

NEVADA STATE BOARD OF MEDICAL EXAMINERS



**NRS CHAPTERS 629 & 630
AND
NAC CHAPTERS 629 & 630**

NEVADA STATE BOARD OF MEDICAL EXAMINERS



NEVADA REVISED STATUTES (NRS) CHAPTER 629

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CHAPTER 629 - HEALING ARTS GENERALLY

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GENERAL PROVISIONS

Definitions

NRS 629.011 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 629.016 to 629.031, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1977, 1313; A 2015, 1554; 2017, 2756)

NRS 629.016 “Custodian of health care records” and “custodian” defined.

1. “Custodian of health care records” or “custodian” means:
 - (a) Any person having primary custody of health care records pursuant to this chapter; or
 - (b) Any facility that maintains the health care records of patients.
2. For the purposes of this section, a provider of health care shall not be deemed to have primary custody of health care records or to be the operator of a facility that maintains the health care records of patients:
 - (a) Solely by reason of the status of the provider as a member of a group of providers of health care; or
 - (b) If another person is employed or retained to maintain custody of the health care records of the provider.

(Added to NRS by 2017, 2756)

NRS 629.021 “Health care records” defined. “Health care records” means any reports, notes, orders, photographs, X-rays or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by a provider of health care, and contains information relating to the medical history, examination, diagnosis or treatment of the patient.

(Added to NRS by 1977, 1313; A 1993, 916)

NRS 629.026 “Medical facility” defined. “Medical facility” has the meaning ascribed to it in NRS 449.0151.

(Added to NRS by 2015, 1554)

NRS 629.031 “Provider of health care” defined. Except as otherwise provided by a specific statute:

1. “Provider of health care” means:
 - (a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;
 - (b) A physician assistant;
 - (c) A dentist;
 - (d) A licensed nurse;
 - (e) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;
 - (f) A dispensing optician;
 - (g) An optometrist;
 - (h) A speech-language pathologist;
 - (i) An audiologist;
 - (j) A practitioner of respiratory care;
 - (k) A licensed physical therapist;
 - (l) An occupational therapist;
 - (m) A podiatric physician;
 - (n) A licensed psychologist;
 - (o) A licensed marriage and family therapist;
 - (p) A licensed clinical professional counselor;
 - (q) A music therapist;
 - (r) A chiropractor;
 - (s) An athletic trainer;
 - (t) A perfusionist;
 - (u) A doctor of Oriental medicine in any form;
 - (v) A medical laboratory director or technician;
 - (w) A pharmacist;
 - (x) A licensed dietitian;
 - (y) An associate in social work, a social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;
 - (z) An alcohol and drug abuse counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;
 - (aa) An alcohol and drug abuse counselor or a clinical alcohol and drug abuse counselor who is licensed pursuant to chapter 641C of NRS; or
 - (bb) A medical facility as the employer of any person specified in this subsection.

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

- (a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and
- (b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.

(Added to NRS by 1977, 1313; A 1983, 1492; 1987, 2123; 1991, 1126; 1993, 2217; 1995, 1792; 1997, 679; 2003, 904; 2005, 69; 2007, 3041, 3050; 2009, 2942; 2011, 1092, 1510, 2678; 2013, 275, 2282; 2015, 878, 1554, 2292; 2017, 1578, 2756)

Reporting of Certain Injuries and Diagnoses

NRS 629.041 Provider of health care to report persons having injuries apparently inflicted by knife or firearm in nonaccidental circumstances. Every provider of health care to whom any person comes or is brought for treatment of an injury which appears to have been inflicted by means of a firearm or knife, not under accidental circumstances, shall promptly report the person's name, if known, his or her location and the character and extent of the injury to an appropriate law enforcement agency.

(Added to NRS by 1977, 239)

NRS 629.045 Provider of health care to report persons having certain burns; immunity of certain persons from civil action for disclosure.

1. Every provider of health care to whom any person comes or is brought for the treatment of:
 - (a) Second or third degree burns to 5 percent or more of the body;
 - (b) Burns to the upper respiratory tract or laryngeal edema resulting from the inhalation of heated air; or
 - (c) Burns which may result in death,
- ↪ shall promptly report that information to the appropriate local fire department.
2. The report required by subsection 1 must include:
 - (a) The name and address of the person treated, if known;
 - (b) The location of the person treated; and
 - (c) The character and extent of the injuries.
3. A person required to make a report pursuant to subsection 1 shall, within 3 working days after treating the person, submit a written report to:
 - (a) The appropriate local fire department in counties whose population is 45,000 or more; or
 - (b) The State Fire Marshal in counties whose population is less than 45,000.
- ↪ The report must be on a form provided by the State Fire Marshal.
4. A provider of health care and his or her agents and employees are immune from any civil action for any disclosures made in good faith in accordance with the provisions of this section or any consequential damages.

(Added to NRS by 1991, 1896; A 2001, 1996; 2011, 1300)

NRS 629.047 Physician to report certain persons diagnosed with epilepsy; use and confidentiality of statement; liability of physician.

1. If a physician determines that, in his or her professional judgment, a patient's epilepsy severely impairs the ability of the patient to safely operate a motor vehicle, the physician shall:
 - (a) Adequately inform the patient of the dangers of operating a motor vehicle with his or her condition until such time as the physician or another physician informs the patient that the patient's condition does not severely impair the ability of the patient to safely operate a motor vehicle.
 - (b) Sign a written statement verifying that the physician informed the patient of all material facts and information required by paragraph (a). The physician shall, to the extent practicable, provide a copy of the statement signed by the physician to the patient. The statement signed by the physician pursuant to this paragraph shall be deemed a health care record.
 - (c) Within 15 days after making such a determination, provide to the Department a copy of the statement signed by the physician pursuant to paragraph (b). A statement received by the Department pursuant to this paragraph:
 - (1) Is confidential, except that the contents of the statement may be disclosed to the patient; and
 - (2) May be used by the Department solely to determine the eligibility of the patient to operate a vehicle on the streets and highways of this State.
 2. Except as otherwise provided in subsection 1, a physician is not required to notify the Department about a patient who has been diagnosed with epilepsy. No cause of action may be brought against a physician based on the fact that he or she did not notify the Department about a patient who has been diagnosed with epilepsy unless the physician does not comply with the requirements set forth in subsection 1.
 3. No cause of action may be brought against a physician based on the fact that he or she provided a copy of a statement pursuant to subsection 1 unless the physician acted with malice, intentional misconduct, gross negligence or intentional or knowing violation of the law.
 4. As used in this section:
 - (a) "Department" means the Department of Motor Vehicles.
 - (b) "Patient" means a person who consults or is examined or interviewed by a physician for the purposes of diagnosis or treatment.
- [1:269:1953] + [2:269:1953] + [3:269:1953] + [4:269:1953] + [5:269:1953] — (NRS A 1957, 630; 1963, 941; 1985, 1990; 2001, 2615; 2007, 2107; 2015, 1457) — (Substituted in revision for NRS 439.270)

Health Care Records; Test Results

NRS 629.051 Retention of records; disclosure to patients concerning destruction of records; exceptions; regulations.

1. Except as otherwise provided in this section and in regulations adopted by the State Board of Health pursuant to NRS 652.135 with regard to the records of a medical laboratory and unless a longer period is provided by federal law, each custodian of health care records shall retain the health care records of patients as part of the regularly maintained records of the custodian for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc,

magnetic tape and optical disc, which does not adversely affect their use for the purposes of NRS 629.061. Health care records may be created, authenticated and stored in a computer system which meets the requirements of NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto.

2. A provider of health care shall post, in a conspicuous place in each location at which the provider of health care performs health care services, a sign which discloses to patients that their health care records may be destroyed after the period set forth in subsection 1.

3. When a provider of health care performs health care services for a patient for the first time, the provider of health care shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be destroyed after the period set forth in subsection 1.

4. If a provider of health care fails to deliver the written statement to the patient pursuant to subsection 3, the provider of health care shall deliver to the patient the written statement described in subsection 3 when the provider of health care next performs health care services for the patient.

5. In addition to delivering a written statement pursuant to subsection 3 or 4, a provider of health care may deliver such a written statement to a patient at any other time.

6. A written statement delivered to a patient pursuant to this section may be included with other written information delivered to the patient by a provider of health care.

7. A custodian of health care records shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.

8. The provisions of this section do not apply to a pharmacist.

9. The State Board of Health shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the signs and written statements required pursuant to this section; and

(b) Any other regulations necessary to carry out the provisions of this section.

(Added to NRS by 1977, 1313; A 1993, 916; 1997, 1123; 2009, 2549; 2011, 1762; 2017, 2757)

NRS 629.053 Disclosure on Internet website by State Board of Health and certain regulatory boards concerning destruction of records; regulations.

1. The State Board of Health and each board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C of NRS shall post on its website on the Internet, if any, a statement which discloses that:

(a) Pursuant to the provisions of subsection 7 of NRS 629.051:

(1) The health care records of a person who is less than 23 years of age may not be destroyed; and

(2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and

(b) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

2. The State Board of Health shall adopt regulations prescribing the contents of the statements required pursuant to this section.

(Added to NRS by 2009, 2549; A 2015, 2292)

NRS 629.061 Inspection; copies; use in public hearing; immunity of certain persons from civil action for disclosure.

1. Each custodian of health care records shall make the health care records of a patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority;

(e) An investigator for the Attorney General or a grand jury investigating an alleged violation of NRS 200.495, 200.5091 to 200.50995, inclusive, or 422.540 to 422.570, inclusive;

(f) An investigator for the Attorney General investigating an alleged violation of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive, or any fraud in the administration of chapter 616A, 616B, 616C, 616D or 617 of NRS or in the provision of benefits for industrial insurance;

(g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law; or

(h) Any coroner or medical examiner to identify a deceased person, determine a cause of death or perform other duties as authorized by law.

2. The records described in subsection 1 must be made available at a place within the depository convenient for physical inspection. Except as otherwise provided in subsection 3, if the records are located:

(a) Within this State, the custodian of health care records shall make any records requested pursuant to this section available for inspection within 10 working days after the request.

(b) Outside this State, the custodian of health care records shall make any records requested pursuant to this section available in this State for inspection within 20 working days after the request.

3. If the records described in subsection 1 are requested pursuant to paragraph (e), (f), (g) or (h) of subsection 1 and the investigator, grand jury, authorized representative, coroner or medical examiner, as applicable, declares that exigent

circumstances exist which require the immediate production of the records, the custodian of health care records shall make any records which are located:

(a) Within this State available for inspection at the time of the request or at another reasonable time designated by the investigator, grand jury or authorized representative, as applicable.

(b) Outside this State available for inspection within 5 working days after the request.

4. Except as otherwise provided in subsection 5, the custodian of health care records shall also furnish a copy of the records to each person described in subsection 1 who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy.

5. The custodian of health care records shall also furnish a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal. A copying fee, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes, may be charged by the custodian for furnishing a second copy of the records to support the same claim or appeal. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy. The custodian shall furnish the copy of the records requested pursuant to this subsection within 30 days after the date of receipt of the request, and the custodian shall not deny the furnishing of a copy of the records pursuant to this subsection solely because the patient is unable to pay the fees established in this subsection.

6. Each person who owns or operates an ambulance in this State shall make the records regarding a sick or injured patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority; or

(e) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

↪ The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. The person who owns or operates an ambulance shall also furnish a copy of the records to each person described in this subsection who requests it and pays the actual cost of postage, if any, and the costs of making the copy, not to exceed 60 cents per page for photocopies. No administrative fee or additional service fee of any kind may be charged for furnishing a copy of the records.

7. Records made available to a representative or investigator must not be used at any public hearing unless:

(a) The patient named in the records has consented in writing to their use; or

(b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.

8. Subsection 7 does not prohibit:

(a) A state licensing board from providing to a provider of health care or owner or operator of an ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on the identity of a patient whose records may be used in a public hearing relating to the complaint or allegation, but the provider of health care or owner or operator of an ambulance and the attorney shall keep the information confidential.

(b) The Attorney General from using health care records in the course of a civil or criminal action against the patient or provider of health care.

9. A provider of health care, custodian of health care records or owner or operator of an ambulance and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

10. For the purposes of this section:

(a) "Guardian" means a person who has qualified as the guardian of a minor pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.

(b) "Health care records" has the meaning ascribed to it in NRS 629.021, but also includes any billing statement, ledger or other record of the amount charged for medical services or care provided to a patient.

(c) "Living trust" means an inter vivos trust created by a natural person:

(1) Which was revocable by the person during the lifetime of the person; and

(2) Who was one of the beneficiaries of the trust during the lifetime of the person.

(d) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.

(e) "Personal representative" has the meaning ascribed to it in NRS 132.265.

(Added to NRS by 1977, 1313; A 1985, 2246; 1987, 728, 1040; 1989, 2049; 1991, 1055, 1947; 1993, 781; 1995, 1879; 1999, 78; 2001, 829; 2003, 1331; 2005, 397; 2011, 845, 2856; 2013, 3179; 2017, 2758, 4407)

NRS 629.063 Custodian of health care records prohibited from preventing inspection or receipt of copies by provider of health care; duty of custodian ceasing to do business in State to deliver records or copies to provider of health care; penalties.

1. Subject to the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or any other federal law or regulation:

(a) A custodian of health care records having custody of any health care records of a provider of health care pursuant to this chapter shall not prevent the provider of health care from physically inspecting the health care records or receiving copies of those records upon request by the provider of health care in the manner specified in NRS 629.061.

(b) If a custodian of health care records specified in paragraph (a) ceases to do business in this State, the custodian of health care records shall, within 10 days after ceasing to do business in this State, deliver the health care records created by the provider of health care, or copies thereof, to the provider of health care.

2. A custodian of health care records who is not otherwise licensed pursuant to title 54 of NRS and violates a provision of this section is guilty of a gross misdemeanor and shall be punished by imprisonment in the county jail for not more than 364 days, or by a fine of not more than \$25,000 for each violation, or by both fine and imprisonment.

3. In addition to any criminal penalties imposed pursuant to subsection 2, a custodian of health care records who violates a provision of this section is subject to a civil penalty of not more than \$5,000 for each violation as applied to a patient's entire health care record, to be recovered in a civil action brought in the district court in the county in which the provider of health care's principal place of business is located or in the district court of Carson City.

4. As used in this section, "custodian of health care records" does not include:

- (a) A facility for hospice care, as defined in NRS 449.0033;
- (b) A facility for intermediate care, as defined in NRS 449.0038;
- (c) A facility for skilled nursing, as defined in NRS 449.0039;
- (d) A hospital, as defined in NRS 449.012; or
- (e) A psychiatric hospital, as defined in NRS 449.0165.

(Added to NRS by 2015, 1709; A 2017, 2760)

NRS 629.065 Records relating to test of blood, breath or urine: Availability to district attorney and agencies of law enforcement; use as evidence; immunity of certain persons from civil action for disclosure.

1. Each custodian of health care records shall, upon request, make available to a law enforcement agent or district attorney the health care records of a patient which relate to a test of the blood, breath or urine of the patient if:

(a) The patient is suspected of having violated NRS 484C.110, 484C.120, 484C.130, 484C.430, subsection 2 of NRS 488.400, NRS 488.410, 488.420 or 488.425; and

(b) The records would aid in the related investigation.

➤ To the extent possible, the custodian shall limit the inspection to the portions of the records which pertain to the presence of alcohol or a controlled substance, chemical, poison, organic solvent or another prohibited substance in the blood, breath or urine of the patient.

2. The records must be made available at a place within the depository convenient for physical inspection. Inspection must be permitted at all reasonable office hours and for a reasonable length of time. The custodian of health care records shall also furnish a copy of the records to each law enforcement agent or district attorney described in subsection 1 who requests the copy and pays the costs of reproducing the copy.

3. Records made available pursuant to this section may be presented as evidence during a related administrative or criminal proceeding against the patient.

4. A custodian of health care records and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

5. As used in this section, "prohibited substance" has the meaning ascribed to it in NRS 484C.080.

(Added to NRS by 1989, 182; A 1997, 334; 1999, 3436; 2005, 171; 2009, 1889; 2017, 2761)

NRS 629.066 Custodian of health care records to maintain record of health plan information provided by patient; limitation on amount of payment by patient if provider of health care fails to submit claim; exceptions.

1. After a patient provides to a provider of health care, and the provider of health care accepts from the patient, any information regarding a health care plan for the purpose of paying for a service which has been or may be rendered to the patient:

(a) The custodian of health care records of the patient shall maintain a record of the information provided by the patient; and

(b) If the provider of health care fails to submit any claim for payment of any portion of any charge pursuant to the terms of the health care plan, the provider of health care shall not request or require payment from the patient of any portion of the charge beyond the portion of the charge which the patient would have been required to pay pursuant to the terms of the health care plan if the provider of health care had submitted the claim for payment pursuant to the terms of the health care plan.

2. The provisions of paragraph (b) of subsection 1 do not apply to a claim if the patient provides information to the provider of health care which is inaccurate, outdated or otherwise causes the provider of health care to submit the claim in a manner which violates the terms of the health care plan.

3. Any provision of any agreement between a patient and a provider of health care which conflicts with the provisions of this section is void.

4. As used in this section, "health care plan" has the meaning ascribed to it in NRS 679B.520.

(Added to NRS by 2013, 71; A 2017, 2761)

NRS 629.068 Custodian of health care records to provide Department of Corrections with records of offender; use of records of offender; immunity from civil liability.

1. A custodian of health care records shall, upon request of the Director of the Department of Corrections or the designee of the Director, provide the Department of Corrections with a complete copy of the health care records of an offender confined at the state prison.

2. Records provided to the Department of Corrections must not be used at any public hearing unless:

- (a) The offender named in the records has consented in writing to their use; or
- (b) Appropriate procedures are utilized to protect the identity of the offender from public disclosure.

3. A custodian of health care records and any agent or employee of the custodian are immune from civil liability for a disclosure made in accordance with the provisions of this section.

(Added to NRS by 1997, 3191; A 2001 Special Session, 247; 2017, 2762)

NRS 629.069 Provider of health care to disclose results of tests for certain contagious diseases to certain persons; immunity from civil liability; information confidential.

1. A provider of health care shall disclose the results of all tests performed pursuant to NRS 441A.195 to:

(a) The person who was tested and, upon request, a member of the family of a decedent who was tested;

(b) The law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or their employee or volunteer, other person who is employed by or volunteers for an agency of criminal justice or other public employee or volunteer of a public agency who filed the petition or on whose behalf the petition was filed pursuant to NRS 441A.195;

(c) The designated health care officer for the employer of the person or the public agency for which the person volunteers, as described in paragraph (b) or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify possible exposure to communicable diseases;

(d) If the person who was tested is incarcerated or detained, the person in charge of the facility in which the person is incarcerated or detained and the chief medical officer of the facility in which the person is incarcerated or detained, if any; and

(e) A designated investigator or member of the State Board of Osteopathic Medicine during any period in which the Board is investigating the holder of a license pursuant to chapter 633 of NRS.

2. A provider of health care and an agent or employee of a provider of health care are immune from civil liability for a disclosure made in accordance with the provisions of this section.

3. A person to whom the results of a test pursuant to paragraph (b) or (c) of subsection 1 are disclosed shall keep any information relating to the identity of the person about whom the results relate in strict confidence and shall not disclose any information about that person or the results of any test which would identify the person to any other person or governmental entity.

(Added to NRS by 1999, 1123; A 2005, 348; 2007, 89; 2009, 2942; 2013, 600)

Miscellaneous Provisions

NRS 629.071 Provider of health care required to furnish patient with itemized bill. Each provider of health care shall, on the bill to a patient, itemize all charges for services, equipment, supplies and medicines provided for the patient in terms which the patient is able to understand. The bill must be timely provided after the charge is incurred at no additional cost to the patient.

(Added to NRS by 1985, 906)

NRS 629.075 Provider of health care to disclose financial interest in facility at which physical therapy is provided when making referral to or recommending facility.

1. If a provider of health care refers a patient to or recommends that a patient receive physical therapy at a specific facility in which the provider of health care has a financial interest, the provider of health care shall disclose that interest to the patient in writing in a conspicuous manner.

2. The provisions of this section do not authorize a referral or recommendation which is otherwise prohibited, including, without limitation, by the provisions of NRS 439B.425.

3. As used in this section:

(a) "Financial interest" includes, without limitation, any share in the ownership of or profit from a facility at which physical therapy is provided and any form of compensation from a facility at which physical therapy is provided for a prescription for physical therapy.

(b) "Physical therapy" has the meaning ascribed to it in NRS 640.022.

(Added to NRS by 2007, 730)

NRS 629.076 Standards for advertisements; provider of health care to affirmatively communicate and display specific licensure or certification; name tag; requirements for physician or osteopathic physician to indicate certification in specialty or subspecialty; penalties; exceptions.

1. Except as otherwise provided in subsection 3:

(a) An advertisement for health care services that names a health care professional must identify the type of license or certificate held by the health care professional and must not contain any deceptive or misleading information. If an advertisement for health care services is in writing, the information concerning licensure and board certification that is required pursuant to this section must be prominently displayed in the advertisement using a font size and style to make the information readily apparent.

(b) Except as otherwise provided in subsection 4, a health care professional who provides health care services in this State shall affirmatively communicate his or her specific licensure or certification to all current and prospective patients. Such communication must include, without limitation, a written patient disclosure statement that is conspicuously displayed in the office of the health care professional and which clearly identifies the type of license or certificate held by the health care professional. The statement must be in a font size sufficient to make the information reasonably visible.

(c) A health care professional shall, during the course of providing health care services other than sterile procedures in a health care facility, wear a name tag which indicates his or her specific licensure or certification.

(d) A physician or osteopathic physician shall not hold himself or herself out to the public as board certified in a specialty or subspecialty, and an advertisement for health care services must not include a statement that a physician or

osteopathic physician is board certified in a specialty or subspecialty, unless the physician or osteopathic physician discloses the full and correct name of the board by which he or she is certified, and the board:

- (1) Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or
- (2) Requires for certification in a specialty or subspecialty:

(I) Successful completion of a postgraduate training program which is approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and which provides complete training in the specialty or subspecialty;

(II) Prerequisite certification by the American Board of Medical Specialties or the American Osteopathic Association in the specialty or subspecialty; and

(III) Successful completion of an examination in the specialty or subspecialty.

(e) A health care professional who violates any provision of this section is guilty of unprofessional conduct and is subject to disciplinary action by the board, agency or other entity in this State by which he or she is licensed, certified or regulated.

2. A health care professional who practices in more than one office shall comply with the requirements set forth in this section in each office in which he or she practices.

3. The provisions of this section do not apply to:

(a) A veterinarian or other person licensed under [chapter 638](#) of NRS.

(b) A person who works in or is licensed to operate, conduct, issue a report from or maintain a medical laboratory under [chapter 652](#) of NRS, unless the person provides services directly to a patient or the public.

4. The provisions of paragraph (b) of subsection 1 do not apply to a health care professional who provides health care services in a medical facility licensed pursuant to [chapter 449](#) of NRS or a hospital established pursuant to [chapter 450](#) of NRS.

5. As used in this section:

(a) "Advertisement" means any printed, electronic or oral communication or statement that names a health care professional in relation to the practice, profession or institution in which the health care professional is employed, volunteers or otherwise provides health care services. The term includes, without limitation, any business card, letterhead, patient brochure, pamphlet, newsletter, telephone directory, electronic mail, Internet website, physician database, audio or video transmission, direct patient solicitation, billboard and any other communication or statement used in the course of business.

(b) "Deceptive or misleading information" means any information that falsely describes or misrepresents the profession, skills, training, expertise, education, board certification or licensure of a health care professional.

(c) "Health care facility" has the meaning ascribed to it in [NRS 449.2414](#).

(d) "Health care professional" means any person who engages in acts related to the treatment of human ailments or conditions and who is subject to licensure, certification or regulation by the provisions of this title.

(e) "Medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).

(f) "Osteopathic physician" has the meaning ascribed to it in [NRS 633.091](#).

(g) "Physician" has the meaning ascribed to it in [NRS 630.014](#).

(Added to NRS by [2013, 1484](#))

NRS 629.077 Provider of health care prohibited from providing psychiatric care to child in custody of certain agencies without obtaining consent; maintenance of copy of consent.

1. A provider of health care who is asked to provide psychiatric care to a child who is in the custody of an agency which provides child welfare services shall not examine, treat or otherwise provide psychiatric services to the child unless consent has been obtained from the person who is legally responsible for the psychiatric care of the child pursuant to [NRS 432B.197](#) and [432B.4681](#) to [432B.469](#), inclusive, and the policies adopted pursuant thereto.

2. A copy of the written consent required by [NRS 432B.4686](#) must be maintained in the health care record of the child.

(Added to NRS by [2011, 2678](#))

NRS 629.078 Prohibition in certain circumstances from acquiring debt or lien based upon services provided to patient who has filed or intends to file civil claim to recover damages; penalty.

1. A provider of health care or a health facility that provides services to a patient who has filed or intends to file a civil claim to recover damages, or a business in which such a provider of health care or health facility holds a financial interest, shall not purchase or acquire a debt or a lien that is based upon services which:

(a) Are provided to the patient in relation to the same claim for which the provider of health care or health facility provided services to the patient; and

(b) Are provided to that patient by another provider of health care or health facility.

2. A person who violates subsection 1 is guilty of a category E felony and shall be punished as provided in [NRS 193.130](#), and may be further punished by a fine of not more than \$25,000 for each violation.

3. As used in this section:

(a) "Financial interest" includes, without limitation, any share in the ownership of or profit from a business and any form of compensation from a business relating to a debt or lien based upon services provided by a provider of health care or health facility.

(b) "Health facility" has the meaning ascribed to it in [NRS 439A.015](#).

(Added to NRS by [2013, 711](#))

NRS 629.079 Complaints received by health care licensing board: Referral to appropriate jurisdiction; notification of immediate threats to health and safety of public; immunity from civil liability for certain actions.

1. If a health care licensing board determines that a complaint received by the health care licensing board concerns a matter within the jurisdiction of another health care licensing board, the health care licensing board which received the complaint shall:

(a) Except as otherwise provided in paragraph (b), refer the complaint to the other health care licensing board within 5 days after making the determination; and

(b) If the health care licensing board also determines that the complaint concerns an emergency situation, immediately refer the complaint to the other health care licensing board.

2. If a health care licensing board determines that a complaint received by the health care licensing board concerns a public health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health care licensing board shall immediately notify the appropriate health authority for the purposes of NRS 439.970.

3. A health care licensing board may refer a complaint pursuant to subsection 1 or provide notification pursuant to subsection 2 orally, electronically or in writing.

4. The provisions of subsections 1 and 2 apply to any complaint received by a health care licensing board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the health care licensing board that received the complaint and by another health care licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another health care licensing board.

5. The provisions of this section do not prevent a health care licensing board from acting upon a complaint which concerns a matter within the jurisdiction of the health care licensing board regardless of whether the health care licensing board refers the complaint pursuant to subsection 1 or provides notification based upon the complaint pursuant to subsection 2.

6. A health care licensing board or an officer or employee of the health care licensing board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

7. As used in this section:

(a) "Health care facility" means any facility licensed pursuant to chapter 449 of NRS.

(b) "Health care licensing board" means:

(1) A board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B or 641C of NRS.

(2) The Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by 2011, 983; A 2015, 2293)

NRS 629.081 Conditions under which person who observes rendering of care by practitioner of healing art is immune from civil action. A person who is present solely to improve his or her own personal skill or knowledge by observing the rendering of care by a practitioner of a healing art is immune from any civil action for damages arising from the alleged negligent rendering of that care if the person does not participate in any way in the rendering of that care and is not compensated for that care.

(Added to NRS by 1985, 1891)

NRS 629.086 Conditions and limitations on injection of dermal or soft tissue fillers.

1. A person shall not inject dermal or soft tissue fillers:

(a) Unless the person is:

(1) A physician or physician assistant licensed pursuant to chapter 630 of NRS;

(2) A dentist who has successfully completed the training prescribed by the Board of Dental Examiners of Nevada pursuant to NRS 631.391;

(3) A registered nurse or advanced practice registered nurse;

(4) A physician or physician assistant licensed pursuant to chapter 633 of NRS; or

(5) A podiatric physician who has successfully completed the training prescribed by the State Board of Podiatry pursuant to NRS 635.200.

(b) Outside his or her scope of practice.

(c) At a location other than a medical facility or the office of a physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse or podiatric physician.

2. A person who is authorized by subsection 1 to inject dermal or soft tissue fillers shall not delegate such injection to a person who is prohibited by subsection 1 from injecting dermal or soft tissue fillers.

3. A person who violates any provision of this section is guilty of a misdemeanor.

4. As used in this section, "dermal or soft tissue filler" means a material that is injected into the skin to fill in wrinkles or into the soft tissue to alter the contour of the soft tissue.

(Added to NRS by 2017, 1253)

NRS 629.091 Personal assistant authorized to perform certain services for person with disability if approved by provider of health care; requirements; liability of provider of health care for civil damages.

1. Except as otherwise provided in subsection 4, a provider of health care may authorize a person to act as a personal assistant to perform specific medical, nursing or home health care services for a person with a disability without obtaining any license required for a provider of health care or his or her assistant to perform the service if:

(a) The services to be performed are services that a person without a disability usually and customarily would personally perform without the assistance of a provider of health care;

- (b) The provider of health care determines that the personal assistant has the knowledge, skill and ability to perform the services competently;
- (c) The provider of health care determines that the procedures involved in providing the services are simple and the performance of such procedures by the personal assistant does not pose a substantial risk to the person with a disability;
- (d) The provider of health care determines that the condition of the person with a disability is stable and predictable; and
- (e) The personal assistant agrees with the provider of health care to refer the person with a disability to the provider of health care if:
- (1) The condition of the person with a disability changes or a new medical condition develops;
 - (2) The progress or condition of the person with a disability after the provision of the service is different than expected;
 - (3) An emergency situation develops; or
 - (4) Any other situation described by the provider of health care develops.
2. A provider of health care that authorizes a personal assistant to perform certain services shall note in the medical records of the person with a disability who receives such services:
- (a) The specific services that the provider of health care has authorized the personal assistant to perform; and
 - (b) That the requirements of this section have been satisfied.
3. After a provider of health care has authorized a personal assistant to perform specific services for a person with a disability, no further authorization or supervision by the provider is required for the continued provision of those services.
4. A personal assistant shall not:
- (a) Perform services pursuant to this section for a person with a disability who resides in a medical facility.
 - (b) Perform any medical, nursing or home health care service for a person with a disability which is not specifically authorized by a provider of health care pursuant to subsection 1.
 - (c) Except if the services are provided in an educational setting, perform services for a person with a disability in the absence of the parent or guardian of, or any other person legally responsible for, the person with a disability, if the person with a disability is not able to direct his or her own services.
5. A provider of health care who determines in good faith that a personal assistant has complied with and meets the requirements of this section is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by the provider of health care in making such a determination and is not liable for any act or omission of the personal assistant.
6. As used in this section:
- (a) "Guardian" means a person who has qualified as the guardian of a minor or an adult pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.
 - (b) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.
 - (c) "Personal assistant" means a person who, for compensation and under the direction of:
 - (1) A person with a disability;
 - (2) A parent or guardian of, or any other person legally responsible for, a person with a disability who is under the age of 18 years; or
 - (3) A parent, spouse, guardian or adult child of a person with a disability who suffers from a cognitive impairment,
 ↪ performs services for the person with a disability to help the person with a disability maintain independence, personal hygiene and safety.
 - (d) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, a dentist, a registered nurse, a licensed practical nurse, a physical therapist or an occupational therapist.

(Added to NRS by 1995, 749; A 2005, 69)

NRS 629.093 Provider of health care authorized to use credit for continuing education relating to Alzheimer's disease toward continuing education requirements; limitations. Unless a specific statute or regulation requires or authorizes a greater number of hours, a provider of health care may use credit earned for continuing education relating to Alzheimer's disease in place of not more than 2 hours each year of the continuing education that the provider of health care is required to complete, other than any continuing education relating to ethics that the provider of health care is required to complete.

(Added to NRS by 2015, 249)

NRS 629.095 Commissioner of Insurance to develop standardized form for use by insurers and other entities to obtain information related to credentials of certain providers of health care.

1. Except as otherwise provided in subsection 2, the Commissioner of Insurance shall develop, prescribe for use and make available a single, standardized form for use by insurers, carriers, societies, corporations, health maintenance organizations, managed care organizations, hospitals, medical facilities and other facilities that provide health care in obtaining any information related to the credentials of a provider of health care.

2. The provisions of subsection 1 do not prohibit the Commissioner of Insurance from developing, prescribing for use and making available:

(a) Appropriate variations of the form described in that subsection for use in different geographical regions of this State.

(b) Addenda or supplements to the form described in that subsection to address, until such time as a new form may be developed, prescribed for use and made available, any requirements newly imposed by the Federal Government, the State or one of its agencies, or a body that accredits hospitals, medical facilities or health care plans.

3. With respect to the form described in subsection 1, the Commissioner of Insurance shall:

- (a) Hold public hearings to seek input regarding the development of the form;
 - (b) Develop the form in consideration of the input received pursuant to paragraph (a);
 - (c) Ensure that the form is developed in such a manner as to accommodate and reflect the different types of credentials applicable to different classes of providers of health care;
 - (d) Ensure that the form is developed in such a manner as to reflect standards of accreditation adopted by national organizations which accredit hospitals, medical facilities and health care plans; and
 - (e) Ensure that the form is developed to be used efficiently and is developed to be neither unduly long nor unduly voluminous.
4. As used in this section:
- (a) "Carrier" has the meaning ascribed to it in NRS 689C.025.
 - (b) "Corporation" means a corporation operating pursuant to the provisions of chapter 695B of NRS.
 - (c) "Health maintenance organization" has the meaning ascribed to it in NRS 695C.030.
 - (d) "Insurer" means:
 - (1) An insurer that issues policies of individual health insurance in accordance with chapter 689A of NRS; and
 - (2) An insurer that issues policies of group health insurance in accordance with chapter 689B of NRS.
 - (e) "Managed care organization" has the meaning ascribed to it in NRS 695G.050.
 - (f) "Provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS.
 - (g) "Society" has the meaning ascribed to it in NRS 695A.044.
- (Added to NRS by 2003, 3374; A 2011, 2537)

NRS 629.097 Governor to solicit nominees for board positions from applicable professional association.

1. If the Governor must appoint to a board a person who is a member of a profession being regulated by that board, the Governor shall solicit nominees from one or more applicable professional associations in this State.
 2. To the extent practicable, such an applicable professional association shall provide nominees who represent the geographic diversity of this State.
 3. The Governor may appoint any qualified person to a board, without regard to whether the person is nominated pursuant to this section.
 4. As used in this section, "board" refers to a board created pursuant to chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 641, 641A, 641B or 641C of NRS.
- (Added to NRS by 2007, 1822; A 2015, 2294)

GENETIC INFORMATION

NRS 629.101 Definitions. As used in NRS 629.101 to 629.201, inclusive, unless the context otherwise requires, the words and terms defined in NRS 629.111 and 629.121 have the meanings ascribed to them in those sections.

(Added to NRS by 1997, 1463)

NRS 629.111 "Genetic information" defined. "Genetic information" means any information that is obtained from a genetic test.

(Added to NRS by 1997, 1463)

NRS 629.121 "Genetic test" defined. "Genetic test" means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

1. Are linked to physical or mental disorders or impairments; or
2. Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

(Added to NRS by 1997, 1463)

NRS 629.131 Applicability.

1. The provisions of NRS 629.101 to 629.201, inclusive, do not apply to any action taken by an insurer or a third-party administrator relating to a policy that provides coverage for long-term care or disability income.
 2. As used in this section, "third-party administrator" has the meaning ascribed to it in NRS 616A.335.
- (Added to NRS by 1997, 1463)

NRS 629.141 Right to inspect or obtain. A person who takes a genetic test may inspect or obtain any genetic information included in the records of the test.

(Added to NRS by 1997, 1463)

NRS 629.151 Obtaining genetic information of person without consent unlawful; exceptions. It is unlawful to obtain any genetic information of a person without first obtaining the informed consent of the person or the person's legal guardian pursuant to NRS 629.181, unless the information is obtained:

1. By a federal, state, county or city law enforcement agency to establish the identity of a person or dead human body;
2. To determine the parentage or identity of a person pursuant to NRS 56.020;
3. To determine the paternity of a person pursuant to NRS 126.121 or 425.384;
4. For use in a study where the identities of the persons from whom the genetic information is obtained are not disclosed to the person conducting the study;

5. To determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008 or a provision of federal law; or
6. Pursuant to an order of a court of competent jurisdiction.
(Added to NRS by 1997, 1463; A 1999, 1062)

NRS 629.161 Retention of genetic information that identifies person without consent unlawful; exceptions; destruction of genetic information.

1. It is unlawful to retain genetic information that identifies a person, without first obtaining the informed consent of the person or the person's legal guardian pursuant to NRS 629.181, unless retention of the genetic information is:
 - (a) Authorized or required pursuant to NRS 439.538;
 - (b) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
 - (c) Authorized pursuant to an order of a court of competent jurisdiction; or
 - (d) Necessary for a medical facility to maintain a medical record of the person.
2. A person who has authorized another person to retain his or her genetic information may request that person to destroy the genetic information. If so requested, the person who retains that genetic information shall destroy the information, unless retention of that information is:
 - (a) Authorized or required pursuant to NRS 439.538;
 - (b) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
 - (c) Authorized by an order of a court of competent jurisdiction;
 - (d) Necessary for a medical facility to maintain a medical record of the person; or
 - (e) Authorized or required by state or federal law or regulation.
3. Except as otherwise provided in subsection 4 or by federal law or regulation, a person who obtains the genetic information of a person for use in a study shall destroy that information upon:
 - (a) The completion of the study; or
 - (b) The withdrawal of the person from the study,
 ↪ whichever occurs first.
4. A person whose genetic information is used in a study may authorize the person who conducts the study to retain that genetic information after the study is completed or upon his or her withdrawal from the study.
(Added to NRS by 1997, 1464; A 2007, 1982; 2015, 1555)

NRS 629.171 Disclosure of identity genetic information of person without consent unlawful; exceptions. It is unlawful to disclose or to compel a person to disclose the identity of a person who was the subject of a genetic test or to disclose genetic information of that person in a manner that allows identification of the person, without first obtaining the informed consent of that person or his or her legal guardian pursuant to NRS 629.181, unless the information is disclosed:

1. To conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
2. To determine the parentage or identity of a person pursuant to NRS 56.020;
3. To determine the paternity of a person pursuant to NRS 126.121 or 425.384;
4. Pursuant to an order of a court of competent jurisdiction;
5. By a physician and is the genetic information of a deceased person that will assist in the medical diagnosis of persons related to the deceased person by blood;
6. To a federal, state, county or city law enforcement agency to establish the identity of a person or dead human body;
7. To determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008 or a provision of federal law;
8. To carry out the provisions of NRS 442.300 to 442.330, inclusive; or
9. By an agency of criminal justice pursuant to NRS 179A.075.
(Added to NRS by 1997, 1464; A 1999, 1063, 3515)

NRS 629.181 Procedure for obtaining consent of person; regulations.

1. Except as otherwise provided in subsection 2, the State Board of Health shall by regulation:
 - (a) Establish a procedure for obtaining the informed consent of a person pursuant to NRS 629.101 to 629.201, inclusive; and
 - (b) Prescribe a form for use in obtaining the informed consent of a person. The form must include:
 - (1) Information relating to the use and confidentiality of the genetic information of the person set forth in NRS 629.101 to 629.201, inclusive; and
 - (2) Any other information the State Board of Health may prescribe.
2. The State Board of Health is not required to adopt regulations establishing a procedure for obtaining the informed consent of a person pursuant to NRS 629.101 to 629.201, inclusive, if the procedure for obtaining that consent is required by federal law or regulation.
(Added to NRS by 1997, 1465)

- NRS 629.191 Penalty.** A person who violates any of the provisions of NRS 629.151, 629.161 or 629.171 is guilty of a misdemeanor.
(Added to NRS by 1997, 1465)

NRS 629.201 Right to bring civil action for disclosure of genetic information. Any person who suffers an injury as a result of the disclosure of his or her genetic information by another person in violation of NRS 629.171 may bring a civil action for the recovery of his or her actual damages, including costs and attorney's fees.
(Added to NRS by 1997, 1465)

NONEMBRYONIC CELLS

NRS 629.300 Definitions. As used in NRS 629.300 to 629.390, inclusive, unless the context otherwise requires, the words and terms defined in NRS 629.310, 629.320 and 629.330 have the meanings ascribed to them in those sections.
(Added to NRS by 2009, 2743)

NRS 629.310 "Allogeneic" defined. "Allogeneic" means originating from the body of another person.
(Added to NRS by 2009, 2743)

NRS 629.320 "Autologous" defined. "Autologous" means originating from within a person's own body.
(Added to NRS by 2009, 2743)

NRS 629.330 "Nonembryonic cells" defined. "Nonembryonic cells" means autologous or allogeneic cellular material, including, without limitation, stem cells and immune cells, that:

1. Has not been isolated or obtained directly from human embryos; and
2. May have been or may be combined with one or more:
 - (a) Naturally occurring biomaterials; or
 - (b) Materials approved or cleared for any purpose by the United States Food and Drug Administration or other applicable agency or authority.

(Added to NRS by 2009, 2744)

NRS 629.340 Scope of regulation, disciplinary action, liabilities or penalties for engaging in authorized activities.

1. Notwithstanding any other provision of law, any department, commission, board or agency of a state or local government, including, without limitation, a state professional board, shall not:

(a) Except as otherwise provided in subsection 2 of NRS 629.370 and subsection 2 of NRS 629.390, regulate the activities authorized by NRS 629.300 to 629.390, inclusive; or

(b) Take disciplinary action or impose civil or criminal liabilities or penalties against a person for engaging in an activity authorized by NRS 629.300 to 629.390, inclusive.

2. This section does not:

(a) Absolve a professional licensing board of the duty to regulate licensees or otherwise prohibit or limit the powers and duties of a licensing board to regulate the procedures used to administer the nonembryonic cells.

(b) Absolve any person of civil or criminal liability or penalty for failure to use the reasonable care, skill or knowledge ordinarily used in rendering medical services under similar circumstances.

(Added to NRS by 2009, 2744)

NRS 629.350 Provisions do not indicate status of authorized activities under federal law. Nothing in NRS 629.300 to 629.390, inclusive, shall be construed to indicate the status of any of the activities authorized pursuant to NRS 629.300 to 629.390, inclusive, as regards federal law.

(Added to NRS by 2009, 2744)

NRS 629.360 Operation of cell or tissue bank authorized.

1. Notwithstanding any other provision of law, a cell or tissue bank may operate in this State.

2. As used in this section, "cell or tissue bank" means a facility that stores nonembryonic cells or tissues, or both.

(Added to NRS by 2009, 2744)

NRS 629.370 Administration of nonembryonic cells. Notwithstanding any other provision of law, nonembryonic cells may be administered to a person by:

1. That person himself or herself; or

2. A person licensed or authorized in this State to administer or assist in the administration of medicine or health care to others if the mode of delivery used by the person to deliver the nonembryonic cells is a mode of delivery permitted under the person's license or authorization.

(Added to NRS by 2009, 2744)

NRS 629.380 Compounding of drug, medicine or health product using nonembryonic cells authorized. Notwithstanding any other provision of law:

1. A drug, medicine or health product may be compounded using as an ingredient, by itself or with other ingredients, nonembryonic cells; and

2. A pharmacy that compounds a drug, medicine or health product described in subsection 1 may be owned or operated, or both, in this State.

(Added to NRS by 2009, 2744)

NRS 629.390 Importation and administration of certain compounds, drugs or treatments containing nonembryonic cells authorized. Notwithstanding any other provision of law:

1. A person may import into this State any compound, drug or other treatment containing nonembryonic cells if:
 - (a) The compound, drug or other treatment was obtained without violating the laws of the jurisdiction in which it was obtained; and
 - (b) The compound, drug or other treatment is for personal use.
2. A person who is licensed or authorized in this State to administer or assist in the administration of medicine or health care to others may administer or assist in the administration of, to a person described in subsection 1, the imported compound, drug or other treatment if the mode of delivery used to deliver the nonembryonic cells by the person who is licensed or authorized in this State is a mode of delivery permitted under the person's license or authorization.

(Added to NRS by 2009, 2744)

VOLUNTARY HEALTH CARE SERVICE

NRS 629.400 Legislative declaration. The Legislature hereby finds and declares that:

1. Access to high-quality health care service is of concern to all persons;
2. Access to such service is severely limited for some residents of this State, particularly those who reside in remote, rural areas or in the inner city;
3. Physicians and other providers of health care have traditionally worked to ensure broad access to health care service;
4. Many providers of health care from this State and other states or territories of the United States are willing to volunteer their services to address the health care needs of Nevadans who may otherwise not be able to obtain such service; and
5. It is the public policy of this State to encourage and facilitate the provision of voluntary health care service.

(Added to NRS by 2013, 2280)

NRS 629.410 Definitions. As used in NRS 629.400 to 629.490, inclusive, unless the context otherwise requires, the words and terms defined in NRS 629.420, 629.430 and 629.440 have the meanings ascribed to them in those sections.

(Added to NRS by 2013, 2280)

NRS 629.420 "Division" defined. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by 2013, 2280)

NRS 629.430 "Sponsoring organization" defined. "Sponsoring organization" means an organization that:

1. Organizes or arranges for the provision of voluntary health care service in association with one or more providers of health care; and
2. Is registered with the Division pursuant to NRS 629.460.

(Added to NRS by 2013, 2280)

NRS 629.440 "Voluntary health care service" defined. "Voluntary health care service" means professional health care service that is provided to a patient by a provider of health care:

1. Without charge to the patient or to a third party on behalf of the patient; and
2. In association with a sponsoring organization.

(Added to NRS by 2013, 2280)

NRS 629.450 Provider of health care authorized to provide voluntary health care service; limitations.

1. Notwithstanding any provision of law to the contrary and except as otherwise provided in this section, a provider of health care may provide voluntary health care service in this State in association with a sponsoring organization.
2. A provider of health care shall not provide voluntary health care service in this State if:
 - (a) The professional license or certificate of the provider of health care is suspended or revoked, or has been suspended or revoked within the immediately preceding 5 years, pursuant to disciplinary proceedings in this State or in any other state or territory of the United States;
 - (b) The voluntary health care service provided is outside the scope of practice authorized by the professional license or certificate of the provider of health care; or
 - (c) The provider of health care has not actively practiced his or her profession continuously for the immediately preceding 3 years.

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

(Added to NRS by 2013, 2280)

NRS 629.460 Sponsoring organization to register with Division; contents of form; registration deemed prima facie evidence of due care; authority of Division to revoke registration.

1. A sponsoring organization shall, before organizing or arranging for the provision of voluntary health care service in this State, register with the Division by submitting to the Division a form prescribed by the Division which contains:
 - (a) The name, street address and telephone number of the sponsoring organization;

(b) The name, street address and telephone number of each person who is an officer, director or organizational official of the sponsoring organization and who is responsible for the operation of the sponsoring organization; and

(c) Any other information required for registration by the Division.

2. Each sponsoring organization shall:

(a) Notify the Division in writing of any change in the information required for registration pursuant to subsection 1 not later than 10 days after the change.

(b) File a report with the Division not later than 10 days after the end of each calendar quarter identifying each provider of health care who provided voluntary health care service during the calendar quarter in association with the sponsoring organization. The report filed pursuant to this paragraph must include a copy of the current license or certificate of each provider of health care identified in the report and the date, location and type of service provided by each provider of health care. A sponsoring organization shall maintain a record of each report filed pursuant to this paragraph for a period of not less than 5 years after the date on which the report is filed. Each report maintained pursuant to this paragraph, including copies thereof, must be made available for inspection by the Division upon reasonable request.

3. Compliance with this section shall be deemed to be prima facie evidence that a sponsoring organization has exercised due care in selecting a provider of health care to associate with the sponsoring organization to provide voluntary health care service.

4. The Division may, after reasonable notice and a hearing, revoke the registration of any sponsoring organization that fails to comply with the requirements of this section.

(Added to NRS by 2013, 2281)

NRS 629.470 Duty of provider of health care to carry liability insurance. Each provider of health care who provides voluntary health care service pursuant to NRS 629.400 to 629.490, inclusive, shall obtain or otherwise carry, before providing such service, a policy of professional liability insurance which insures the provider of health care against any liability arising from the provision of voluntary health care service by the provider of health care pursuant to NRS 629.400 to 629.490, inclusive.

(Added to NRS by 2013, 2282)

NRS 629.480 Provider of health care to report suspension or revocation of license or certificate, other disciplinary action or information concerning malpractice to Division; submission of fingerprints. A provider of health care currently providing voluntary health care service pursuant to NRS 629.400 to 629.490, inclusive, shall:

1. Report to the Division:

(a) Any suspension or revocation of a license or certificate of the provider of health care or any other disciplinary action taken against the provider of health care by a regulatory body in another state or territory of the United States; and

(b) Any charge or complaint of malpractice made against the provider of health care or any final disposition of a court with respect to such a charge or complaint of malpractice.

2. If the state or territory of the United States in which the provider of health care is licensed or certified does not require, as a condition of licensure or certification, the submission of fingerprints for a background check by the Federal Bureau of Investigation, submit to the Division a complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(Added to NRS by 2013, 2282)

NRS 629.490 Regulations. The Division shall adopt regulations to carry out the provisions of NRS 629.400 to 629.490, inclusive.

(Added to NRS by 2013, 2282)

TELEHEALTH

NRS 629.510 Legislative findings and declarations. The Legislature hereby finds and declares that:

1. Health care services provided through telehealth are often as effective as health care services provided in person;

2. The provision of services through telehealth does not detract from, and often improves, the quality of health care provided to patients and the relationship between patients and providers of health care; and

3. It is the public policy of this State to:

(a) Encourage and facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this State; and

(b) Ensure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.

(Added to NRS by 2015, 621)

NRS 629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws.

1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:
 - (a) Modify, expand or alter the scope of practice of a provider of health care; or
 - (b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.
3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:
 - (a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.
 - (b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.
4. As used in this section:
 - (a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.
 - (b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.
 - (c) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

(Added to NRS by 2015, 621)

DUTY OF MENTAL HEALTH PROFESSIONALS CONCERNING CERTAIN THREATS

NRS 629.550 Duty to apply for emergency admission to mental health facility of patient who communicates certain threats or to make reasonable effort to timely communicate threats to certain persons; civil or criminal liability or disciplinary action.

1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall apply for the emergency admission of the patient to a mental health facility pursuant to NRS 433A.160 or make a reasonable effort to communicate the threat in a timely manner to:
 - (a) The person who is the subject of the threat;
 - (b) The law enforcement agency with the closest physical location to the residence of the person; and
 - (c) If the person is a minor, the parent or guardian of the person.
2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if:
 - (a) The mental health professional actually communicates the threat in a timely manner; or
 - (b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional.
3. A mental health professional who exercises reasonable care in determining that he or she:
 - (a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information.
 - (b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient.
4. The provisions of this section do not:
 - (a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to NRS 432B.220; or
 - (b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient:
 - (1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or
 - (2) Who is being discharged from such a facility.
5. As used in this section, "mental health professional" includes:
 - (a) A physician or psychiatrist licensed to practice medicine in this State pursuant to chapter 630 or 633 of NRS;
 - (b) A psychologist who is licensed to practice psychology pursuant to chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;
 - (c) A social worker who:
 - (1) Holds a master's degree in social work;
 - (2) Is licensed as a clinical social worker pursuant to chapter 641B of NRS; and
 - (3) Is employed by the Division of Public and Behavioral Health of the Department of Health and Human Services;
 - (d) A registered nurse who:
 - (1) Is licensed to practice professional nursing pursuant to chapter 632 of NRS; and
 - (2) Holds a master's degree in psychiatric nursing or a related field;
 - (e) A marriage and family therapist licensed pursuant to chapter 641A of NRS;
 - (f) A clinical professional counselor licensed pursuant to chapter 641A of NRS; and

(g) A person who is working in this State within the scope of his or her employment by the Federal Government, including, without limitation, employment with the Department of Veterans Affairs, the military or the Indian Health Service, and is:

(1) Licensed or certified as a physician, psychologist, marriage and family therapist, clinical professional counselor, alcohol and drug abuse counselor or clinical alcohol and drug abuse counselor in another state;

(2) Licensed as a social worker in another state and holds a master's degree in social work; or

(3) Licensed to practice professional nursing in another state and holds a master's degree in psychiatric nursing or a related field.

(Added to NRS by 2015, 1551, 1817; A 2017, 911)

WELLNESS SERVICES

NRS 629.580 Provision of services is not violation of law based on unlicensed practice; exceptions; required disclosures; penalty; applicability.

1. A person who provides wellness services in accordance with this section, but who is not licensed, certified or registered in this State as a provider of health care, is not in violation of any law based on the unlicensed practice of health care services or a health care profession unless the person:

(a) Performs surgery or any other procedure which punctures the skin of any person;

(b) Sets a fracture of any bone of any person;

(c) Prescribes or administers X-ray radiation to any person;

(d) Prescribes or administers a prescription drug or device or a controlled substance to any person;

(e) Recommends to a client that he or she discontinue or in any manner alter current medical treatment prescribed by a provider of health care licensed, certified or registered in this State;

(f) Makes a diagnosis of a medical disease of any person;

(g) Performs a manipulation or a chiropractic adjustment of the articulations of joints or the spine of any person;

(h) Treats a person's health condition in a manner that intentionally or recklessly causes that person recognizable and imminent risk of serious or permanent physical or mental harm;

(i) Holds out, states, indicates, advertises or implies to any person that he or she is a provider of health care;

(j) Engages in the practice of medicine in violation of chapter 630 or 633 of NRS, the practice of homeopathic medicine in violation of chapter 630A of NRS or the practice of podiatry in violation of chapter 635 of NRS, unless otherwise expressly authorized by this section;

(k) Performs massage therapy as that term is defined in NRS 640C.060, reflexology as that term is defined in NRS 640C.080 or structural integration as that term is defined in NRS 640C.085; or

(l) Provides mental health services that are exclusive to the scope of practice of a psychiatrist licensed pursuant to chapter 630 or 633 of NRS, or a psychologist licensed pursuant to chapter 641 of NRS.

2. Any person providing wellness services in this State who is not licensed, certified or registered in this State as a provider of health care and who is advertising or charging a fee for wellness services shall, before providing those services, disclose to each client in a plainly worded written statement:

(a) The person's name, business address and telephone number;

(b) The fact that he or she is not licensed, certified or registered as a provider of health care in this State;

(c) The nature of the wellness services to be provided;

(d) The degrees, training, experience, credentials and other qualifications of the person regarding the wellness services to be provided; and

(e) A statement in substantially the following form:

It is recommended that before beginning any wellness plan, you notify your primary care physician or other licensed providers of health care of your intention to use wellness services, the nature of the wellness services to be provided and any wellness plan that may be utilized. It is also recommended that you ask your primary care physician or other licensed providers of health care about any potential drug interactions, side effects, risks or conflicts between any medications or treatments prescribed by your primary care physician or other licensed providers of health care and the wellness services you intend to receive.

↪ A person who provides wellness services shall obtain from each client a signed copy of the statement required by this subsection, provide the client with a copy of the signed statement at the time of service and retain a copy of the signed statement for a period of not less than 5 years.

3. A written copy of the statement required by subsection 2 must be posted in a prominent place in the treatment location of the person providing wellness services in at least 12-point font. Reasonable accommodations must be made for clients who:

(a) Are unable to read;

(b) Are blind or visually impaired;

(c) Have communication impairments; or

(d) Do not read or speak English or any other language in which the statement is written.

4. Any advertisement for wellness services authorized pursuant to this section must disclose that the provider of those services is not licensed, certified or registered as a provider of health care in this State.

5. A person who violates any provision of this section is guilty of a misdemeanor. Before a criminal proceeding is commenced against a person for a violation of a provision of this section, a notification, educational or mediative approach must be utilized by the regulatory body enforcing the provisions of this section to bring the person into compliance with such provisions.

6. This section does not apply to or control:

(a) Any health care practice by a provider of health care pursuant to the professional practice laws of this State, or prevent such a health care practice from being performed.

(b) Any health care practice if the practice is exempt from the professional practice laws of this State, or prevent such a health care practice from being performed.

(c) A person who provides health care services if the person is exempt from the professional practice laws of this State, or prevent the person from performing such a health care service.

(d) A medical assistant, as that term is defined in NRS 630.0129 and 633.075, an advanced practitioner of homeopathy, as that term is defined in NRS 630A.015, or a homeopathic assistant, as that term is defined in NRS 630A.035.

7. As used in this section, "wellness services" means healing arts therapies and practices, and the provision of products, that are based on the following complementary health treatment approaches and which are not otherwise prohibited by subsection 1:

(a) Anthroposophy.

(b) Aromatherapy.

(c) Traditional cultural healing practices.

(d) Detoxification practices and therapies.

(e) Energetic healing.

(f) Folk practices.

(g) Gerson therapy and colostrum therapy.

(h) Healing practices using food, dietary supplements, nutrients and the physical forces of heat, cold, water and light.

(i) Herbology and herbalism.

(j) Reiki.

(k) Mind-body healing practices.

(l) Nondiagnostic iridology.

(m) Noninvasive instrumentalities.

(n) Holistic kinesiology.

(Added to NRS by 2015, 2340; A 2017, 1445)

CONVERSION THERAPY

NRS 629.600 Conversion therapy prohibited.

1. A psychotherapist shall not provide any conversion therapy to a person who is under 18 years of age regardless of the willingness of the person or his or her parent or legal guardian to authorize such therapy.

2. Any violation of subsection 1 is a ground for disciplinary action by a state board that licenses a psychotherapist as defined in subsection 3.

3. As used in this section:

(a) "Conversion therapy" means any practice or treatment that seeks to change the sexual orientation or gender identity of a person, including, without limitation, a practice or treatment that seeks to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same gender. The term does not include counseling that:

(1) Provides assistance to a person undergoing gender transition; or

(2) Provides acceptance, support and understanding of a person or facilitates a person's ability to cope, social support and identity exploration and development, including, without limitation, an intervention to prevent or address unlawful conduct or unsafe sexual practices that is neutral as to the sexual-orientation of the person receiving the intervention and does not seek to change the sexual orientation or gender identity of the person receiving the intervention.

(b) "Psychotherapist" means:

(1) A psychiatrist licensed to practice medicine in this State pursuant to chapter 630 of NRS;

(2) A homeopathic physician, advanced practitioner of homeopathy or homeopathic assistant licensed or certified pursuant to chapter 630A of NRS;

(3) A psychiatrist licensed to practice medicine in this State pursuant to chapter 633 of NRS;

(4) A psychologist licensed to practice in this State pursuant to chapter 641 of NRS;

(5) A social worker licensed in this State as an independent social worker or a clinical social worker pursuant to chapter 641B of NRS;

(6) A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State pursuant to chapter 632 of NRS;

(7) A marriage and family therapist or clinical professional counselor licensed in this State pursuant to chapter 641A of NRS; or

(8) A person who provides counseling services as part of his or her training for any of the professions listed in subparagraphs (1) to (7), inclusive.

(Added to NRS by 2017, 111)

NEVADA STATE BOARD OF MEDICAL EXAMINERS



NEVADA REVISED STATUTES (NRS) CHAPTER 630

[Rev. 6/2/2018 8:31:25 PM--2017]

CHAPTER 630 - PHYSICIANS, PHYSICIAN ASSISTANTS, MEDICAL ASSISTANTS, PERFUSIONISTS AND PRACTITIONERS OF RESPIRATORY CARE

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BOARD OF MEDICAL EXAMINERS

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- NRS 630.144 Website: Maintenance; general requirements and restrictions concerning posting of information.
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- NRS 630.160 License required to practice medicine; qualifications of applicant; issuance after verification; action by Board if Board receives information concerning applicant that differs from information previously received by Board.
- NRS 630.1605 License by endorsement to practice medicine.
- NRS 630.1606 Expedited license by endorsement to practice medicine: Requirements; procedure for issuance.
- NRS 630.1607 Expedited license by endorsement to practice medicine: Requirements; procedure for issuance; provisional license pending action on application.
- NRS 630.161 Effect of revocation of license to practice medicine in another jurisdiction for gross medical negligence; regulations.
- NRS 630.165 Application and affidavit for license or license by endorsement to practice medicine; additional requirements; burden of proof.
- NRS 630.167 Submission of fingerprints; conditions and limitations on information provided by Board.
- NRS 630.170 Submission of evidence of graduation from accredited medical school.
- NRS 630.171 Submission of certificate and proof satisfactory of completion of progressive postgraduate training by applicant for license to practice medicine.
- NRS 630.173 Submission of certain information concerning claims for malpractice, complaints and other disciplinary action involving applicant for license to practice medicine; consideration by Board of certain information more than 10 years old.
- NRS 630.180 Examinations.
- NRS 630.195 Submission of evidence of degree and passage of examination by applicant who is graduate of foreign medical school.
- NRS 630.197 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]
- NRS 630.197 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings and expires by limitation 2 years after that date.]
- NRS 630.198 Board prohibited from issuing or renewing certain licenses unless applicant attests to certain information pertaining to safe and appropriate injection practices.
- NRS 630.200 Delay or denial of application: Grounds; notice; appeal.
- NRS 630.220 Records of issuance or denial of licenses: Contents; inspection.
- NRS 630.250 Validity of license issued before July 1, 1985.
- NRS 630.253 Active licensees: Continuing education.
- NRS 630.2535 Active licensees: Training relating to misuse and abuse of controlled substances, prescribing of opioids or addiction; regulations.
- NRS 630.254 Active licensees: Notice of change of mailing address; notice of change of location or close of office located in State; location of records; maintenance of electronic mail address with Board if performing certain acts outside State.
- NRS 630.255 Inactive licensees: Conditions for placement on inactive status; maintenance of permanent and electronic mailing addresses with Board; notice of change of mailing address; reinstatement.
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GENERAL PROVISIONS

- NRS 630.298 Jurisdiction of Board over licensee unaffected by expiration or voluntary surrender of license.
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GROUND FOR INITIATING DISCIPLINARY ACTION OR DENYING LICENSURE

- NRS 630.301 Criminal offenses; disciplinary action taken by other jurisdiction; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient.
- NRS 630.304 Misrepresentation in obtaining or renewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice.
- NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.
- NRS 630.306 Inability to practice medicine; deceptive conduct; violation of regulation governing practice of medicine or adopted by State Board of Pharmacy; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient or patient's family; lack of skill or diligence; habitual intoxication or dependency on controlled substances; filing of false report; failure to report certain changes of information or disciplinary or criminal action in another jurisdiction; failure to be found competent after examination; certain operation of a medical facility; prohibited administration of anesthesia or sedation; engaging in unsafe or unprofessional conduct; knowingly or willfully procuring or administering certain controlled substances or dangerous drugs; failure to supervise medical assistant adequately; allowing person not enrolled in accredited medical school to perform certain activities; failure to obtain required training regarding controlled substances; unauthorized injection of dermal or soft tissue fillers or botulinum toxin.
- NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations; failure to comply with certain requirements relating to controlled substances.

- NRS 630.3065 Knowing or willful disclosure of privileged communication; knowing or willful failure to comply with law, subpoena or order; knowing or willful failure to perform legal obligation.
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- NRS 630.30665 Physician required to report certain information concerning surgeries and sentinel events; disciplinary action or fine for failure to report or false report; duties of Board; confidentiality of report; applicability; regulations.
- NRS 630.3067 Insurer of physician required to report certain information concerning malpractice; administrative fine for failure to report.
- NRS 630.3068 Physician required to report certain information concerning malpractice and sanctions imposed against physician; administrative fine for failure to report; reports deemed public records.
- NRS 630.3069 Board required to conduct investigation after receiving certain reports concerning malpractice.
- NRS 630.307 General requirements for filing complaint; medical facilities and societies required to report certain information concerning privileges and disciplinary action; administrative fine for failure to report; clerk of court required to report certain information concerning court actions; retention of complaints by Board.
- NRS 630.309 Requirements for filing complaint against perfusionist, physician assistant or practitioner of respiratory care.
- NRS 630.311 Review and investigation of complaint by committee designated by Board; formal complaint; proceedings confidential; publication of summary of proceedings and determinations.
- NRS 630.318 Examination of physician to determine fitness to practice medicine; effect of failure to submit to examination.
- NRS 630.323 Review and investigation of complaint relating to prescriptions for certain controlled substances; notice to licensee; formal complaint and hearing; referral or postponement of investigation; regulations.
- NRS 630.324 Summary suspension of licensee's authority to prescribe, administer or dispense certain controlled substances; issuance of order; formal hearing and decision.
- NRS 630.326 Summary suspension of license: Issuance of order; hearing; reinstatement of license required if no formal complaint pending on date of hearing; limitation on time for completing examination.
- NRS 630.329 Summary suspension of license: Stay by court of Board's order prohibited.
- NRS 630.336 Confidentiality of certain proceedings, reports, complaints, investigations, records and other information; exceptions.

DISCIPLINARY PROCEEDINGS

- NRS 630.339 Contents of formal complaint; answer; case conference; procedure for hearing resulting from report of violations of Industrial Insurance Act; formal hearing.
- NRS 630.342 Submission of fingerprints required upon initiation of disciplinary action; effect of noncompliance; additional grounds for disciplinary action.
- NRS 630.344 Service of process.
- NRS 630.346 Board, panel or hearing officer not bound by formal rules of evidence; requirements for proof; burden of proof.
- NRS 630.352 Disposition of charges: Adjudication by Board; dismissal of charges or required disciplinary action for violations; private reprimands prohibited; issuance of order imposing discipline; orders imposing discipline deemed public records.
- NRS 630.355 Acts constituting contempt; stay of related disciplinary proceedings; transfer of jurisdiction to district court; penalties; manner in which person may purge himself or herself of contempt.
- NRS 630.356 Judicial review; effective date of order; stay of Board's order by court prohibited.
- NRS 630.358 Removal of limitation on or restoration of license.

MISCELLANEOUS PROVISIONS

- NRS 630.364 Immunity from civil action; Board prohibited from taking certain action against physician for disclosing certain violations to governmental entity or cooperating in related investigation, hearing or inquiry.
- NRS 630.365 Authority for nonprofit medical school or research institution to operate as business organization or association, operate clinic in conjunction with school or research facility and retain portion of money generated by clinic.
- NRS 630.366 Suspension of license for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of license. [Effective until 2 years after the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]
- NRS 630.3675 Immediate suspension of license for conviction of felony relating to license holder's practice.
- NRS 630.369 Injecting patient with certain chemotherapeutic agents.
- NRS 630.371 Performance of laser surgery on eye.
- NRS 630.373 Administration of anesthesia or sedation.
- NRS 630.3735 Investigational drug, biological product or device: Conditions under which physician is authorized to prescribe or recommend; contents of form for consent; action not grounds for disciplinary action.
- NRS 630.374 Physician or physician assistant authorized to issue order for school or authorized entity to obtain and maintain auto-injectable epinephrine; immunity from liability.
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NRS 630.375 Form for prescription; requirements for initial fitting of contact lenses.

PROHIBITED ACTS; PENALTIES; ENFORCEMENT

NRS 630.388 Injunctive relief.
NRS 630.390 Sufficiency of allegations in application for injunctive relief.
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NRS 630.400 Penalty for certain violations.
NRS 630.411 Unauthorized use of insignia, license or documents prohibited.
NRS 630.415 Physician or agent or employee thereof prohibited from retaliating or discriminating against certain persons for reporting or participating in investigation or proceeding relating to sentinel event or conduct of physician or other persons or refusing to engage in unlawful conduct; restriction of right prohibited.
NRS 630.417 Legal remedy for certain retaliation or discrimination: Filing of action; damages; interest; equitable relief; rebuttable presumption in certain circumstances; civil penalty; limitation of action.

GENERAL PROVISIONS

NRS 630.003 Legislative declaration.

1. The Legislature finds and declares that:
 - (a) It is among the responsibilities of State Government to ensure, as far as possible, that only competent persons practice medicine, perfusion and respiratory care within this State;
 - (b) For the protection and benefit of the public, the Legislature delegates to the Board of Medical Examiners the power and duty to determine the initial and continuing competence of physicians, perfusionists, physician assistants and practitioners of respiratory care who are subject to the provisions of this chapter;
 - (c) The Board must exercise its regulatory power to ensure that the interests of the medical profession do not outweigh the interests of the public;
 - (d) The Board must ensure that unfit physicians, perfusionists, physician assistants and practitioners of respiratory care are removed from the medical profession so that they will not cause harm to the public; and
 - (e) The Board must encourage and allow for public input into its regulatory activities to further improve the quality of medical practice within this State.
2. The powers conferred upon the Board by this chapter must be liberally construed to carry out these purposes for the protection and benefit of the public.
 (Added to NRS by 1975, 411; A 1977, 820; 1985, 2224; 1987, 729; 2001, 759; 2003, 3430; 2009, 2946)

NRS 630.005 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.007 to 630.026, inclusive, have the meanings ascribed to them in those sections.
 (Added to NRS by 1975, 412; A 1983, 302; 1985, 2224; 2001, 760; 2003, 1886; 2009, 2946; 2011, 2612; 2015, 622)

NRS 630.007 “Administrative physician” defined. “Administrative physician” means a physician who is licensed only to act in an administrative capacity as an:

1. Officer or employee of a state agency;
2. Independent contractor pursuant to a contract with the State; or
3. Officer, employee or independent contractor of a private insurance company, medical facility or medical care organization, and who does not examine or treat patients in a clinical setting.
 (Added to NRS by 2003, 1884; A 2005, 2513)

NRS 630.010 “Board” defined. “Board” means the Board of Medical Examiners.
 [Part 2:169:1949; 1943 NCL § 4107.02] — (NRS A 1975, 414; 1985, 2224)

NRS 630.0122 “Healing art” defined. “Healing art” means any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, or unhealthy or abnormal physical or mental condition for the practice of which long periods of specialized education and training and a degree of specialized knowledge of an intellectual as well as physical nature are required.
 (Added to NRS by 1985, 2221)

NRS 630.0129 “Medical assistant” defined.

1. “Medical assistant” means a person who:
 - (a) Performs clinical tasks under the supervision of a physician or physician assistant; and
 - (b) Does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks.

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

(Added to NRS by 2011, 2611)

NRS 630.0135 “Medical facility” defined. “Medical facility” has the meaning ascribed to it in NRS 449.0151.

(Added to NRS by 1985, 2221)

NRS 630.0137 “Perfusion” defined.

1. “Perfusion” means the performance of functions which are necessary to provide for the support, treatment, measurement or supplementation of a patient’s cardiovascular, circulatory or respiratory system or other organs, or any combination of those activities, and to ensure the safe management of the patient’s physiological functions by monitoring and analyzing the parameters of the patient’s systems or organs under the order and supervision of a physician.

2. The term includes, without limitation:

(a) The use of extracorporeal circulation and any associated therapeutic and diagnostic technologies; and

(b) The use of long-term cardiopulmonary support techniques.

3. As used in this section, “extracorporeal circulation” means the diversion of a patient’s blood through a heart-lung bypass machine or a similar device that assumes the functions of the patient’s heart, lungs, kidney, liver or other organs.

(Added to NRS by 2009, 2943)

NRS 630.0138 “Perfusionist” defined. “Perfusionist” means a person who is licensed to practice perfusion by the Board.

(Added to NRS by 2009, 2943)

NRS 630.014 “Physician” defined. “Physician” means a person who has complied with all the requirements of this chapter for the practice of medicine.

(Added to NRS by 1975, 412; A 1985, 2224)

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

(Added to NRS by 1973, 503; A 1975, 414; 1997, 679; 2001, 760)

NRS 630.020 “Practice of medicine” defined. “Practice of medicine” means:

1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.

2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.

3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.

4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

[Part 17:169:1949; 1943 NCL § 4107.17] — (NRS A 1973, 504; 1975, 415; 1985, 1036, 2225; 1995, 1734; 2003, 438, 1886, 3430; 2009, 2946; 2013, 2011; 2015, 622)

NRS 630.021 “Practice of respiratory care” defined. “Practice of respiratory care” includes:

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

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

3. The provision of ventilatory assistance and control;

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

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

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

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

8. Training relating to the practice of respiratory care.

(Added to NRS by 2001, 758; A 2013, 2070)

NRS 630.023 “Practitioner of respiratory care” defined. “Practitioner of respiratory care” means a person who is:

1. Certified to engage in the practice of respiratory care by the National Board for Respiratory Care or its successor organization; and

2. Licensed by the Board.

(Added to NRS by 2001, 758)

NRS 630.024 “Respiratory care” defined.

1. “Respiratory care” means the treatment, management, diagnostic testing, control and care of persons with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes inhalation and respiratory therapy.

2. The term does not include any task performed in accordance with the regulations adopted by the State Board of Health pursuant to NRS 449.0304 and 449.4309.

(Added to NRS by 2001, 758; A 2017, 2311)

NRS 630.025 “Supervising physician” defined. “Supervising physician” means an active physician licensed and in good standing in the State of Nevada who supervises a physician assistant.

(Added to NRS by 1973, 504; A 1975, 415; 1997, 680; 2001, 760; 2007, 3042)

NRS 630.0257 “Telehealth” defined. “Telehealth” has the meaning ascribed to it in NRS 629.515.

(Added to NRS by 2015, 622)

NRS 630.026 “Temporarily licensed perfusionist” defined. “Temporarily licensed perfusionist” means a person temporarily licensed to practice perfusion by the Board pursuant to NRS 630.2696.

(Added to NRS by 2009, 2943)

NRS 630.045 Purpose of licensing; license is revocable privilege.

1. The purpose of licensing physicians, perfusionists, physician assistants and practitioners of respiratory care is to protect the public health and safety and the general welfare of the people of this State.

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

(Added to NRS by 1975, 413; A 2001, 760; 2003, 3430; 2009, 2946)

NRS 630.047 Applicability of chapter.

1. This chapter does not apply to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(k) A person who installs medical equipment for respiratory care that is used in the home and gives instructions regarding the use of that equipment if the person is trained to provide such services and is supervised by a provider of health care who is acting within the authorized scope of his or her practice.

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

3. This chapter does not prohibit:

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

(b) The domestic administration of family remedies.

[Part 1:169:1949; 1943 NCL § 4107.01] + [Part 17:169:1949; 1943 NCL § 4107.17] — (NRS A 1969, 905; 1973, 518; 1977, 964; 1985, 2225; 1987, 192; 2001, 760; 2009, 818, 2947; 2017, 3478)

NRS 630.049 Place at which act constituting practice of medicine deemed to occur. For the purposes of this chapter, any act that constitutes the practice of medicine shall be deemed to occur at the place where the patient is located at the time the act is performed.

(Added to NRS by 2001, 758)

BOARD OF MEDICAL EXAMINERS

Organization and Administration

NRS 630.050 Appointment of members: Number; limitation on consecutive terms.

1. The Board of Medical Examiners consists of nine members appointed by the Governor.
2. No person may be appointed as a member of the Board to serve for more than two consecutive full terms, but a person may be reappointed after the lapse of 4 years.

[Part 2:169:1949; 1943 NCL § 4107.02] — (NRS A 1977, 307; 1985, 2225)

NRS 630.060 Qualifications of members.

1. Six members of the Board must be persons who are licensed to practice medicine in this State, are actually engaged in the practice of medicine in this State and have resided and practiced medicine in this State for at least 5 years preceding their respective appointments.

2. One member of the Board must be a person who has resided in this State for at least 5 years and who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member must not be licensed under the provisions of this chapter.

3. The remaining two members of the Board must be persons who have resided in this State for at least 5 years and who:

(a) Are not licensed in any state to practice any healing art;

(b) Are not the spouse or the parent or child, by blood, marriage or adoption, of a person licensed in any state to practice any healing art;

(c) Are not actively engaged in the administration of any facility for the dependent as defined in chapter 449 of NRS, medical facility or medical school; and

(d) Do not have a pecuniary interest in any matter pertaining to the healing arts, except as a patient or potential patient.

4. The members of the Board must be selected without regard to their individual political beliefs.

[Part 2:169:1949; 1943 NCL § 4107.02] — (NRS A 1973, 506; 1977, 307; 1985, 1766, 2226; 2003, 1189, 3431; 2003, 20th Special Session, 265)

NRS 630.070 Terms, removal and replacement of members.

1. After the initial terms, the term of office of each member of the Board is 4 years. If a person is appointed to fill the unexpired term of a member which is more than 2 years, the person shall be deemed to have served a full term.

2. A member of the Board may be removed by the Governor for good cause, and the Governor shall appoint a person qualified under this chapter to replace the member for the remainder of the unexpired term.

[Part 2:169:1949; 1943 NCL § 4107.02] — (NRS A 1973, 506; 1977, 308; 1981, 69; 1985, 2226)

NRS 630.075 Appointment of physician or member of public to serve as advisory member of Board. The Board may, by majority vote, select physicians and members of the public, who must meet the same qualifications as required for members of the Board, to serve as advisory members of the Board. One or more advisory members may be designated by the Board to assist a committee of its members in an investigation as provided in NRS 630.311 but may not vote on any matter before the committee. Advisory members may also serve as members of the panel selected to hear charges as provided in NRS 630.339 and may vote on any recommendation made by the panel to the Board.

(Added to NRS by 1985, 2221)

NRS 630.080 Oath or affirmation of office. Before entering upon the duties of his or her office, each member of the Board shall take:

1. The constitutional oath or affirmation of office; and

2. An oath or affirmation that the member is legally qualified to serve on the Board.

[Part 3:169:1949; 1943 NCL § 4107.03] — (NRS A 1973, 506; 1977, 308; 1985, 2226)

NRS 630.085 Acknowledgment of statutory ethical standards.

1. Each member of the Board shall comply with the provisions of NRS 281A.500.

2. Each member of the Board shall provide a copy of the acknowledgment filed pursuant to NRS 281A.500 to the Executive Director of the Board, and the Executive Director shall retain an acknowledgment provided pursuant to this section for 6 years after the date on which the acknowledgment was provided to the Executive Director.

(Added to NRS by 2009, 1017)

NRS 630.090 Officers.

1. The Board shall elect from its members a President, a Vice President and a Secretary-Treasurer. The officers of the Board shall hold their respective offices during its pleasure.

2. The Secretary-Treasurer shall receive a salary, the amount of which shall be determined by the Board.

[Part 3:169:1949; 1943 NCL § 4107.03] + [Part 5:169:1949; 1943 NCL § 4107.05] + [Part 6:169:1949; 1943 NCL § 4107.06] — (NRS A 1985, 2227)

NRS 630.100 Meetings: Frequency; requirements concerning telephone or video conference; quorum.

1. The Board shall meet at least twice annually and may meet at other times on the call of the President or a majority of its members.
2. Meetings of the Board must be held at a location at which members of the general public may testify via telephone or video conference between Las Vegas and Carson City or Reno.
3. A majority of the Board or of any committee or panel appointed by the Board constitutes a quorum. If there is a quorum, a vote of the majority of the members present is all that is necessary to transact any business before the Board or the committee or panel appointed by the Board.
[4:169:1949; 1943 NCL § 4107.04] + [Part 7:169:1949; 1943 NCL § 4107.07] — (NRS A 1973, 506; 1985, 2227; 2003, 3431)

NRS 630.103 Executive Director of Board: Employment and discharge; serves as chief administrative officer; level of compensation.

1. The Board shall employ a person as the Executive Director of the Board.
2. The Executive Director serves as the chief administrative officer of the Board at a level of compensation set by the Board.
3. The Executive Director is an at-will employee who serves at the pleasure of the Board.
(Added to NRS by 2003, 3426; A 2005, 2513)

NRS 630.106 Other employees of Board: Employment and discharge; conditions and limitations regarding hearing officers.

1. The Board may employ hearing officers, experts, administrators, attorneys, investigators, consultants and clerical personnel necessary to the discharge of its duties.
2. Each employee of the Board is an at-will employee who serves at the pleasure of the Board. The Board may discharge an employee of the Board for any reason that does not violate public policy, including, without limitation, making a false representation to the Board.
3. A hearing officer employed by the Board shall not act in any other capacity for the Board or occupy any other position of employment with the Board, and the Board shall not assign the hearing officer any duties which are unrelated to the duties of a hearing officer.
4. If a person resigns his or her position as a hearing officer or the Board terminates the person from his or her position as a hearing officer, the Board may not rehire the person in any position of employment with the Board for a period of 2 years following the date of the resignation or termination. The provisions of this subsection do not give a person any right to be rehired by the Board and do not permit the Board to rehire a person who is prohibited from being employed by the Board pursuant to any other provision of law.
(Added to NRS by 2003, 3426)

NRS 630.110 Salary of members; per diem allowance and travel expenses of members and employees; deposit of money received by Board.

1. Out of the money coming into the possession of the Board, each member and advisory member of the Board is entitled to receive:
 - (a) A salary of not more than \$150 per day, as fixed by the Board, while engaged in the business of the Board; and
 - (b) A per diem allowance and travel expenses at a rate fixed by the Board, while engaged in the business of the Board.
 The rate must not exceed the rate provided for state officers and employees generally.
2. While engaged in the business of the Board, each employee of the Board is entitled to receive a per diem allowance and travel expenses at a rate fixed by the Board. The rate must not exceed the rate provided for state officers and employees generally.
3. Expenses of the Board and the expenses and salaries of its members and employees must be paid from the fees received by the Board pursuant to the provisions of this chapter, and no part of the salaries or expenses of the Board may be paid out of the State General Fund or from the penalties imposed by the Board pursuant to this chapter.
4. All money received by the Board from:
 - (a) Fees must be deposited in financial institutions in this State that are federally insured or insured by a private insurer pursuant to NRS 678.755, invested in treasury bills or notes of the United States, deposited in institutions in this State whose business is the making of investments, or invested as authorized by NRS 355.140.
 - (b) Penalties must be deposited with the State Treasurer for credit to the State General Fund.
 [Part 6:169:1949; 1943 NCL § 4107.06] — (NRS A 1963, 149; 1973, 507; 1975, 303; 1981, 1992; 1985, 2227; 1989, 1696; 1997, 680; 1999, 1530; 2007, 2943)

NRS 630.120 Seal; licenses to bear seal and signatures.

1. The Board shall procure a seal.
2. All licenses issued to physicians, perfusionists, physician assistants and practitioners of respiratory care must bear the seal of the Board and the signatures of its President and Secretary-Treasurer.
[Part 5:169:1949; 1943 NCL § 4107.05] — (NRS A 1985, 2227; 1987, 192; 1997, 680; 2001, 761; 2009, 2948)

NRS 630.123 Fiscal year. The Board shall operate on the basis of a fiscal year commencing on January 1 and terminating on December 31.

(Added to NRS by 1963, 149; A 2009, 2948)

NRS 630.125 Offices. The Board may maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

(Added to NRS by 1963, 149; A 1985, 2227; 2003, 3431)

NRS 630.127 Performance audits of Board.

1. In addition to any other audits required of the Board by law, the Legislative Commission shall issue to the Federation of State Medical Boards of the United States, Inc., a request for proposal to conduct regular performance audits of the Board. After considering the response to the request for proposal, if the Legislative Commission finds that the Federation of State Medical Boards of the United States, Inc., has the ability to conduct fair and impartial performance audits of the Board, the Legislative Commission shall engage the services of the Federation of State Medical Boards of the United States, Inc., to conduct regular performance audits of the Board. If the Legislative Commission finds that the Federation of State Medical Boards of the United States, Inc., does not have the ability to conduct fair and impartial performance audits of the Board or is otherwise unable to conduct such performance audits, the Legislative Commission shall direct the Audit Division of the Legislative Counsel Bureau to conduct regular performance audits of the Board.

2. The initial performance audit of the Board must be commenced before October 1, 2003. After the initial performance audit is completed, additional performance audits must be conducted:

(a) Once every 8 years, for the preceding 8-year period; or

(b) Whenever ordered by the Legislative Commission, for the period since the last performance audit was conducted pursuant to this section.

3. A written report of the results of the initial performance audit must be submitted to the Secretary of the Legislative Commission not later than 60 days after the date that the initial performance audit is commenced. A written report of the results of each subsequent performance audit must be submitted to the Secretary of the Legislative Commission as soon as practicable after the date that the performance audit is commenced.

4. Upon receipt of the written report of the results of each performance audit, the Secretary of the Legislative Commission shall:

(a) Distribute the report to the members of the Legislative Commission and to any other Legislator who requests a copy of the report; and

(b) Not later than 30 days after receipt of the report, make the report available to the public.

5. The Board shall pay all costs related to each performance audit conducted pursuant to this section.

6. Any person who conducts a performance audit pursuant to this section:

(a) Is directly responsible to the Legislative Commission;

(b) Must be sufficiently qualified to conduct the performance audit; and

(c) Must never have conducted an audit of the Board pursuant to NRS 218G.400 or have been affiliated, in any way, with a person who has conducted an audit of the Board pursuant to NRS 218G.400.

7. Each performance audit conducted pursuant to this section must include, without limitation, a comprehensive review and evaluation of:

(a) The methodology and efficiency of the Board in responding to complaints filed by the public against a licensee;

(b) The methodology and efficiency of the Board in responding to complaints filed by a licensee against another licensee;

(c) The methodology and efficiency of the Board in conducting investigations of licensees who have had two or more malpractice claims filed against them within a period of 12 months;

(d) The methodology and efficiency of the Board in conducting investigations of licensees who have been subject to one or more peer review actions at a medical facility that resulted in the licensee losing professional privileges at the medical facility for more than 30 days within a period of 12 months;

(e) The methodology and efficiency of the Board in taking preventative steps or progressive actions to remedy or deter any unprofessional conduct by a licensee before such conduct results in a violation under this chapter that warrants disciplinary action; and

(f) The managerial and administrative efficiency of the Board in using the fees that it collects pursuant to this chapter.

(Added to NRS by 2003, 3428)

General Powers and Duties

NRS 630.130 Enforcement of chapter; establishment of standards for licensure; administration of examinations; investigation of applicants and issuance of licenses; institution of court proceedings; submission of biennial report; regulations.

1. In addition to the other powers and duties provided in this chapter, the Board shall, in the interest of the public, judiciously:

(a) Enforce the provisions of this chapter;

(b) Establish by regulation standards for licensure under this chapter;

(c) Conduct examinations for licensure and establish a system of scoring for those examinations;

(d) Investigate the character of each applicant for a license and issue licenses to those applicants who meet the qualifications set by this chapter and the Board; and

(e) Institute a proceeding in any court to enforce its orders or the provisions of this chapter.

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

(a) Disciplinary action taken by the Board during the previous biennium against any licensee for malpractice or negligence;

(b) Information reported to the Board during the previous biennium pursuant to NRS 630.3067, 630.3068, subsections 3 and 6 of NRS 630.307 and NRS 690B.250 and 690B.260; and

(c) Information reported to the Board during the previous biennium pursuant to NRS 630.30665, including, without limitation, the number and types of surgeries performed by each holder of a license to practice medicine and the occurrence of sentinel events arising from such surgeries, if any.

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

3. The Board may adopt such regulations as are necessary or desirable to enable it to carry out the provisions of this chapter.

[Part 5:169:1949; 1943 NCL § 4107.05] — (NRS A 1973, 507; 1985, 309, 2228; 2002 Special Session, 18; 2003, 3431; 2005, 2513; 2007, 1823; 2009, 2948; 2011, 2858; 2015, 485)

NRS 630.133 Board required to notify Division of Public and Behavioral Health of Department of Health and Human Services upon identification of certain sentinel events; confidentiality of information.

1. The Board shall immediately notify the Division of Public and Behavioral Health of the Department of Health and Human Services if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Division of Public and Behavioral Health pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

(Added to NRS by 2009, 3070)

NRS 630.135 Board required to define “intractable pain” by regulation. The Board shall by regulation define the term “intractable pain” for the purposes of NRS 630.3066 and 633.521.

(Added to NRS by 1995, 1734)

NRS 630.137 Board prohibited from adopting certain regulations concerning collaboration or consultation among providers of health care.

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

2. The provisions of this section do not prevent the Board from adopting regulations that prohibit a physician, perfusionist, physician assistant or practitioner of respiratory care from aiding or abetting another person in the unlicensed practice of medicine or the unlicensed practice of perfusion or respiratory care.

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

(Added to NRS by 2003, 3427; A 2009, 2949)

NRS 630.138 Regulations governing supervision of medical assistants. The Board may adopt regulations governing the supervision of a medical assistant, including, without limitation, regulations which prescribe limitations on the possession and administration of a dangerous drug by a medical assistant.

(Added to NRS by 2011, 2612; A 2013, 2215; 2017, 1254)

NRS 630.139 Board authorized to take possession of health care records from licensee who becomes incapacitated; disclosures by licensee; regulations.

1. If a licensee becomes incapable of keeping his or her office open or unable to practice because of death, disability, incarceration or any other incapacitation, the Board may take possession of the health care records of patients of the licensee kept by the custodian of health care records pursuant to NRS 629.051 to:

(a) Make the health care records of a patient available to the patient either directly or through a third-party vendor; or

(b) Forward the health care records of a patient to the patient’s subsequent provider of health care.

2. A licensee shall post, in a conspicuous place in each location at which the licensee provides health care services, a sign which discloses to patients that their health care records may be accessed by the Board pursuant to subsection 1.

3. When a licensee provides health care services for a patient for the first time, the licensee shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be accessed by the Board pursuant to subsection 1.

4. The Board shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the sign and written statement required by this section; and

(b) Any other regulations necessary to carry out the provisions of this section.

5. As used in this section:

(a) “Custodian of health care records” has the meaning ascribed to it in NRS 629.016.

(b) “Health care records” has the meaning ascribed to it in NRS 629.021.

(Added to NRS by 2017, 2762, 2854)

NRS 630.140 Hearings and investigations; oaths; subpoenas.

1. The Board may hold hearings and conduct investigations pertaining to its duties imposed under this chapter and take evidence on any such matter under inquiry before the Board. For the purposes of this chapter:

(a) Any member of the Board or other person authorized by law may administer oaths; and

(b) The Secretary-Treasurer or President of the Board or a hearing officer or the presiding member of a committee investigating a complaint, but not the Executive Director acting on his or her own behalf, may issue subpoenas to compel the attendance of witnesses and the production of books, X-rays, medical records and any other item within the scope of Rule 45 of the Nevada Rules of Civil Procedure. The Secretary-Treasurer, President or other officer of the Board acting on its behalf or the Executive Director must sign the subpoena.

2. If any person fails to comply with the subpoena, the Secretary-Treasurer, Executive Director or President of the Board may petition the district court for an order of the court compelling compliance with the subpoena.

3. Upon such a petition, the court shall enter an order directing the person subpoenaed to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why the person has not complied with the subpoena. A certified copy of the order must be served upon the person subpoenaed.

4. If it appears to the court that the subpoena was regularly issued by the Board, the court shall enter an order compelling compliance with the subpoena, and upon failure to obey the order the person shall be dealt with as for contempt of court.

[Part 5:169:1949; 1943 NCL § 4107.05] + [Part 16:169:1949; 1943 NCL § 4107.16] + [Part 22:169:1949; 1943 NCL § 4107.22] — (NRS A 1973, 507; 1975, 416; 1977, 823; 1983, 302; 1985, 2228; 1987, 192; 2009, 2949)

NRS 630.144 Website: Maintenance; general requirements and restrictions concerning posting of information.

1. The Board shall maintain a website on the Internet or its successor.

2. The Board shall adopt policies and procedures for placing information on its Internet website.

3. The Board shall place on its Internet website:

(a) Each application form for the issuance or renewal of a license issued by the Board pursuant to this chapter.

(b) A list of questions that are frequently asked concerning the processes of the Board and the answers to those questions.

(c) An alphabetical list, by last name, of each licensee and a brief description of each disciplinary action, if any, taken against the licensee, in this State and elsewhere, which relates to his or her practice and which is noted in the records of the Board. The Board shall include, as part of the list on the Internet website, the name of each licensee whose license has been revoked by the Board. The Board shall make the list on the Internet website easily accessible and user friendly for the public.

(d) All financial reports received by the Board.

(e) All financial reports prepared by the Board.

(f) Any other information that the Board is required to place on its Internet website pursuant to any other provision of law.

(Added to NRS by 2003, 1886; A 2003, 3483; 2015, 485; 2017, 2854)

NRS 630.146 Website: Additional requirements concerning posting of information relating to pharmaceutical manufacturers. The Board shall post on a website or other Internet site that is operated or administered by or on behalf of the Board:

1. A general description of the basic elements of the Compliance Program Guidance for Pharmaceutical Manufacturers that is published by the Office of Inspector General of the United States Department of Health and Human Services, or links to websites or other Internet sites that are operated or administered by or on behalf of the Office of Inspector General where such information may be obtained;

2. A general description of the process for reporting unlawful or unethical conduct by pharmaceutical manufacturers to the Office of Inspector General, or links to websites or other Internet sites that are operated or administered by or on behalf of the Office of Inspector General where such information may be obtained; and

3. A current telephone number for the Office of Inspector General.

(Added to NRS by 2003, 1213)

LICENSES

General Provisions

NRS 630.160 License required to practice medicine; qualifications of applicant; issuance after verification; action by Board if Board receives information concerning applicant that differs from information previously received by Board.

1. Every person desiring to practice medicine must, before beginning to practice, procure from the Board a license authorizing the person to practice.

2. Except as otherwise provided in NRS 630.1605, 630.1606, 630.1607, 630.161 and 630.258 to 630.2665, inclusive, a license may be issued to any person who:

(a) Is a citizen of the United States or is lawfully entitled to remain and work in the United States;

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

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

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

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

- (1) All parts of the examination given by the National Board of Medical Examiners;
- (2) All parts of the Federation Licensing Examination;
- (3) All parts of the United States Medical Licensing Examination;
- (4) All parts of a licensing examination given by any state or territory of the United States, if the applicant is certified by a specialty board of the American Board of Medical Specialties;
- (5) All parts of the examination to become a licentiate of the Medical Council of Canada; or
- (6) Any combination of the examinations specified in subparagraphs (1), (2) and (3) that the Board determines to be sufficient;

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

- (1) Has completed 36 months of progressive postgraduate:
 - (I) Education as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or, as applicable, their successor organizations; or
 - (II) Fellowship training in the United States or Canada approved by the Board or the Accreditation Council for Graduate Medical Education;
- (2) Has completed at least 36 months of postgraduate education, not less than 24 months of which must have been completed as a resident after receiving a medical degree from a combined dental and medical degree program approved by the Board; or
- (3) Is a resident who is enrolled in a progressive postgraduate training program in the United States or Canada approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or, as applicable, their successor organizations, has completed at least 24 months of the program and has committed, in writing, to the Board that he or she will complete the program; and

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

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

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

- (a) Temporarily suspend the license;
- (b) Promptly review the differing information with the Board as a whole or in a committee appointed by the Board;
- (c) Declare the license void if the Board or a committee appointed by the Board determines that the information submitted by the applicant was false, fraudulent or intended to deceive the Board;
- (d) Refer the applicant to the Attorney General for possible criminal prosecution pursuant to NRS 630.400; or
- (e) If the Board temporarily suspends the license, allow the license to return to active status subject to any terms and conditions specified by the Board, including:
 - (1) Placing the licensee on probation for a specified period with specified conditions;
 - (2) Administering a public reprimand;
 - (3) Limiting the practice of the licensee;
 - (4) Suspending the license for a specified period or until further order of the Board;
 - (5) Requiring the licensee to participate in a program to correct alcohol or drug dependence or any other impairment;
 - (6) Requiring supervision of the practice of the licensee;
 - (7) Imposing an administrative fine not to exceed \$5,000;
 - (8) Requiring the licensee to perform community service without compensation;
 - (9) Requiring the licensee to take a physical or mental examination or an examination testing his or her competence to practice medicine;
 - (10) Requiring the licensee to complete any training or educational requirements specified by the Board; and
 - (11) Requiring the licensee to submit a corrected application, including the payment of all appropriate fees and costs incident to submitting an application.

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

[Part 8:169:1949; A 1953, 662; 1955, 103] — (NRS A 1969, 211; 1971, 220; 1973, 508; 1977, 1564; 1985, 2229; 1987, 193, 1673; 1989, 416; 1991, 1068, 1884, 1887; 1993, 2298; 1997, 680; 2001, 761; 2003, 437, 1886; 2007, 1824, 3042; 2009, 1105, 2950; 2011, 887; 2015, 486, 2997, 3868)

NRS 630.1605 License by endorsement to practice medicine.

1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who has been issued a license to practice medicine by the District of Columbia or any state or territory of the United States if:

(a) At the time the applicant files an application with the Board, the license is in effect;

(b) The applicant:

(1) Submits to the Board proof of passage of an examination approved by the Board;

(2) Submits to the Board any documentation and other proof of qualifications required by the Board;

(3) Meets all of the statutory requirements for licensure to practice medicine in effect at the time of application except for the requirements set forth in NRS 630.160; and

(4) Completes any additional requirements relating to the fitness of the applicant to practice required by the Board; and

(c) Any documentation and other proof of qualifications required by the Board is authenticated in a manner approved by the Board.

2. A license by endorsement to practice medicine may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

(Added to NRS by 2003, 1886; A 2007, 1825; 2009, 2952, 2999)

NRS 630.1606 Expedited license by endorsement to practice medicine: Requirements; procedure for issuance.

1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties.

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

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Is a citizen of the United States or otherwise has the legal right to work in the United States;

(3) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice medicine; and

(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;

(c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice medicine to the applicant not later than:

(a) Forty-five days after receiving the application; or

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints,

↳ whichever occurs later.

4. A license by endorsement to practice medicine may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

(Added to NRS by 2015, 2996)

NRS 630.1607 Expedited license by endorsement to practice medicine: Requirements; procedure for issuance; provisional license pending action on application.

1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association.

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

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Is a citizen of the United States or otherwise has the legal right to work in the United States;

(3) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant holds a license to practice medicine; and

(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;

(c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(d) Any other information required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to practice medicine to the applicant not later than:

(a) Forty-five days after receiving all the additional information required by the Board to complete the application; or

(b) Ten days after receiving a report on the applicant's background based on the submission of the applicant's fingerprints,

➤ whichever occurs later.

4. A license by endorsement to practice medicine may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice medicine in accordance with regulations adopted by the Board.

(Added to NRS by 2015, 3866)

NRS 630.161 Effect of revocation of license to practice medicine in another jurisdiction for gross medical negligence; regulations.

1. The Board shall not issue a license to practice medicine to an applicant who has been licensed to practice any type of medicine in another jurisdiction and whose license was revoked for gross medical negligence by that jurisdiction.

2. The Board may revoke the license of any person licensed to practice medicine in this State if it determines that the person had a license to practice any type of medicine in another jurisdiction which was revoked for gross medical negligence by that jurisdiction.

3. For the purposes of this section, the Board shall adopt by regulation a definition of gross medical negligence.

(Added to NRS by 1991, 1067)

NRS 630.165 Application and affidavit for license or license by endorsement to practice medicine; additional requirements; burden of proof.

1. Except as otherwise provided in subsection 2, an applicant for a license to practice medicine must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:

(a) The applicant is the person named in the proof of graduation and that it was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(b) The information contained in the application and any accompanying material is complete and correct.

2. An applicant for a license by endorsement to practice medicine pursuant to NRS 630.1605, 630.1606 or 630.1607 must submit to the Board, on a form provided by the Board, an application in writing, accompanied by an affidavit stating that:

(a) The applicant is the person named in the license to practice medicine issued by the District of Columbia or any state or territory of the United States and that the license was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(b) The information contained in the application and any accompanying material is complete and correct.

3. An application submitted pursuant to subsection 1 or 2 must include all information required to complete the application.

4. In addition to the other requirements for licensure, the Board may require such further evidence of the mental, physical, medical or other qualifications of the applicant as it considers necessary.

5. The applicant bears the burden of proving and documenting his or her qualifications for licensure.

(Added to NRS by 1985, 2221; A 1987, 194; 1997, 681, 2120; 1999, 520; 2003, 1888; 2005, 2713, 2807; 2015, 3000, 3870)

NRS 630.167 Submission of fingerprints; conditions and limitations on information provided by Board.

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

2. Any communication between the Board and the Interstate Medical Licensure Compact Commission created by NRS 629A.100 relating to verification of a physician's eligibility for expedited licensure pursuant to that section must not include any information received in a report from the Federal Bureau of Investigation relating to a state and federal

criminal records check performed for the purposes of an application for an expedited license issued pursuant to NRS 629A.100.

(Added to NRS by 2005, 2522; A 2009, 2952; 2017, 2855)

NRS 630.170 Submission of evidence of graduation from accredited medical school. In addition to the other requirements for licensure, an applicant for a license to practice medicine who is a graduate of a medical school located in the United States or Canada shall submit to the Board proof that the applicant has received the degree of doctor of medicine from a medical school which, at the time of graduation, was accredited by the Liaison Committee on Medical Education or the Committee for the Accreditation of Canadian Medical Schools. The proof of the degree of doctor of medicine must be submitted directly to the Board by the medical school that granted the degree. If proof of the degree is unavailable from the medical school, the Board may accept proof from any other source specified by the Board.

[Part 8:169:1949; A 1953, 662; 1955, 103] — (NRS A 1969, 211; 1973, 508; 1983, 303; 1985, 2229; 2009, 2953)

NRS 630.171 Submission of certificate and proof satisfactory of completion of progressive postgraduate training by applicant for license to practice medicine. Except as otherwise provided in NRS 630.263, in addition to the other requirements for licensure, an applicant for a license to practice medicine shall cause to be submitted to the Board, if applicable:

1. A certificate of completion of progressive postgraduate training from the residency program where the applicant completed training; and

2. Proof of satisfactory completion of a progressive postgraduate training program specified in subparagraph (3) of paragraph (d) of subsection 2 of NRS 630.160 within 60 days after the scheduled completion of the program.

(Added to NRS by 2003, 3427; A 2003, 20th Special Session, 264; 2011, 889; 2015, 3871)

NRS 630.173 Submission of certain information concerning claims for malpractice, complaints and other disciplinary action involving applicant for license to practice medicine; consideration by Board of certain information more than 10 years old.

1. In addition to the other requirements for licensure, an applicant for a license to practice medicine shall submit to the Board information describing:

(a) Any claims made against the applicant for malpractice, whether or not a civil action was filed concerning the claim;

(b) Any complaints filed against the applicant with a licensing board of another state and any disciplinary action taken against the applicant by a licensing board of another state; and

(c) Any complaints filed against the applicant with a hospital, clinic or medical facility or any disciplinary action taken against the applicant by a hospital, clinic or medical facility.

2. The Board may consider any information specified in subsection 1 that is more than 10 years old if the Board receives the information from the applicant or any other source from which the Board is verifying the information provided by the applicant.

3. The Board may refuse to consider any information specified in subsection 1 that is more than 10 years old if the Board determines that the claim or complaint is remote or isolated and that obtaining or attempting to obtain a record relating to the information will unreasonably delay the consideration of the application.

4. The Board shall not issue a license to the applicant until it has received all the information required by this section.

(Added to NRS by 2003, 3427; A 2009, 2953)

NRS 630.180 Examinations.

1. In addition to the other requirements for licensure, an applicant shall appear personally and pass an oral examination, if required by the Board.

2. The Board may employ specialists and other consultants or examining services in conducting any examinations required by the Board.

[Part 9:169:1949; 1943 NCL § 4107.09] + [11:169:1949; 1943 NCL § 4107.11] — (NRS A 1969, 211; 1973, 509; 1985, 2230)

NRS 630.195 Submission of evidence of degree and passage of examination by applicant who is graduate of foreign medical school.

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

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

(b) The standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by the Commission.

2. The proof of the degree of doctor of medicine or its equivalent must be submitted directly to the Board by the medical school that granted the degree. If proof of the degree is unavailable from the medical school that granted the degree, the Board may accept proof from any other source specified by the Board.

(Added to NRS by 1969, 214; A 1973, 509; 1975, 960; 1977, 1564; 1983, 304; 1985, 2230; 2009, 2953; 2015, 3000, 3871)

NRS 630.197 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each

state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

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

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

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

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

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

(b) A separate form prescribed by the Board.

3. A license to practice medicine, to practice as a perfusionist, to practice as a physician assistant or to practice as a practitioner of respiratory care may not be issued or renewed by the Board if the applicant:

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

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

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

(Added to NRS by 1997, 2119; A 1999, 520; 2001, 763; 2005, 2713, 2807, 2810; 2009, 2953)

NRS 630.197 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings and expires by limitation 2 years after that date.]

1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license to practice medicine, to practice as a perfusionist, to practice as a physician assistant or to practice as a practitioner of respiratory care shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

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

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

(b) A separate form prescribed by the Board.

3. A license to practice medicine, to practice as a perfusionist, to practice as a physician assistant or to practice as a practitioner of respiratory care may not be issued or renewed by the Board if the applicant:

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

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

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

(Added to NRS by 1997, 2119; A 1999, 520; 2001, 763; 2005, 2713, 2714, 2807, 2810; 2009, 2953, 2954, effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 630.198 Board prohibited from issuing or renewing certain licenses unless applicant attests to certain information pertaining to safe and appropriate injection practices.

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

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

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

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

(c) Whose duties involve injection practices,

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

(Added to NRS by 2011, 2054)

NRS 630.200 Delay or denial of application: Grounds; notice; appeal.

1. The Board may deny an application for a license to practice medicine for any violation of the provisions of this chapter or regulations of the Board.

2. The Board shall notify an applicant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing to the Board concerning any deficiency and, if the applicant does so, the Board shall respond in writing to the contentions of the applicant.

3. Any unsuccessful applicant may appeal to the Board if the applicant files the appeal within 90 days after the date of the rejection of the application by the Board. Upon appeal, the applicant has the burden to show that the action of the Board is erroneous.

[12:169:1949; 1943 NCL § 4107.12] — (NRS A 1973, 510; 1985, 2231; 2009, 2955)

NRS 630.220 Records of issuance or denial of licenses: Contents; inspection. The Board shall maintain records pertaining to applicants to whom licenses or permits have been issued or denied. The records must be open to the public and must include:

1. The name of each applicant.
2. The name of the school granting the diploma to the applicant.
3. The date of the diploma.
4. The address of the applicant.
5. The date of issuance or denial of the license.

[13:169:1949; 1943 NCL § 4107.13] — (NRS A 1973, 511; 1985, 2231; 1987, 194)

NRS 630.250 Validity of license issued before July 1, 1985. All valid licenses to practice medicine issued before July 1, 1985, remain in full effect but subject to the provisions of this chapter.

[19:169:1949; 1943 NCL § 4107.19] — (NRS A 1973, 511; 1985, 2232)

NRS 630.253 Active licensees: Continuing education.

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

- (a) Renewal of a license as a physician assistant; or
- (b) Biennial registration of the holder of a license to practice medicine,

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

2. These requirements:

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

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

- (1) An overview of acts of terrorism and weapons of mass destruction;
- (2) Personal protective equipment required for acts of terrorism;
- (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical,

biological, radioactive and nuclear agents;

- (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (5) An overview of the information available on, and the use of, the Health Alert Network.

(c) Must provide for the completion by a holder of a license to practice medicine of a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 5.

↪ The Board may thereafter determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

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

- (a) The skills and knowledge that the licensee needs to address aging issues;
- (b) Approaches to providing health care to older persons, including both didactic and clinical approaches;
- (c) The biological, behavioral, social and emotional aspects of the aging process; and
- (d) The importance of maintenance of function and independence for older persons.

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

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

- (a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of suicide.

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

7. A holder of a license to practice medicine may substitute not more than 2 hours of continuing education credits in pain management or addiction care for the purposes of satisfying an equivalent requirement for continuing education in ethics.

8. As used in this section:

- (a) "Act of terrorism" has the meaning ascribed to it in NRS 202.4415.
- (b) "Biological agent" has the meaning ascribed to it in NRS 202.442.
- (c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425.
- (d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.
- (e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

(Added to NRS by 1979, 652; A 1981, 504; 1985, 546, 2247; 1991, 787; 1997, 682; 2001, 763; 2003, 647, 2955; 2011, 2036; 2013, 1568; 2015, 2280; 2017, 941, 947)

NRS 630.2535 Active licensees: Training relating to misuse and abuse of controlled substances, prescribing of opioids or addiction; regulations. The Board shall, by regulation, require each physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure. Any licensee may use such training to satisfy 2 hours of any continuing education requirement established by the Board.

(Added to NRS by 2015, 116; A 2017, 4411)

NRS 630.254 Active licensees: Notice of change of mailing address; notice of change of location or close of office located in State; location of records; maintenance of electronic mail address with Board if performing certain acts outside State.

1. Each licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If a licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board:

(a) May impose upon the licensee a fine not to exceed \$250; and

(b) May initiate disciplinary action against the licensee as provided pursuant to paragraph (j) of subsection 1 of NRS 630.306.

2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.

3. Any licensee who closes his or her office in this State shall:

(a) Notify the Board in writing of this occurrence within 14 days after the closure; and

(b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.

4. In addition to the requirements of subsection 1, any licensee who performs any of the acts described in subsection 3 of NRS 630.020 from outside this State or the United States shall maintain an electronic mail address with the Board to which all communications from the Board to the licensee may be sent.

(Added to NRS by 1985, 2222; A 1987, 194; 1993, 2299; 2005, 2514; 2007, 3043; 2009, 2550; 2013, 2012; 2015, 985; 2017, 2855)

NRS 630.255 Inactive licensees: Conditions for placement on inactive status; maintenance of permanent and electronic mailing addresses with Board; notice of change of mailing address; reinstatement.

1. Any licensee who changes the location of his or her practice of medicine from this State to another state or country, has never engaged in the practice of medicine in this State after licensure or has ceased to engage in the practice of medicine in this State for 12 consecutive months may be placed on inactive status by order of the Board.

2. Each inactive licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent. An inactive licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If an inactive licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board may impose upon the licensee a fine not to exceed \$250.

3. In addition to the requirements of subsection 2, any licensee who changes the location of his or her practice of medicine from this State to another state or country shall maintain an electronic mail address with the Board to which all communications from the Board to him or her may be sent.

4. Before resuming the practice of medicine in this State, the inactive licensee must:

(a) Notify the Board in writing of his or her intent to resume the practice of medicine in this State;

(b) File an affidavit with the Board describing the activities of the licensee during the period of inactive status;

(c) Complete the form for registration for active status;

(d) Pay the applicable fee for biennial registration; and

(e) Satisfy the Board of his or her competence to practice medicine.

5. If the Board determines that the conduct or competence of the licensee during the period of inactive status would have warranted denial of an application for a license to practice medicine in this State, the Board may refuse to place the licensee on active status.

(Added to NRS by 1985, 2222; A 1987, 195; 1993, 2299; 1997, 682; 2005, 2514; 2007, 3043; 2013, 2012; 2017, 2856)

NRS 630.257 Reexamination of licensee who does not practice medicine for certain period. If a licensee does not engage in the practice of medicine for a period of more than 24 consecutive months, the Board may require the licensee to take the same examination to test medical competency as that given to applicants for a license.

(Added to NRS by 1985, 2222; A 1993, 2300; 2015, 488)

Special Categories of Licenses; Exemption from Licensure

NRS 630.258 Special volunteer medical license.

1. A physician who is retired from active practice and who:
 - (a) Wishes to donate his or her expertise for the medical care and treatment of persons in this State who are indigent, uninsured or unable to afford health care; or
 - (b) Wishes to provide services for any disaster relief operations conducted by a governmental entity or nonprofit organization,
 may obtain a special volunteer medical license by submitting an application to the Board pursuant to this section.
2. An application for a special volunteer medical license must be on a form provided by the Board and must include:
 - (a) Documentation of the history of medical practice of the physician;
 - (b) Proof that the physician previously has been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;
 - (c) Proof that the physician satisfies the requirements for licensure set forth in NRS 630.160 or the requirements for licensure by endorsement set forth in NRS 630.1605, 630.1606 or 630.1607;
 - (d) Acknowledgment that the practice of the physician under the special volunteer medical license will be exclusively devoted to providing medical care:
 - (1) To persons in this State who are indigent, uninsured or unable to afford health care; or
 - (2) As part of any disaster relief operations conducted by a governmental entity or nonprofit organization; and
 - (e) Acknowledgment that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for providing medical care under the special volunteer medical license, except for payment by a medical facility at which the physician provides volunteer medical services of the expenses of the physician for necessary travel, continuing education, malpractice insurance or fees of the State Board of Pharmacy.
3. If the Board finds that the application of a physician satisfies the requirements of subsection 2 and that the retired physician is competent to practice medicine, the Board must issue a special volunteer medical license to the physician.
4. The initial special volunteer medical license issued pursuant to this section expires 1 year after the date of issuance. The license may be renewed pursuant to this section, and any license that is renewed expires 2 years after the date of issuance of the renewed license.
5. The Board shall not charge a fee for:
 - (a) The review of an application for a special volunteer medical license; or
 - (b) The issuance or renewal of a special volunteer medical license pursuant to this section.
6. A physician who is issued a special volunteer medical license pursuant to this section and who accepts the privilege of practicing medicine in this State pursuant to the provisions of the special volunteer medical license is subject to all the provisions governing disciplinary action set forth in this chapter.
7. A physician who is issued a special volunteer medical license pursuant to this section shall comply with the requirements for continuing education adopted by the Board.

(Added to NRS by 2001, 373; A 2003, 1888; 2007, 3044; 2009, 2955; 2015, 3000, 3871; 2017, 2856)

NRS 630.259 License as administrative physician.

1. A person may apply to the Board to be licensed as an administrative physician if the person meets all of the statutory requirements for licensure in effect at the time of application except the requirements of paragraph (d) of subsection 2 of NRS 630.160.
2. A person who is licensed as an administrative physician pursuant to this section:
 - (a) May not engage in the practice of clinical medicine;
 - (b) Shall comply with all of the statutory requirements for continued licensure pursuant to this chapter; and
 - (c) Shall be deemed to hold a license to practice medicine in an administrative capacity only.

(Added to NRS by 2003, 1884; A 2005, 2515)

NRS 630.261 Locum tenens, special, restricted, temporary and special purpose licenses.

1. Except as otherwise provided in NRS 630.161, the Board may issue:
 - (a) A locum tenens license, to be effective not more than 3 months after issuance, to any physician who is licensed and in good standing in another state, who meets the requirements for licensure in this State and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician to serve as a substitute for another physician who is licensed to practice medicine in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to the provisions of this paragraph is not renewable.
 - (b) A special license to a licensed physician of another state to come into this State to care for or assist in the treatment of his or her own patient in association with a physician licensed in this State. A special license issued pursuant

to the provisions of this paragraph is limited to the care of a specific patient. The physician licensed in this State has the primary responsibility for the care of that patient.

(c) A restricted license for a specified period if the Board determines the applicant needs supervision or restriction.

(d) A temporary license for a specified period if the physician is licensed and in good standing in another state and meets the requirements for licensure in this State, and if the Board determines that it is necessary in order to provide medical services for a community without adequate medical care. A temporary license issued pursuant to the provisions of this paragraph is not renewable.

(e) A special purpose license to a physician who is licensed in another state to perform any of the acts described in subsections 1 and 2 of NRS 630.020 by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States. A physician who holds a special purpose license issued pursuant to this paragraph:

(1) Except as otherwise provided by specific statute or regulation, shall comply with the provisions of this chapter and the regulations of the Board; and

(2) To the extent not inconsistent with the Nevada Constitution or the United States Constitution, is subject to the jurisdiction of the courts of this State.

2. For the purpose of paragraph (e) of subsection 1, the physician must:

(a) Hold a full and unrestricted license to practice medicine in another state;

(b) Not have had any disciplinary or other action taken against him or her by any state or other jurisdiction; and

(c) Be certified by a specialty board of the American Board of Medical Specialties or its successor.

3. Except as otherwise provided in this section, the Board may renew or modify any license issued pursuant to subsection 1.

(Added to NRS by 1973, 511; A 1985, 2232; 1991, 1069; 1993, 2300; 2001, 763; 2003, 1889, 3432; 2009, 2956; 2013, 2013; 2015, 623)

NRS 630.2615 Authorized facility license to practice medicine in institution of Department of Corrections.

1. Except as otherwise provided in NRS 630.161, the Board may issue an authorized facility license to a person who intends to practice medicine in this State as a physician in an institution of the Department of Corrections under the direct supervision of a physician who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

2. A person who applies for an authorized facility license pursuant to this section is not required to take or pass a written examination as to his or her qualifications to practice medicine pursuant to paragraph (e) of subsection 2 of NRS 630.160, but the person must meet all other conditions and requirements for an unrestricted license to practice medicine pursuant to this chapter.

3. If the Board issues an authorized facility license pursuant to this section, the person who holds the license may practice medicine in this State only as a physician in an institution of the Department of Corrections and only under the direct supervision of a physician who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

4. If a person who holds an authorized facility license issued pursuant to this section ceases to practice medicine in this State as a physician in an institution of the Department of Corrections:

(a) The Department shall notify the Board; and

(b) Upon receipt of the notification, the authorized facility license expires automatically.

5. The Board may renew or modify an authorized facility license issued pursuant to this section, unless the license has expired automatically or has been revoked.

6. The provisions of this section do not limit the authority of the Board to issue a license to an applicant in accordance with any other provision of this chapter.

(Added to NRS by 2009, 2945)

NRS 630.262 Authorized facility license to practice medicine as psychiatrist in certain mental health centers.

1. Except as otherwise provided in NRS 630.161, the Board may issue an authorized facility license to a person who intends to practice medicine in this State as a psychiatrist in a mental health center of the Division under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

2. A person who applies for an authorized facility license pursuant to this section is not required to take or pass a written examination as to his or her qualifications to practice medicine pursuant to paragraph (e) of subsection 2 of NRS 630.160, but the person must meet all other conditions and requirements for an unrestricted license to practice medicine pursuant to this chapter.

3. If the Board issues an authorized facility license pursuant to this section, the person who holds the license may practice medicine in this State only as a psychiatrist in a mental health center of the Division and only under the direct supervision of a psychiatrist who holds an unrestricted license to practice medicine pursuant to this chapter or to practice osteopathic medicine pursuant to chapter 633 of NRS.

4. If a person who holds an authorized facility license issued pursuant to this section ceases to practice medicine in this State as a psychiatrist in a mental health center of the Division:

(a) The Division shall notify the Board; and

(b) Upon receipt of the notification, the authorized facility license expires automatically.

5. The Board may renew or modify an authorized facility license issued pursuant to this section, unless the license has expired automatically or has been revoked.

6. The provisions of this section do not limit the authority of the Board to issue a license to an applicant in accordance with any other provision of this chapter.

7. As used in this section:

(a) "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) "Mental health center" has the meaning ascribed to it in NRS 433.144.

(Added to NRS by 2003, 436; A 2003, 3481; 2009, 2957; 2013, 3067)

NRS 630.263 Restricted license to practice medicine in certain medical specialties for which there are critically unmet needs.

1. If the Governor determines that there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty within this State, the Governor may declare that a state of critical medical need exists for that medical specialty. The Governor may, but is not required to, limit such a declaration to one or more geographic areas within this State.

2. In determining whether there are critically unmet needs with regard to the number of physicians who are practicing a medical specialty, the Governor may consider, without limitation:

(a) Any statistical data analyzing the number of physicians who are practicing the medical specialty in relation to the total population of this State or any geographic area within this State;

(b) The demand within this State or any geographic area within this State for the types of services provided by the medical specialty; and

(c) Any other factors relating to the medical specialty that may adversely affect the delivery of health care within this State or any geographic area within this State.

3. If the Governor makes a declaration pursuant to this section, the Board may waive the requirements of paragraph (d) of subsection 2 of NRS 630.160 for an applicant if the applicant:

(a) Intends to practice medicine in one or more of the medical specialties designated by the Governor in the declaration and, if the Governor has limited the declaration to one or more geographic areas within this State, in one or more of those geographic areas;

(b) Has completed at least 1 year of training as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or their successor organizations, respectively;

(c) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(d) Meets all other conditions and requirements for a license to practice medicine.

4. Any license issued pursuant to this section is a restricted license, and the person who holds the restricted license may practice medicine in this State only in the medical specialties and geographic areas for which the restricted license is issued.

5. Any person who holds a restricted license issued pursuant to this section and who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all statutory requirements for licensure in effect at the time of application except the requirements of paragraph (d) of subsection 2 of NRS 630.160.

(Added to NRS by 2003, 1885; A 2015, 488)

NRS 630.264 Restricted license to practice medicine in medically underserved area of county.

1. A board of county commissioners may petition the Board of Medical Examiners to waive the requirements of paragraph (d) of subsection 2 of NRS 630.160 for any applicant intending to practice medicine in a medically underserved area of that county as that term is defined by regulation by the Board of Medical Examiners. The Board of Medical Examiners may waive that requirement and issue a license if the applicant:

(a) Has completed at least 1 year of training as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or their successor organizations, respectively;

(b) Has a minimum of 5 years of practical medical experience as a licensed allopathic physician or such other equivalent training as the Board deems appropriate; and

(c) Meets all other conditions and requirements for a license to practice medicine.

2. Any person licensed pursuant to subsection 1 must be issued a license to practice medicine in this State restricted to practice in the medically underserved area of the county which petitioned for the waiver only. A person may apply to the Board of Medical Examiners for renewal of that restricted license every 2 years after being licensed.

3. Any person holding a restricted license pursuant to subsection 1 who completes 3 years of full-time practice under the restricted license may apply to the Board for an unrestricted license. In considering an application for an unrestricted license pursuant to this subsection, the Board shall require the applicant to meet all statutory requirements for licensure in effect at the time of application except the requirements of paragraph (d) of subsection 2 of NRS 630.160.

(Added to NRS by 1987, 1672; A 1989, 417, 1967; 1991, 1885; 1993, 2299; 2001, 762; 2003, 1887; 2015, 489)

NRS 630.2645 Restricted license to teach, research or practice medicine at medical facility, medical research facility or medical school.

1. Except as otherwise provided in NRS 630.161, the Board may issue a restricted license to teach, research or practice medicine to a person if:

(a) The person:

(1) Submits to the Board:

(I) Proof that the person is a graduate of a foreign medical school, as provided in NRS 630.195, or a physician who has previously been issued an unrestricted license to practice medicine in any state of the United States and that the physician has never been the subject of disciplinary action by a medical board in any jurisdiction;

(II) Proof that the person teaches, researches or practices medicine; and

(III) Any other documentation or proof of qualifications required by the Board; and

(2) Intends to teach, research or practice medicine at a medical facility, medical research facility or medical school in this State.

(b) Any other documentation or proof of qualifications required by the Board is authenticated in a manner approved by the Board.

2. A person who applies for a restricted license pursuant to this section is not required to take or pass a written examination concerning his or her qualifications to practice medicine.

3. A person who holds a restricted license issued pursuant to this section may practice medicine in this State only in accordance with the terms and restrictions established by the Board.

4. If a person who holds a restricted license issued pursuant to this section ceases to teach, research or practice medicine in this State at the medical facility, medical research facility or medical school where the person is employed:

(a) The medical facility, medical research facility or medical school, as applicable, shall notify the Board; and

(b) Upon receipt of such notification, the restricted license expires automatically.

5. The Board may renew or modify a restricted license issued pursuant to this section, unless the restricted license has expired automatically or has been revoked.

6. The provisions of this section do not limit the authority of the Board to issue a restricted license to an applicant in accordance with any other provision of this chapter.

7. A restricted license to teach, research or practice medicine may be issued, renewed or modified at a meeting of the Board or between its meetings by the President and the Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

(Added to NRS by 2007, 3041; A 2007, 1822; 2013, 2014; 2015, 490)

NRS 630.265 Limited license to practice medicine as resident physician in graduate program.

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

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

(b) A graduate of a foreign medical school and has received the standard certificate of the Educational Commission for Foreign Medical Graduates or a written statement from that Commission that the applicant passed the examination given by it.

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

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

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

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

(Added to NRS by 1979, 676; A 1981, 1131; 1985, 2232; 1987, 195; 1991, 1069, 1886, 1888; 2001, 764; 2007, 3044; 2015, 3001, 3872)

NRS 630.266 Special event license to demonstrate medical techniques and procedures; regulations.

1. Except as otherwise provided in NRS 630.161, the Board may issue a special event license to a licensed physician of another state to conduct demonstrations of medical techniques and procedures at a special event in this State.

2. A licensed physician of another state who applies for a special event license pursuant to this section:

(a) Must be in good standing in that state; and

(b) Is not required to take or pass a written examination concerning his or her qualifications to practice medicine but must satisfy the requirements for a special event license set forth in regulations adopted by the Board pursuant to subsection 5.

3. A physician who holds a special event license issued pursuant to this section may perform medical techniques and procedures pursuant to the license for demonstration purposes only.

4. A special event license issued pursuant to the provisions of this section is valid for a short period, as determined by the Board, and is not renewable.

5. The Board shall adopt regulations to carry out the provisions of this section.

6. For the purposes of this section, "special event" means a scheduled activity or event at which a physician appears as a clinician for teaching or demonstrating certain methods of technical procedures if:

(a) The persons attending the scheduled activity or event are:

(1) Members of a medical society or other medical organization;

(2) Persons who are attending a medical convention;

(3) Students or faculty members of a medical school; or

(4) Licensed physicians; and

(b) The scheduled activity or event is being held before any combination of the persons described in paragraph (a) and is being held at:

- (1) A meeting or other gathering of a medical society or other medical organization;
- (2) A medical convention;
- (3) A medical school; or
- (4) A licensed hospital.

(Added to NRS by 2009, 1105)

NRS 630.2665 Temporary exemption from licensure to practice medicine for physician providing services to visiting athletic team or athletic event in this State; extension of exemption; conditions and limitations.

1. Except as otherwise provided in subsection 5, if a physician who holds a valid and unrestricted license to practice medicine in another state or territory of the United States or another country has entered into a written or oral agreement to provide services to members of a visiting athletic team or organization, the physician is temporarily exempt from licensure and may practice medicine in this State while providing services pursuant to the agreement to members of the visiting athletic team or organization who are present in this State for the purpose of engaging in competition or training.

2. Except as otherwise provided in subsection 5, if a physician who holds a valid and unrestricted license to practice medicine in another state or territory of the United States or another country has been invited by the governing body of a national organization to provide services to persons participating in an athletic event or training sanctioned or operated by the organization, the physician is temporarily exempt from licensure and may practice medicine in this State while providing services to such persons.

3. Except as otherwise provided in this subsection and subsection 4, an exemption described in this section is valid for a period of not more than 10 days for each competition or training session. Upon the application of a physician, the Board may grant an exemption of not more than 20 additional days for each competition or training session.

4. A physician who is practicing medicine under an exemption described in this section shall not:

- (a) Practice medicine at a medical facility;
- (b) Provide services to persons who are not described in subsection 1 or 2, as applicable; or
- (c) Practice medicine under such an exemption for more than 60 days in a calendar year.

5. The provisions of this section do not apply to any contest or exhibition of unarmed combat conducted pursuant to chapter 467 of NRS.

6. As used in this section, "visiting athletic team or organization" means an athletic team or organization which is primarily based at a location outside of this State.

(Added to NRS by 2017, 3477)

Biennial Registration; Fees

NRS 630.267 Biennial registration: Submission of list of malpractice and negligence actions and claims and fee; expiration and reinstatement of license; notice to licensee.

1. Each holder of a license to practice medicine must, on or before June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next business day after June 30, of each odd-numbered year:

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

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

(c) Submit all information required to complete the biennial registration.

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

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

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

(b) That his or her license has expired.

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

(Added to NRS by 1985, 2223; A 1987, 196; 1997, 2120; 2001, 765; 2002 Special Session, 19; 2003, 16; 2005, 2715, 2807; 2011, 2859; 2015, 491)

NRS 630.268 Fees; cost of special meeting to be paid by person requesting meeting.

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

For application for and issuance of a license to practice as a physician, including a license by endorsement \$600

For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license..... 400

For renewal of a limited, restricted, authorized facility or special license..... 400

For application for and issuance of a license as a physician assistant, including a license by endorsement	400
For biennial registration of a physician assistant.....	800
For biennial registration of a physician.....	800
For application for and issuance of a license as a perfusionist or practitioner of respiratory care	400
For biennial renewal of a license as a perfusionist.....	600
For biennial registration of a practitioner of respiratory care.....	600
For biennial registration for a physician who is on inactive status.....	400
For written verification of licensure.....	50
For a duplicate identification card.....	25
For a duplicate license.....	50
For computer printouts or labels.....	500
For verification of a listing of physicians, per hour.....	20
For furnishing a list of new physicians.....	100

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees prescribed in subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

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

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

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

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

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

[20:169:1949; 1943 NCL § 4107.20] — (NRS A 1973, 514; 1975, 959; 1981, 1132; 1983, 304; 1985, 2234; 1987, 196; 1991, 1886; 1993, 2301; 1997, 683; 2001, 766; 2003, 1890; 2007, 2943; 2009, 1106, 2958; 2015, 3002, 3873)

PERFUSIONISTS

NRS 630.269 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of perfusionists, including, without limitation:

1. The criteria for licensure as a perfusionist and the standards of professional conduct for holders of such a license;
2. The qualifications and fitness of applicants for licenses, renewal of licenses and reciprocal licenses;
3. The requirements for any practical, oral or written examination for a license that the Board may require pursuant to NRS 630.2692, including, without limitation, the passing grade for such an examination;
4. The fees for examination and for reinstatement of expired licenses;
5. The requirements for continuing education for the renewal of a license;
6. A code of ethics for perfusionists; and
7. The procedures for the revocation, suspension or denial of a license for a violation of this chapter or the regulations of the Board.

(Added to NRS by 2009, 2943)

NRS 630.2691 Requirements for licensing. To be eligible for licensing by the Board as a perfusionist, an applicant must:

1. Be a natural person of good moral character;
2. Submit a completed application as required by the Board by the date established by the Board;
3. Submit any required fees by the date established by the Board;
4. Have successfully completed a perfusion education program approved by the Board, which must:

(a) Have been approved by the Committee on Allied Health Education and Accreditation of the American Medical Association before June 1, 1994; or

(b) Be a program that has educational standards that are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor;

5. Pass an examination required pursuant to NRS 630.2692; and
6. Comply with any other requirements set by the Board.

(Added to NRS by 2009, 2943)

NRS 630.2692 Examinations.

1. The Board shall use the certification examinations given by the American Board of Cardiovascular Perfusion or its successor in determining the qualifications for granting a license to practice perfusion.

2. The Board shall notify each applicant of the results of the examination.
3. If a person who fails the examination makes a written request, the Board shall furnish the person with an analysis of his or her performance on the examination.
(Added to NRS by 2009, 2944)

NRS 630.2693 Waiver of examination for certain applicants. The Board shall waive the examination required pursuant to NRS 630.2692 for an applicant who at the time of application:

1. Is licensed as a perfusionist in another state, territory or possession of the United States, if the requirements for licensure are substantially similar to those required by the Board; or
2. Holds a current certificate as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion or its successor before October 1, 2009.
(Added to NRS by 2009, 2944)

NRS 630.2694 Issuance and display of license; notification of Board upon change of address.

1. The Board shall issue a license as a perfusionist to each applicant who proves to the satisfaction of the Board that the applicant is qualified for licensure. The license authorizes the applicant to represent himself or herself as a licensed perfusionist and to practice perfusion in this State subject to the conditions and limitations of this chapter.

2. Each licensed perfusionist shall:

- (a) Display his or her current license in a location which is accessible to the public;
- (b) Keep a copy of his or her current license on file at any health care facility where he or she provides services; and
- (c) Notify the Board of any change of address in accordance with NRS 630.254.

3. As used in this section, "health care facility" means a medical facility or facility for the dependent licensed pursuant to chapter 449 of NRS.

(Added to NRS by 2009, 2944)

NRS 630.2695 Expiration, renewal and reinstatement of licenses.

1. Each license issued pursuant to NRS 630.2694 expires on June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next business day after June 30, of every odd-numbered year and may be renewed if, before the license expires, the holder of the license submits to the Board:

- (a) A completed application for renewal on a form prescribed by the Board;
- (b) Proof of completion of the requirements for continuing education prescribed by regulations adopted by the Board pursuant to NRS 630.269; and
- (c) The applicable fee for renewal of the license prescribed by the Board pursuant to NRS 630.2691.

2. A license that expires pursuant to this section not more than 2 years before an application for renewal is made may be reinstated only if the applicant:

- (a) Complies with the provisions of subsection 1; and
- (b) Submits to the Board the fees:

(1) For the reinstatement of an expired license, prescribed by regulations adopted by the Board pursuant to NRS 630.269; and

(2) For each biennium that the license was expired, for the renewal of the license.

3. If a license has been expired for more than 2 years, a person may not renew or reinstate the license but must apply for a new license and submit to the examination required pursuant to NRS 630.2692.

4. The Board shall send a notice of renewal to each licensee not later than 60 days before his or her license expires. The notice must include the amount of the fee for renewal of the license.

(Added to NRS by 2009, 2944; A 2011, 2859; 2015, 491)

NRS 630.2696 Temporary licenses.

1. The Board may issue a temporary license to practice perfusion in this State to a person who has not yet completed the examination required pursuant to NRS 630.2692 but who:

- (a) Has completed an approved perfusion education program;
- (b) Files an application; and
- (c) Pays the required fee.

2. A perfusionist shall supervise and direct a temporarily licensed perfusionist at all times during which the temporarily licensed perfusionist performs perfusion.

3. A temporary license is valid for 1 year after the date it is issued and may be extended subject to regulation by the Board. The application for renewal must be signed by a supervising licensed perfusionist.

4. If a temporarily licensed perfusionist fails any portion of the examination required pursuant to NRS 630.2692, he or she shall immediately surrender the temporary license to the Board.

(Added to NRS by 2009, 2945)

PHYSICIAN ASSISTANTS

NRS 630.271 Authorized services.

1. A physician assistant may perform such medical services as the physician assistant is authorized to perform by his or her supervising physician.

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

(Added to NRS by 1973, 512; A 1995, 1711; 1997, 682; 2001, 765)

NRS 630.273 Issuance and conditions of license. The Board may issue a license to an applicant who is qualified under the regulations of the Board to perform medical services under the supervision of a supervising physician. The application for a license as a physician assistant must include all information required to complete the application.

(Added to NRS by 1973, 512; A 1975, 991; 1979, 555; 1985, 2233; 1997, 682, 2120; 1999, 520; 2001, 765; 2003, 16; 2005, 2715, 2807)

NRS 630.275 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of a physician assistant, including, but not limited to:

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.
5. The tests or examinations of applicants by the Board.
6. The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractors, podiatric physicians and optometrists under chapters 631, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.
7. The duration, renewal and termination of licenses, including licenses by endorsement.
8. The grounds and procedures respecting disciplinary actions against physician assistants.
9. The supervision of medical services of a physician assistant by a supervising physician, including, without limitation, supervision that is performed electronically, telephonically or by fiber optics from within or outside this State or the United States.
10. A physician assistant's use of equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.

(Added to NRS by 1973, 512; A 1985, 2233; 1993, 2217; 1997, 683; 2001, 765; 2013, 2015; 2015, 623, 3003, 3874)

NRS 630.2751 Expedited license by endorsement: Requirements; procedure for issuance.

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

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

(b) Is certified in a specialty recognized by the American Board of Medical Specialties.

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

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Is a citizen of the United States or otherwise has the legal right to work in the United States;

(3) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a physician assistant; and

(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;

(c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(d) Any other information required by the Board.

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

(a) Forty-five days after receiving the application; or

(b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints,

↳ whichever occurs later.

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

(Added to NRS by 2015, 2996)

NRS 630.2752 Expedited license by endorsement to practice as physician assistant for active member of Armed Forces, member's spouse, veteran or veteran's surviving spouse: Requirements; procedure for issuance; provisional license pending action on application.

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

- (a) Holds a corresponding valid and unrestricted license to practice as a physician assistant in the District of Columbia or any state or territory of the United States;
- (b) Is certified in a specialty recognized by the American Board of Medical Specialties; and
- (c) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran.

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

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

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

- (a) Forty-five days after receiving all the additional information required by the Board to complete the application; or
 - (b) Ten days after the Board receives a report on the applicant's background based on the submission of the applicant's fingerprints,
- ↪ whichever occurs later.

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

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice as a physician assistant in accordance with regulations adopted by the Board.

6. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.
(Added to NRS by 2015, 3867)

PRACTITIONERS OF RESPIRATORY CARE

NRS 630.276 Licensed physician required to supervise respiratory care. The practice of respiratory care must be performed under the direction of or pursuant to a prescription from a physician licensed to practice in this State, any other state, any territory of the United States or the District of Columbia.
(Added to NRS by 2001, 759)

NRS 630.277 Requirements; prohibitions; intern in respiratory care.

1. Every person who wishes to practice respiratory care in this State must:

(a) Have:

- (1) A high school diploma; or
- (2) A general equivalency diploma or an equivalent document;

(b) Complete an educational program for respiratory care which has been approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization;

(c) Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization;

(d) Be certified by the National Board for Respiratory Care or its successor organization; and

(e) Be licensed to practice respiratory care by the Board and have paid the required fee for licensure.

2. Except as otherwise provided in subsection 3, a person shall not:

- (a) Practice respiratory care; or
- (b) Hold himself or herself out as qualified to practice respiratory care,

↪ in this State without complying with the provisions of subsection 1.

3. Any person who has completed the educational requirements set forth in paragraphs (a) and (b) of subsection 1 may practice respiratory care pursuant to a program of practical training as an intern in respiratory care for not more than 12 months after completing those educational requirements.

(Added to NRS by 2001, 759; A 2009, 2959; 2011, 2860; 2013, 3293; 2015, 492)

NRS 630.279 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of practitioners of respiratory care, including, without limitation:

1. Educational and other qualifications of applicants;
 2. Required academic programs which applicants must successfully complete;
 3. Procedures for applying for and issuing licenses;
 4. Tests or examinations of applicants by the Board;
 5. The types of medical services that a practitioner of respiratory care may perform, except that a practitioner of respiratory care may not perform those specific functions and duties delegated or otherwise restricted by specific statute to persons licensed as dentists, chiropractors, podiatric physicians, optometrists, physicians, osteopathic physicians or hearing aid specialists pursuant to this chapter or chapter 631, 633, 634, 635, 636 or 637B of NRS, as appropriate;
 6. The duration, renewal and termination of licenses; and
 7. The grounds and procedures for disciplinary actions against practitioners of respiratory care.
- (Added to NRS by 2001, 759; A 2015, 2294)

REGULATION; DISCIPLINARY AND OTHER ACTIONS

General Provisions

NRS 630.298 Jurisdiction of Board over licensee unaffected by expiration or voluntary surrender of license. The expiration of a license by operation of law or by order or decision of the Board or a court, or the voluntary surrender of a license by a licensee, does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.
(Added to NRS by 2003, 3428)

NRS 630.299 Authority of Board or investigative committee to issue letter of warning, letter of concern or nonpunitive admonishment.

1. If the Board has reason to believe that a person has violated or is violating any provision of this chapter, the Board or any investigative committee of the Board may issue to the person a letter of warning, a letter of concern or a nonpunitive admonishment at any time before the Board has initiated any disciplinary proceedings against the person.

2. The issuance of such a letter or admonishment:

(a) Does not preclude the Board from initiating any disciplinary proceedings against the person or taking any disciplinary action against the person based on any conduct alleged or described in the letter or admonishment or any other conduct; and

(b) Does not constitute a final decision of the Board and is not subject to judicial review.

(Added to NRS by 2003, 3427; A 2005, 2515; 2009, 2960)

Grounds for Initiating Disciplinary Action or Denying Licensure

NRS 630.301 Criminal offenses; disciplinary action taken by other jurisdiction; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.

2. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive.

3. Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.

4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if the malpractice is established by a preponderance of the evidence.

5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.

6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.

7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.

8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.

9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.

11. Conviction of:

- (a) Murder, voluntary manslaughter or mayhem;
- (b) Any felony involving the use of a firearm or other deadly weapon;
- (c) Assault with intent to kill or to commit sexual assault or mayhem;
- (d) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- (e) Abuse or neglect of a child or contributory delinquency;
- (f) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS; or
- (g) Any offense involving moral turpitude.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; 2001, 766; 2003, 2707, 3433; 2003, 20th Special Session, 264, 265; 2005, 2522; 2007, 3045; 2011, 847)

NRS 630.304 Misrepresentation in obtaining or renewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- 1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
- 2. Advertising the practice of medicine in a false, deceptive or misleading manner.
- 3. Practicing or attempting to practice medicine under another name.
- 4. Signing a blank prescription form.
- 5. Influencing a patient in order to engage in sexual activity with the patient or with others.
- 6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
- 7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

(Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- (a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
- (b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
- (c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
- (d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
- (e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.
- (f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
- (g) Failing to disclose to a patient any financial or other conflict of interest.
- (h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for the licensee's medical education.

2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of regulation governing practice of medicine or adopted by State Board of Pharmacy; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient or patient's family; lack of skill or diligence; habitual intoxication or dependency on controlled substances; filing of false report; failure to report certain changes of information or disciplinary or criminal action in another jurisdiction; failure to be found competent after examination; certain operation of a medical facility; prohibited administration of anesthesia or sedation; engaging in unsafe or unprofessional conduct; knowingly or willfully procuring or administering certain controlled substances or dangerous drugs; failure to supervise medical assistant adequately; allowing person not enrolled in accredited medical school to perform certain activities; failure to obtain required training regarding controlled substances; unauthorized injection of dermal or soft tissue fillers or botulinum toxin.

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- (a) Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.
 - (b) Engaging in any conduct:
 - (1) Which is intended to deceive;
 - (2) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or
 - (3) Which is in violation of a regulation adopted by the State Board of Pharmacy.
 - (c) Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law.
 - (d) Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.
 - (e) Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training.
 - (f) Performing, without first obtaining the informed consent of the patient or the patient's family, any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental.
 - (g) Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.
 - (h) Habitual intoxication from alcohol or dependency on controlled substances.
 - (i) Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.
 - (j) Failing to comply with the requirements of NRS 630.254.
 - (k) Failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction.
 - (l) Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.
 - (m) Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318.
 - (n) Operation of a medical facility at any time during which:
 - (1) The license of the facility is suspended or revoked; or
 - (2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.
- ➔ This paragraph applies to an owner or other principal responsible for the operation of the facility.
- (o) Failure to comply with the requirements of NRS 630.373.
 - (p) Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.
 - (q) Knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:
 - (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
 - (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
 - (3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS; or
 - (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.
 - (r) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.
 - (s) Failure to comply with the provisions of NRS 630.3745.
 - (t) Failure to obtain any training required by the Board pursuant to NRS 630.2535.
 - (u) Failure to comply with the provisions of NRS 454.217 or 629.086.
2. As used in this section, "investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575; 2007, 3046; 2009, 533, 879, 2961, 2962; 2011, 257, 2612; 2015, 116, 492, 985, 1536; 2017, 1254)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations; failure to comply with certain requirements relating to controlled substances.

- 1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
 - (a) Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
 - (b) Altering medical records of a patient.
 - (c) Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or knowingly or willfully obstructing or inducing another to obstruct such filing.
 - (d) Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061, if the licensee is the custodian of health care records with respect to those records.
 - (e) Failure to comply with the requirements of NRS 630.3068.

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

(g) Failure to comply with the requirements of NRS 453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

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

(Added to NRS by 1985, 2223; A 1987, 199; 2001, 767; 2002 Special Session, 19; 2003, 3433; 2009, 2963; 2015, 493, 1170; 2017, 2763, 4411)

NRS 630.3065 Knowing or willful disclosure of privileged communication; knowing or willful failure to comply with law, subpoena or order; knowing or willful failure to perform legal obligation. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.

2. Knowingly or willfully failing to comply with:

(a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;

(b) A court order relating to this chapter; or

(c) A provision of this chapter.

3. Knowingly or willfully failing to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410.

(Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302; 2015, 494)

NRS 630.3066 Prescribing or administering certain controlled substances for treatment of intractable pain or engaging in activity relating to medical use of marijuana not grounds for disciplinary action under certain circumstances. A physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with the provisions of NRS 639.23507 and 639.2391 to 639.23916, inclusive, any regulations adopted by the State Board of Pharmacy pursuant thereto and any other regulations adopted by the Board of Medical Examiners.

2. Engaging in any activity in accordance with the provisions of chapter 453A of NRS.

(Added to NRS by 1977, 1647; A 1983, 337; 1995, 1734; 2001, 768, 3073; 2017, 4412)

Reports, Complaints, Investigations and Preliminary Proceedings

NRS 630.30665 Physician required to report certain information concerning surgeries and sentinel events; disciplinary action or fine for failure to report or false report; duties of Board; confidentiality of report; applicability; regulations.

1. The Board shall require each holder of a license to practice medicine to submit to the Board, on a form provided by the Board, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

(a) At a medical facility as that term is defined in NRS 449.0151; or

(b) Outside of this State.

2. The Board shall require each holder of a license to practice medicine to submit a report to the Board concerning the occurrence of any sentinel event arising from any surgery described in subsection 1 within 14 days after the occurrence of the sentinel event. The report must be submitted in the manner prescribed by the Board.

3. The Board shall:

(a) Collect and maintain reports received pursuant to subsections 1 and 2; and

(b) Ensure that the reports, and any additional documents created from the reports, are protected adequately from fire, theft, loss, destruction and other hazards, and from unauthorized access.

4. Except as otherwise provided in NRS 239.0115, a report received pursuant to subsection 1 or 2 is confidential, not subject to subpoena or discovery, and not subject to inspection by the general public.

5. The provisions of this section do not apply to surgical care requiring only the administration of oral medication to a patient to relieve the patient's anxiety or pain, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation.

6. In addition to any other remedy or penalty, if a holder of a license to practice medicine fails to submit a report or knowingly or willfully files false information in a report submitted pursuant to this section, the Board may, after providing the holder of a license to practice medicine with notice and opportunity for a hearing, impose against the holder of a license to practice medicine an administrative penalty for each such violation. The Board shall establish by regulation a sliding scale based on the severity of the violation to determine the amount of the administrative penalty to be imposed against the holder of the license pursuant to this subsection. The regulations must include standards for determining the severity of the violation and may provide for a more severe penalty for multiple violations.

7. As used in this section:

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

- (b) "Deep sedation" has the meaning ascribed to it in NRS 449.437.
 - (c) "General anesthesia" has the meaning ascribed to it in NRS 449.438.
 - (d) "Sentinel event" has the meaning ascribed to it in NRS 439.830.
- (Added to NRS by 2005, 2512; A 2007, 1826, 2133; 2009, 534, 560; 2011, 2860; 2015, 494, 987; 2017, 2857)

NRS 630.3067 Insurer of physician required to report certain information concerning malpractice; administrative fine for failure to report.

1. The insurer of a physician licensed under this chapter shall report to the Board:
 - (a) Any action for malpractice against the physician not later than 45 days after the physician receives service of a summons and complaint for the action;
 - (b) Any claim for malpractice against the physician that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and
 - (c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition.
 2. The Board shall report any failure to comply with subsection 1 by an insurer licensed in this State to the Division of Insurance of the Department of Business and Industry. If, after a hearing, the Division of Insurance determines that any such insurer failed to comply with the requirements of subsection 1, the Division may impose an administrative fine of not more than \$10,000 against the insurer for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.
- (Added to NRS by 1985, 2223; A 2002 Special Session, 20; 2003, 3434)

NRS 630.3068 Physician required to report certain information concerning malpractice and sanctions imposed against physician; administrative fine for failure to report; reports deemed public records.

1. A physician shall report to the Board:
 - (a) Any action for malpractice against the physician not later than 45 days after the physician receives service of a summons and complaint for the action;
 - (b) Any claim for malpractice against the physician that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation;
 - (c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition; and
 - (d) Any sanctions imposed against the physician that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.
 2. If the Board finds that a physician has violated any provision of this section, the Board may impose a fine of not more than \$5,000 against the physician for each violation, in addition to any other fines or penalties permitted by law.
 3. All reports made by a physician pursuant to this section are public records.
- (Added to NRS by 2003, 3428)

NRS 630.3069 Board required to conduct investigation after receiving certain reports concerning malpractice. If the Board receives a report pursuant to the provisions of NRS 630.3067, 630.3068, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against a physician regarding an action or claim for malpractice or that such an action or claim against the physician has been resolved by settlement, the Board shall conduct an investigation to determine whether to impose disciplinary action against the physician regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

(Added to NRS by 2003, 3428)

NRS 630.307 General requirements for filing complaint; medical facilities and societies required to report certain information concerning privileges and disciplinary action; administrative fine for failure to report; clerk of court required to report certain information concerning court actions; retention of complaints by Board.

1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against a physician, perfusionist, physician assistant or practitioner of respiratory care on a form provided by the Board. The form may be submitted in writing or electronically. If a complaint is submitted anonymously, the Board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.
2. Any licensee, medical school or medical facility that becomes aware that a person practicing medicine, perfusion or respiratory care in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.
3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board any change in the privileges of a physician, perfusionist, physician assistant or practitioner of respiratory care to practice while the physician, perfusionist, physician assistant or practitioner of respiratory care is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, perfusionist, physician assistant or practitioner of respiratory care concerning the care of a patient or the competency of the physician, perfusionist, physician assistant or practitioner of respiratory care within 30 days after the change in privileges is made or disciplinary action is taken.
4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days after a change in the privileges of a physician, perfusionist, physician assistant or practitioner of respiratory care to practice that is based on:

- (a) An investigation of the mental, medical or psychological competency of the physician, perfusionist, physician assistant or practitioner of respiratory care; or
- (b) Suspected or alleged substance abuse in any form by the physician, perfusionist, physician assistant or practitioner of respiratory care.

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

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

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

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

(Added to NRS by 1977, 824; A 1985, 2239; 2001, 768; 2002 Special Session, 20; 2009, 880, 2964; 2011, 2862; 2015, 2775)

NRS 630.309 Requirements for filing complaint against perfusionist, physician assistant or practitioner of respiratory care. To institute a disciplinary action against a perfusionist, physician assistant or practitioner of respiratory care, a written complaint, specifying the charges, must be filed with the Board by:

- 1. The Board or a committee designated by the Board to investigate a complaint;
- 2. Any member of the Board; or
- 3. Any other person who is aware of any act or circumstance constituting a ground for disciplinary action set forth in the regulations adopted by the Board.

(Added to NRS by 1989, 663; A 2001, 772; 2009, 2965) — (Substituted in revision for NRS 630.368)

NRS 630.311 Review and investigation of complaint by committee designated by Board; formal complaint; proceedings confidential; publication of summary of proceedings and determinations.

1. Except as otherwise provided in NRS 630.323, a committee designated by the Board and consisting of members of the Board shall review each complaint and conduct an investigation to determine if there is a reasonable basis for the complaint. The committee must be composed of at least three members of the Board, at least one of whom is not a physician. The committee may issue orders to aid its investigation including, but not limited to, compelling a physician to appear before the committee.

2. If, after conducting an investigation, the committee determines that there is a reasonable basis for the complaint and that a violation of any provision of this chapter has occurred, the committee may file a formal complaint with the Board.

3. The proceedings of the committee are confidential and are not subject to the requirements of NRS 241.020. Within 20 days after the conclusion of each meeting of the committee, the Board shall publish a summary setting forth the proceedings and determinations of the committee. The summary must not identify any person involved in the complaint that is the subject of the proceedings.

(Added to NRS by 1977, 824; A 1983, 306; 1985, 2239; 1987, 200; 1993, 2302; 2009, 2966; 2017, 4412)

NRS 630.318 Examination of physician to determine fitness to practice medicine; effect of failure to submit to examination.

1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any physician has raised a reasonable question as to his or her competence to practice medicine with reasonable skill and safety to patients, or if the Board has received a report pursuant to the provisions of NRS 630.3067, 630.3068, 690B.250 or 690B.260 indicating that a judgment has been rendered or an award has been made against a physician regarding an action or claim for malpractice or that such an action or claim against the physician has been resolved by settlement, the Board or committee may order that the physician undergo a mental or physical examination, an examination testing his or her competence to practice medicine or any other examination designated by the Board to assist the Board or committee in determining the fitness of the physician to practice medicine.

2. For the purposes of this section:

(a) Every physician who applies for a license or who is licensed under this chapter shall be deemed to have given consent to submit to a mental or physical examination or an examination testing his or her competence to practice medicine when ordered to do so in writing by the Board or an investigative committee of the Board.

(b) The testimony or reports of a person who conducts an examination of a physician on behalf of the Board or an investigative committee of the Board pursuant to this section are not privileged communications.

3. Except in extraordinary circumstances, as determined by the Board, the failure of a physician licensed under this chapter to submit to an examination when directed as provided in this section constitutes an admission of the charges against the physician.

(Added to NRS by 1977, 825; A 1985, 2240; 1987, 200; 2003, 3434; 2009, 2966; 2015, 495)

NRS 630.323 Review and investigation of complaint relating to prescriptions for certain controlled substances; notice to licensee; formal complaint and hearing; referral or postponement of investigation; regulations.

1. The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:

(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;

(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or

(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.

2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.

3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:

(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;

(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507, 639.2391, 639.23911 and 639.23915, as applicable; and

(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.

4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.

5. When deemed appropriate, the Executive Director of the Board may:

(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.

(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.

6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of NRS 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.

(Added to NRS by 2017, 4410)

NRS 630.324 Summary suspension of licensee's authority to prescribe, administer or dispense certain controlled substances; issuance of order; formal hearing and decision.

1. If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of the investigative committee of the Board that conducted the investigation or the member of the Board who conducted the investigation.

2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.

3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.

(Added to NRS by 2017, 4411)

NRS 630.326 Summary suspension of license: Issuance of order; hearing; reinstatement of license required if no formal complaint pending on date of hearing; limitation on time for completing examination.

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

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

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

(Added to NRS by 1977, 825; A 1985, 2241; 2009, 2966, 2967; 2015, 496)

NRS 630.329 Summary suspension of license: Stay by court of Board's order prohibited. If the Board issues an order suspending the license of a physician, perfusionist, physician assistant or practitioner of respiratory care pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order.

(Added to NRS by 1977, 825; A 1985, 2241; 2001, 768; 2009, 881, 2967)

NRS 630.336 Confidentiality of certain proceedings, reports, complaints, investigations, records and other information; exceptions.

1. Any deliberations conducted or vote taken by the Board or any investigative committee of the Board regarding its ordering of a physician, perfusionist, physician assistant or practitioner of respiratory care to undergo a physical or mental examination or any other examination designated to assist the Board or committee in determining the fitness of a physician, perfusionist, physician assistant or practitioner of respiratory care are not subject to the requirements of NRS 241.020.

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

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

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

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

(c) Any communication between:

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

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

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

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

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

(Added to NRS by 1977, 826; A 1985, 2241; 1987, 201; 1989, 664; 2001, 769; 2003, 3435; 2007, 2134; 2009, 2968; 2011, 2863; 2013, 2215)

Disciplinary Proceedings

NRS 630.339 Contents of formal complaint; answer; case conference; procedure for hearing resulting from report of violations of Industrial Insurance Act; formal hearing.

1. If a committee designated by the Board to conduct an investigation of a complaint decides to proceed with disciplinary action, it shall bring charges against the licensee by filing a formal complaint. The formal complaint must include a written statement setting forth the charges alleged and setting forth in concise and plain language each act or omission of the respondent upon which the charges are based. The formal complaint must be prepared with sufficient clarity to ensure that the respondent is able to prepare a defense. The formal complaint must specify any applicable law or regulation that the respondent is alleged to have violated. The formal complaint may be signed by the chair of the investigative committee or the legal counsel for the Board.

2. The respondent may file an answer to the formal complaint within 20 days after service of the complaint upon the respondent. An answer must state in concise and plain language the respondent's defenses to each charge set forth in the complaint and must admit or deny the averments stated in the complaint. If a party fails to file an answer within the time prescribed, the party shall be deemed to have denied generally the allegations of the formal complaint and the Board or an investigative committee of the Board may proceed pursuant to this section in the same manner as if the answer were timely filed.

3. Within 20 days after the filing of an answer or 20 days after the date on which an answer is due, whichever is earlier, the parties shall hold an early case conference at which the parties and a hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:

(a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing;

(b) Set dates:

(1) By which all documents must be exchanged;

(2) By which all prehearing motions and responses thereto must be filed;

(3) On which to hold the prehearing conference; and

(4) For any other foreseeable actions that may be required for the matter;

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;

(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and

(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

4. If the Board receives a report pursuant to subsection 5 of NRS 228.420, such a hearing must be held within 30 days after receiving the report. The Board shall notify the licensee of the charges brought against him or her, the time and place set for the hearing, and the possible sanctions authorized in NRS 630.352.

5. A formal hearing must be held at the time and date set at the early case conference by:

(a) The Board;

(b) A hearing officer;

(c) A member of the Board designated by the Board or an investigative committee of the Board;

(d) A panel of members of the Board designated by an investigative committee of the Board or the Board;

(e) A hearing officer together with not more than one member of the Board designated by an investigative committee of the Board or the Board; or

(f) A hearing officer together with a panel of members of the Board designated by an investigative committee of the Board or the Board. If the hearing is before a panel, at least one member of the panel must not be a physician.

6. At any hearing at which at least one member of the Board presides, whether in combination with a hearing officer or other members of the Board, the final determinations regarding credibility, weight of evidence and whether the charges have been proven must be made by the members of the Board. If a hearing officer presides together with one or more members of the Board, the hearing officer shall:

(a) Conduct the hearing;

(b) In consultation with each member of the Board, make rulings upon any objections raised at the hearing;

(c) In consultation with each member of the Board, make rulings concerning any motions made during or after the hearing; and

(d) Within 30 days after the conclusion of the hearing, prepare and file with the Board written findings of fact and conclusions of law in accordance with the determinations made by each member of the Board.

(Added to NRS by 1977, 826; A 1983, 306; 1985, 2242; 1987, 202; 1993, 783, 2303; 2009, 2968; 2015, 497)

NRS 630.342 Submission of fingerprints required upon initiation of disciplinary action; effect of noncompliance; additional grounds for disciplinary action.

1. Any licensee against whom the Board initiates disciplinary action pursuant to this chapter shall, within 30 days after the licensee's receipt of notification of the initiation of the disciplinary action, submit to the Board a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

2. The knowing or willful failure of a licensee to comply with the requirements of subsection 1 constitutes additional grounds for disciplinary action and the revocation of the license of the licensee.

3. The Board has additional grounds for initiating disciplinary action against a licensee if the report from the Federal Bureau of Investigation indicates that the licensee has been convicted of:

(a) An act that is a ground for disciplinary action pursuant to NRS 630.301 to 630.3066, inclusive; or

(b) A violation of NRS 630.400.

(Added to NRS by 2005, 2522; A 2009, 2970; 2015, 498)

NRS 630.344 Service of process.

1. Except as otherwise provided in subsection 2, service of process under this chapter must be made on a licensee personally, or by registered or certified mail with return receipt requested addressed to the licensee at his or her last known address. If personal service cannot be made and if notice by mail is returned undelivered, the President or Secretary-Treasurer of the Board shall cause notice to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the licensee or, if no newspaper is published in that county, then in a newspaper widely distributed in that county.

2. In lieu of the methods of service of process set forth in subsection 1, if the Board obtains written consent from the licensee, service of process under this chapter may be made by electronic mail on the licensee at an electronic mail address designated by the licensee in the written consent.

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

(Added to NRS by 1977, 826; A 1985, 2242; 2001, 769; 2013, 2015; 2015, 498)

NRS 630.346 Board, panel or hearing officer not bound by formal rules of evidence; requirements for proof; burden of proof. In any disciplinary hearing:

1. The Board, a panel of the members of the Board and a hearing officer are not bound by formal rules of evidence, except that evidence must be taken and considered in the hearing pursuant to NRS 233B.123, and a witness must not be barred from testifying solely because the witness was or is incompetent.
2. A finding of the Board must be supported by a preponderance of the evidence.
3. Proof of actual injury need not be established.
4. A certified copy of the record of a court or a licensing agency showing a conviction or plea of nolo contendere or the suspension, revocation, limitation, modification, denial or surrender of a license to practice medicine, perfusion or respiratory care is conclusive evidence of its occurrence.
(Added to NRS by 1977, 826; A 1985, 2243; 2001, 770; 2009, 2970; 2011, 2864; 2017, 2846)

NRS 630.352 Disposition of charges; Adjudication by Board; dismissal of charges or required disciplinary action for violations; private reprimands prohibited; issuance of order imposing discipline; orders imposing discipline deemed public records.

1. Any member of the Board, other than a member of an investigative committee of the Board who participated in any determination regarding a formal complaint in the matter or any member serving on a panel of the Board at the hearing of the matter, may participate in an adjudication to obtain the final order of the Board. At the adjudication, the Board shall consider any findings of fact and conclusions of law submitted after the hearing and shall allow:
 - (a) Counsel for the Board to present a disciplinary recommendation and argument in support of the disciplinary recommendation subject to the provisions of NRS 622A.200 and 622A.210;
 - (b) The respondent or counsel of the respondent to present a disciplinary recommendation and argument in support of the disciplinary recommendation; and
 - (c) The complainant in the matter to make a statement to the Board regarding the disciplinary recommendations by the parties and to address the effect of the respondent's conduct upon the complainant or the patient involved, if other than the complainant.
- ↪ The Board may limit the time within which the parties and the complainant may make their arguments and statements.
2. At the conclusion of the presentations of the parties and the complainant, the Board shall deliberate and may by a majority vote impose discipline based upon the findings of fact and conclusions of law and the presentations of the parties and the complainant.
3. If, in the findings of fact and conclusions of law, the Board, hearing officer or panel of the Board determines that no violation has occurred, the Board shall dismiss the charges, in writing, and notify the respondent that the charges have been dismissed.
4. Except as otherwise provided in subsection 5, if the Board finds that a violation has occurred, it shall by order take one or more of the following actions:
 - (a) Place the person on probation for a specified period on any of the conditions specified in the order;
 - (b) Administer a written public reprimand to the person;
 - (c) Limit the person's practice or exclude one or more specified branches of medicine from his or her practice;
 - (d) Suspend the person's license for a specified period or until further order of the Board;
 - (e) Revoke the person's license;
 - (f) Require the person to participate in a program to correct alcohol or drug dependence or any other impairment;
 - (g) Require supervision of the person's practice;
 - (h) Impose a fine not to exceed \$5,000 for each violation;
 - (i) Require the person to perform community service without compensation;
 - (j) Require the person to take a physical or mental examination or an examination testing his or her competence; and
 - (k) Require the person to fulfill certain training or educational requirements.
5. If the Board finds that the respondent has violated the provisions of NRS 439B.425, the Board shall suspend the respondent's license for a specified period or until further order of the Board.
6. The Board shall not administer a private reprimand if the Board finds that a violation has occurred.
7. Within 30 days after the hearing before the Board, the Board shall issue a final order, certified by the Secretary-Treasurer of the Board, that imposes discipline and incorporates the findings of fact and conclusions of law obtained from the hearing. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.
(Added to NRS by 1977, 826; A 1985, 2243; 1989, 664; 1991, 2438; 1993, 2597; 1997, 685; 2001, 770; 2001 Special Session, 153, 161; 2003, 3436; 2009, 2971; 2017, 2847)

NRS 630.355 Acts constituting contempt; stay of related disciplinary proceedings; transfer of jurisdiction to district court; penalties; manner in which person may purge himself or herself of contempt.

1. If a person, in a proceeding before the Board, a hearing officer or a panel of the Board:
 - (a) Disobeys or resists a lawful order;
 - (b) Refuses to take an oath or affirmation as a witness;
 - (c) Refuses to be examined; or
 - (d) Engages in conduct during a hearing or so near the place thereof as to obstruct the proceeding,
- ↪ the Board, hearing officer or panel may certify the facts to the district court of the county in which the proceeding is being conducted. Such a certification operates as a stay of all related disciplinary proceedings. The court shall issue an order directing the person to appear before the court and show cause why he or she should not be held in contempt.
2. A copy of the statement of the Board, hearing officer or panel, and the order of the district court issued pursuant to subsection 1, must be served on the person. Thereafter, the court has jurisdiction of the matter.

3. The same proceedings must be had, the same penalties may be imposed and the person may purge himself or herself of the contempt in the same way as in the case of a person who has committed a contempt in the trial of a civil action.

(Added to NRS by 1997, 679; A 2001, 771)

NRS 630.356 Judicial review; effective date of order; stay of Board's order by court prohibited.

1. Any person aggrieved by a final order of the Board is entitled to judicial review of the Board's order.

2. Every order that imposes a sanction against a licensee pursuant to subsection 4 or 5 of NRS 630.352 or any regulation of the Board is effective from the date the Secretary-Treasurer certifies the order until the date the order is modified or reversed by a final judgment of the court. The court shall not stay the order of the Board pending a final determination by the court.

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

(Added to NRS by 1977, 827; A 1979, 957; 1985, 2244; 2001, 771; 2009, 2972)

NRS 630.358 Removal of limitation on or restoration of license.

1. Any person:

(a) Whose practice of medicine, perfusion or respiratory care has been limited; or

(b) Whose license to practice medicine, perfusion or respiratory care has been:

(1) Suspended until further order; or

(2) Revoked,

↪ by an order of the Board, may apply to the Board for removal of the limitation or restoration of the license.

2. In hearing the application, the Board:

(a) May require the person to submit to a mental or physical examination or an examination testing his or her competence to practice medicine, perfusion or respiratory care by physicians, perfusionists or practitioners of respiratory care, as appropriate, or other examinations it designates and submit such other evidence of changed conditions and of fitness as it deems proper;

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

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

3. The licensee has the burden of proving by clear and convincing evidence that the requirements for restoration of the license or removal of the limitation have been met.

4. The Board shall not restore a license unless it is satisfied that the person has complied with all of the terms and conditions set forth in the final order of the Board and that the person is capable of practicing medicine, perfusion or respiratory care in a safe manner.

5. To restore a license that has been revoked by the Board, the applicant must apply for a license and take an examination as though the applicant had never been licensed under this chapter.

(Added to NRS by 1977, 827; A 1985, 2244; 2001, 771; 2009, 2972)

Miscellaneous Provisions

NRS 630.364 Immunity from civil action; Board prohibited from taking certain action against physician for disclosing certain violations to governmental entity or cooperating in related investigation, hearing or inquiry.

1. Any person or organization who furnishes information concerning an applicant for a license or a licensee in good faith in accordance with the provisions of this chapter is immune from any civil action for furnishing that information.

2. The Board and any of its members and its staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and the employees or volunteers of a diversion program are immune from any civil liability for:

(a) Any decision or action taken in good faith in response to information acquired by the Board.

(b) Disseminating information concerning an applicant for a license or a licensee to other boards or agencies of the State, the Attorney General, any hospitals, medical societies, insurers, employers, patients and their families or any law enforcement agency.

3. Except as otherwise provided in subsection 4, the Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a physician for:

(a) Disclosing to a governmental entity a violation of any law, rule or regulation by an applicant for a license to practice medicine or by a physician; or

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

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

5. As used in this section:

(a) "Diversion program" means a program approved by the Board to correct a licensee's alcohol or drug dependence or any other impairment.

(b) "Governmental entity" includes, without limitation:

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

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

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

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

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

(Added to NRS by 1977, 619, 827; A 1981, 590; 1985, 2012, 2245; 1989, 425; 2002 Special Session, 21; 2007, 3047; 2009, 1423; 2015, 499)

NRS 630.365 Authority for nonprofit medical school or research institution to operate as business organization or association, operate clinic in conjunction with school or research facility and retain portion of money generated by clinic.

1. A private nonprofit medical school or a nonprofit medical research institution may, notwithstanding any provision of law to the contrary:

(a) Operate as a corporation or other business organization or association with ownership or control shared by persons licensed pursuant to this chapter and persons not licensed pursuant to this chapter;

(b) Operate a clinic in conjunction with the school or institution which is staffed by physicians or osteopathic physicians who are employed by the school or the institution and who are:

(1) Licensed pursuant to this chapter or chapter 633 of NRS, respectively; and

(2) Members of the faculty of the school or institution; and

(c) Retain all or a portion of the money generated by a clinic described in paragraph (b), including, without limitation, any professional income generated by a physician or osteopathic physician staffing the clinic.

2. As used in this section, "private nonprofit medical school" means a private nonprofit medical school that is licensed by the Commission on Postsecondary Education and approved by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges.

(Added to NRS by 2007, 1823)

NRS 630.366 Suspension of license for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of license. [Effective until 2 years after the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

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

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

(Added to NRS by 1997, 2119; A 1999, 520; 2001, 772; 2005, 2807, 2810; 2009, 2973, effective until 2 years after the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 630.3675 Immediate suspension of license for conviction of felony relating to license holder's practice.

If the holder of a license that is issued or renewed pursuant to this chapter is convicted of a felony for a violation of any federal or state law or regulation relating to the holder's practice, the conviction operates as an immediate suspension of the license.

(Added to NRS by 2009, 2945)

NRS 630.369 Injecting patient with certain chemotherapeutic agents.

1. A person, other than a physician, shall not inject a patient with any chemotherapeutic agent classified as a prescription drug unless:

(a) The person is licensed or certified to perform medical services pursuant to this title;

(b) The administration of the injection is within the scope of the person's license or certificate; and

(c) The person administers the injection under the supervision of a physician. The Board shall prescribe the requirements for supervision pursuant to this subsection.

2. As used in this section:

(a) "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

(b) "Prescription drug" means:

(1) A controlled substance or dangerous drug that may be dispensed to an ultimate user only pursuant to a lawful prescription; and

(2) Any other substance or drug substituted for such a controlled substance or dangerous drug.

(Added to NRS by 2007, 3041)

NRS 630.371 Performance of laser surgery on eye. Laser surgery or intense pulsed light therapy on the globe of the eye of a patient may be performed only by a licensed physician who has completed a program of progressive postgraduate education in ophthalmology as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education or the Council on Medical Education of the Canadian Medical Association.

(Added to NRS by 2007, 3041)

NRS 630.373 Administration of anesthesia or sedation.

1. A physician shall not administer or supervise directly the administration of general anesthesia, conscious sedation or deep sedation to patients unless the general anesthesia, conscious sedation or deep sedation is administered:

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

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

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

(d) Outside of this State.

2. As used in this section:

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

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

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

(Added to NRS by 2009, 533)

NRS 630.3735 Investigational drug, biological product or device: Conditions under which physician is authorized to prescribe or recommend; contents of form for consent; action not grounds for disciplinary action.

1. A physician may prescribe or recommend an investigational drug, biological product or device to a patient if the physician has:

(a) Diagnosed the patient with a terminal condition;

(b) Discussed with the patient all available methods of treating the terminal condition that have been approved by the United States Food and Drug Administration and the patient and the physician have determined that no such method of treatment is adequate to treat the terminal condition of the patient; and

(c) Obtained informed, written consent to the use of the investigational drug, biological product or device from:

(1) The patient;

(2) If the patient is incompetent, the representative of the patient; or

(3) If the patient is less than 18 years of age, a parent or legal guardian of the patient.

2. An informed, written consent must be recorded on a form signed by the patient, or the representative or parent or legal guardian of the patient, as applicable, that contains:

(a) An explanation of all methods of treating the terminal condition of the patient that are currently approved by the United States Food and Drug Administration;

(b) A statement that the patient, or the representative or parent or legal guardian of the patient, as applicable, and the physician agree that no such method is likely to significantly prolong the life of the patient;

(c) Clear identification of the specific investigational drug, biological product or device proposed to treat the terminal condition of the patient;

(d) A description of the consequences of using the investigational drug, biological product or device, which must include, without limitation:

(1) A description of the best and worst possible outcomes;

(2) A realistic description of the most likely outcome, in the opinion of the physician; and

(3) A statement of the possibility that using the investigational drug, biological product or device may result in new, unanticipated, different or worse symptoms or the death of the patient occurring sooner than if the investigational drug, biological product or device is not used;

(e) A statement that a health insurer of the patient may not be required to pay for care or treatment of any condition resulting from the use of the investigational drug, biological product or device unless such care or treatment is specifically included in the policy of insurance covering the patient and that future benefits under the policy of insurance covering the patient may be affected by the patient's use of the investigational drug, biological product or device; and

(f) A statement that the patient, or the representative or parent or legal guardian of the patient, as applicable, understands that the patient is liable for all costs resulting from the use of the investigational drug, biological product or device, including, without limitation, costs resulting from care or treatment of any condition resulting from the use of the investigational drug, biological product or device, and that such liability will be passed on to the estate of the patient upon the death of the patient.

3. A physician is not subject to disciplinary action for prescribing or recommending an investigational drug, biological product or device when authorized to do so pursuant to subsection 1.

4. As used in this section:

(a) "Investigational drug, biological product or device" has the meaning ascribed to it in NRS 454.690.

(b) "Terminal condition" has the meaning ascribed to it in NRS 454.690.

(Added to NRS by 2015, 983)

NRS 630.374 Physician or physician assistant authorized to issue order for school or authorized entity to obtain and maintain auto-injectable epinephrine; immunity from liability.

1. A physician or physician assistant may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

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

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

(a) The name and signature of the physician or physician assistant and the address of the physician or physician assistant if not immediately available to the pharmacist;

(b) The classification of his or her license;

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

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

(e) The date of issue.

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

5. A physician or physician assistant is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine maintained by a public or private school or authorized entity pursuant to an order issued by the physician or physician assistant pursuant to subsection 1 or 2 not resulting from gross negligence or reckless, willful or wanton conduct of the physician or physician assistant.

6. As used in this section:

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

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

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

(Added to NRS by 2013, 1226; A 2015, 472)

NRS 630.3745 Physician prohibited from allowing person not enrolled in good standing at accredited school to perform or participate in certain activities; exception.

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

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

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

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

(a) The activity takes place:

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

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

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

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

(Added to NRS by 2015, 1535)

PRESCRIPTIONS FOR OPHTHALMIC LENSES

NRS 630.375 Form for prescription; requirements for initial fitting of contact lenses.

1. The form for any prescription which is issued for an ophthalmic lens by an ophthalmologist in this State must contain lines or boxes in substantially the following form:

Approved for contact lenses..... _____
Not approved for contact lenses..... _____

2. The prescribing ophthalmologist shall mark or check one of the lines or boxes required by subsection 1 each time such a prescription is issued by the ophthalmologist.

3. If the prescription is for a contact lens, the form must set forth the expiration date of the prescription, the number of refills approved for the patient and such other information as is necessary for the prescription to be filled properly.

4. The initial fitting of a contact lens must be performed by an ophthalmologist or optometrist licensed in this State.

5. As used in this section, "initial fitting" means measuring the health, integrity and refractive error of the eye to determine whether contact lenses may be approved pursuant to subsection 1.

(Added to NRS by 1987, 1698; A 1997, 1257; 2003, 511)

PROHIBITED ACTS; PENALTIES; ENFORCEMENT**NRS 630.388 Injunctive relief.**

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

- (a) To enjoin any prohibited act or other conduct of a licensee which is harmful to the public;
- (b) To enjoin any person who is not licensed under this chapter from practicing medicine, perfusion or respiratory care;
- (c) To limit the practice of a physician, perfusionist, physician assistant or practitioner of respiratory care, or suspend his or her license to practice;
- (d) To enjoin the use of the title "P.A.," "P.A.-C.," "R.C.P." or any other word, combination of letters or other designation intended to imply or designate a person as a physician assistant or practitioner of respiratory care, when not licensed by the Board pursuant to this chapter, unless the use is otherwise authorized by a specific statute; or
- (e) To enjoin the use of the title "L.P.," "T.L.P.," "licensed perfusionist," "temporarily licensed perfusionist" or any other word, combination of letters or other designation intended to imply or designate a person as a perfusionist, when not licensed by the Board pursuant to this chapter, unless the use is otherwise authorized by a specific statute.

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

- (a) Without proof of actual damage sustained by any person;
- (b) Without relieving any person from criminal prosecution for engaging in the practice of medicine, perfusion or respiratory care without a license; and
- (c) Pending proceedings for disciplinary action by the Board.

(Added to NRS by 1977, 825; A 1985, 2241; 1987, 201; 2001, 768; 2003, 3435; 2009, 2973) — (Substituted in revision for NRS 630.333)

NRS 630.390 Sufficiency of allegations in application for injunctive relief. In seeking injunctive relief against any person for an alleged violation of this chapter by practicing medicine, perfusion or respiratory care without a license, it is sufficient to allege that the person did, upon a certain day, and in a certain county of this State, engage in the practice of medicine, perfusion or respiratory care without having a license to do so, without alleging any further or more particular facts concerning the same.

[Part 17:169:1949; 1943 NCL § 4107.17] — (NRS A 1973, 519; 1985, 2245; 2001, 773; 2009, 2974)

NRS 630.395 Inspection of premises by Board. Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter practices medicine, perfusion or respiratory care and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing medicine, perfusion or respiratory care without the appropriate license issued pursuant to the provisions of this chapter.

(Added to NRS by 2013, 2215)

NRS 630.397 Practicing or offering to practice without license; reporting requirements of Board. Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice medicine, perfusion or respiratory care without the appropriate license issued pursuant to the provisions of this chapter.

(Added to NRS by 2013, 2215)

NRS 630.400 Penalty for certain violations.

1. It is unlawful for any person to:

- (a) Present to the Board as his or her own the diploma, license or credentials of another;
- (b) Give either false or forged evidence of any kind to the Board;
- (c) Practice medicine, perfusion or respiratory care under a false or assumed name or falsely personate another licensee;
- (d) Except as otherwise provided by a specific statute, practice medicine, perfusion or respiratory care without being licensed under this chapter;
- (e) Hold himself or herself out as a perfusionist or use any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;
- (f) Hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant without being licensed by the Board; or
- (g) Hold himself or herself out as a practitioner of respiratory care or use any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board.

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

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

↪ and shall be punished as provided in NRS 193.130.

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

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

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

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

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

[18:169:1949; 1943 NCL § 4107.18] — (NRS A 1967, 641; 1973, 519; 1975, 418; 1979, 1490; 1985, 2245; 1987, 202; 1995, 1309; 1997, 686; 2001, 773; 2003, 1891, 3437; 2009, 2974; 2013, 994, 2216, 3680)

NRS 630.411 Unauthorized use of insignia, license or documents prohibited. A person shall not use the seal, the designation of the Board or any license, card or certificate issued by the Board or any imitation thereof in any way not authorized by this chapter or regulations of the Board.

(Added to NRS by 1985, 2223)

NRS 630.415 Physician or agent or employee thereof prohibited from retaliating or discriminating against certain persons for reporting or participating in investigation or proceeding relating to sentinel event or conduct of physician or other persons or refusing to engage in unlawful conduct; restriction of right prohibited.

1. A physician or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the physician or a person acting on behalf of the employee who in good faith:

(1) Reports to the Board of Medical Examiners information relating to the conduct of the physician which may constitute grounds for initiating disciplinary action against the physician or which otherwise raises a reasonable question regarding the competence of the physician to practice medicine with reasonable skill and safety to patients; or

(2) Reports a sentinel event to the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician and who:

(1) In good faith, reports to the physician, the Board of Medical Examiners, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the physician or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the physician, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to disciplinary action by the State Board of Nursing; or

(c) An employee of the physician, a person acting on behalf of the employee or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician and who cooperates or otherwise participates in an investigation or proceeding conducted by the Board of Medical Examiners or another governmental entity relating to conduct described in paragraph (a) or (b).

2. A physician or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certificate who is employed by or contracts to provide nursing services for the physician because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified has taken an action described in subsection 1.

3. A physician or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician to take an action described in subsection 1.

4. As used in this section:

(a) "Good faith" means honesty in fact in the reporting of the information or in the cooperation of the investigation concerned.

(b) "Retaliate or discriminate":

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;

(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

- (VI) The denial of a promotion;
- (VII) A suspension;
- (VIII) A dismissal;
- (IX) A transfer; or
- (X) Frequent changes in working hours or workdays.

(2) Does not include an action described in sub-subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

(Added to NRS by 2002 Special Session, 17; A 2009, 1420; 2011, 1321) — (Substituted in revision for NRS 630.293)

NRS 630.417 Legal remedy for certain retaliation or discrimination: Filing of action; damages; interest; equitable relief; rebuttable presumption in certain circumstances; civil penalty; limitation of action.

1. An employee of a physician or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician and who believes that he or she has been retaliated or discriminated against in violation of NRS 630.415 may file an action in a court of competent jurisdiction.

2. If a court determines that a violation of NRS 630.415 has occurred, the court may award such damages as it determines to have resulted from the violation, including, without limitation:

(a) Compensatory damages;

(b) Reimbursement of any wages, salary, employment benefits or other compensation denied to or lost by the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified as a result of the violation;

(c) Attorney's fees and costs, including, without limitation, fees for expert witnesses; and

(d) Punitive damages, if the facts warrant.

3. The court shall award interest on the amount of damages at a rate determined pursuant to NRS 17.130.

4. The court may grant any equitable relief it considers appropriate, including, without limitation, reinstatement of the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified and any temporary, preliminary or permanent injunctive relief.

5. If any action to retaliate or discriminate is taken against an employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified within 60 days after the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified takes any action described in subsection 1 of NRS 630.415, there is a rebuttable presumption that the action taken against the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified constitutes retaliation or discrimination in violation of NRS 630.415.

6. A physician or any agent or employee thereof that violates the provisions of NRS 630.415 is subject to a civil penalty of not more than \$10,000 for each violation. The Attorney General or any district attorney of this State may recover the penalty in a civil action brought in the name of the State of Nevada in any court of competent jurisdiction.

7. Any action under this section must be brought not later than 2 years after the date of the last event constituting the alleged violation for which the action is brought.

8. As used in this section, "retaliate or discriminate" has the meaning ascribed to it in NRS 630.415.

(Added to NRS by 2002 Special Session, 18; A 2009, 1422; 2011, 1323) — (Substituted in revision for NRS 630.296)

NEVADA STATE BOARD OF MEDICAL EXAMINERS



NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 629

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[NAC-629 Revised Date: 3-18]

CHAPTER 629 - HEALING ARTS GENERALLY

HEALTH CARE RECORDS

- 629.050 Disclosure concerning destruction of records: Title of statement to be posted on Internet by State Board of Health and certain other regulatory boards.
- 629.060 Disclosure concerning destruction of records: Form and placement of sign to be posted by providers of health care.
- 629.070 Disclosure concerning destruction of records: Requirements for written statement by provider of health care to first-time patients.

GENETIC INFORMATION

- 629.100 Requirements for obtaining, retaining or disclosing genetic information.
- 629.110 Form and content of consent document for obtaining, retaining or disclosing genetic information.

VOLUNTARY HEALTH CARE SERVICE

- 629.150 Registration; provision of certain information concerning additional providers of health care; approval.
- 629.160 Exemption from requirement to submit quarterly report.
- 629.170 Limitation on applicability of certain provisions during emergency or disaster.

HEALTH CARE RECORDS

NAC 629.050 Disclosure concerning destruction of records: Title of statement to be posted on Internet by State Board of Health and certain other regulatory boards. (NRS 629.053) A statement required by NRS 629.053 must be titled "Notice to Patients Regarding the Destruction of Health Care Records."

(Added to NAC by Bd. of Health by R101-10, eff. 1-13-2011)

NAC 629.060 Disclosure concerning destruction of records: Form and placement of sign to be posted by providers of health care. (NRS 629.051)

1. Each sign required by subsection 2 of NRS 629.051 to be posted by providers of health care must:

(a) Be not less than 8 1/2 inches in height and 11 inches in width, with margins not greater than 1 inch on any side;

(b) Pursuant to subsection 2 of NRS 629.051, be posted in a conspicuous place in each location at which the provider of health care performs health care services and at each facility that maintains the health care records of patients;

(c) Disclose to a patient that the health care records of the patient may be destroyed in accordance with NRS 629.051;

(d) Be written using a single typeface in not less than 20-point type; and

(e) Be titled "Notice to Patients Regarding the Destruction of Health Care Records."

2. If two or more providers of health care share:

(a) A location at which the providers perform health care; or

(b) A facility that maintains the health care records of patients,

→ the providers may post one sign at the location or facility which complies with the requirements of this section and NRS 629.051.

(Added to NAC by Bd. of Health by R101-10, eff. 1-13-2011)

NAC 629.070 Disclosure concerning destruction of records: Requirements for written statement by provider of health care to first-time patients. (NRS 629.051) Each written statement required by subsection 3 of NRS 629.051 must:

1. Disclose to the patient that the health care records of the patient may be destroyed in accordance with NRS 629.051; and
2. Be titled "Notice to Patients Regarding the Destruction of Health Care Records."
(Added to NAC by Bd. of Health by R101-10, eff. 1-13-2011)

GENETIC INFORMATION

NAC 629.100 Requirements for obtaining, retaining or disclosing genetic information. (NRS 629.181)

1. A person, governmental agency or political subdivision of a government that wishes to obtain genetic information of a person, retain genetic information that identifies a person, disclose or compel a person to disclose the identity of a person who was the subject of a genetic test or to disclose genetic information of a person in a manner that allows identification of the person must first:

(a) Inform the person who is the subject of the genetic test or his or her legal guardian of the restricted uses and confidentiality of the genetic information set forth in NRS 629.101 to 629.201, inclusive; and

(b) Obtain from the person who is the subject of the genetic test or his or her legal guardian the consent document described in NAC 629.110. The consent document must be signed and dated by the person who is the subject of the test or his or her legal guardian and must be witnessed by another person.

2. Possession of a consent document that has been signed, dated and witnessed conclusively establishes compliance with subsection 1.

3. A consent document must be kept on file by the person, governmental agency or political subdivision of a government that obtained the document pursuant to subsection 1 for not less than 5 years.

(Added to NAC by Bd. of Health by R018-98, eff. 11-24-98)

NAC 629.110 Form and content of consent document for obtaining, retaining or disclosing genetic information. (NRS 629.181) The consent document for obtaining genetic information of a person must be in substantially the following form:

CONSENT FOR OBTAINING, RETAINING OR DISCLOSING GENETIC INFORMATION

As used in this document, "genetic information" means any information that is obtained from a genetic test.

1. I understand that no insurer or corporation that provides health insurance, carrier serving small employers or health maintenance organization may:

- (a) Require me or any member of my family to take a genetic test;
- (b) Require me to disclose whether I or any member of my family has taken a genetic test;
- (c) Request my genetic information or the genetic information of a member of my family; or
- (d) Determine the rates or any other aspect of the coverage or benefits for health care for me or my family based on whether I or any member of my family has taken a genetic test or based on my genetic information or the genetic information of any member of my family.

2. I also understand that:

(a) I have the right to receive the results of a genetic test, in writing, within 10 working days after the person conducting the test has received the results. The written results must indicate that, except as otherwise provided in chapter 629 of NRS, my genetic information may not be obtained, retained or disclosed without first obtaining my informed consent.

(b) It is unlawful for a person or entity to obtain my genetic information without my informed consent, unless the information is obtained:

- (1) By a federal, state, county or city law enforcement agency to establish the identity of a person or a dead human body;
- (2) To determine the parentage or identity of a person in certain circumstances;

- (3) To determine the paternity of a person in certain circumstances;
- (4) For use in a study where the identities of the persons from whom the genetic information is obtained are not disclosed to the person conducting the study;
- (5) To determine the presence of certain inheritable disorders in an infant in certain circumstances; or
- (6) Pursuant to an order of a court of competent jurisdiction.

(c) It is unlawful for a person to retain genetic information that identifies me without first obtaining my informed consent, unless retention of the genetic information is:

- (1) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
- (2) Authorized pursuant to an order of a court of competent jurisdiction; or
- (3) Necessary for certain medical facilities to maintain my medical records.

(d) If I have authorized a person to retain my genetic information, I may request that the person destroy the genetic information. Such a person shall destroy the information, unless retention of the information is:

- (1) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
- (2) Authorized by an order of a court of competent jurisdiction;
- (3) Necessary for certain medical facilities to maintain my medical records; or
- (4) Authorized or required by state or federal law.

(e) Except as otherwise provided by federal law or regulation, a person who obtains my genetic information for use in a study shall destroy the information upon completion of the study or my withdrawal from the study, whichever occurs first, unless I authorize the person conducting the study to retain my genetic information after the study is completed or upon my withdrawal from the study.

(f) It is unlawful for a person to disclose or to compel another person to disclose my identity if I was the subject of a genetic test or to disclose to another person genetic information that allows the other person to identify me without first obtaining my informed consent, unless the information is disclosed:

- (1) To conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
- (2) To determine the parentage or identity of a person in certain circumstances;
- (3) To determine the paternity of a person in certain circumstances;
- (4) Pursuant to an order of a court of competent jurisdiction;
- (5) By a physician after I am deceased and my genetic information will assist in the medical diagnosis of persons related to me by blood;
- (6) To a federal, state, county or city law enforcement agency to establish the identity of a person or dead human body;
- (7) To determine the presence of certain inheritable preventable disorders in an infant in certain circumstances; or
- (8) By an agency of criminal justice in certain circumstances.

I, (name of person giving consent), hereby give my consent to (name of person or agency obtaining genetic information) to obtain my genetic information; or

I, (name of person giving consent), hereby give my consent to (name of person or agency retaining genetic information) to retain my genetic information; or

I, (name of person giving consent), hereby give my consent to (name of person or agency disclosing genetic information) to disclose my genetic information to (name and address of person or agency to receive genetic information).

This consent document is valid until (date of expiration).

If the person tested is unable to sign, please indicate the reason here:

.....

Signature of consenting person or his or her legal representative	Witness
Date	Date

(Added to NAC by Bd. of Health by R018-98, eff. 11-24-98)

VOLUNTARY HEALTH CARE SERVICE

NAC 629.150 Registration; provision of certain information concerning additional providers of health care; approval. (NRS 629.490)

1. Except as otherwise provided in NAC 629.170, not less than 10 business days before organizing or arranging for the provision of voluntary health care service in this State, a sponsoring organization must register with the Division pursuant to NRS 629.460 by submitting to the Division a form prescribed by the Division. In addition to the information required by subsection 1 of NRS 629.460, the form must:

- (a) State the address of the physical location at which the voluntary health care service will be provided;
- (b) State the dates and times during which the voluntary health care service will be provided;
- (c) Identify each provider of health care intending to provide voluntary health care service for the sponsoring organization, including, without limitation:
 - (1) The name and profession of the provider of health care; and
 - (2) The number, expiration date and state of issuance of the professional license of the provider of health care; and
- (d) Describe each type of voluntary health care service to be provided.

2. If a provider of health care not identified pursuant to paragraph (c) of subsection 1 intends to provide voluntary health care service for the sponsoring organization after the registration form has been submitted to the Division, the sponsoring organization must provide to the Division, electronically and not later than 1 business day after being informed that the provider of health care intends to provide voluntary health care service for the sponsoring organization, the information set forth in paragraph (c) of subsection 1 for each provider of health care.

3. The Division shall review a registration form from a sponsoring organization within 5 business days after receipt of the form. Upon review and approval of the registration form, the Division will provide the sponsoring organization an approval letter signed by the Division Filing Officer for the voluntary health care service to be provided. A copy of the signed and dated approval letter must be made available for inspection by the Division upon request on the date of an event at which voluntary health care service is being provided.

4. As used in this section, "Division Filing Officer" means an employee of the Division authorized to review all registration, reporting and supporting documentation from the sponsoring organization required pursuant to this section and NAC 629.160 and 629.170 and NRS 629.400 to 629.490, inclusive.

(Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

NAC 629.160 Exemption from requirement to submit quarterly report. (NRS 629.490) If no provider of health care provided voluntary health care service in association with a sponsoring organization during the immediately preceding calendar quarter, the sponsoring organization is not required to submit the quarterly report required by paragraph (b) of subsection 2 of NRS 629.460.

(Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

NAC 629.170 Limitation on applicability of certain provisions during emergency or disaster. (NRS 415.010, 415A.190, 629.490)

- 1. The provisions of NAC 629.150 and 629.160 do not apply to the provision of voluntary health care service in this State during an emergency or disaster.
- 2. As used in this section:

- (a) "Disaster" has the meaning ascribed to it in NRS 414.0335.
 - (b) "Emergency" has the meaning ascribed to it in NRS 414.0345.
- (Added to NAC by Div. of Pub. & Behavioral Health by R067-16, eff. 12-21-2016)

NEVADA STATE BOARD OF MEDICAL EXAMINERS



NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 630

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[NAC-630 Revised Date: 2-18]

CHAPTER 630 - PHYSICIANS, PERFUSIONISTS, PHYSICIAN ASSISTANTS AND PRACTITIONERS OF RESPIRATORY CARE

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GENERAL PROVISIONS

NAC 630.010 Definitions. (NRS 630.130) As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.005 to 630.026, inclusive, and NAC 630.025 have the meanings ascribed to them in those sections.

[Bd. of Medical Exam’rs, § 630.010, eff. 12-20-79] — (NAC A 6-23-86; 9-12-91; R007-99, 9-27-99; R089-00, 7-19-2000)

NAC 630.025 “Controlled substance” defined. (NRS 630.130) “Controlled substance” has the meaning ascribed to it in NRS 0.031.

(Added to NAC by Bd. of Medical Exam’rs by R007-99, eff. 9-27-99)

NAC 630.040 “Malpractice” interpreted. (NRS 630.130) For the purposes of chapter 630 of NRS, “malpractice” means the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

(Added to NAC by Bd. of Medical Exam’rs, eff. 7-18-96) — (Substituted in revision for NAC 630.245)

NAC 630.043 “State” interpreted. (NRS 630.130, 630.266) For the purposes of NRS 630.266 and NAC 630.147 and 630.149, the Board will interpret the term “state,” when referring to a state other than this State, to mean a state of the United States other than Nevada, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.

(Added to NAC by Bd. of Medical Exam’rs by R146-10, eff. 10-26-2011)

NAC 630.045 Submission of documents to Board: Signature required. (NRS 630.130, 630.269, 630.275, 630.279)

1. Any document submitted to the Board by a licensee or an applicant for a license to practice medicine, to practice as a physician assistant, to practice as a practitioner of respiratory care or to practice as a perfusionist must bear the original signature of the licensee or applicant.

2. The Board may refuse to accept any document submitted by a licensee or an applicant for a license that does not bear the original signature of the licensee or applicant.

3. As used in this section, “document” means any written submission, notification or communication, including, without limitation:

(a) An application for a license;

- (b) A request for renewal of a license;
- (c) A request for a change of status; or
- (d) A notification of a change of address.

(Added to NAC by Bd. of Medical Exam'rs by R006-07, eff. 10-31-2007; A by R061-11, 5-30-2012)

LICENSING

NAC 630.050 Application: Restrictions; filing; contents; fee. (NRS 630.130)

1. The Board will not accept any application for any type of license to practice medicine in 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 school approved by either the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by the Committee on Accreditation of Canadian Medical Schools.

2. Except as otherwise provided in NAC 630.130, an applicant for any license to practice medicine must file his or her 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 United States Citizenship and Immigration Services of the Department of Homeland Security that he or she 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. If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

[Bd. of Medical Exam'rs, § 630.050, eff. 12-20-79] — (NAC A 6-23-86; 3-19-87; R149-97, 3-30-98; R080-05, 10-31-2005)

NAC 630.055 Qualifications: "Progressive postgraduate education" interpreted. (NRS 630.130, 630.160) As used in paragraph (d) of subsection 2 of NRS 630.160, the term "progressive postgraduate education" does not include training received in the program commonly referred to as the "fifth pathway program," which was established by the American Medical Association in 1971 to allow entry into the first year of graduate medical education in the United States to citizens of the United States who study at foreign medical schools.

(Added to NAC by Bd. of Medical Exam'rs by R007-99, eff. 9-27-99; A by R145-03, 12-16-2003)

NAC 630.080 Examinations. (NRS 630.130, 630.160, 630.180, 630.318)

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

(a) A written examination concerning the statutes and regulations relating to the practice of medicine in this State; and

(b) Except as otherwise provided in subsection 2, an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:

(1) The Special Purpose Examination;

(2) An examination testing competence to practice medicine conducted by physicians; or

(3) Any other examination designed to test the competence of the applicant to practice medicine.

2. The Board will deem an applicant to have satisfied the requirements of paragraph (b) of subsection 1 if:

(a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

(1) Part III of the examination given by the National Board of Medical Examiners;

(2) Component II of the Federation Licensing Examination;

(3) Step 3 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 primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or

(6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (c) of subsection 2 of NRS 630.160:

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. 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. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.

5. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

6. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

[Bd. of Medical Exam'rs, § 630.080, eff. 12-20-79] — (NAC A 6-23-86; 3-19-87; 11-21-88; 3-7-90; 9-12-91; R149-97, 3-30-98; R007-99, 9-27-99; R167-99, 1-19-2000; R145-03, 12-16-2003; R054-05, 10-31-2005; R150-07 & R151-07, 6-17-2008; R134-14, 6-26-2015)

NAC 630.130 Limited license for graduate program of training. (NRS 630.130, 630.265)

1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the period during which it is valid. If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.

[Bd. of Medical Exam'rs, § 630.130, eff. 12-20-79] — (NAC A 6-23-86; R042-12, 2-20-2013)

NAC 630.135 Renewal of limited license for graduate program of training; annual report required; grounds for disciplinary action or denial or revocation of license. (NRS 630.130, 630.265)

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. As a condition of renewal of a limited license to practice medicine as a resident physician in a graduate program of clinical training, the licensee shall submit an annual report signed by the director of the program of clinical training that has been:

- (a) Submitted on a form supplied by the Board; and
- (b) Signed by the chair of the Graduate Medical Education Committee.

4. The holder of a limited license may be disciplined if information supplied to the Board by the director of the program of clinical training constitutes grounds for:

- (a) Disciplinary action pursuant to NRS 630.301 to 630.3065, inclusive; or
- (b) Denial or revocation of a license pursuant to NRS 630.161.

5. 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.

(Added to NAC by Bd. of Medical Exam'rs by R149-97, eff. 3-30-98; A by R108-01, 11-29-2001)

NAC 630.145 Restricted license: "Medically underserved area" defined. (NRS 630.130, 630.264) For the purposes of subsection 1 of NRS 630.264, "medically underserved area" means any geographic area designated by the Board with a population to primary care physician ratio of 2,500:1. When designating a geographic area as medically underserved, the Board may consider any additional criteria proposed by the Officer of Rural Health of the University of Nevada School of Medicine or a board of county commissioners.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001) — (Substituted in revision for NAC 630.035)

NAC 630.147 Special event license to demonstrate medical techniques and procedures: Application. (NRS 630.130, 630.266, 630.268) An applicant for a special event license issued pursuant to NRS 630.266 must, not later than 30 days before the requested effective date described in subsection 1, submit to the Board or, where appropriate, cause to be submitted to the Board:

1. An application for a special event license on a form approved by the Board. The application must include, without limitation, the date on which the applicant wishes the special event license to become effective. To ensure compliance with NRS 630.266, the application must also include:

(a) Verification that the applicant is currently licensed as a physician in another state and is in good standing in that state;

(b) The dates and locations of the demonstrations of medical techniques or procedures that the applicant plans to conduct pursuant to the special event license; and

(c) A description of the type of persons expected to attend the demonstrations.

2. The documentation and information, other than an application, that an applicant for a license to practice medicine is required to submit to the Board pursuant to NRS 630.165 to 630.173, inclusive, 630.195 and 630.197.

3. The applicable fee for the application for and issuance of the special event license as prescribed by the Board pursuant to subsection 1 of NRS 630.268.

4. Such other pertinent information as the Board may require.

(Added to NAC by Bd. of Medical Exam'rs by R146-10, eff. 10-26-2011)

NAC 630.149 Special event license to demonstrate medical techniques and procedures: Validity; limitations on conduct of demonstrations. (NRS 630.130, 630.266)

1. If the Board issues a special event license pursuant to NRS 630.266, the Board will provide the period for which the special event license is valid. The period of validity will not exceed 15 days after the effective date of the special event license as established by the Board.

2. A holder of a special event license issued pursuant to NRS 630.266 may, pursuant to the special event license:

(a) Conduct only those demonstrations of medical techniques or procedures approved by the Board; and

- (b) Conduct those demonstrations only on the dates and at the locations approved by the Board.
(Added to NAC by Bd. of Medical Exam'rs by R146-10, eff. 10-26-2011)

NAC 630.153 Continuing education: General requirements; exemption; failure to comply; credit for medical review. (NRS 630.130, 630.253)

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 or she has completed 40 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 Accreditation Council for 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 or her completion of continuing medical education within the time and in the manner prescribed by subsection 1, the 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, the person:

(a) Pays a fee to the Board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.268;

(b) Submits to the Board, in such form as it requires, evidence that he or she has completed 40 hours of Category 1 continuing medical education 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.

4. The Board may issue up to 20 hours of continuing medical education credit during a single biennial period to a holder of a license to practice medicine if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the 40 hours required for any single biennial registration period pursuant to subsection 1; and

(b) Without exceeding the limit of 20 hours, must be equal to the actual time involved in performing the medical review.

(Added to NAC by Bd. of Medical Exam'rs, 7-31-85, eff. 8-1-85; A 6-23-86; 11-21-88; 9-12-91; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.154 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253)

1. Pursuant to the provisions of NRS 630.253, a holder of a license to practice medicine shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the holder of a license to practice medicine was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the holder of a license to practice medicine was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must 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; and

(b) Is in addition to the continuing education required pursuant to NAC 630.153.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a holder of a license to practice medicine:

(a) After January 1, 2002; and

(b) As a part of the training the holder of the license to practice medicine received:

(1) While serving in the military; or

(2) While serving as a public health officer.

(Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003)

NAC 630.155 Continuing education: Credit for continuing education course on geriatrics and gerontology or Alzheimer's disease or other forms of dementia. (NRS 630.130, 630.253)

1. Except as otherwise provided in subsections 3 and 4, if a holder of a license to practice medicine takes a continuing education course on geriatrics and gerontology, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections 3 and 4, if a holder of a license to practice medicine takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. During any biennial licensing period, a holder of a license to practice medicine may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1 or 2, or both.

4. A holder of a license to practice medicine is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1 or 2, but not both.

(Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003; A by R103-15, 4-4-2016)

NAC 630.157 Continuing education: Licensing after beginning of period of biennial registration; change of status to active. (NRS 630.130, 630.253)

1. Except as otherwise provided in NAC 630.153, each person licensed after the beginning of a period of biennial registration must, if he or she was licensed during the:

(a) First 6 months of the biennial period of registration, complete 40 hours of Category 1 continuing medical education as recognized by the American Medical Association;

(b) Second 6 months of the biennial period of registration, complete 30 hours of Category 1 continuing medical education as recognized by the American Medical Association;

(c) Third 6 months of the biennial period of registration, complete 20 hours of Category 1 continuing medical education as recognized by the American Medical Association; or

(d) Fourth 6 months of the biennial period of registration, complete 10 hours of Category 1 continuing medical education as recognized by the American Medical Association.

2. An applicant who applies to change his or her status to active status must provide proof of completion of 40 hours of Category 1 continuing medical education as recognized by the American Medical Association within the 24 months immediately preceding such an application.

(Added to NAC by Bd. of Medical Exam'rs, 7-31-85, eff. 8-1-85; A 6-23-86; R149-97, 3-30-98)

NAC 630.162 Temporary license: "Community" interpreted. (NRS 630.130, 630.261) As used in paragraph (d) of subsection 1 of NRS 630.261, "community" means a geographical area or patient service area served by an agency of the State Government.

(Added to NAC by Bd. of Medical Exam'rs, eff. 11-21-88)

NAC 630.165 Effect of revocation of license in another jurisdiction: “Gross medical negligence” defined. (NRS 630.130, 630.161) For the purposes of NRS 630.161, “gross medical negligence” has the meaning:

1. Ascribed to it by the jurisdiction in which the license was revoked; or
2. Ascribed to a term which the Board determines to be substantially similar to “gross medical negligence” by the jurisdiction in which the license was revoked.

(Added to NAC by Bd. of Medical Exam’rs, eff. 7-18-96)

NAC 630.170 Termination of license issued to alien. (NRS 630.130) A license issued to an alien automatically terminates if the alien loses his or her entitlement to remain and work in the United States. A license issued to an alien after March 15, 1999, must state in a conspicuous manner:

This license is issued subject to any limitations imposed by the United States Citizenship and Immigration Services of the Department of Homeland Security. This license becomes void immediately upon the termination of the right of the person named hereon to remain and work in the United States lawfully.

[Bd. of Medical Exam’rs, § 630.170, eff. 12-20-79] — (NAC A by R007-99, 9-27-99)

NAC 630.175 Fee for biennial registration: Payment; refund. (NRS 630.130, 630.267) Unless the license has expired for nonpayment of the fee for registration, any person licensed to practice by the Board after July 1 of the second year of a period of biennial registration shall pay one-half of the fee for biennial registration for the current period of biennial registration. Any person licensed to practice by the Board after commencement of a period of biennial registration, but on or before July 1 of the second year of a period of biennial registration, shall pay the full fee for biennial registration. Except as otherwise provided by specific regulation, the fees for biennial registration are not refundable.

(Added to NAC by Bd. of Medical Exam’rs, eff. 6-23-86; A 1-13-94; R141-11, 9-14-2012)

NAC 630.178 Change in status of license after expiration for nonpayment of fee. (NRS 630.130, 630.267) If a person whose license to practice medicine expired pursuant to NRS 630.267 for nonpayment of the fee for biennial registration wishes to change the status of his or her license from active to inactive or from inactive to active, the person must, within 2 years after the date on which the license expired, submit:

1. Twice the amount of the fee for biennial registration applicable to the status of his or her license at the time of the expiration; and
2. Any other information or documentation required to complete that biennial registration.

(Added to NAC by Bd. of Medical Exam’rs by R002-06, eff. 5-21-2007; A by R136-11, 9-14-2012)

NAC 630.180 Refund of fee for application; rejection of application. (NRS 630.130, 630.268)

1. If an applicant:
 - (a) Does not complete his or her application by providing all the documentation required by the form for application within 6 months after the actual date of filing of the form by the applicant;
 - (b) Withdraws his or her application; or
 - (c) Dies before he or she is issued a license by the Board,→ the Board will not refund any portion of the fee for application.
2. Applications which are not completed within 6 months will be rejected.
3. If an applicant pays the fee for biennial registration at the time of application, the Board will refund the fee for biennial registration if the Board does not issue a license to the applicant for any reason set forth in subsection 1 or 2.

[Bd. of Medical Exam’rs, § 630.180, eff. 12-20-79] — (NAC A 6-23-86; 11-21-88; 1-13-94; R149-97, 3-30-98; R139-11, 9-14-2012)

STANDARDS OF PRACTICE

NAC 630.185 Standards established. (NRS 630.130) NAC 630.185 to 630.230, inclusive, set forth the standards of practice established by the Board.
(Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A 7-18-96)

NAC 630.187 Adoption by reference of *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain and Dietary Guidelines for Americans*. (NRS 630.130, 630.275)

1. The Board hereby adopts by reference:

(a) The *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc.; and

(b) The *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341,

↳ and any subsequent revision of those publications that has been approved by the Board for use in this State. Each revision of those publications shall be deemed approved by the Board unless it disapproves of the revision within 180 days after the date of publication of the revision.

2. The most recent publication of:

(a) The *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* that has been approved by the Board will be available for inspection at the office of the Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada 89502, or may be obtained, free of charge, from the Federation of State Medical Boards of the United States, Inc., 400 Fuller Wisser Road, Euless, Texas 76039, or from the Federation of State Medical Boards of the United States, Inc., at the Internet address <http://www.fsmb.org>.

(b) The *Dietary Guidelines for Americans* that has been approved by the Board will be available for inspection at the office of the Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada 89502, or may be obtained, free of charge, from the Office of Disease Prevention and Health Promotion of the United States Department of Health and Human Services at the Internet address <http://www.health.gov/dietaryguidelines>.

3. The Board shall:

(a) Review each revision of a publication described in subsection 1 to ensure its suitability for this State; and

(b) File a copy of each revision of a publication described in subsection 1 that it approves with the Secretary of State and the State Library, Archives and Public Records Administrator.

(Added to NAC by Bd. of Medical Exam'rs by R089-00, eff. 7-19-2000; A by R059-11, 5-30-2012; R001-14, 6-26-2015; R021-15, 12-30-2015)

NAC 630.190 Prohibited advertising. (NRS 630.130, 630.304)

1. A licensee shall not advertise in such a manner that the advertising:

(a) Claims that a manifestly incurable disease can be permanently cured;

(b) Includes any false claim of a licensee's medical skill, or the efficacy or value of his or her medicine or treatment;

(c) Claims or implies professional superiority of the performance of any professional service in a manner superior to that of other practitioners;

(d) Guarantees any professional service or the results of any course of treatment or surgical procedure, or the performance of any operation painlessly;

(e) Includes any statement which is known to be false, or through the exercise of reasonable care should be known to be false, deceptive, misleading or harmful, in order to induce any person to purchase, utilize or acquire any professional services or to enter into any obligation or transaction relating thereto;

(f) Includes any extravagant claim, aggrandizement of abilities or self-laudatory statement calculated to attract patients, and which has a tendency to mislead the public or produce unrealistic expectations in particular cases; or

(g) Is false, deceptive or misleading in regard to the price, cost, charge, fee or terms of credit or services performed or to be performed.

2. It is sufficient for disciplinary purposes that any statement or other advertising described in paragraph (e), (f) or (g) of subsection 1 has a tendency to:

- (a) Deceive, mislead or harm the public because of its false, deceptive, misleading or harmful character; or
 - (b) Produce unrealistic expectations in particular cases, even though no member of the public is actually deceived, misled or harmed, or no unrealistic expectations are actually produced by the statement or other advertising.
- [Bd. of Medical Exam'rs, § 630.190, eff. 12-20-79] — (NAC A 6-23-86; R138-11, 9-14-2012)

NAC 630.205 Prescription of appetite suppressants. (NRS 630.130, 630.275)

1. A physician or physician assistant who is authorized to prescribe controlled substances may prescribe an appetite suppressant to control the weight of a patient if the appetite suppressant is prescribed for use in the treatment of exogenous obesity as part of a program of medical treatment which includes dietary restrictions, modification of behavior and exercise and:

- (a) The physician or physician assistant determines that the patient's obesity represents a threat to the patient's health; or
- (b) The patient's weight exceeds by not less than 20 percent the upper limit of the patient's healthy weight as described in the *Dietary Guidelines for Americans* adopted by reference in NAC 630.187.

2. A physician or physician assistant shall not prescribe an appetite suppressant for more than 3 months, unless the patient:

- (a) Has lost an average of not less than 2 pounds per month since he or she began taking the appetite suppressant; or
- (b) Has maintained his or her weight at the level which was established by the patient's physician or a physician assistant under the supervision of his or her physician.

3. A physician or physician assistant who prescribes an appetite suppressant for more than 3 months shall maintain a record of the patient's weight at the beginning and end of each month during which the patient takes the appetite suppressant.

4. Before prescribing an appetite suppressant, a physician or physician assistant shall obtain a medical history and perform a physical examination of the patient and conduct appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient.

5. As used in this section, "appetite suppressant" means a drug or other substance listed in schedule IV pursuant to NAC 453.540 which is used to suppress the appetite of a natural person.

(Added to NAC by Bd. of Medical Exam'rs, eff. 7-18-96; A by R108-01, 11-29-2001; R021-15, 12-30-2015)

NAC 630.210 Consultation with another provider of health care. (NRS 630.130) A physician shall seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

[Bd. of Medical Exam'rs, § 630.210, eff. 12-20-79] — (NAC A 6-23-86)

NAC 630.225 Reporting of physician brought into this State for consultation with or assistance to licensed physician. (NRS 630.130)

1. Any physician licensed in this State shall notify the Board if any unlicensed physician comes into this State for consultation with or assistance to the physician licensed in this State and specify the date of the consultation or assistance, whether the unlicensed physician has provided such consultation or assistance, or both, to the licensed physician in the past, and the date of that consultation and assistance.

2. A physician licensed in this State who consults with or receives assistance from a physician licensed in another state pursuant to subsection 1 shall comply with the provisions of chapter 629 of NRS governing the preparation, retention or dissemination of any health care record resulting from the consultation or assistance between the physician licensed in this State and the physician licensed in another state.

(Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A by R045-09, 11-25-2009)

NAC 630.230 Prohibited professional conduct. (NRS 630.130, 630.275)

- 1. A person who is licensed as a physician or physician assistant shall not:
 - (a) Falsify records of health care;

- (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
- (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
- (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;
- (h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;
- (i) If the person is a physician, fail to provide adequate supervision of a physician assistant or an advanced practice registered nurse;
- (j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;
- (k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187; or
- (l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:
 - (1) For more than one procedure;
 - (2) For more than one patient; or
 - (3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device.

2. As used in this section:

- (a) "Chronic pain" has the meaning ascribed to it in section III of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.
- (b) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:
 - (1) Contains only one dose of a medication; and
 - (2) May be used for only one patient.
- (c) "Single-use medical device" means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

[Bd. of Medical Exam'rs, § 630.230, eff. 12-20-79] — (NAC A 6-23-86; 9-19-90; 1-13-94; 7-18-96; R007-99, 9-27-99; R089-00, 7-19-2000; R108-01, 11-29-2001; R052-10, 10-15-2010; R059-11, 5-30-2012; R094-12, 2-20-2013; R001-14 & R057-14, 6-26-2015)

REPORTS

NAC 630.235 Annual reports of certain information concerning surgeries: Submission; form. (NRS 630.130, 630.30665)

- 1. Each holder of a license to practice medicine shall annually submit a report pursuant to NRS 630.30665, on a form to be provided by the Board. The form must include, without limitation:
 - (a) The name of the licensee;
 - (b) The office address of the licensee;
 - (c) The office phone number of the licensee;
 - (d) The number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the licensee at his or her office or any other facility, excluding any surgical care performed;

(1) At a medical facility, as defined in NRS 449.0151; or

(2) Outside of this State; and

(e) Information regarding the occurrence of any sentinel event arising from the type of surgeries described in paragraph (d).

2. As used in this section:

(a) "Conscious sedation" means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

(b) "Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

(c) "General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

(d) "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function.

(Added to NAC by Bd. of Medical Exam'rs by R169-05, eff. 12-29-2005)

NAC 630.237 Annual reports of certain information concerning surgeries: Administrative penalty. (NRS 630.130, 630.30665)

1. The failure of a holder of a license to practice medicine to submit to the Board a report required pursuant to NRS 630.30665:

(a) In a timely manner; or

(b) In an accurate or complete manner if the holder of the license knowingly misstates or misrepresents:

(1) The number or types of surgeries required to be reported pursuant to that section or NAC 630.235; or

(2) The occurrence or outcome of any reportable sentinel events pursuant to those sections, → constitutes grounds for imposing an administrative penalty against the holder of the license.

2. An administrative penalty imposed pursuant to this section may include the imposition of an administrative fine of not less than \$100 or more than \$1,000 and recovery by the Board of all costs incurred by the Board because of the violation.

3. Repeated violations of this section are subject to an administrative fine in the amount of \$1,000 in addition to recovery by the Board of all costs incurred by the Board because of the violations.

4. Before imposing any administrative penalty pursuant to this section, the Board will:

(a) Consider the totality of the circumstances surrounding the matter;

(b) Consider all evidence before it relating to the matter, including, without limitation, any intentional, volitional or purposeful conduct engaged in by the holder of the license; and

(c) Determine by a preponderance of the evidence that the applicable provisions of this section or NRS 630.30665 were violated.

5. The provisions of this section do not prohibit the Board from initiating disciplinary action for a violation of any other provision of this chapter or chapter 630 of NRS.

(Added to NAC by Bd. of Medical Exam'rs by R152-07, eff. 1-30-2008)

DISCIPLINARY ACTION

NAC 630.240 Voluntary surrender of license. (NRS 630.130, 630.298)

1. If a licensee desires to surrender his or her license to practice medicine, the licensee shall submit to the Board a sworn written statement of surrender of the license accompanied by delivery to the Board of the actual license issued to him or her. The Board will accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable

and the Board will notify any agency or person of the surrender and the conditions under which the surrender occurred, as the Board considers advisable.

2. The voluntary surrender of a license or the failure to renew a license does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

[Bd. of Medical Exam'rs, § 630.240, eff. 12-20-79] — (NAC A 6-23-86)

NAC 630.243 Procedure for dealing with findings of exposure to human immunodeficiency virus. (NRS 630.130, 630.269, 630.275) If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician, physician assistant, practitioner of respiratory care or perfusionist who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:

1. Review all the circumstances of the practice of the physician, physician assistant, practitioner of respiratory care or perfusionist; and

2. Advise the committee, in accordance with the guidelines on “Health Care Workers Infected with HIV” established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician, physician assistant, practitioner of respiratory care or perfusionist.

(Added to NAC by Bd. of Medical Exam'rs by R007-99, eff. 9-27-99; A by R108-01, 11-29-2001; R060-11, 5-30-2012)

NAC 630.251 Grounds: “Gross malpractice” interpreted. (NRS 630.130, 630.301) For the purposes of NRS 630.301, as that section existed before October 1, 1997, a physician shall be deemed to have committed gross malpractice if, before October 1, 1997, the physician 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.

(Added to NAC by Bd. of Medical Exam'rs, eff. 7-18-96; A by R149-97, 3-30-98)

NAC 630.255 Exemption from grounds: “Intractable pain” defined. (NRS 630.130, 630.135, 630.3066) For the purposes of NRS 630.3066, “intractable pain” means a condition of discomfort for which the cause cannot be removed or otherwise treated and for which a method of providing relief, or of which a cure for the cause, has not been found after reasonable efforts have been taken in accordance with accepted standards for the practice of medicine, including, but not limited to, evaluation by an attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body which is believed to be the source of the discomfort.

(Added to NAC by Bd. of Medical Exam'rs, eff. 7-18-96)

NAC 630.260 Notice of technical or scientific facts. (NRS 630.130) Parties to a disciplinary hearing before the Board will be notified, either before or during the hearing, of supposed technical or scientific facts of which the Board may take notice, and the parties will be afforded an opportunity to contest those facts. The Board’s experience, technical competence and specialized knowledge may be utilized in the evaluation of evidence.

[Bd. of Medical Exam'rs, § 630.260, eff. 12-20-79]

NAC 630.270 Disposition of findings and order of Board. (NRS 630.130, 630.269, 630.275) A copy of the disciplinary findings and order of the Board:

1. Will be served by personal service or by certified mail upon the person affected by them at the address of the person on file with the Board and his or her attorney of record;

2. Will be delivered by first-class mail or electronic mail to each hospital in the geographical area in which the physician, physician assistant, perfusionist or practitioner of respiratory care practices; and

3. May be delivered by first-class mail or electronic mail to members of the media.

[Bd. of Medical Exam'rs, § 630.270, eff. 12-20-79] — (NAC A by R149-97, 3-30-98; R007-99, eff. 9-27-99; R062-11, 5-30-2012)

NAC 630.275 Confidentiality of certain information regarding physicians, physician assistants, practitioners of respiratory care and perfusionists. (NRS 630.130, 630.269, 630.275, 630.279, 630.336) The Board will, pursuant to subsection 3 of NRS 630.336, keep confidential all records relating to a program established by the Board to enable a physician, physician assistant, practitioner of respiratory care or perfusionist to correct:

1. A dependence upon alcohol or a controlled substance; or
2. Any other impairment which could result in the revocation of his or her license.

(Added to NAC by Bd. of Medical Exam'rs, eff. 7-18-96; A by R044-09, 11-25-2009, eff. 7-1-2010)

PHYSICIAN ASSISTANTS

NAC 630.280 Qualifications of applicants. (NRS 630.130, 630.275) An applicant for licensure as a physician assistant must have the following qualifications:

1. If the applicant has not practiced as a physician assistant for 12 months or more before applying for licensure in this State, he or she 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 licensure.

2. Be a citizen of the United States or be lawfully entitled to remain and work in the United States.

3. Be able to communicate adequately orally and in writing in the English language.

4. Be of good moral character and reputation.

5. Have attended and completed a course of training in residence as a physician assistant approved by one of the following entities affiliated with the American Medical Association or its successor organization:

(a) The Committee on Allied Health Education and Accreditation or its successor organization;

(b) The Commission on Accreditation of Allied Health Education Programs or its successor organization; or

(c) The Accreditation Review Commission on Education for the Physician Assistant or its successor organization.

6. Be certified by the National Commission on Certification of Physician Assistants or its successor organization.

7. Possess a high school diploma, general equivalency diploma or postsecondary degree.

[Bd. of Medical Exam'rs, § 630.280, eff. 12-20-79] — (NAC A 6-23-86; 11-21-88; 9-12-91; R149-97, 3-30-98; R108-01, 11-29-2001; R036-13, 2-26-2014; R022-15, 12-30-2015)

NAC 630.290 Application for license. (NRS 630.130, 630.275)

1. An application for licensure as a physician 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 and his or her sex;

(b) The applicant's education, including, without limitation, high schools and postsecondary institutions attended, the length of time in attendance at each and whether he or she is a graduate of those schools and institutions;

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

(d) The applicant's training and experience as a physician assistant;

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

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

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of controlled substances; and

(h) The various places of his or her residence from the date of:

(1) Graduation from high school;

(2) Receipt of a high school general equivalency diploma; or

(3) Receipt of a postsecondary degree,

→ whichever occurred most recently.

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a physician assistant:

(1) If the applicant completed the educational program on or before December 31, 2001, which was approved by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; or

(2) If the applicant completed the educational program on or after January 1, 2002, which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or approved by the Commission on Accreditation of Allied Health Education Programs;

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

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

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

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

5. An applicant shall pay the reasonable costs of any examination required for licensure.

[Bd. of Medical Exam'rs, § 630.290, eff. 12-20-79] — (NAC A 6-23-86; 9-12-91; 1-13-94; 11-3-95; 7-18-96; R149-97, 3-30-98; R007-99, eff. 9-27-99; R108-01, 11-29-2001; R145-03, 12-16-2003)

NAC 630.310 Rejection of application. (NRS 630.130, 630.275) If it appears that:

1. An applicant for licensure as a physician 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.

[Bd. of Medical Exam'rs, § 630.310, eff. 12-20-79] — (NAC A 6-23-86; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.315 Denial of application. (NRS 630.130, 630.275) The Board may deny an application for the issuance or renewal of a license to practice as a physician assistant if the applicant has committed any of the acts described in subsection 1 of NAC 630.380.

(Added to NAC by Bd. of Medical Exam'rs by R080-06, eff. 9-18-2006)

NAC 630.320 Temporary license. (NRS 630.130, 630.275)

1. The Board will issue a temporary license to any qualified applicant who:

(a) Meets the educational and training requirements for certification as a physician assistant of the National Commission on Certification of Physician Assistants and is scheduled to and does sit for the first proficiency examination offered by the National Commission on Certification of Physician Assistants following the completion of his or her training;

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

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

2. A physician assistant with a temporary license may perform services only under the immediate supervision of a supervising physician.

[Bd. of Medical Exam'rs, § 630.320, eff. 12-20-79] — (NAC A 6-23-86; 3-19-87; 11-21-88; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.325 Locum tenens license. (NRS 630.130, 630.275) The Board may issue a locum tenens license, which is effective for not more than 3 months after issuance, to any physician assistant who is licensed or certified as a physician assistant and in good standing in another state and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician assistant to serve as a substitute for another physician assistant who is licensed to practice as a physician assistant in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to this section is not renewable.

(Added to NAC by Bd. of Medical Exam'rs, eff. 1-13-94; A by R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.330 Contents of license. (NRS 630.130, 630.275) The license issued by the Board must contain:

1. The name of the physician assistant;
2. The duration of the license; and
3. Any other limitations or requirements which the Board prescribes.

[Bd. of Medical Exam'rs, § 630.330, eff. 12-20-79] — (NAC A 6-23-86; 11-21-88; 9-12-91; 1-13-94; 7-18-96; R149-97, 3-30-98; R108-01, 11-29-2001; R145-03, 12-16-2003)

NAC 630.340 Period of validity of license; notification of practice; termination of supervision; disciplinary action; refusal to license. (NRS 630.130, 630.275)

1. The license of a physician assistant is valid for 2 years.
2. Before providing medical services, a physician assistant, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the physician assistant, the name of the supervising physician and the portion of the practice of the physician assistant that the supervising physician supervises. The notice must contain the signatures of the physician assistant and the supervising physician of the physician assistant.
3. The physician assistant and the supervising physician shall immediately notify the Board of the termination of the supervision of the physician assistant by the supervising physician. For any portion of the practice of the physician assistant that the supervising physician terminating supervision of the physician assistant supervised, the physician assistant shall not provide medical services until the physician assistant and a supervising physician submit notice to the Board pursuant to subsection 2.
4. A physician assistant who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license will be disciplined by the Board, if the Board deems it necessary, upon hearing a complaint for disciplinary action against the physician assistant.
5. If the Board determines that the conduct of a physician assistant when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the physician assistant.

[Bd. of Medical Exam'rs, § 630.340, eff. 12-20-79] — (NAC A 6-23-86; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001; R145-03, 12-16-2003)

NAC 630.350 Renewal, expiration and reinstatement of license. (NRS 630.130, 630.253, 630.275)

1. The license of a physician assistant may be renewed biennially. The license will not be renewed unless the physician assistant provides satisfactory proof that the physician assistant has completed the following number of hours of continuing medical education as defined by the American Academy of Physician Assistants or has received a certificate documenting the completion of the following number of hours of Category 1 credits as recognized by the American Medical Association:

- (a) If licensed during the first 6 months of the biennial period of registration, 40 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 30 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

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

(a) Mail a renewal notice at least 60 days before the expiration of a license to practice as a physician assistant; and

(b) Send a renewal application to a licensee at the last known address of the licensee on record with the Board.

3. If a licensee fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by

subsection 1, his or her license to practice in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice as a physician assistant if the holder:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 1; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

[Bd. of Medical Exam'rs, § 630.350, eff. 12-20-79] — (NAC A 6-23-86; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001; R208-07, 8-26-2008; R038-09, 11-25-2009; R048-10, 10-15-2010; R137-11, 9-14-2012)

NAC 630.353 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253, 630.275)

1. Pursuant to the provisions of NRS 630.253, a physician assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the physician assistant was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the physician assistant was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant; and

(b) Is in addition to the continuing education required pursuant to NAC 630.350.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a physician assistant:

(a) After January 1, 2002; and

(b) As a part of the training the physician assistant received:

(1) While serving in the military; or

(2) While serving as a public health officer.

(Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003)

NAC 630.357 Continuing education: Credit for continuing education course on geriatrics and gerontology or Alzheimer's disease or other forms of dementia. (NRS 630.130, 630.253, 630.275)

1. Except as otherwise provided in subsections 3 and 4, if a physician assistant takes a continuing education course on geriatrics and gerontology, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections 3 and 4, if a physician assistant takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. During any biennial licensing period, a physician assistant may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1 or 2, or both.

4. A physician assistant is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1 or 2, but not both.

(Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003; A by R103-15, 4-4-2016)

NAC 630.360 Performance of authorized medical services; identification; misrepresentation; notification of change regarding supervising physician. (NRS 630.130, 630.275)

1. The medical services which a physician assistant is authorized to perform must be:
 - (a) Commensurate with the education, training, experience and level of competence of the physician assistant; and
 - (b) Within the scope of the practice of the supervising physician of the physician assistant.
2. The physician assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as a physician assistant.
3. No physician assistant may represent himself or herself in any manner which would tend to mislead the general public or the patients of the supervising physician.
4. Except as otherwise provided in subsection 3 of NAC 630.340, a physician assistant shall notify the Board in writing within 72 hours after any change in the supervision of the physician assistant by a supervising physician.

[Bd. of Medical Exam'rs, § 630.360, eff. 12-20-79] — (NAC A 6-23-86; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001; R183-12, 4-5-2013)

NAC 630.370 Supervising physician: Duties; qualifications. (NRS 630.130, 630.275)

1. Except as otherwise provided in NAC 630.375, the supervising physician is responsible for all the medical activities of his or her physician assistant and shall ensure that:
 - (a) The physician assistant is clearly identified to the patients as a physician assistant;
 - (b) The physician assistant performs only those medical services which have been approved by his or her supervising physician;
 - (c) The physician assistant does not represent himself or herself 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 of registration issued to his or her physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and
 - (2) 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 and initial selected charts of the patients of the physician assistant. Unless the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician must be available at all times that his or her physician assistant is performing medical services to consult with his or her assistant. Those consultations may be indirect, including, without limitation, by telephone.
3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant.
4. Except as otherwise provided in this subsection, if the supervising physician is unable to supervise the physician assistant as required by this section, the supervising physician shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. If the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician is not required to comply with this subsection.
5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:
 - (a) An assessment of the medical competency of the physician assistant;
 - (b) A review and initialing of selected charts;
 - (c) An assessment of a representative sample of the referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient;
 - (d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant; and

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.

6. Except as otherwise provided in subsection 7, a physician may supervise a physician assistant if the physician:

- (a) Holds an active license in good standing to practice medicine issued by the Board;
- (b) Actually practices medicine in this State; and
- (c) Has not been specifically prohibited by the Board from acting as a supervising physician.

7. If the Board has disciplined a physician assistant pursuant to NAC 630.410, a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board to act as the supervising physician of that physician assistant.

[Bd. of Medical Exam'rs, § 630.370, eff. 12-20-79] — (NAC A 6-23-86; 11-21-88; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001; R145-03, 12-16-2003; R005-07, 10-31-2007)

NAC 630.375 Physician assistant deemed to be agent of supervising physician; performance of emergency medical services without supervision. (NRS 630.130, 630.275)

1. Except as otherwise provided in this section, a physician assistant is considered to be and is deemed the agent of his or her supervising physician in the performance of all medical activities.

2. A physician assistant shall not perform medical services without supervision from his or her supervising physician, except in:

- (a) Life-threatening emergencies, including, without limitation, at the scene of an accident; or
- (b) Emergency situations, including, without limitation, human-caused or natural disaster relief efforts.

3. When a physician assistant performs medical services in a situation described in subsection 2:

(a) The physician assistant is not the agent of his or her supervising physician and the supervising physician is not responsible or liable for any medical services provided by the physician assistant.

(b) The physician assistant shall provide whatever medical services are possible based on the need of the patient and the training, education and experience of the physician assistant.

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

(d) The physician assistant shall make a reasonable effort to contact his or her supervising physician, as soon as possible, to advise him or her of the incident and the physician assistant's role in providing medical services.

(Added to NAC by Bd. of Medical Exam'rs by R005-07, eff. 10-31-2007)

NAC 630.380 Disciplinary action: Grounds; institution; exception. (NRS 630.130, 630.138, 630.275)

1. A physician assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the physician assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or permitted another to represent the physician assistant to be a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to NAC 630.375; or

(2) At the direction or under the supervision of the supervising physician of the physician assistant;

(d) Has performed medical services which have not been approved by the supervising physician of the physician assistant, unless the medical services were performed pursuant to NAC 630.375;

(e) Is guilty of gross or repeated malpractice in the performance of medical services for acts committed before October 1, 1997;

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

(g) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter;

(h) 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 the supervising physician of the physician assistant;

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

(j) Is not competent to provide medical services;

(k) Failed to notify the Board of an involuntary loss of certification by the National Commission on Certification of Physician Assistants within 30 days after the involuntary loss of certification;

(l) Is guilty of violating a provision of NAC 630.230, 630.810, 630.820 or 630.830;

(m) Is guilty of violating a provision of NRS 630.301 to 630.3065, inclusive; or

(n) Is guilty of violating a provision of subsection 2 or 3 of NAC 630.340.

2. To institute disciplinary action against a physician assistant, a written complaint, specifying the charges, must be filed with the Board by the investigative committee of the Board.

3. A physician assistant is not subject to disciplinary action solely for prescribing or administering to a patient under the care of the physician assistant a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146.

[Bd. of Medical Exam'rs, § 630.380, eff. 12-20-79] — (NAC A 6-23-86; 9-12-91; 1-13-94; R149-97, 3-30-98; R007-99, 9-27-99; R089-00, 7-19-2000; R108-01, 11-29-2001; R145-03, 12-16-2003; R005-07, 10-31-2007; R039-09, 11-25-2009; R094-12, 2-20-2013)

NAC 630.390 Disciplinary action: Notice of charges. (NRS 630.130, 630.275) Before the Board takes disciplinary action against a physician assistant, the Board will give to the physician assistant and to his or her supervising physician a written notice specifying the charges made against the physician 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 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.

[Bd. of Medical Exam'rs, § 630.390, eff. 12-20-79] — (NAC A 6-23-86; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.400 Examination to determine fitness to practice. (NRS 630.130, 630.275)

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

2. Every physician assistant who applies for or is issued a license and who accepts the privilege of performing medical services in this State shall be deemed to have given his or her consent to submit to such an examination pursuant to subsection 1 when the physician assistant 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 assistant to submit to an examination when he or she is directed to do so pursuant to this section constitutes an admission of the charges against him or her. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A physician assistant who is subject to an examination pursuant to this section shall pay the costs of the examination.

[Bd. of Medical Exam'rs, § 630.400, eff. 12-20-79] — (NAC A 6-23-86; 1-13-94; R149-97, 3-30-98; R007-99, 9-27-99; R108-01, 11-29-2001)

NAC 630.410 Determination after notice and hearing: Sanctions or dismissal of charges. (NRS 630.130, 630.275) If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

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

- (a) Placement on probation for a specified period on any of the conditions specified in the order.
- (b) Administration of a public reprimand.
- (c) Limitation of his or her practice or exclusion of one or more specified branches of medicine from his or her practice.
- (d) Suspension of his or her license, for a specified period or until further order of the Board.
- (e) Revocation of his or her license to practice.
- (f) A requirement that the physician assistant participate in a program to correct alcohol or drug dependence or any other impairment.
- (g) A requirement that there be additional and specified supervision of his or her practice.
- (h) A requirement that the physician assistant perform community service without compensation.
- (i) A requirement that the physician assistant take a physical or mental examination or an examination testing his or her medical competence.
- (j) A requirement that the physician assistant fulfill certain training or educational requirements, or both, as specified by the Board.
- (k) A fine not to exceed \$5,000.
- (l) A requirement that the physician 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 assistant that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the physician assistant, the Board may provide to the physician assistant a copy of the complaint and the name of the person who filed the complaint.

[Bd. of Medical Exam'rs, § 630.410, eff. 12-20-79] — (NAC A 6-23-86; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.415 Advisory committee. (NRS 630.130, 630.275)

1. The Board will appoint three licensed physician assistants to an advisory committee. These physician assistants must have lived in and actively and continuously practiced in this State as licensed physician 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 licensed physician assistants.

(Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A 11-21-88; R149-97, 3-30-98; R108-01, 11-29-2001)

PETITIONS, ORDERS, OPINIONS AND RULES OF PRACTICE

NAC 630.420 Petition for amendment or repeal of regulation. (NRS 630.130) A petition requesting the adoption, filing, amendment or repeal of any regulation must be accompanied by a draft of the proposed regulation in a form suitable for filing with the Secretary of State.

[Bd. of Medical Exam'rs, § 630.420, eff. 12-20-79]

NAC 630.430 Filing of petition; copies. (NRS 630.130) A petition described in NAC 630.420 must be filed with the Board. The original and 12 copies of the petition must be filed, together with the original and 12 copies of the proposed regulation.

[Bd. of Medical Exam'rs, § 630.430, eff. 12-20-79] — (NAC A 6-23-86; R149-97, 3-30-98; R002-14, 6-26-2015)

NAC 630.440 Submission, consideration and disposition of petitions. (NRS 630.130)

1. Any petition described in NAC 630.420 filed more than 30 days before the next regularly scheduled meeting of the Board will be considered by the Board at that meeting. Any petition filed 30 days or less before the next regularly scheduled meeting of the Board will be considered at the first regular meeting scheduled more than 30 days after the petition is filed.

2. The Board will, within 30 days after consideration of a petition, deny the petition in writing stating the reasons for the denial or initiate proceedings under NRS 233B.060 for adoption of the proposed regulation.

[Bd. of Medical Exam'rs, § 630.440, eff. 12-20-79] — (NAC A by R002-14, 6-26-2015)

NAC 630.450 Declaratory orders and advisory opinions. (NRS 630.130)

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

2. The original and 12 copies of the petition must be filed with the Board not less than 31 days before its next regularly scheduled meeting. 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.

[Bd. of Medical Exam'rs, § 630.450, eff. 12-20-79] — (NAC A 6-23-86; R149-97, 3-30-98; R002-14, 6-26-2015)

NAC 630.455 Time limit for request to Board for consideration or action upon matter at meeting. (NRS 630.130) A request for the Board to consider or take action upon a matter at a meeting other than a petition described in NAC 630.420 or 630.450 must be received by the Board at least 31 days before the date of the meeting.

(Added to NAC by Bd. of Medical Exam'rs by R007-99, eff. 9-27-99; A by R002-14, 6-26-2015)

NAC 630.460 Hearings: Appearance; pleadings; motions; documents. (NRS 630.130)

1. Each party shall enter his or her appearance at the beginning of a hearing or at a time designated by the presiding officer by giving the party's name and address and stating his or her 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 or she 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 10 working days after service of the motion. The moving party may serve and file a written reply within 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 the 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 Board. A copy of each pleading or motion must be made available by the party filing it to any other person whom 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:

(a) Proof of service by a certificate of an attorney or his or her employee;

(b) Proof of personal service;

(c) A written admission of service; or

(d) An affidavit of mailing.

[Bd. of Medical Exam'rs, § 630.460, eff. 12-20-79] — (NAC A 6-23-86; 1-13-94; R149-97, 3-30-98)

NAC 630.465 Hearings: Prehearing conference. (NRS 630.130, 630.275)

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or physician assistant of a formal complaint that has been filed with the Board pursuant to NRS 630.311, 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. All documents presented at the prehearing conference are not evidence, are 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.

(Added to NAC by Bd. of Medical Exam'rs, eff. 1-13-94; A by R149-97, 3-30-98; R167-99, 1-19-2000; R108-01, 11-29-2001)

NAC 630.470 Hearings: Procedure. (NRS 630.130, 630.275)

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 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 on behalf of the Board, panel or hearing officer and the licensee, any other party and their counsel. 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. The Board will present its evidence first and then the licensee will submit his or her 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 Board, panel or hearing officer will hear the evidence presented, make appropriate rulings on the admissibility of evidence, and maintain procedure and order during the hearing. The Board, panel or hearing officer may not dismiss the complaint.

6. The presiding member of the Board or panel or the hearing officer may, upon his or her motion or the motion of a party, order a witness, other than 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, panel or hearing officer.

8. The hearing officer or panel of members of the Board conducting a hearing shall:

(a) Submit to the Board a synopsis of the testimony taken at the hearing; and

(b) Make a recommendation to the Board on the veracity of witnesses if there is conflicting evidence or the credibility of witnesses is a determining factor.

9. A case 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 filing of the transcript of the hearing and the filing of the synopsis of the testimony taken at the hearing. 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.

(Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001)

NAC 630.475 Subpoenas. (NRS 630.130, 630.140)

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 member of the Board or a licensee at a hearing or require a 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 or she is required to appear at the hearing.

(Added to NAC by Bd. of Medical Exam'rs, eff. 1-13-94; A by R149-97, 3-30-98)

COLLABORATING OR SUPERVISING PHYSICIANS

NAC 630.490 Collaboration with advanced practice registered nurse. (NRS 630.130)

1. Except as otherwise provided in this section, a physician may collaborate with an advanced practice registered nurse if the physician:

(a) Holds an active license in good standing to practice medicine;

(b) Actually practices medicine in this State; and

(c) Has not been specifically prohibited by the Board from acting as a collaborating physician.

2. No physician may collaborate with an advanced practice registered nurse whose scope of practice or medical competence is other than the scope of practice or medical competence of the physician.

3. Before collaborating with an advanced practice registered nurse, a physician, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the advanced practice registered nurse and the portion of the practice of the advanced practice registered nurse that the physician will collaborate on with the advanced practice registered nurse. The notice must contain the signatures of the advanced practice registered nurse and the collaborating physician.

4. In addition to any other requirements, if the State Board of Nursing pursuant to NRS 632.349 has disciplined an advanced practice registered nurse, a physician shall not collaborate with that advanced practice registered nurse unless the physician has been specifically approved by the Board to act as the collaborating physician of that advanced practice registered nurse.

5. A collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an advanced practice registered nurse. For any portion of the practice of the advanced practice registered nurse that the collaborating physician terminating collaboration with the advanced practice registered nurse collaborated, no physician shall collaborate with the advanced practice registered nurse until the physician submits notice to the Board pursuant to subsection 3.

6. The collaborating physician or his or her substitute shall be available at all times that the advanced practice registered nurse is providing medical services to consult with the advanced practice registered nurse. Those consultations may be indirect, including, without limitation, by telephone.

7. The collaborating physician shall, at least once a month, spend part of a day at any location where the advanced practice registered nurse provides medical services to act as consultant to the advanced practice registered nurse and to monitor the quality of care provided by an advanced practice registered nurse.

8. The collaborating physician shall develop and carry out a program to ensure the quality of care provided by an advanced practice registered nurse. The program must include, without limitation:

(a) An assessment of the medical competency of the advanced practice registered nurse;

(b) A review and initialing of selected charts;

(c) An assessment of a representative sample of referrals or consultations made by the advanced practice registered nurse with another health professional as required by the condition of the patient;

(d) Direct observation of the ability of the advanced practice registered nurse to take a medical history from and perform an examination of patients representative of those cared for by the advanced practice registered nurse; and

(e) Maintenance of accurate records and documentation of the program for each advanced practice registered nurse with whom the physician collaborated.

9. The collaborating physician shall ensure that the advanced practice registered nurse:

(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.

10. The medical director of a practice that is specific to a site, including, without limitation, a facility for skilled nursing or a hospital, may act as a collaborating physician to an advanced practice registered nurse who works at the practice. A medical director acting as a collaborating physician may allow the advanced practice registered nurse to evaluate and care for patients under the direction of an attending physician who is not the collaborating physician of the advanced practice registered nurse.

11. A collaborating physician shall ensure that the medical services that an advanced practice registered nurse performs while collaborating with the physician are:

(a) Commensurate with the education, training, experience and level of competence of the advanced practice registered nurse; and

(b) Within the scope of practice of the:

(1) Advanced practice registered nurse;

(2) Certification of the advanced practice registered nurse; and

(3) Collaborating physician.

12. If the collaborating physician is unable to act as the collaborating physician for an advanced practice registered nurse, he or she shall designate a qualified substitute physician to act as a temporary collaborating physician. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician.

13. The collaborating physician is responsible for all the medical services performed by the advanced practice registered nurse.

(Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A by R149-97, 3-30-98; R145-03, 12-16-2003)

NAC 630.495 Restrictions on simultaneous supervision of physician assistants and collaboration with advanced practice registered nurses. (NRS 630.130)

1. Except as otherwise provided in subsection 2, a physician shall not simultaneously:

(a) Supervise more than three physician assistants;

(b) Collaborate with more than three advanced practice registered nurses; or

(c) Supervise or collaborate with a combination of more than three physician assistants and advanced practice registered nurses.

2. A physician may petition the Board for approval to supervise or collaborate with more physician assistants and advanced practice registered nurses than he or she 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 or her practice exist that necessitate his or her supervision or collaboration with more physician assistants and advanced practice registered nurses than would otherwise be allowed pursuant to subsection 1; and

(b) The physician will be able to supervise or collaborate with the number of physician assistants and advanced practice registered nurses for which he or she is requesting approval in a satisfactory manner.

(Added to NAC by Bd. of Medical Exam'rs by R149-97, eff. 3-30-98; A by R108-01, 11-29-2001)

PRACTITIONERS OF RESPIRATORY CARE

NAC 630.500 Qualifications of applicants. (NRS 630.130, 630.279) An applicant for licensure as a practitioner of respiratory care must have the following qualifications:

1. If he or she has not practiced as a practitioner of respiratory care for 12 months or more immediately preceding his or her application for licensure in this State, the applicant must, except as

otherwise provided in subsections 2 and 3, at the order of the Board, take and pass any examination that the Board deems appropriate to test the professional competency of the practitioner.

2. If he or she has not practiced as a practitioner of respiratory care for 12 months or more but less than 5 years immediately preceding his or her application for licensure in this State, the applicant may provide proof that he or she has successfully completed 10 units of continuing education for each year or portion thereof he or she has not practiced respiratory care. If he or she provides proof of successfully completing at least 10 units of continuing education for each year or portion thereof he or she has not practiced respiratory care, the applicant is exempt from the examination required pursuant to subsection 1.

3. If he or she has not practiced as a practitioner of respiratory care for 5 years or more immediately preceding his or her application for licensure in this State, the applicant must retake and pass the examination required to be certified as a practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization.

4. Be a citizen of the United States or be lawfully entitled to remain and work in the United States.

5. Be able to communicate adequately orally and in writing in the English language.

6. Be of good moral character and reputation.

7. Be in compliance with the provisions of NRS 630.277.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R176-08, 2-11-2009; R036-13, 2-26-2014)

NAC 630.505 Application for license. (NRS 630.130, 630.279)

1. An application for licensure as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

(a) The date of birth and the birthplace of the applicant, his or her sex and the various places of his or her residence after reaching 18 years of age;

(b) The education of the applicant, including, without limitation, all high schools, postsecondary institutions and professional institutions attended, the length of time in attendance at each high school or institution and whether he or she is a graduate of those schools and institutions;

(c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in another state and, if so, when and where and the results of his or her application;

(d) The professional training and experience of the applicant;

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

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

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances; and

(h) A public address where the applicant may be contacted by the Board.

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization;

(b) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515; and

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

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

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R043-11, 5-30-2012; R023-15, 12-30-2015)

NAC 630.510 Grounds for rejection of application. (NRS 630.130, 630.279) If it appears that:

1. An applicant for licensure as a practitioner of respiratory care 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.
(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.515 Temporary license to practice as intern. (NRS 630.130, 630.279)

1. Upon payment of a fee, the Board may issue a temporary license to practice respiratory care as an intern for a period of 12 months to an applicant for licensure providing the applicant shows:
 - (a) Written evidence, verified by oath, that the applicant is a graduate of a respiratory education program; and
 - (b) That he or she is scheduled to sit for the national exam administered by the National Board for Respiratory Care or its successor organization.
2. During the 12-month period, the applicant shall wear a name badge that prominently displays the phrase "Graduate Therapist" while on the job.
(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.520 Contents of license. (NRS 630.130, 630.279) The license as a practitioner of respiratory care issued by the Board must contain:

1. The name of the practitioner of respiratory care;
2. The duration of the license; and
3. Any other limitations or requirements that the Board prescribes.
(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.525 Fee for biennial registration; cause for disciplinary action or refusal to issue license. (NRS 630.130, 630.279)

1. Each holder of a license to practice respiratory care must, on or before June 30 or, if June 30 is a Saturday, Sunday or legal holiday, the next business day after June 30, of each odd-numbered year, pay the applicable fee for biennial registration to the Secretary-Treasurer of the Board.
2. A practitioner of respiratory care who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board, if the Board deems necessary, upon hearing a complaint for disciplinary action against him or her.
3. If the Board determines that the conduct of a practitioner of respiratory care when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the practitioner of respiratory care.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R124-10, 12-16-2010; R024-15, 12-30-2015)

NAC 630.530 Renewal of license; notification of withdrawal of certification; expiration and reinstatement of license. (NRS 630.130, 630.279)

1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the Board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:
 - (a) Of current certification by the National Board for Respiratory Care or its successor organization; and
 - (b) That he or she has completed the number of contact hours of continuing professional education required by subsections 2 and 3.
2. To renew a license for the practice of respiratory care, a licensee must complete the number of contact hours of continuing education required by subsection 3, of which:
 - (a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.

(b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the Board.

3. The following contact hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:

- (a) If licensed during the first 6 months of the biennial period of registration, 20 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 15 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 10 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours.

4. A practitioner of respiratory care shall notify the Board within 10 days if his or her certification by the National Board for Respiratory Care or its successor organization is withdrawn.

5. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) Mail a renewal notice at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send a renewal application to a licensee at the last known address of the licensee on record with the Board.

6. If a licensee fails to pay the fee for biennial registration on or before the date required by NAC 630.525 or fails to submit proof that the licensee completed the number of contact hours of continuing education required by subsections 2 and 3, his or her license to practice respiratory therapy in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice respiratory care if he or she:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of contact hours of continuing education required by subsections 2 and 3; and

(c) Is found to be in good standing and qualified pursuant to the provisions of this chapter and NRS 630.277.

7. The Board may issue not more than 10 contact hours of continuing education during a biennial licensing period to a licensee if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the hours required for a biennial licensing period pursuant to subsections 2 and 3; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R049-10, 10-15-2010; R124-10, 12-16-2010; R140-11, 9-14-2012; R035-13, 2-26-2014; R024-15, 12-30-2015)

NAC 630.535 Suspension upon loss of certification. (NRS 630.130, 630.279) If a licensee loses certification by the National Board for Respiratory Care or its successor organization, his or her license to practice respiratory care is automatically suspended until further order of the Board.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.540 Grounds for discipline or denial of licensure. (NRS 630.130, 630.279) A practitioner of respiratory care is subject to discipline or denial of licensure by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the practitioner of respiratory care:

1. Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license or renewing a license.

2. Performed respiratory care services other than as permitted by law.

3. Committed malpractice in the performance of respiratory care services, which may be evidenced by claims settled against a practitioner of respiratory care.

4. Disobeyed any order of the Board or an investigative committee of the Board or violated a provision of this chapter.

5. Is not competent to provide respiratory care services.

6. Lost his or her certification by the National Board for Respiratory Care or its successor organization.
 7. Failed to notify the Board of loss of certification by the National Board for Respiratory Care or its successor organization.
 8. Falsified records of health care.
 9. Rendered respiratory care to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.
 10. Practiced respiratory care after his or her license has expired or been suspended.
 11. Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of respiratory care or the ability to practice respiratory care.
 12. Has had a license to practice respiratory care revoked, suspended, modified or limited by any other jurisdiction or has surrendered such license or discontinued the practice of respiratory care while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.
 13. Engaged in any sexual activity with a patient who is currently being treated by the practitioner of respiratory care.
 14. Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
 15. Engaged in conduct that violates the trust of a patient and exploits the relationship between the practitioner of respiratory care and the patient for financial or other personal gain.
 16. Engaged in conduct which brings the respiratory care profession into disrepute, including, without limitation, conduct which violates any provision of a national code of ethics adopted by the Board by regulation.
 17. Engaged in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent or legal guardian, that exploits the relationship between the practitioner of respiratory care and the patient in a sexual manner.
 18. Made or filed a report that the practitioner of respiratory care knows to be false, failed to file a record or report as required by law or willfully obstructed or induced another to obstruct such filing.
 19. Altered the medical records of a patient.
 20. Failed to report any person that the practitioner of respiratory care knows, or has reason to know, is in violation of the provisions of chapter 630 of NRS or NAC 630.500 to 630.560, inclusive, relating to the practice of respiratory care.
 21. Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.
 22. Held himself or herself out or permitted another to represent him or her as a licensed physician.
 23. Violated any provision that would subject a practitioner of medicine to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.
- (Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.545 Disciplinary action: Notice of charges. (NRS 630.130, 630.279) Before the Board takes disciplinary action against a practitioner of respiratory care, the Board will give to the practitioner of respiratory care a written notice specifying the charges made against the practitioner of respiratory care and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the practitioner of respiratory care at least 20 days before the date fixed for the hearing. Service of the notice will be made, and any investigation and subsequent proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.550 Examination to determine fitness to practice. (NRS 630.130, 630.279)

1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any practitioner of respiratory care has raised a reasonable question as to his or her competence to practice as a practitioner of respiratory care with reasonable skill and safety to patients, the Board may order that the practitioner of respiratory care undergo a mental or physical examination or an examination testing his or her competence to practice as a practitioner of respiratory care administered by physicians or practitioners of respiratory care or any other examination designated by the Board to

assist the Board or committee in determining the fitness of the practitioner of respiratory care to practice as a practitioner of respiratory care.

2. Every practitioner of respiratory care who applies for or is issued a license and who accepts the privilege of performing respiratory care in this State shall be deemed to have given his or her consent to submit to such an examination pursuant to subsection 1 if he or she is directed to do so in writing by the Board.

3. For the purpose of this section, a report of the testimony or an examination by an examining physician or practitioner of respiratory care does not constitute a privileged communication.

4. Except in extraordinary circumstances, as determined by the Board, the failure of a licensed practitioner of respiratory care to submit to an examination if he or she is directed to do so pursuant to this section constitutes an admission of the charges against him or her. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A practitioner of respiratory care who is subject to an examination pursuant to this section shall pay the costs of the examination.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.555 Determination after notice and hearing: Sanctions or dismissal of charges. (NRS 630.130, 630.279) If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

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

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

(b) Administration of a public reprimand.

(c) Suspension of his or her license for a specified period or until further order of the Board.

(d) Revocation of his or her license to practice.

(e) A requirement that he or she participate in a program to correct alcohol or drug dependence or any other impairment.

(f) A requirement that there be specified supervision of his or her practice.

(g) A requirement that he or she perform public service without compensation.

(h) A requirement that he or she take a physical or mental examination or an examination testing his or her medical competence.

(i) A requirement that he or she fulfill certain training or educational requirements, or both, as specified by the Board.

(j) A fine not to exceed \$1,500.

(k) A requirement that the practitioner of respiratory care pay all costs incurred by the Board relating to the disciplinary proceedings.

2. No violation has occurred, the Board will issue a written order dismissing the charges and notify the practitioner of respiratory care that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the practitioner of respiratory care, the Board may provide to the practitioner of respiratory care a copy of the complaint and the name of the person who filed the complaint.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.560 Advisory committee. (NRS 630.130, 630.279)

1. The Board will appoint five licensed practitioners of respiratory care to an advisory committee. These practitioners of respiratory care must have lived in and actively and continuously practiced in this State as practitioners of respiratory care 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 licensed practitioners of respiratory care.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R081-05, 10-31-2005)

USE OF MEANS OR INSTRUMENTALITIES OF TREATMENT OTHER THAN CONVENTIONAL TREATMENT

NAC 630.600 “Conventional treatment” defined. (NRS 630.130) As used in NAC 630.600 to 630.630, inclusive, unless the context otherwise requires, “conventional treatment” means the health care methods of diagnoses, treatments or interventions that are:

1. Generally accepted methods of routine practice offered by most licensed physicians;
2. Based upon medical training, experience and peer-reviewed scientific literature; and
3. Ordinarily utilized by physicians in good standing practicing in the same specialty or field.

(Added to NAC by Bd. of Medical Exam’rs by R108-01, eff. 11-29-2001)

NAC 630.605 Provisional approval; disciplinary action for violation. (NRS 630.130) Except as otherwise provided in NAC 630.610 to 630.630, inclusive, a licensee may practice medicine by utilizing any means or instrumentality. A licensee is subject to disciplinary action by the Board if the Board finds that the licensee has violated any of the provisions of NAC 630.610 to 630.630, inclusive.

(Added to NAC by Bd. of Medical Exam’rs by R108-01, eff. 11-29-2001)

NAC 630.610 Use of certain means or instrumentalities prohibited. (NRS 630.130) A licensee shall not practice medicine by utilizing any means or instrumentality that:

1. Has a risk for a patient which is unreasonably greater than the means or instrumentality ordinarily utilized by physicians in good standing practicing in the same specialty or field; or
2. Is provided as a substitute for any conventional treatment which has proven to be of substantial benefit to the patient.

(Added to NAC by Bd. of Medical Exam’rs by R108-01, eff. 11-29-2001)

NAC 630.615 Assessment of patient; contents of assessment. (NRS 630.130) Before offering advice about the means or instrumentality of treatment, the licensee shall undertake an assessment of the patient. The assessment must be documented in the medical chart of the patient and should include, without limitation, the conventional methods of diagnosis ordinarily utilized by physicians in good standing practicing in the same specialty or field. The assessment may include nonconventional methods of diagnosis. The assessment must include the following:

1. An adequate medical record.
2. Documentation as to whether conventional treatment options, including, without limitation, referral options for conventional treatment, ordinarily utilized by physicians in good standing practicing in the same specialty or field have been:
 - (a) Discussed with the patient;
 - (b) Offered to the patient;
 - (c) Refused by the patient; or
 - (d) Undertaken with the patient and, if so, the outcome of the treatment.
3. If a treatment is offered which is not considered to be conventional, documentation of written informed consent by the patient for each treatment plan, including, without limitation, documentation that the risks and benefits of the use of both the conventional and the other means or instrumentality of treatment were discussed with the patient or guardian.
4. A review of the current diagnosis and conventional treatment.
5. Documentation as to whether the other means or instrumentality of treatment could interfere with any other ongoing conventional treatment.

(Added to NAC by Bd. of Medical Exam’rs by R108-01, eff. 11-29-2001)

NAC 630.620 Documented treatment plan. (NRS 630.130) The licensee may offer the patient any means or instrumentality of treatment other than conventional treatment if it is offered pursuant to a documented treatment plan tailored for the individual needs of the patient. The documented treatment plan must:

1. Evaluate treatment progress or success with stated objectives, including, without limitation, pain relief and improved physical or psychosocial function.
2. Consider pertinent medical history, previous medical records and physical examinations, and the need for further testing, consultations, referrals or the use of other treatment modalities.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.625 Periodic reviews of care of patient. (NRS 630.130) To utilize means or instrumentalities of treatment other than conventional treatment, the licensee must document and conduct periodic reviews of the care of the patient. The periodic reviews must:

1. Consider the individual circumstances of the patient;
2. Be conducted at reasonable intervals in consideration of the individual circumstances of the patient;
3. Report the progress in reaching treatment objectives; and
4. Take into consideration the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

NAC 630.630 Records of care provided to patient. (NRS 630.130) The licensee shall maintain complete and accurate records of the care provided to the patient, including, without limitation, the requirements of NAC 630.610 to 630.625, inclusive.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)

PERFUSIONISTS

NAC 630.700 Application for license. (NRS 630.130, 630.269, 630.2691)

1. An application for licensure as a perfusionist must be made on a form provided by the Board. The application must set forth:

- (a) The date and place of birth of the applicant;
- (b) The gender of the applicant;
- (c) The education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and institutions;
- (d) If the applicant has ever applied for a license or certificate to practice perfusion in another state or jurisdiction, the date and disposition of the application;
- (e) The training and experience of the applicant in the practice of perfusion;
- (f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license or certificate to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body in another state or jurisdiction, the dates, circumstances and disposition of each such occurrence;
- (g) If the applicant has ever been convicted of a felony or any offense involving moral turpitude, the dates, circumstances and disposition of each such occurrence;
- (h) If the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of a controlled substance, the dates, circumstances and disposition of each such occurrence; and
- (i) Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.

2. An applicant must submit to the Board:

(a) Proof that the applicant is a citizen of the United States or that the applicant is lawfully entitled to remain and work in the United States.

(b) Proof of completion of a perfusion education program that satisfies the requirements of NRS 630.2691. For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor.

(c) Except as otherwise provided in NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.

(d) Such further evidence and other documents or proof of qualifications as are required by the Board.

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

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

5. An applicant shall pay the reasonable costs of any examination required for licensure.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010; A by R093-12, 2-20-2013; R036-13, 2-26-2014)

NAC 630.710 Grounds for rejection of application. (NRS 630.130, 630.269) The Board may reject an application for licensure as a perfusionist if the Board determines that:

1. The applicant is not qualified or is not of good moral character or reputation;

2. Any credential submitted by the applicant is false; or

3. The application is not made in proper form or is otherwise deficient.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.720 Contents of license. (NRS 630.130, 630.269) A license to practice perfusion issued by the Board must contain:

1. The name of the perfusionist;

2. The duration of the license, as determined pursuant to NRS 630.2695; and

3. Any limitation or requirement applicable to the license that is prescribed by the Board.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.730 Primary location of practice. (NRS 630.130, 630.269) Before providing perfusion services, a perfusionist must notify the Board, on a form prescribed by the Board, of the name and location of the primary location of practice of the perfusionist. The form must be signed by the perfusionist.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.740 Renewal of license; continuing education; notice of renewal. (NRS 630.130, 630.269)

1. The license of a perfusionist may be renewed biennially. Except as otherwise provided in subsection 2, each person licensed as a perfusionist shall, at the time of the renewal of his or her license, provide satisfactory proof to the Board that he or she has completed during the biennial licensing period at least 30 hours of continuing education units that have been approved for credit by the American Board of Cardiovascular Perfusion. The continuing education units must be completed in the various categories of continuing education recognized by the American Board of Cardiovascular Perfusion, as follows:

(a) At least 15 hours, not less than 2 hours of which must be related to medical ethics, must be completed in Category I approved continuing education, which may include, without limitation, such activities as:

(1) Attendance at an international, national, regional or state meeting relating to perfusion.

(2) Publication of a book, chapter or article relating to perfusion.

(3) Presenting or addressing at an international, national, regional or state meeting relating to perfusion.

(4) Completion of a self-directed continuing education course relating to perfusion.

(b) Not more than 15 hours may be completed in Category II or Category III approved continuing education, which may include, without limitation, such activities as:

(1) Attendance at an international, national, regional, state or local meeting relating to perfusion that has not been approved for Category I credit.

(2) Attendance at a manufacturer-specific or company-sponsored educational activity that was not equally accessible to all perfusionists.

(3) Attendance at a medically-related international, national, regional, state or local meeting that has not been approved for Category I credit.

(4) Attendance at advanced cardiac life-support training that has not been approved for Category I credit.

(5) Individual education and other self-study activities that have not been approved for Category I credit.

2. If the perfusionist was licensed only during the second year of a biennial licensing period, he or she must attain and prove upon his or her renewal application the completion during the biennial licensing period of at least 16 hours of continuing education units that have been approved for credit by the American Board of Cardiovascular Perfusion, as follows:

(a) At least 8 hours, not less than 2 hours of which must be related to medical ethics, must be completed in Category I approved continuing education activities; and

(b) Not more than 8 hours must be completed in Category II and Category III approved continuing education activities.

3. The notice of renewal that the Board is required to send to a licensed perfusionist pursuant to NRS 630.2695 will be sent to the last known address of the perfusionist on record with the Board.

4. The Board may issue not more than 15 hours of continuing education units during a biennial licensing period to a licensed perfusionist if the perfusionist performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the hours required for a biennial licensing period pursuant to subsection 1 or 2; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 15 hours.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010; A by R035-13, 2-26-2014)

NAC 630.750 Fee for reinstatement of expired license. (NRS 630.130, 630.269) The fee for the reinstatement of an expired license pursuant to NRS 630.2695 is an amount equal to twice the current amount of the fee for the biennial renewal of the license.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.760 Performance of authorized services; identification; misrepresentation. (NRS 630.130, 630.269)

1. The services that a perfusionist may be authorized to perform under the order and supervision of a physician must be commensurate with the education, training, experience and level of competence of the perfusionist.

2. A perfusionist shall at all times while on duty wear a placard, plate or insignia which identifies himself or herself as a perfusionist.

3. A perfusionist shall not represent himself or herself in any manner that would tend to mislead a patient or the general public.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.770 Grounds for discipline or denial of licensure. (NRS 630.130, 630.269)

1. A perfusionist is subject to discipline pursuant to chapter 630 of NRS or denial of licensure by the Board if, after notice and hearing, the Board finds that the perfusionist:

(a) Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for or renewing a license.

(b) Performed perfusion services other than as permitted by law.

(c) Committed malpractice in the performance of perfusion services, which may be evidenced by claims settled against the perfusionist.

(d) Disobeyed any order of the Board or an investigative committee of the Board or violated any provision of this chapter or chapter 630 of NRS.

(e) Is not competent to provide perfusion services.

(f) Lost his or her certification by the American Board of Cardiovascular Perfusion or its successor organization.

- (g) Failed to notify the Board of loss of certification by the American Board of Cardiovascular Perfusion or its successor organization within 30 days after the loss of certification.
- (h) Falsified or altered records of health care.
- (i) Rendered perfusion services to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.
- (j) Practiced perfusion after his or her license as a perfusionist had expired or been revoked or suspended.
- (k) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of perfusion or the ability to practice perfusion.
- (l) Has had a license to practice perfusion revoked, suspended, modified or limited by another state or jurisdiction or has surrendered such a license or discontinued the practice of perfusion while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.
- (m) Engaged in any sexual activity with a patient who was being treated by the perfusionist.
- (n) Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with the care of a patient or has an adverse impact on the quality of care rendered to a patient.
- (o) Engaged in conduct which brings the profession of perfusion into disrepute, including, without limitation, conduct that violates any of the following ethical guidelines:
 - (1) A perfusionist shall at all times hold the well-being of his or her patients paramount and shall not act in such a way as to bring the interests of the perfusionist into conflict with the interests of his or her patients.
 - (2) A perfusionist shall not engage in conduct that violates the trust of a patient and exploits the relationship between the perfusionist and the patient for financial or other personal gain.
 - (3) A perfusionist shall not delegate licensed responsibilities to a person who is not qualified to perform those responsibilities.
- (p) Engaged in sexual contact with a surrogate of a patient or with any person related to a patient, including, without limitation, a spouse, parent or legal guardian of a patient, that exploits the relationship between the perfusionist and the patient in a sexual manner.
- (q) Made or filed a report that the perfusionist knew to be false, failed to file a record or report as required by law or willfully obstructed or induced another person to obstruct any such filing.
- (r) Failed to report to the Board any person that the perfusionist knew, or had reason to know, was in violation of any provision of this chapter or chapter 630 of NRS relating to the practice of perfusion.
- (s) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.
- (t) Held himself or herself out or permitted another person to represent the perfusionist as a licensed physician.
- (u) Violated any provision that would subject a person to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

2. A person who has been licensed as a perfusionist by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board upon hearing a complaint for disciplinary action against the person.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.780 Examination to determine fitness to practice. (NRS 630.130, 630.269)

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

2. Every perfusionist who applies for or is issued a license and who accepts the privilege of performing perfusion services in this State shall be deemed to have given consent to submit to an examination pursuant to subsection 1 if directed to do so in writing by the Board or investigative committee.

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 perfusionist to submit to an examination if directed to do so pursuant to this section constitutes an admission of the charges against the perfusionist. A default and final order may be entered without the taking of testimony or presentation of evidence.

5. A perfusionist who is subject to an examination pursuant to this section shall pay the costs of the examination.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

NAC 630.790 Advisory committee. (NRS 630.130, 630.269)

1. The Board will appoint three perfusionists to an advisory committee. To the extent practicable, each appointee must have lived in and actively and continuously practiced perfusion in this State for at least 3 years before his or her appointment.

2. The Board will give each appointee written notice of his or her appointment and term of office and a written summary of any projects pending before the advisory committee.

3. At the request of the Board, the advisory committee shall review and make recommendations to the Board concerning any matter relating to perfusionists.

(Added to NAC by Bd. of Medical Exam'rs by R079-10, eff. 12-16-2010)

SUPERVISION OF MEDICAL ASSISTANTS

NAC 630.800 "Delegating practitioner" defined. (NRS 630.130, 630.138) As used in NAC 630.800 to 630.830, inclusive, unless the context otherwise requires, "delegating practitioner" means a person who is licensed as a physician or physician assistant and who delegates to a medical assistant the performance of a task pursuant to the provisions of NAC 630.810 or 630.820.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

NAC 630.810 Delegation of tasks to medical assistant. (NRS 630.130, 630.138)

1. Except as otherwise provided in this section, a delegating practitioner may delegate to a medical assistant the performance of a task if:

(a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly;

(b) The medical assistant is not required to be certified or licensed to perform that task;

(c) The medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer; and

(d) The employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the task.

2. The employer of a medical assistant shall document in the employment record of the medical assistant that he or she has been appropriately trained and is competent to perform any task or procedure assigned to him or her.

3. Except as otherwise provided in NAC 630.820, if a medical assistant is delegated a task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

4. A medical assistant shall not make a diagnosis, initiate any treatment or prescribe any drug.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013; A by R096-16, 12-21-2016)

NAC 630.820 Remote supervision of medical assistant. (NRS 630.130, 630.138)

1. A delegating practitioner may supervise remotely a medical assistant to whom the practitioner has delegated the performance of a task if:

(a) The patient is located in a rural area;

(b) The delegating practitioner is physically located a significant distance from the location where the task is to be performed;

(c) The delegating practitioner determines that the exigent needs of the patient require immediate attention;

(d) The patient and the delegating practitioner previously established a practitioner-patient relationship; and

(e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.

2. As used in this section, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

NAC 630.830 Prohibited activities by delegating practitioner. (NRS 630.130, 630.138) A delegating practitioner retains responsibility for the safety and performance of each task which is delegated to a medical assistant. A delegating practitioner shall not:

1. Delegate a task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner;

2. Transfer to another physician or physician assistant the responsibility of supervising a medical assistant during the performance of a task unless the physician or physician assistant knowingly accepts that responsibility;

3. Authorize or allow a medical assistant to delegate the performance of a task delegated to the medical assistant to any other person; or

4. Delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)