patient.

Sec. 11. NAC 630.270 is hereby amended to read as follows:

630.270 A copy of the disciplinary findings and order of the board will be served by personal service or by certified mail upon [the] :

1. *The* person affected by them *at the address of the person on file with the board;* and [upon his]

2. *His* attorney of record.

Sec. 12. NAC 630.280 is hereby amended to read as follows:

630.280 1. Except as otherwise provided in subsection 2, an applicant for [certification] *licensure* as a physician's assistant must have the following qualifications:

(a) If he has not practiced as a physician's assistant for 12 months or more before applying for [certification] *licensure* in this state, he must, at the order of the board, have taken and passed the same examination to test medical competency as that given to applicants for initial [certification.] *licensure*.

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

(c) Be of good moral character and reputation.

(d) Have attended and completed a course of training in residence as a physician's assistant approved by the Committee on Allied Health Education and Accreditation, *which is* affiliated with the American Medical Association.

(e) Be certified by the National Commission on Certification of Physicians' Assistants.

(f) Possess a high school diploma.

2. An applicant who was certified as a physician's assistant in this state before July 1, 1985, and who otherwise satisfies the requirements for [certification contained] *licensure set forth* in NAC 630.280 to 630.415, inclusive, may practice as a physician's assistant within the scope of

practice in which he was certified before July 1, 1985, whether or not he is certified by the National Commission on Certification of Physicians' Assistants.

Sec. 13. NAC 630.290 is hereby amended to read as follows:

630.290 1. An application for [certification] *licensure* as a physician's assistant must be made on a form supplied by the board. The application must state:

(a) The date and place of the applicant's birth, his sex, the various places of his residence from the date of graduation from high school and at least two references from persons who have knowledge of the applicant's training or experience;

(b) The applicant's education, including high schools and postsecondary institutions attended, *the* length of time in attendance at each and whether he is a graduate of those schools and institutions;

(c) Whether the applicant has ever applied for a license or certificate as a physician's assistant in another state and, if so, when and where and the results of his application;

(d) The applicant's practical training and experience;

(e) Whether the applicant has ever been investigated for misconduct as a physician's assistant or had a license or certificate as a physician's assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him by a licensing body in any jurisdiction;

(f) Whether the applicant has ever been convicted of a felony or an offense involving moral turpitude; *and*

(g) [Whether the applicant has ever been addicted to the use of narcotics, controlled substances or alcohol; and

(h)] Whether the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of controlled substances.

2. The application must also include:

(a) The name and address of the practice of each supervising physician and the type of practice of the applicant;

(b) The address of each location where the applicant will practice;

(c) A description of the medical services to be performed by the physician's assistant, including, but not limited to, those medical services to be performed in the supervising physician's office, in a hospital and in other settings;

(d) A list of any poisons, controlled substances, dangerous drugs or devices which the supervising physician desires the board to authorize the physician's assistant to prescribe in or out of the presence of the supervising physician, the kind and amount of those poisons, dangerous drugs or devices and the area, as requested, in which the physician's assistant may possess those poisons, dangerous drugs and devices; and

(e) A list of any controlled substances, poisons, dangerous drugs or devices which the supervising physician desires the board to authorize the physician's assistant to possess, administer or dispense in or out of the presence of the supervising physician, the kind and amount of those substances, poisons, dangerous drugs or devices and the area, as requested, in which the physician's assistant may possess those substances, poisons, dangerous drugs and devices.

3. An applicant must submit to the board:

(a) Proof of completion of a training program as a physician's assistant which is approved by the Committee on Allied Health Education and Accreditation or the Commission on

Accreditation of Allied Health Education Programs, both of which are affiliated with the American Medical Association;

(b) Proof of passage of the examination given by the National Commission on Certification of Physicians' Assistants; and

(c) Such further evidence and other documents or proof of qualifications as required by the board.

4. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

5. The application must be accompanied by the applicable fee.

Sec. 14. NAC 630.310 is hereby amended to read as follows:

630.310 If it appears that:

1. An applicant for [certification] *licensure* as a physician's assistant is not qualified or is not of good moral character or reputation;

2. Any credential submitted is false; or

3. The application is not made in proper form or other deficiencies appear in it, the application may be rejected.

Sec. 15. NAC 630.320 is hereby amended to read as follows:

630.320 1. [The applicant must appear before the board and take an examination testing his medical competence. The examination will be, as the board deems appropriate, written, oral, practical or any combination of these.

2.] The board will issue a temporary [certificate] *license* to any qualified applicant who:

(a) Meets the educational and training requirements for certification as a physician's assistant of the National Commission on Certification of Physicians' Assistants and is scheduled to and

does sit for the first proficiency examination offered by the National Commission on Certification of Physicians' Assistants following the completion of his training;

(b) Has taken the proficiency examination offered by the National Commission on Certification of Physicians' Assistants but has not yet been notified of the results; or

(c) Is *licensed or* certified in another state, meets the requirements for [certification] *licensure* pursuant to NAC 630.280 and is scheduled to sit for the next examination offered by the board.

[3.] 2. A physician's assistant with a temporary [certificate] *license* may perform services only under the immediate supervision of [the] *a* supervising physician.

Sec. 16. NAC 630.325 is hereby amended to read as follows:

630.325 The board may issue a locum tenens [certificate, to be] *license, which is* effective for not more than 3 months after issuance, to any physician's assistant who is *licensed or* certified as a physician's assistant and in good standing in another state and who is of good moral character and reputation. The purpose of this [certificate] *license* is to enable an eligible physician's assistant to serve as a substitute for another physician's assistant who is [certified] *licensed* to practice as a physician's assistant in this state and who is absent from his practice for reasons deemed sufficient by the board. A [certificate] *license* issued pursuant to [the provisions of] this section is not renewable.

Sec. 17. NAC 630.330 is hereby amended to read as follows:

630.330 The [certificate] *license* issued by the board must contain:

1. The name of the physician's assistant;
2. The name of each supervising physician;
3. The duration of the [certificate;] *license;*

4. The kinds and amounts of controlled substances, poisons, dangerous drugs or devices which the physician's assistant may prescribe, possess, administer or dispense;

5. The area in which the physician's assistant may possess those controlled substances, poisons, dangerous drugs and devices; and

6. Any other limitations or requirements which the board prescribes.

Sec. 18. NAC 630.340 is hereby amended to read as follows:

630.340 1. The [certificate] *license* of a physician's assistant is valid for 2 years.

2. The supervising physician shall immediately notify the board of the termination of employment of a physician's assistant. The supervising physician and the physician's assistant shall submit to the board a summary of the reasons for and circumstances of the termination of employment.

3. A physician's assistant who has been [certified] *licensed* by the board but is not currently [certified,] *licensed*, has surrendered his [certificate] *license* or has failed to renew his [certificate] *license* will be disciplined by the board, if the board deems it necessary, upon hearing a complaint for disciplinary action against him.

4. If the board determines that the conduct of a physician's assistant when he was on inactive status in another jurisdiction would have resulted in the denial of an application for [certification] *licensure* in this state, the board will, if appropriate, refuse to [certify] *license* the physician's assistant.

Sec. 19. NAC 630.350 is hereby amended to read as follows:

630.350 1. The [certificate] *license* of a physician's assistant may be renewed biennially.

The application must be filed with the board not less than 30 days before the expiration of the

[certificate. The certificate] *license*. *The license* will not be renewed unless the physician's assistant provides satisfactory proof:

(a) Of current certification by the National Commission on Certification of Physicians' Assistants; and

(b) That he has completed, during the preceding 2 years, 40 [full] hours of continuing medical education as defined by the American Academy of Physicians' Assistants.

2. A physician's assistant must notify the board within 10 days if his certification by the National Commission on Certification of Physicians' Assistants is withdrawn.

Sec. 20. NAC 630.360 is hereby amended to read as follows:

630.360 1. The medical services which a physician's assistant is authorized to perform must be:

(a) Commensurate with his education, training, experience and level of competence; and

(b) Within the scope of the [specialty] *practice* of his supervising physician.

2. The physician's assistant shall wear at all times while on duty a placard, plate or insignia which identifies him as a physician's assistant.

3. No physician's assistant may represent himself in any manner which would tend to mislead the general public or the patients of the supervising physician.

4. A physician's assistant shall notify the board in writing within 72 hours after any change relating to his supervising physician.

Sec. 21. NAC 630.370 is hereby amended to read as follows:

630.370 1. The supervising physician is responsible for all the medical activities of his physician's assistant. The supervising physician shall ensure that:

(a) The physician's assistant is clearly identified to the patients as a physician's assistant;

(b) The physician's assistant performs only those medical services which have been approved by his supervising physician;

(c) The physician's assistant does not represent himself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and

(d) There is strict compliance with:

(1) The provisions of the [certificate] *license* issued by the board to his physician's assistant regarding controlled substances, poisons, dangerous drugs or devices;

(2) The provisions of the certificate of registration issued to his physician's assistant by the state board of pharmacy pursuant to NRS 639.1373; and

(3) The regulations of the state board of pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review regularly the records of the patients of the physician's assistant and initial those records. He shall be available at all times that his physician's assistant is providing medical services, to consult with his assistant. Those consultations may be indirect, as by telecommunication.

3. If a physician's assistant is permitted by the board to practice in a location other than the regular office of his supervising physician, the supervising physician shall:

(a) Each day, either in person or by telecommunication, review the work done by the physician's assistant; and

(b) At least once a [week] *month*, spend part of a day at each location where the physician's assistant provides medical services to act as consultant to the physician's assistant and to review and initial the medical records of the assistant.

4. If the supervising physician is unable to supervise the physician's assistant as required by this section, he shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. If the substitute physician's supervision will exceed 72 hours, the supervising physician shall notify the board of the designated substitute for approval by the board.

5. A physician who supervises a physician's assistant shall develop and carry out a program to ensure the quality of care provided by a physician's assistant. The program must include:

- (a) An assessment of the medical competency of the physician's assistant;
- (b) A review *and initialing* of selected charts;
- (c) An assessment of the referrals or consultations made by the physician's assistant with other health professionals as required by the condition of the patient;
- (d) Direct observation of the ability of the physician's assistant to take a medical history from and perform a physical examination of [*clients*] *patients* representative of those cared for by the physician's assistant; and
- (e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician's assistant supervised.

6. A physician may not supervise a physician's assistant unless the physician has been approved by the board [*.*] *and paid the applicable fee.*

Sec. 22. NAC 630.380 is hereby amended to read as follows:

630.380 1. A physician's assistant is subject to disciplinary action by the board[*.*] if , after notice and hearing in accordance with [*the provisions of*] this chapter, the board finds that the physician's assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for [~~the certificate;~~] *a license;*

(b) Has held himself out or permitted another to represent him to be a licensed physician;

(c) Has performed medical services otherwise than at the direction or under the supervision of the supervising physician;

(d) Has performed medical services which have not been approved by his supervising physician;

(e) Has engaged or is engaging in the performance of medical services when he is unable to do so with reasonable skill and safety to patients because of his excessive use of alcohol or any controlled substance or because of any mental or physical condition or illness;

(f) Is guilty of gross or repeated [~~negligence~~] *malpractice* in the performance of medical services [~~;~~] *for acts committed before October 1, 1997;*

(g) Is guilty of *malpractice in the performance of medical services for acts committed on or after October 1, 1997;*

(h) *Is guilty of* disobedience of any order of the board or an investigative committee of the board, provision in the regulations of the state board of health or the state board of pharmacy or provision of this chapter;

[~~(h)~~] (i) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and his supervising physician;

[~~(i)~~] (j) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution or use of a controlled substance;

[~~(j)~~] (k) Is not competent to provide medical services;

~~(k)~~ (l) Has been convicted of a felony or any offense involving moral turpitude; or

~~(l)~~ (m) Failed to notify the board of loss of certification by the National Commission on Certification of Physicians' Assistants.

2. To institute disciplinary action against a physician's assistant, a written complaint, specifying the charges, ~~may~~ *must* be filed with the board by the investigative committee of the board.

Sec. 23. NAC 630.390 is hereby amended to read as follows:

630.390 Before the board ~~revokes a certificate,~~ *takes disciplinary action against a physician's assistant,* the board will give to the physician's assistant and to his supervising physician a written notice specifying the charges made against the physician's assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the physician's assistant and the supervising physician at least 20 days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

Sec. 24. NAC 630.395 is hereby amended to read as follows:

630.395 If there is reason to believe that the conduct of any ~~certified~~ *licensed* physician's assistant has raised a reasonable question as to his competence to practice with reasonable skill and safety to patients, an examination testing the medical competence of the physician's assistant may be ordered by the board or the investigative committee of the board to determine his fitness to practice.

Sec. 25. NAC 630.400 is hereby amended to read as follows:

630.400 1. If the board or any investigative committee of the board has reason to believe that the conduct of any physician's assistant has raised a reasonable question as to his competence to practice as a physician's assistant with reasonable skill and safety to patients, it may order that the physician's assistant undergo a mental or physical examination or an examination testing his competence to practice as a physician's assistant by physicians or any other examination designated by the board to assist the board or committee in determining the fitness of the physician's assistant to practice as a physician's assistant.

2. Every physician's assistant who applies for or is issued a [certificate] *license* and who accepts the privilege of performing medical services in this state shall be deemed to have given his consent to submit to such an examination pursuant to subsection 1 when *he is* directed to do so in writing by the board.

3. For the purpose of this section, the report of testimony or examination by the examining physicians does not constitute a privileged communication.

4. Except in extraordinary circumstances, as determined by the board, the failure of a *licensed* physician's assistant [certified under this chapter] to submit to an examination when *he is* directed [as provided in] *to do so pursuant to* this section constitutes an admission of the charges against him. A default and final order may be entered without the taking of testimony or presentation of evidence.

Sec. 26. NAC 630.410 is hereby amended to read as follows:

630.410 If the board finds , *by a preponderance of the evidence, after notice and hearing in accordance with this chapter,* that [the] :

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

[1.] (a) Placement on probation for a specified period on any of the conditions specified in the order.

[2.] (b) Administration of a public reprimand.

[3.] (c) Limitation of his practice or exclusion of one or more specified branches of medicine from his practice.

[4.] (d) Suspension of his [certificate,] license, for a specified period or until further order of the board.

[5.] (e) Revocation of his [certificate] license to practice.

[6.] (f) A requirement that he participate in a program to correct alcohol or drug dependence or any other [mental or physical] impairment.

[7.] (g) A requirement that there be additional and specified supervision of his practice.

[8.] (h) A requirement that he perform public service without compensation.

[9.] (i) A requirement that he take a physical or mental examination or an examination testing his medical competence.

[10.] (j) A requirement that he fulfill certain training or educational requirements, or both, as specified by the board.

[11.] (k) A fine not to exceed \$5,000.

(l) A requirement that the physician's assistant pay all costs incurred by the board relating to the disciplinary proceedings.

2. No violation has occurred, it will issue a written order dismissing the charges and notify the physician's assistant that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the physician's assistant, the board may provide to the physician's assistant a copy of the complaint and the name of the person who filed the complaint.

Sec. 27. NAC 630.415 is hereby amended to read as follows:

630.415 1. The board [~~shall appoint three certified~~] *will appoint three licensed* physicians' assistants to an advisory committee. These physicians' assistants must have lived in and actively and continuously practiced in this state as [~~certified~~] *licensed* physicians' assistants for at least 3 years before their appointment.

2. The board will give appointees to the advisory committee written notice of their appointment and terms of office and a written summary of any projects pending before the committee.

3. At the request of the board, the advisory committee shall review and make recommendations to the board concerning any matters relating to [~~certified~~] *licensed* physicians' assistants.

Sec. 28. NAC 630.430 is hereby amended to read as follows:

630.430 The petition must be filed with the [~~secretary-treasurer of the~~] board. The original and 12 copies of the petition must be filed, together with the original and 12 copies of the proposed regulation.

Sec. 29. NAC 630.450 is hereby amended to read as follows:

630.450 1. A petition for a declaratory order or advisory opinion may be filed only by a holder of or applicant for a license . [~~or certificate.~~]

2. The original and 12 copies of the petition must be filed with the [~~secretary-treasurer of the~~] board not less than 10 days before its next regularly scheduled meeting. The [~~secretary-treasurer shall submit the~~] petition *must be submitted* to the board at that meeting. Within 30 days thereafter the board will issue its declaratory order or advisory opinion . [~~as the case may be.~~]

Sec. 30. NAC 630.460 is hereby amended to read as follows:

630.460 1. Each party shall enter his appearance at the beginning of a hearing or at a time designated by the presiding officer by giving his name and address and stating his position or interest to the presiding officer. The information will be entered in the record of the hearing.

2. Following the entry of an appearance by an attorney for a party, all notices, pleadings and orders to be served on that party must be served upon the attorney, and that service is valid for all purposes upon the party represented.

3. All pleadings must be verified.

4. A party may respond to a complaint by filing an answer within 20 *working* days after receiving the complaint. If a party fails to file an answer within the time prescribed, he shall be deemed to have denied generally the allegations of the complaint.

5. All motions, unless *they are* made during a hearing, must be in writing. All written motions must set forth the nature of relief sought, the grounds therefor [,] and the points and authorities relied upon in support of the motion. A party desiring to oppose a motion may serve and file a written response to the motion within [20] *10 working* days after service of the motion. The moving party may serve and file a written reply within [10] *5 working* days after service of the opposition to the motion. All motions made during a hearing must be based upon matters arising during the hearing. A decision on the motion will be rendered without oral argument

unless oral argument is ordered by the board, a panel of members of the board or hearing officer in which event the board, panel or hearing officer will set a date and time for hearing.

6. The original and two copies of each pleading, motion or other paper must be filed with the [secretary-treasurer of the] board. A copy of each pleading or motion must be made available by the party filing it to any other person whom the [secretary-treasurer of the] board determines may be affected by the proceeding and who desires the copy.

7. Any document required to be served by a party, other than a notice of hearing, complaint, adverse decision, or order of the board, may be served by mail, and the service shall be deemed complete when a true copy of the document, properly addressed and stamped, is deposited in the United States mail.

8. There must appear on, or be attached to, each document required to be served [proof] :

(a) *Proof* of service by a certificate of an attorney or his employee [, a proof] ;

(b) *Proof* of personal service [, a] ;

(c) A written admission of service ; or [an]

(d) *An* affidavit of mailing.

Sec. 31. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing, unless a different time is agreed to by the parties, the presiding member of the board or panel of members of the board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. *A statement made during a prehearing conference is not evidence, is not part of the record and may not be filed with the board.*

2. Each party shall provide to every other party a copy of the list of *proposed* witnesses and their qualifications and a summary of the testimony of each *proposed* witness. A witness whose

name does not appear on the list of *proposed* witnesses may not testify at the hearing unless good cause is shown.

3. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the board or panel or to the hearing officer conducting the conference each issue which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.

Sec. 32. NAC 630.470 is hereby amended to read as follows:

630.470 1. The president of the board shall determine whether a hearing will be held before the board, a hearing officer or a panel of members of the board. Any hearing before the board must be held before a majority of the members of the board.

2. If a [party] *licensee* fails to appear at a scheduled hearing and no continuance has been requested and granted, the evidence may be heard and the matter may be considered and disposed of on the basis of the evidence before the board, panel or hearing officer in the manner required by this section.

3. The presiding member of the board or panel, or the hearing officer will call the hearing to order and proceed to take the appearances [of the members] *on behalf* of the board [or panel, or the hearing officer, the parties and their counsel, and the] *and the licensee. The* board, panel or hearing officer will act upon any pending motions, stipulations and preliminary matters. The notice of hearing, complaint, petition, answer, response or written stipulation becomes a part of the record without being read unless a party requests that the document be read verbatim into

the record. [Applicants, petitioners or complainants must present their] *The board will present its* evidence first and then [any party who opposes the application, petition or complaint must] *the licensee will* submit his evidence. Closing statements by the parties may be allowed by the board, panel or hearing officer.

4. Prehearing depositions of witnesses and parties may not be taken and no formal discovery of evidence, except as otherwise provided in NAC 630.465, will be allowed.

5. The panel or hearing officer *shall hear the evidence presented, make appropriate rulings on the admissibility of evidence, and maintain procedure and order during the hearing. The panel or hearing officer* may not [:

(a) Dismiss a complaint filed with the board;

(b) Make a ruling on a substantive motion; or

(c) Order the exclusion of any testimony of a witness during a hearing.] *dismiss the complaint.*

6. The presiding member of the board or panel or the hearing officer may, upon his motion or the motion of a party, order a witness, other than [a party who is a natural person,] *the licensee,* to be excluded from the hearing to prevent that witness from hearing the testimony of another witness at the hearing.

7. Briefs must be filed upon the order of the board, panel or hearing officer. The time for filing briefs will be set by the board [or panel, or the hearing officer conducting the hearing.], *panel or hearing officer.*

8. A case [stands] *shall be deemed* submitted for decision by the board after the taking of evidence, the filing of briefs or the presentation of such oral arguments as may have been

permitted. The board will issue its order or render its decision within 90 days after the hearing or the submission of the case, whichever is later.

9. As used in this section, "licensee" means a physician or physician's assistant licensed pursuant to this chapter.

Sec. 33. NAC 630.475 is hereby amended to read as follows:

630.475 1. A subpoena issued pursuant to NRS 630.140 must specify the name of the witness and specifically identify the books, X-rays, medical records or other papers which are required to be produced.

2. The board or a person acting on its behalf will not issue a subpoena to compel the attendance of a [party] *member of the board or a licensee* at a hearing or require a [party] *member of the board or a licensee* to produce books, X-rays, medical records or any other papers [.] *during a hearing.*

3. The board or a person acting on its behalf will not petition the district court for an order compelling compliance with a subpoena unless:

(a) At the time the subpoena is served, the witness is tendered:

- (1) A fee of \$25 for the first day of attendance at the hearing;
- (2) An allowance for travel which is equal to the allowance for travel by private conveyance provided for state officers and employees generally; and
- (3) A per diem allowance equal to the per diem allowance provided for state officers and employees generally.

(b) It is served upon the witness at least 120 hours before he is required to appear at the hearing.

4. *As used in this section, “licensee” means a physician or physician’s assistant licensed pursuant to this chapter.*

Sec. 34. NAC 630.490 is hereby amended to read as follows:

630.490 1. A physician shall not [supervise] *collaborate with* an advanced practitioner of nursing unless the [licensee] *physician* holds an active license to practice medicine and actually practices medicine in this state.

2. No physician may [supervise] *collaborate with* an advanced practitioner of nursing [who practices in a specialty] *whose scope of practice is* other than the [specialty] *scope of practice* in which the [licensee] *physician* practices.

3. The [supervising] *collaborating* physician or his substitute shall be available at all times that the advanced practitioner of nursing is providing medical services to consult with the advanced practitioner of nursing. Those consultations may be indirect, [as] *including, without limitation,* by telephone.

4. The *collaborating* physician [supervising the advanced practitioner of nursing] shall, at least once a month, spend part of a day at each location where the advanced practitioner of nursing provides medical services to act as consultant to the advanced practitioner of nursing and to monitor the quality of care provided by an advanced practitioner of nursing.

5. [A physician who supervises an advanced practitioner of nursing] *The collaborating physician* shall develop and carry out a program to ensure the quality of care provided by an advanced practitioner of nursing. The program must include the following:

- (a) An assessment of the medical competency of the advanced practitioner of nursing;
- (b) A review *and initialing* of selected charts;

(c) An assessment of each referral or consultation made by the advanced practitioner of nursing with another health professional as required by the condition of the patient;

(d) Direct observation of the *ability of the* advanced practitioner of [nursing's ability] *nursing* to take a medical history from and perform a physical examination of [clients] *patients* representative of those cared for by the advanced practitioner of nursing; and

(e) Maintenance of accurate records and documentation of the program for each advanced practitioner of nursing [supervised.] *collaborated with.*

6. The *collaborating* physician [supervising an advanced practitioner of nursing] shall ensure that the advanced practitioner of nursing:

(a) Does not use presigned prescriptions; and

(b) Practices in strict compliance with the regulations of the state board of pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices.

7. The *collaborating* physician [supervising an advanced practitioner of nursing] shall keep on file with the board a schedule of when he will customarily be physically present at the place of practice of the advanced practitioner of nursing and the address and telephone number of that place of practice. Any change in that schedule must be reported to the board. He shall provide the board with a list of pharmaceuticals he has approved for use by the [nurse practitioner.] *advanced practitioner of nursing.*

8. *No person may act as a collaborating physician unless he has been approved by the board and has paid the required fee.*

9. *Each collaborating physician shall apply to the board for approval of a written protocol regarding the collaboration which must be established by the collaborating physician and the advanced practitioner of nursing. The board will not approve a protocol which includes any*

medical service that the advanced practitioner of nursing is not qualified to perform. The protocol must include, without limitation, the following:

(a) The name and address of each location at which the advanced practitioner of nursing will practice;

(b) A description of the medical services to be performed by the advanced practitioner of nursing, including, but not limited to, those medical services to be performed in the collaborating physician's office, in a hospital and in other settings;

(c) A list of any controlled substances, poisons, dangerous drugs or devices which the collaborating physician desires the board to authorize the advanced practitioner of nursing to prescribe in or out of the presence of the collaborating physician, the kind and amount of those controlled substances, poisons, dangerous drugs or devices and the area, as requested, in which the advanced practitioner of nursing may possess those controlled substances, poisons, dangerous drugs and devices; and

(d) A list of any controlled substances, poisons, dangerous drugs or devices which the collaborating physician desires the board to authorize the advanced practitioner of nursing to possess, administer or dispense in or out of the presence of the collaborating physician, the kind and amount of those controlled substances, poisons, dangerous drugs or devices and the area, as requested, in which the advanced practitioner of nursing may possess those controlled substances, poisons, dangerous drugs and devices.

10. The medical services that an advanced practitioner of nursing will be allowed to perform while collaborating with a physician must be:

(a) Set forth in the written protocol required pursuant to subsection 9;

(b) Commensurate with the education, training, experience and level of competence of the advanced practitioner of nursing; and

(c) Within the scope of practice of the:

(1) Advanced practitioner of nursing;

(2) Certification of the advanced practitioner of nursing; and

(3) Collaborating physician.

11. Each collaborating physician shall notify the board in writing within 72 hours if he is no longer acting as the collaborating physician for an advanced practitioner of nursing.

12. The collaborating physician is responsible for all the medical services performed by the advanced practitioner of nursing and must not allow the advanced practitioner of nursing to perform any medical services that:

(a) Are not within the scope of the written protocol approved by the board; or

(b) Are beyond the qualifications of the advanced practitioner of nursing.