

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Aury Nagy, M.D.
Board President



Edward O. Cousineau, J.D.
Executive Director

❖ **PUBLIC NOTICE** ❖

**NEVADA STATE BOARD OF MEDICAL EXAMINERS
REGULATION PUBLIC HEARING**

Conference Room at the Offices of the Nevada State Board of
Medical Examiners
9600 Gateway Drive, Reno, Nevada 89521

Videoconferenced to:

Conference Room at the Offices of the Nevada State Board of
Medical Examiners
325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119

November 15, 2022 – 9:30 a.m.

*** AGENDA ***

Please Note:

- Persons wishing to attend this public hearing may do so at either of the above-listed locations.
- Agenda items, other than those items posted with a specific time, may be taken out of sequence or may be combined for consideration by the Deputy Executive Director to accommodate persons appearing at the public hearing and/or to aid in the effectiveness of the hearing.
- Items may be pulled or removed from the Agenda at any time.
- Certain Agenda items, or portions thereof, may be conducted in closed session, in accordance with NRS 241.030.
- Public comment is scheduled under Agenda Item 2, at the beginning of the meeting, and again under Agenda Item 5, at the end of the meeting, and may also be called for at other times throughout the meeting by the Deputy Executive Director. When these Agenda items are called, members of the general public may bring matters not appearing on this Agenda to the attention of the Deputy Executive Director. The Board may discuss the matters, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future Agenda for action. In consideration of others, who may also wish to provide public comment, please avoid repetition and limit your comments to no more than four (4) minutes.
- Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. See NRS 233B.126.

1. Call to Order and Introductions
2. Public Comment
Members of the public are invited to provide public comment. No action will be taken regarding this comment at this workshop. Public comment may be limited to four (4) minutes at the discretion of the Deputy Executive Director.
3. Public hearing on LCB File No. R177-22 (for discussion only)
*Public comment regarding LCB File No. R177-22 is welcomed and will be accepted.
Any written comment received by 9:30 a.m. on November 15, 2022, will be read into the record.*
4. Public hearing on LCB File No. R028-22 (for discussion only)
*Public comment regarding LCB File No. R028-22 is welcomed and will be accepted.
Any written comment received by 9:30 a.m. on November 15, 2022, will be read into the record.*
5. Public Comment
Members of the public are invited to provide public comment. No action will be taken regarding this comment at this workshop. Public comment may be limited to four (4) minutes at the discretion of the Deputy Executive Director.
6. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING:

Washoe County Courthouse	Reno, NV
Elko County Courthouse	Elko, NV
Nevada State Board of Medical Examiners	Reno, NV
Nevada State Board of Medical Examiners	Las Vegas, NV
Office of the Attorney General	Carson City
Office of the Attorney General	Las Vegas, NV
Storey County Comm.	Virginia City, NV
White Pine County Courthouse	Ely, NV
Nevada Public Notice Website	www.notice.nv.gov
Nevada State Board of Medical Examiners:	https://medboard.nv.gov/

PLEASE NOTE:

- 1) Persons/facilities desiring copies of the Board's agenda must submit their request in writing every twelve (12) months. Check the address label for this agenda for expiration date.
- 2) With regard to any Board meeting, it is possible that an amended notice will be published adding new items to the original agenda. Amended notices will be posted in accordance with the Open Meeting Law.
- 3) Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Board office in writing at 9600 Gateway Drive, Reno, NV 89521, or by calling (775) 324-9380, prior to the date of the meeting.
- 4) Anyone desiring supporting material for the meeting is invited to call Mercedes Fuentes at 775-324-9380. Supporting material for the meeting is available at the Board's office at 9600 Gateway Drive, Reno, Nevada 89521.



Nevada State Board of Medical Examiners

NOTICE OF INTENT TO ACT UPON REGULATION

Notice of Hearing for the Adoption/Amendment of Regulations of the
Nevada State Board of Medical Examiners

The Nevada State Board of Medical Examiners (Board) will hold a public hearing at 9:30 a.m., on Tuesday, November 15, 2022, at the Board's Reno office located at 9600 Gateway Drive, Reno, Nevada 89521, with video-conferencing to the Board's Las Vegas office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119. The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of three regulations that pertain to Chapter 630 of the Nevada Administrative Code.

- R177-22** Section 2 of this regulation authorizes a physician or physician assistant acting under the supervision of a physician to supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure that is within the scope of practice of the physician or physician assistant, as applicable. Section 3 provides that two members of an investigative committee constitutes a quorum such that committee business may occur. Section 4 removes the requirement that applicants pass a written examination on Nevada law and corrects certain statutory references. Section 5 allows physician assistant applicants who have been out of practice for 24 months or more to take an alternative examination designated by the Board to test medical competency, if necessary. Sections 6 and 7 allow the Board to charge reduced fees for applicants for licensure by endorsement for practitioners of respiratory care or perfusionists if those applicants are active members 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 following information is provided pursuant to the requirements of NRS 233B.0603:

1. The need for and the purpose of the proposed regulation or amendment:

The proposed regulation is necessary to update existing regulations to be consistent with other provisions of law, to clarify existing requirements in the law, to address supervision by the Board's licensees related to SB291 from the 2021 Legislative Session, and provide for reduced fees for applicants for licensure by endorsement for practitioners of respiratory care or perfusionists if those applicants are active members 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. If the proposed regulation is a temporary regulation, the terms or the substance of the proposed regulation to be adopted, amended or repealed, or a description of the subjects and the issues involved:

The proposed regulation is not temporary.

3. If the proposed regulation is a permanent regulation, a statement explaining how to obtain the approved or revised text of the proposed regulation:

A copy of this Notice and the proposed regulations to be amended will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of this Notice and the proposed regulations to be amended will be available at the offices of the Board at 9600 Gateway Drive, Reno, Nevada 89521 and 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours and on the Board's website, <https://medboard.nv.gov/>. This Notice and the text of the proposed regulations is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/register/>. Copies of this Notice and the proposed regulations will also be mailed to members of the public at no charge upon request.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

a. Both adverse and beneficial effects:

The Board does not believe that the proposed regulation will have an adverse or beneficial direct economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have a direct economic effect on the public.

b. Both immediate and long-term effects:

The Board does not believe that the proposed regulation will have an immediate or long-term direct economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have a direct economic effect on the public.

c. The methods used by the agency in determining the impact on small business:

The Board sent letters regarding the proposed regulations and requesting information regarding whether the proposed regulations would impact small businesses to the Better Business Bureau of Northern Nevada, the Better Business Bureau of Southern Nevada, multiple chambers of commerce offices in the State of Nevada, the Nevada State Medical Association, the Washoe County Medical Society, and the Clark County Medical Society. To date, the Board has received no responses indicating that these proposed regulations will impact small businesses.

d. The estimated cost to the agency for enforcement of the proposed regulation:

Enforcement of the proposed regulations will not result in an increased cost to the Board.

e. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency:

To the Board's knowledge, the proposed regulations do not overlap or duplicate the regulations of other state or local governmental agencies or any federal regulations.

f. If the regulation is required pursuant to federal law, a citation and description of the federal law:

The proposed regulations are not required pursuant to federal law.

g. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions:

To the Board's knowledge, the proposed regulations do not regulate the same activity addressed in a federal regulation.

h. Whether the proposed regulation establishes a new fee or increases an existing fee:

The proposed regulations do not establish new fees or increase existing fees. Fees are reduced for applicants for licensure by endorsement for practitioners of respiratory care or perfusionists if those applicants are active members 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.

i. If the proposed regulation is a temporary regulation, each address at which the text of the regulation may be inspected and copied:

The proposed regulations are not temporary.

Persons wishing to comment upon the proposed regulations of the Nevada State Board of Medical Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Written submissions must be received by the Nevada State Board of Medical Examiners on or before 9:30 a.m. on Tuesday, November 15, 2022. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

A copy of this notice and the regulation to be adopted will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be adopted will be available at the Nevada State Board of Medical Examiners office located at 9600 Gateway Drive, Reno, Nevada 89521, and the Nevada State Board of Medical Examiners office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours, and on the Board's website, <https://medboard.nv.gov/>. This notice and the text of the proposed regulation is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/>. Copies of this Notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within thirty (30) days thereafter, shall issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at the following locations:

Washoe County Courthouse - Reno, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

Office of the Attorney General - Carson City, NV

Office of the Attorney General - Las Vegas, NV

White Pine County Courthouse - Ely, NV

Nevada State Board of Medical Examiners Website: <https://medboard.nv.gov/>

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

LCB File No. R177-22

September 6, 2022

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

AUTHORITY: §§ 1, 2 and 5, NRS 630.130 and 630.275; § 3, NRS 630.130 and 630.311; § 4, NRS 630.130, 630.160 and 630.180; § 6, NRS 622.530, 630.130 and 630.279; § 7, NRS 622.530, 630.130 and 630.269.

A REGULATION relating to health care; establishing requirements for a physician or physician assistant to supervise an advanced esthetician who is performing a nonablative esthetic medical procedure; establishing requirements governing the procedure of an investigative committee designated by the Board of Medical Examiners; revising requirements governing licensure as a physician or physician assistant; establishing discounted fees for certain persons to whom an initial license as a practitioner of respiratory care or perfusionist is issued; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law defines “nonablative esthetic medical procedure” to mean a procedure performed for esthetic purposes using certain medical devices which is not expected to excise, vaporize, disintegrate or remove living tissue. (NRS 644A.127) Existing law authorizes an advanced esthetician to perform a nonablative esthetic medical procedure under the supervision of a physician, physician assistant or advanced practice registered nurse. (NRS 644A.545) **Section 2** of this regulation authorizes a physician or a physician assistant acting under the supervision of a physician to supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure that is within the scope of practice of the physician or physician assistant, as applicable.

Existing law requires the Board of Medical Examiners to designate a committee to review each complaint against a licensee of the Board, with certain exceptions, 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. (NRS 630.311) **Section 3** of this regulation provides that two members of such a committee constitutes a quorum.

Existing law requires an applicant for a license to practice medicine to pass a written or oral examination, or both, as to his or her qualifications to practice medicine. (NRS 630.160) Existing regulations require such an applicant to: (1) pass a written examination concerning the statutes and regulations relating to the practice of medicine in this State; and (2) with certain

exceptions, pass an examination designated by the Board to test the competency of the applicant to practice medicine. (NAC 630.080) **Section 4** of this regulation removes the requirement that such an applicant pass a written examination concerning the statutes and regulations relating to the practice of medicine in this State. **Section 4** also corrects certain statutory references.

Existing regulations require an applicant for licensure as a physician assistant who has not practiced as a physician assistant for 24 months or more to take and pass the same examination to test medical competency as that given to applicants for initial licensure. (NAC 630.280) **Section 5** of this regulation authorizes certain applicants who are ineligible to take the same examination given to applicants for initial licensure to take an alternate exam designated by the Board to test medical competency.

Existing law provides that an applicant for licensure by endorsement as a physician or physician assistant who 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 may not be required to pay more than one-half the standard fee for the initial issuance of the license. (NRS 630.268) **Sections 6 and 7** of this regulation prescribe similar discounted fees for an applicant for licensure by endorsement as a practitioner of respiratory care or perfusionist, respectively, who 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.

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

Sec. 2. 1. *A physician may supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure pursuant to NRS 644A.545 if the procedure is within the scope of practice of the physician.*

2. *A physician assistant may supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure pursuant to NRS 644A.545 if:*

(a) The procedure is within the scope of practice of the physician assistant; and

(b) The supervision is supervised by the supervising physician of the physician assistant in accordance with NAC 630.360, 630.370 and 630.375.

3. *As used in this section:*

(a) “Advanced esthetician” has the meaning ascribed to it in NRS 644A.013.

(b) “Nonablative esthetic medical procedure” has the meaning ascribed to it in NRS 644A.127.

Sec. 3. *Two members of an investigative committee designated pursuant to NRS 630.311 constitute a quorum for the transaction of business.*

Sec. 4. NAC 630.080 is hereby amended to read as follows:

630.080 1. For the purposes of paragraph ~~[(e)]~~ (d) 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],~~ *except* as otherwise provided in subsection 2, *pass* an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:

~~[(1)]~~ (a) The Special Purpose Examination;

~~[(2)]~~ (b) An examination testing competence to practice medicine conducted by physicians; or

~~[(3)]~~ (c) 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 ~~(e)~~ (b) 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.

Sec. 5. NAC 630.280 is hereby amended to read as follows:

630.280 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 24 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~~:

(a) *The* same examination to test medical competency as that given to applicants for initial licensure ~~;~~; *or*

(b) *An examination designated by the Board, if the applicant is currently certified as a physician assistant by the National Commission on Certification of Physician Assistants, or its successor organization, and ineligible to take the examination described in paragraph (a).*

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.

Sec. 6. Section 1 of LCB File No. R009-19 is hereby amended to read as follows:

Section 1. 1. An application for licensure by endorsement 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 the District of Columbia or in another state or territory of the United States 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 been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to engage in the practice of respiratory care;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to engage in the practice of respiratory care;

(g) Whether the applicant has had a license to engage in the practice of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States;

(h) Whether the applicant has pending any disciplinary action concerning his or her license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

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

(j) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances; and

(k) A public address where the applicant may be contacted by the Board.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

(b) Proof that he or she has engaged in the practice of respiratory care for a period of at least 12 months immediately preceding the date on which the application is submitted;

(c) 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, or another educational program as approved by the Board;

(d) Proof of passage of the examinations required by NRS 630.277 and NAC 630.500 and 630.515;

(e) Such further evidence and other documents or proof of qualifications as required by the Board;

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520;

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

(h) A complete set of his or her 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 or proof that the applicant has previously passed a comparable criminal background check.

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.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will 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 will approve the application and issue a license by endorsement to engage in the practice of respiratory care to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2 of this section,
↳ whichever occurs later.

7. A license by endorsement to engage in the practice of respiratory care in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. *If an applicant seeking licensure by endorsement pursuant to this section 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 will charge not more*

than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

9. In addition to the grounds set forth in NAC 630.510 and 630.540, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2 of this section; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the licensee based on that conviction.

Sec. 7. Section 1 of LCB File No. R010-19 is hereby amended to read as follows:

Section 1. 1. An application for licensure by endorsement as a perfusionist must be made on a form supplied by the Board. The application must include:

(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) Whether the applicant has ever applied for a license or certificate to practice perfusion in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;

(e) The training and experience of the applicant in the practice of perfusion;

(f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice perfusion;

(g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to practice perfusion;

(h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States;

(i) Whether the applicant has pending any disciplinary action concerning his or her license to practice perfusion in the District of Columbia or any state or territory of the United States;

(j) If the applicant has ever been convicted of a felony or an offense involving moral turpitude, the dates, circumstances and disposition of each such occurrence;

(k) If the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or dispensing of a controlled substance, the dates, circumstances and disposition of each such occurrence; and

(l) 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 he or she holds a corresponding valid and unrestricted license to practice perfusion in the District of Columbia or any state or territory of the United States.

(b) Proof that he or she has engaged in the practice of perfusion for a period of at least 12 months immediately preceding the date on which the application is submitted.

(c) 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.

(d) Unless the examination requirement is waived pursuant to 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.

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

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520.

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete.

(h) A complete set of his or her 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 or proof that the applicant has previously passed a comparable criminal background check.

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.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will 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 will approve the application and issue a license by endorsement to practice perfusion to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2 of this section,

↳ whichever occurs later.

7. A license by endorsement to practice perfusion in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. *If an applicant seeking licensure by endorsement pursuant to this section 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 will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.*

9. In addition to the grounds set forth in NAC 630.710 and 630.770, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2 of this section; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the licensee based on that conviction.



Nevada State Board of Medical Examiners

NOTICE OF INTENT TO ACT UPON REGULATION

Notice of Hearing for the Adoption/Amendment of Regulations of the
Nevada State Board of Medical Examiners

The Nevada State Board of Medical Examiners (Board) will hold a public hearing at 9:30 a.m., on Tuesday, November 15, 2022, at the Board's Reno office located at 9600 Gateway Drive, Reno, Nevada 89521, with video-conferencing to the Boards Las Vegas office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119. The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of three regulations that pertain to Chapter 630 of the Nevada Administrative Code.

R028-22 Section 2 of this regulation requires, with certain exceptions, a licensee to ensure a patient attendant is present: (1) during certain examinations of or procedures involving the genitalia, rectum, or breast of a patient; (2) upon the request of the patient; or (3) if the licensee desires the presence of the patient attendant. Section 2 additionally prescribes procedures relating to the attendance of an examination or procedure by a patient attendance. Section of this regulation includes the provisions of Section 2 within the standards of practice established by the Board. Section 3 of this regulation requires that an application for expedited license by endorsement as a physician assistant include proof that the applicant is currently certified by the National Commission on Certification of Physician Assistants. Section 4 adopts a code of ethics for perfusionists. Section 9 of this regulation makes conforming changes to comply with Section 4. Section 5 of this regulation updates references to statutes to conform with changes made during the 2019 Legislative Session. Section 7 of this regulation requires that physicians and physician assistants comply with state law governing records of birth and death, health records and the healing areas, and Sections 8 and 9 of this regulation require practitioners of respiratory care and perfusionist to comply with state law governing the healing arts. By prescribing these requirements in regulation, Sections 7 through 9, authorize the Board to impose discipline against a licensee who violates requirements applicable to the licensee. Section 7 updates the language for physicians collaborating with advance practice registered nurses to "collaborate" from "supervise."

The following information is provided pursuant to the requirements of NRS 233B.0603:

- 1. The need for and the purpose of the proposed regulation or amendment:**

The proposed regulation is necessary to update existing regulations to be consistent with other provisions of law, to clarify existing requirements in the law, and to better protect both the public and physicians and physician assistants during patient examinations of the genitalia, rectum, or breast.

2. If the proposed regulation is a temporary regulation, the terms or the substance of the proposed regulation to be adopted, amended or repealed, or a description of the subjects and the issues involved:

The proposed regulation is not temporary.

3. If the proposed regulation is a permanent regulation, a statement explaining how to obtain the approved or revised text of the proposed regulation:

A copy of this Notice and the proposed regulations to be amended will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of this Notice and the proposed regulations to be amended will be available at the offices of the Board at 9600 Gateway Drive, Reno, Nevada 89521 and 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours and on the Board's website, <https://medboard.nv.gov/>. This Notice and the text of the proposed regulations is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/register/>. Copies of this Notice and the proposed regulations will also be mailed to members of the public at no charge upon request.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

a. Both adverse and beneficial effects:

The Board does not believe that the proposed regulation will have an adverse or beneficial direct economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have a direct economic effect on the public. Potentially some physicians and physician assistants will have to ensure that patient attendants are present during examinations more frequently. However, the Board has been informed that many physicians and physician assistants already require patient attendants for examinations of patients' genitalia, rectum, or breasts. The Board believes that existing staff in most medical offices will be able to fulfill this role for those who may need to change their procedures to comply with Section 2.

b. Both immediate and long-term effects:

The Board does not believe that the proposed regulation will have an immediate or long-term direct economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have a direct economic effect on the public. Potentially some physicians and physician assistants will have to ensure that patient attendants are present during examinations more frequently. However, the Board has been informed that many physicians and physician assistants already require patient attendants for examinations of patients' genitalia, rectum, or breasts. The Board believes that

existing staff in most medical offices will be able to fulfill this role for those who may need to change their procedures to comply with Section 2.

c. The methods used by the agency in determining the impact on small business:

The Board sent letters regarding the proposed regulations and requesting information regarding whether the proposed regulations would impact small businesses to the Better Business Bureau of Northern Nevada, the Better Business Bureau of Southern Nevada, multiple chambers of commerce offices in the State of Nevada, the Nevada State Medical Association, the Washoe County Medical Society, and the Clark County Medical Society. To date, the Board has received no responses indicating that these proposed regulations will impact small businesses. The Board has received an email from the Reno Sparks Chamber of Commerce in support of the regulation.

d. The estimated cost to the agency for enforcement of the proposed regulation:

Enforcement of the proposed regulations will not result in an increased cost to the Board.

e. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency:

To the Board's knowledge, the proposed regulations do not overlap or duplicate the regulations of other state or local governmental agencies or any federal regulations.

f. If the regulation is required pursuant to federal law, a citation and description of the federal law:

The proposed regulations are not required pursuant to federal law.

g. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions:

To the Board's knowledge, the proposed regulations do not regulate the same activity addressed in a federal regulation.

h. Whether the proposed regulation establishes a new fee or increases an existing fee:

The proposed regulations do not establish new fees or increase existing fees.

i. If the proposed regulation is a temporary regulation, each address at which the text of the regulation may be inspected and copied:

The proposed regulations are not temporary.

Persons wishing to comment upon the proposed regulations of the Nevada State Board of Medical Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Written submissions must be received by the Nevada State Board of Medical Examiners on or before 9:30 a.m. on Tuesday, November 15, 2022. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

A copy of this notice and the regulation to be adopted will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be adopted will be available at the Nevada State Board of Medical Examiners office located at 9600 Gateway Drive, Reno, Nevada 89521, and the Nevada State Board of Medical Examiners office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours, and on the Board's website, <https://medboard.nv.gov/>. This notice and the text of the proposed regulation is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/>. Copies of this Notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within thirty (30) days thereafter, shall issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at the following locations:

Washoe County Courthouse - Reno, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

Office of the Attorney General - Carson City, NV

Office of the Attorney General - Las Vegas, NV

White Pine County Courthouse - Ely, NV

Nevada State Board of Medical Examiners Website: <https://medboard.nv.gov/>

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

LCB File No. R028-22

April 11, 2022

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

AUTHORITY: §§ 1, 2 and 6, NRS 630.130; § 3, NRS 630.130, 630.275, 630.2751, as amended by section 20 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 760 and NRS 630.2752, as amended by section 21 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 761; §§ 4 and 9, NRS 630.130 and 630.269; § 5, NRS 630.130 and 630.160; § 7, NRS 630.130 and 630.275; § 8, NRS 630.130 and 630.279.

A REGULATION relating to medical professionals; requiring that a physician, physician assistant, perfusionist or practitioner of respiratory care provide for the presence of a patient attendant during certain examinations and procedures; requiring an applicant for licensure by endorsement as a physician assistant to hold certain certification; adopting a code of ethics for perfusionists; updating certain references; revising certain standards of practice for physicians, physician assistants, perfusionists and practitioners of respiratory care; providing for the automatic suspension of the license of a perfusionist under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the Board of Medical Examiners to establish by regulation standards of licensure of physicians, physician assistants, perfusionists and practitioners of respiratory care and adopt such regulations as are necessary or desirable to enable the Board to carry out its duties. (NRS 630.130) **Section 2** of this regulation requires, with certain exceptions, a licensee to ensure a patient attendant is present: (1) during certain examinations of or procedures involving the genitalia, rectum or breast of a patient; (2) upon the request of the patient; or (3) if the licensee desires the presence of the patient attendant. **Section 2** additionally prescribes procedures relating to the attendance of an examination or procedure by a patient attendant. **Section 6** of this regulation includes the provisions of **section 2** within the standards of practice established by the Board.

Existing law provides for the expedited licensure by endorsement of physician assistants who are licensed in other jurisdictions and meet certain other requirements. (NRS 630.2751, as amended by section 20 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 760, NRS 630.2752, as amended by section 21 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 761) **Section 3** of this regulation requires an application for expedited

licensure by endorsement as a physician assistant to include proof that the applicant is currently certified by the National Commission on Certification of Physician Assistants.

Existing law requires the Board to adopt a code of ethics for perfusionists. (NRS 630.269) **Section 4** of this regulation adopts such a code. **Section 9** of this regulation: (1) makes a conforming change by removing existing provisions that partially duplicate that code of ethics; (2) authorizes discipline against a perfusionist who violates that code of ethics; and (3) provides for the automatic suspension of the license of a perfusionist who ceases to be certified by the American Board of Cardiovascular Perfusion, or its successor organization.

Section 5 of this regulation updates references to certain statutory subdivisions to conform with changes made during the 2019 Legislative Session.

Existing law imposes requirements on providers of health care concerning records of birth and death and health care records and certain other general requirements governing the healing arts. (Chapters 440 and 629 of NRS) Existing law further authorizes the Board to discipline a licensed physician, physician assistant, perfusionist or practitioner of respiratory care who violates regulations adopted by the Board. (NRS 630.301) **Section 7** of this regulation require physicians or physician assistants to comply with state law governing records of birth and death, health records and the healing arts, and **sections 8 and 9** of this regulation require practitioners of respiratory care and perfusionists, respectively, to comply with state law governing the healing arts. By prescribing these requirements in regulation, **sections 7-9** authorize the Board to impose discipline against a licensee who violates requirements applicable to the licensee.

Existing law authorizes an advanced practice registered nurse acting independently to: (1) engage in selected medical diagnosis and treatment; (2) subject to certain limitations, prescribe controlled substances, poisons, dangerous drugs and devices; and (3) perform certain other tasks. (NRS 632.237) Existing regulations authorize a physician to collaborate with an advanced practice registered nurse and prescribe certain requirements governing such collaboration. (NAC 630.490) **Section 7** removes the prohibition against a physician failing to provide adequate supervision of an advanced practice registered nurse. Instead, **section 7** prohibits a physician from failing to adequately collaborate with an advanced practice registered nurse with whom the physician is collaborating.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. 1. *Except as otherwise provided in subsection 6, a licensee shall ensure that a patient attendant is present when:*

(a) The licensee is performing a visual or physical examination of, or a procedure involving, the genitalia, rectum or breast of the patient;

(b) The licensee is performing a procedure involving the placement of any object or matter, including, but not limited to, a finger, swab, medical equipment or medication into the vagina, penis, urethra or rectum of the patient; or

(c) The patient or, if the patient lacks the capacity to consent to medical care, the representative of the patient, requests the presence of a patient attendant.

2. A licensee may provide for the presence of a patient attendant on any occasion not described in subsection 1 if the presence of the patient attendant is desired by the licensee.

3. A patient attendant:

(a) May not be a family member of the licensee or the patient. This paragraph must not be construed to prevent a family member of the patient from also being present at a clinical encounter.

(b) Must be informed by the licensee concerning the scope of the clinical encounter before the encounter or be familiar with the scope of the clinical encounter through education and experience.

(c) Must, when practicable, be the gender that the patient, or, if the patient lacks the capacity to consent to medical care, the representative of the patient, prefers to be present at the clinical encounter.

4. Before performing an examination or procedure at which a patient attendant will be present, a licensee shall:

(a) Inform the patient attendant that:

(1) The primary role of the patient attendant is to protect and enhance the comfort of the patient and protect the patient from inappropriate behavior of the licensee, including, without limitation, sexual misconduct;

(2) The patient attendant is required to immediately report any suspected misconduct to the Board; and

(3) The secondary role of the patient attendant is to protect the licensee from unfounded allegations of improper behavior.

(b) Inform the patient or, if the patient lacks the capacity to consent to medical care, the representative of the patient:

(1) Of the scope of the clinical encounter and what the encounter will entail; and

(2) That the patient attendant will be present and the manner in which the patient attendant will observe the encounter.

5. The licensee shall:

(a) Include the first and last name of the patient attendant in the medical record of the clinical encounter; and

(b) Maintain separately from his or her medical records the contact information for all patient attendants present at his or her clinical encounters, including, without limitation, the mailing address and telephone number of each patient attendant.

6. A patient attendant is not required to be present:

(a) During a mammogram, unless requested by the patient or, if the patient lacks the capacity to consent to medical care, the representative of the patient.

(b) If the patient, or the representative of a patient who lacks the capacity to consent to medical care, declines the presence of a patient attendant in a signed writing. The licensee shall include the signed writing in the medical record of the clinical encounter.

(c) If including a patient attendant would delay or impede the delivery of emergency care.

7. As used in this section, “patient attendant” means a person, other than a licensee or a patient, who is present for and witness to a clinical encounter between a licensee and a patient.

Sec. 3. In addition to the requirements set forth in NRS 630.2751, as amended by section 20 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 760, or NRS 630.2752, as amended by section 21 of Senate Bill No. 184, chapter 171, Statutes of Nevada 2021, at page 761, as applicable, an applicant for expedited licensure by endorsement as a physician assistant must submit to the Board with his or her application proof that the applicant is currently certified by the National Commission on Certification of Physician Assistants or its successor organization.

Sec. 4. In professional interactions with patients, colleagues, other providers of health care and members of the public, a perfusionist shall uphold the dignity of the profession and promote the safety and welfare of patients, including by:

- 1. Holding the well-being of patients paramount.*
- 2. Avoiding conflicts of interest with patients. A perfusionist shall not engage in conduct for financial or other personal gain that violates the trust of a patient or the relationship between the perfusionist and the patient.*
- 3. Delegating responsibilities arising from the license of the perfusionist only to persons qualified to perform those responsibilities and personally supervising the rendering of such delegated responsibilities.*
- 4. Maintaining the confidentiality of the protected health information of a patient.*

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

630.080 1. For the purposes of paragraph ~~(e)~~ (d) 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 ~~(e)~~ (b) 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.

Sec. 6. NAC 630.185 is hereby amended to read as follows:

630.185 NAC 630.185 to 630.230, inclusive, *and section 2 of this regulation* set forth the standards of practice established by the Board.

Sec. 7. NAC 630.230 is hereby amended to read as follows:

630.230 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 *adequate collaboration with* an advanced practice registered nurse ~~+~~ *with whom the physician is collaborating*;

(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 *Guidelines for the Chronic Use of Opioid Analgesics* 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. *A physician or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS or any regulation adopted pursuant thereto.*

3. As used in this section:

(a) “Chronic pain” has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* 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.

Sec. 8. NAC 630.540 is hereby amended to read as follows:

630.540 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.

24. Failed to comply with any applicable provisions of chapter 629 of NRS or any regulation adopted pursuant thereto.

Sec. 9. NAC 630.770 is hereby amended to read as follows:

630.770 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.]~~ *the provisions of section 4 of this regulation.*

(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.

(v) Failed to comply with any applicable provisions of chapter 629 of NRS or any regulation adopted pursuant thereto.

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.

3. If a perfusionist loses his or her certification by the American Board of Cardiovascular Perfusion or its successor organization, his or her license to practice perfusion is automatically suspended pending further action by the Board.