
ASSEMBLY BILL NO. 318—ASSEMBLYMEN NGUYEN, GONZÁLEZ;
BROWN-MAY, COHEN, D’SILVA, GALLANT, GORELOW,
HIBBETTS, KOENIG, LA RUE HATCH, MOSCA, NEWBY,
SUMMERS-ARMSTRONG AND TAYLOR

MARCH 16, 2023

JOINT SPONSORS: SENATORS DONATE AND PAZINA

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing certain providers of health care. (BDR 54-761)

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

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

AN ACT relating to medicine; revising certain procedures relating to the expiration of a license to practice medicine; requiring a physician assistant, practitioner of respiratory care or perfusionist or the insurer of such a person to report certain information relating to an action or claim of malpractice to the Board of Medical Examiners; providing administrative penalties; requiring the Board to investigate a physician assistant, practitioner of respiratory care or perfusionist in certain circumstances; authorizing the Board to examine such a person under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires the holder of a license to practice medicine to submit a
2 registration fee and certain information to the Board of Medical Examiners on or
3 before June 30, or if June 30 is a Saturday, Sunday or legal holiday, on the next
4 business day after June 30, of each odd-numbered year. Existing law requires the
5 Board to make reasonable attempts to notify a licensee: (1) at least once that the fee
6 for biennial registration and the required information are due; and (2) that his or her
7 license has expired. Existing law requires the Board to send a copy of such notice
8 to the Drug Enforcement Administration of the United States Department of



* A B 3 1 8 *

9 Justice. (NRS 630.267) **Section 1** of this bill requires the Board to provide notice to
10 the holder of a license to practice medicine at least 60 days before the scheduled
11 expiration of the license: (1) that the fees and required information are due; and (2)
12 of the date on which the license is scheduled to expire. After such a license expires,
13 **section 1** requires the Board to make reasonable attempts to notify the licensee of
14 the expiration. **Section 1** also removes the requirement for the Board to provide a
15 copy of each notice to the Drug Enforcement Administration and instead requires
16 the Board to provide a list of expired licenses to the Drug Enforcement
17 Administration and the State Board of Pharmacy.

18 Existing law requires a physician and the insurer of a physician to report to the
19 Board any: (1) action for malpractice against the physician; (2) claim for
20 malpractice against the physician that is submitted to arbitration or mediation; or
21 (3) settlement, award, judgment or other disposition of such an action or claim.
22 (NRS 630.3067, 630.3068) Existing law additionally requires a physician to report
23 to the Board any sanctions imposed against the physician that are reportable to the
24 National Practitioner Data Bank. (NRS 630.3068) Existing law authorizes the
25 imposition of an administrative penalty against an insurer or physician that fails to
26 report the required information. (NRS 630.3067, 630.3068) After receiving a report
27 from an insurer or physician indicating that a judgment has been rendered or that
28 such an action or claim has been resolved by settlement, existing law requires the
29 Board to conduct an investigation to determine whether to impose disciplinary
30 action against the physician, unless such an investigation has already commenced
31 or been completed. (NRS 630.3069) Upon receiving such a report or determining
32 that the conduct of a physician has raised a reasonable question as to his or her
33 competence to practice medicine, existing law authorizes the Board to order the
34 physician to undergo certain examinations to determine the fitness of the physician
35 to practice medicine. (NRS 630.318) **Sections 2-5** of this bill make those provisions
36 additionally applicable to physician assistants, practitioners of respiratory care and
37 perfusionists.

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

1 **Section 1.** NRS 630.267 is hereby amended to read as follows:
2 630.267 1. Each holder of a license to practice medicine
3 must, on or before June 30, or if June 30 is a Saturday, Sunday or
4 legal holiday, on the next business day after June 30, of each odd-
5 numbered year:
6 (a) Submit a list of all actions filed or claims submitted to
7 arbitration or mediation for malpractice or negligence against him or
8 her during the previous 2 years.
9 (b) Pay to the Secretary-Treasurer of the Board the applicable
10 fee for biennial registration. This fee must be collected for the
11 period for which a physician is licensed.
12 (c) Submit all information required to complete the biennial
13 registration.
14 2. When a holder of a license fails to pay the fee for biennial
15 registration and submit all information required to complete the
16 biennial registration after they become due, his or her license to



1 practice medicine in this State expires. The holder may, within 2
2 years after the date the license expires, upon payment of twice the
3 amount of the current fee for biennial registration to the Secretary-
4 Treasurer and submission of all information required to complete
5 the biennial registration and after he or she is found to be in good
6 standing and qualified under the provisions of this chapter, be
7 reinstated to practice.

8 3. ~~The~~ *Not later than 60 days before a license is scheduled*
9 *to expire, the* Board shall make such reasonable attempts as are
10 practicable to notify ~~the~~ *the* licensee:

11 (a) At least once that the fee for biennial registration and all
12 information required to complete the biennial registration are due;
13 and

14 (b) ~~That~~ *The date on which* his or her license ~~has expired.~~
15 ~~A copy of this notice must be sent~~ *is scheduled to expire.*

16 4. *After a license expires, the Board shall make such*
17 *reasonable attempts as are practicable to notify the holder of the*
18 *license that his or her license has expired.*

19 5. *Not later than September 30 of each odd-numbered year,*
20 *the Board shall provide a list of licenses to practice medicine that*
21 *have expired during that year* to the Drug Enforcement
22 Administration of the United States Department of Justice or its
23 successor agency ~~and~~ *and the State Board of Pharmacy.*

24 **Sec. 2.** NRS 630.3067 is hereby amended to read as follows:

25 630.3067 1. The insurer of a physician , *physician assistant,*
26 *practitioner of respiratory care or perfusionist* licensed under this
27 chapter shall report to the Board:

28 (a) Any action for malpractice against the physician , *physician*
29 *assistant, practitioner of respiratory care or perfusionist* not later
30 than 45 days after the physician , *physician assistant, practitioner*
31 *of respiratory care or perfusionist* receives service of a summons
32 and complaint for the action;

33 (b) Any claim for malpractice against the physician , *physician*
34 *assistant, practitioner of respiratory care or perfusionist* that is
35 submitted to arbitration or mediation not later than 45 days after the
36 claim is submitted to arbitration or mediation; and

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

40 2. The Board shall report any failure to comply with subsection
41 1 by an insurer licensed in this State to the Division of Insurance of
42 the Department of Business and Industry. If, after a hearing, the
43 Division of Insurance determines that any such insurer failed to
44 comply with the requirements of subsection 1, the Division may
45 impose an administrative fine of not more than \$10,000 against the



1 insurer for each such failure to report. If the administrative fine is
2 not paid when due, the fine must be recovered in a civil action
3 brought by the Attorney General on behalf of the Division.

4 **Sec. 3.** NRS 630.3068 is hereby amended to read as follows:

5 630.3068 1. A physician , *physician assistant, practitioner*
6 *of respiratory care or perfusionist* shall report to the Board:

7 (a) Any action for malpractice against the physician , *physician*
8 *assistant, practitioner of respiratory care or perfusionist* not later
9 than 45 days after the physician , *physician assistant, practitioner*
10 *of respiratory care or perfusionist* receives service of a summons
11 and complaint for the action;

12 (b) Any claim for malpractice against the physician , *physician*
13 *assistant, practitioner of respiratory care or perfusionist* that is
14 submitted to arbitration or mediation not later than 45 days after the
15 claim is submitted to arbitration or mediation;

16 (c) Any settlement, award, judgment or other disposition of any
17 action or claim described in paragraph (a) or (b) not later than 45
18 days after the settlement, award, judgment or other disposition ~~is~~ ,
19 *including, without limitation, any amount paid to resolve the*
20 *claim;* and

21 (d) Any sanctions imposed against the physician , *physician*
22 *assistant, practitioner of respiratory care or perfusionist* that are
23 reportable to the National Practitioner Data Bank not later than 45
24 days after the sanctions are imposed.

25 2. If the Board finds that a physician , *physician assistant,*
26 *practitioner of respiratory care or perfusionist* has violated any
27 provision of this section, the Board may impose a fine of not more
28 than \$5,000 against the physician , *physician assistant, practitioner*
29 *of respiratory care or perfusionist* for each violation, in addition to
30 any other fines or penalties permitted by law.

31 3. All reports made by a physician , *physician assistant,*
32 *practitioner of respiratory care or perfusionist* pursuant to this
33 section are public records.

34 **Sec. 4.** NRS 630.3069 is hereby amended to read as follows:

35 630.3069 If the Board receives a report pursuant to the
36 provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that
37 a judgment has been rendered or an award has been made against a
38 physician , *physician assistant, practitioner of respiratory care or*
39 *perfusionist* regarding an action or claim for malpractice or that
40 such an action or claim against the physician , *physician assistant,*
41 *practitioner of respiratory care or perfusionist* has been resolved
42 by settlement, the Board shall conduct an investigation to determine
43 whether to impose disciplinary action against the physician ,
44 *physician assistant, practitioner of respiratory care or perfusionist*
45 regarding the action or claim, unless the Board has already



1 commenced or completed such an investigation regarding the action
2 or claim before it receives the report.

3 **Sec. 5.** NRS 630.318 is hereby amended to read as follows:

4 630.318 1. If the Board or any investigative committee of the
5 Board has reason to believe that the conduct of any physician ,
6 *physician assistant, practitioner of respiratory care or perfusionist*
7 has raised a reasonable question as to his or her competence to
8 practice medicine , *respiratory care or perfusion or practice as a*
9 *physician assistant, as applicable*, with reasonable skill and safety
10 to patients, or if the Board has received a report pursuant to the
11 provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that
12 a judgment has been rendered or an award has been made against a
13 physician , *physician assistant, practitioner of respiratory care or*
14 *perfusionist* regarding an action or claim for malpractice or that
15 such an action or claim against the physician , *physician assistant,*
16 *practitioner of respiratory care or perfusionist* has been resolved
17 by settlement, the Board or committee may order that the physician ,
18 *physician assistant, practitioner of respiratory care or perfusionist*
19 undergo a mental or physical examination, an examination testing
20 his or her competence to practice medicine , *respiratory care or*
21 *perfusion or practice as a physician assistant, as applicable*, or any
22 other examination designated by the Board to assist the Board or
23 committee in determining the fitness of the physician , *physician*
24 *assistant, practitioner of respiratory care or perfusionist* to practice
25 medicine **H** , *respiratory care or perfusion or practice as a*
26 *physician assistant, as applicable*.

27 2. For the purposes of this section:

28 (a) Every physician , *physician assistant, practitioner of*
29 *respiratory care or perfusionist* who applies for a license or who is
30 licensed under this chapter shall be deemed to have given consent to
31 submit to a mental or physical examination or an examination
32 testing his or her competence to practice medicine , *respiratory care*
33 *or perfusion or practice as a physician assistant, as applicable*,
34 when ordered to do so in writing by the Board or an investigative
35 committee of the Board.

36 (b) The testimony or reports of a person who conducts an
37 examination of a physician , *physician assistant, practitioner of*
38 *respiratory care or perfusionist* on behalf of the Board or an
39 investigative committee of the Board pursuant to this section are not
40 privileged communications.

41 3. Except in extraordinary circumstances, as determined by the
42 Board, the failure of a physician , *physician assistant, practitioner*
43 *of respiratory care or perfusionist* licensed under this chapter to
44 submit to an examination when directed as provided in this section



1 constitutes an admission of the charges against the physician **H** ,
2 *physician assistant, practitioner of respiratory care or perfusionist.*

3 **Sec. 6.** The provisions of NRS 630.3067, 630.3068, 630.3069
4 and 630.318, as amended by sections 2 to 5, inclusive, of this act,
5 apply to any activity described in those sections which occurs on or
6 after January 1, 2024 or is ongoing on January 1, 2024, regardless of
7 when the relevant conduct of a physician assistant, practitioner of
8 respiratory care or perfusionist occurred.

9 **Sec. 7.** 1. This section becomes effective upon passage and
10 approval.

11 2. Sections 1 to 6, inclusive, of this act become effective:

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

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

