

AGENDA ITEM 13(a)

PROPOSED REGULATION

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

LCB File No. R189-22

May 2, 2023

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

AUTHORITY: §§ 1 and 2, NRS 630.130 and 630.275; § 3, NRS 630.130 and 630.267; § 4, NRS 630.130.

A REGULATION relating to medicine; providing for the delivery of a letter of warning, a letter of concern or a nonpunitive admonishment to each supervising physician of a physician assistant; requiring an application for certain biennial registration to be accompanied by certain documents; revising requirements concerning the submission of certain motions to the Board of Medical Examiners; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the Board of Medical Examiners or any investigative body to issue a letter of warning, a letter of concern or a nonpunitive admonishment to a person whom the Board of Medical Examiners believes may have violated or is violating provisions of existing law governing the practice of medicine before initiating any disciplinary proceedings against the person. (NRS 630.299) If the Board issues such a letter to a physician assistant, **section 2** of this regulation provides that the Board will also deliver a copy of the letter or admonishment to each supervising physician of the physician assistant.

Existing law enters this State into the Interstate Medical Licensure Compact, which provides for the reciprocal licensure of physicians who are licensed in other member states. (NRS 629A.100) Existing law generally requires a holder of a license to practice medicine in this State to register biennially with the Board. (NRS 630.267) **Section 3** of this regulation requires a physician who holds reciprocal licensure under the Compact and who is applying for a biennial registration to include with the application any documents requested by the Board during the process of issuing the initial license.

Existing regulations require all motions in relation to a hearing before the Board to be in writing, unless the motion is made during the hearing. (NAC 630.460) Existing law prescribes the procedure for making a posthearing motion to a licensing board or other body that regulates a profession in this State. (NRS 622A.390) **Section 4** of this bill: (1) limits the regulatory requirement that motions be in writing to only apply to motions made before a hearing; and (2) requires motions made after a hearing to comply with the requirements prescribed by existing law.

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. *If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to a physician assistant pursuant to NRS 630.299, the Board will deliver a copy of the letter or admonishment to each supervising physician of the physician assistant.*

Sec. 3. *If a physician is licensed under the Interstate Medical Licensure Compact set forth in NRS 629A.100, the information required to be submitted by the physician to complete a biennial registration pursuant to NRS 630.267 includes, without limitation, any documents requested by the Board during the process of issuing the initial license that the physician has not yet submitted. If an applicant fails to provide any such documents, the Board may refuse to issue the biennial registration.*

Sec. 4. NAC 630.460 is hereby amended to read as follows:

630.460 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]~~ *before* 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 *such* 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.

9. Any motion filed after the close of a hearing is governed by NRS 622A.390.

PUBLIC NOTICES



Nevada State Board of Medical Examiners

Notice of Workshop to Solicit Comments on Proposed Regulations

The Nevada State Board of Medical Examiners (Board), located at 9600 Gateway Drive, Reno, Nevada 89521, (775) 688-2559, is proposing a regulation pertaining to Chapter 630 of the Nevada Administrative Code (NAC). The public workshop has been set for 1 p.m. on Wednesday, June 28, 2023, at the Board's Las Vegas office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, and video conferenced to the Board's Reno office located at 9600 Gateway Drive, Reno, Nevada 89521. The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations:

R189-22 Section 2 of this proposed regulation authorizes the Board to send a copy of a letter of warning, letter of concern or a nonpunitive admonishment to each supervising physician of a physician assistant; Section 3 of this proposed regulation requires that applications for renewal of licensure for physicians licensed through the Interstate Medical Licensure Compact must include certain documents; Section 4 of this proposed regulation updates the requirements for submission of motions in disciplinary matters.

A copy of all materials relating to the proposal may be obtained at the workshop or by contacting the Board at 9600 Gateway Drive, Reno, Nevada 89521, and by telephone at (775) 688-2559. A reasonable fee for copying may be charged.

This Notice of Workshop to Solicit Comments on the Proposed Regulations has been sent to all persons on the agency's mailing list for administrative regulations and posted at the following locations:

State Library, Archives and Public Records - Carson City, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

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

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 WORKSHOP**

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

Videoconferenced to:

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

June 28, 2023 – 1:00 p.m.

*** AGENDA ***

Please Note:

- Persons wishing to attend this meeting 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 workshop and/or to aid in the effectiveness of the meeting.
- 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 6, 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.

Telephone 775-688-2559 • Fax 775-688-2321 • medboard.nv.gov • nsbme@medboard.nv.gov

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. Presentation and Discussion of Proposed Regulation R189-22

Staff of the Nevada State Board of Medical Examiners (Board) will provide background on the purpose and the need for the proposed revisions to Nevada Administrative Code (NAC) Chapter 630.

4. Question & Answer Period for Proposed Regulation R189-22

Members of the public are invited to ask questions about these proposed regulations.

5. Public Comment for Proposed Regulation R189-22

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. 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.

7. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING LOCATIONS:

Nevada State Board of Medical Examiners – Reno
Nevada State Board of Medical Examiners – Las Vegas
<https://medboard.nv.gov/>
www.notice.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.



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 2:00 p.m., on Tuesday, August 8, 2023, 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.

R189-22 Section 2 of this proposed regulation authorizes the Board to send a copy of a letter of warning, letter of concern or a nonpunitive admonishment to each supervising physician of a physician assistant; Section 3 of this proposed regulation requires that applications for renewal of licensure for physicians licensed through the Interstate Medical Licensure Compact must include certain documents; Section 4 of this proposed regulation updates the requirements for submission of motions in disciplinary matters.

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 clarify that a copy of letters of warning, letters of concern, or nonpunitive admonishment letters sent to physician assistants will also be sent to their supervising physicians, provide a mechanism to ensure that physicians licensed through the Interstate Medical Licensure Compact provide required documentation to the Board, and update existing regulations to be consistent with other provisions of law. These requirements are necessary for the benefit of and the protection of the public.

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 regulation 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 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/register/>. Copies of this Notice and the proposed regulation 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 economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have an 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 economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have an economic effect on the public.

5. 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.

6. 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.

- 7. 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, this 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.

- 8. 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.

- 9. 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.

- 10. The time when, the place where and the manner in which interested persons may present their views on regarding the proposed regulation:**

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 2:00 p.m., on Tuesday, August 8, 2023. 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.

- 11. 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.

- 12. Statement Pursuant to NRS 233B.064(2):**

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.

13. 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.

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.

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

State Library, Archives and Public Records - Carson City, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

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

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

August 8, 2023 – 2:00 p.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 4, 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. R189-22 (for discussion only)

Public comment regarding LCB File No. R189-22 is welcomed and will be accepted. Any written comment received by 2:00 p.m. on August 8, 2023, will be read into the record.

4. 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.

5. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING LOCATIONS:

Nevada State Board of Medical Examiners – Reno
Nevada State Board of Medical Examiners – Las Vegas
<https://medboard.nv.gov/>
www.notice.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.

MINUTES OF WORKSHOP

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



*** * * MINUTES * * ***

REGULATION WORKSHOP ON R189-22

Held in the Conference Room at the Offices of the
Nevada State Board of Medical Examiners
325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119
and Video conferenced to

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

WEDNESDAY, JUNE 28, 2023 – 1:00 p.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Mercedes Fuentes, Legal Assistant

Public Present

Vanessa Dunn, Belz & Case
Daniel Rodriguez

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 1:02 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R189-22.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated there was one member of the public present in the Las Vegas Board Office, Mr. Daniel Rodriguez, and one member of the public present in the Reno Office, Vanessa Dunn. There was no public comment at either location.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R189-22

Ms. Bradley stated that this regulation changes to the Board's NAC Chapter 630. In Section 2, the Board is adding a regulation that if the Board issues a letter of warning, letter of concern, or non-punitive admonishment a Physician Assistant, then a copy will also be provided to their supervising physician. Section 3 of the proposed regulation requires is pursuant to the Interstate Licensure Compact, because the Board has to issue the license so quickly, sometimes the required documents and attestation are not provided. The change in this regulation states that if a physician wants to renew a license through the compact, they must include the required documents and attestations, and if they do not then the Board can put a hold on their application. Changes in Section 4 of this proposed regulation updates motion practice in NAC 630.460, there was some confusion regarding NRS 622A.390, as that provision talks about motions made at the close of the hearing and conflicts with the current provisions, so this change makes some clarifications on that.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R189-22

Ms. Bradley stated that this was the period that members of the public were invited to ask questions about the proposed regulation. There were no public questions asked at either the Reno or Las Vegas location.

Ms. Bradley informed the attending public that this was just the first meeting on this proposed regulation and that there will be a subsequent hearing and at that time there will be another opportunity to present questions or comments, as well as any written comment.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION R189-22

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment on this regulation. Ms. Bradley stated for the record that she has not received any written public comment and that this regulation was sent to multiple Chambers of Commerce in Nevada and the medical societies in the State of Nevada.

Ms. Bradley asked for any public comment in the Las Vegas and Reno offices. No public comment was provided.

Agenda Item 6
PUBLIC COMMENT

Ms. Bradley asked for any public comment in Las Vegas. Mr. Rodriguez in the Las Vegas office made public comment regarding perfusionists in the State of Nevada. Mr. Rodriguez stated he wanted to share that a new graduate is given temporary licensure so that he or she can practice while they take their boards, however if they fail their boards on their first time, then they are excommunicated from Nevada. Mr. Rodriguez asked that this be looked into as he believes that there are other professions in the medical fields, such medical doctors and physician assistants, that are given other more opportunity and he believes that this is one of the reasons that it is so hard to recruit new students in the State of Nevada. Mr. Rodriguez further stated that there is no provision in Nevada's licensure that allows a perfusionist from another state to be recruited and given privileges while they wait for licensure and allowed to practice.

There was no general public comment in the Reno office.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting at 1:12 p.m.

* * * * *

TRANSCRIPT OF PUBLIC HEARING

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC HEARING

R189-22

Held at the Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada

Tuesday, August 8, 2023

Reported by: Brandi Ann Vianney Smith

Job Number: 1004506A

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S:

SARAH BRADLEY, ESQ.
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Also present:

Mercedes Fuentes
Malia Kaeo

	I N D E X	
		PAGE
1		
2		
3	1. Call to Order and Introductions	4
4	2. Public Comment	4
5	3. Public Hearing on LCB File No. R189-22	5
6	4. Public Comment	5
7	5. Adjournment	5
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

1 RENO, NEVADA -- AUGUST 8, 2023 -- 2:00 P.M.

2 -o0o-

3

4

5 MS. BRADLEY: It is 2:01 P.M. by my watch, August
6 8th, 2023. We're on the record, and we will do our first
7 meeting. We actually have two today. First meeting is
8 scheduled for 2:00 P.M., and this is regarding Regulation
9 R189-22.

10 1. Call to Order and Introductions

11 We'll go ahead and call the meeting to order. I'm
12 Sarah Bradley, I'm the Deputy Executive Director for the
13 Board, and I'm here to lead this meeting today.

14 2. Public Comment

15 MS. BRADLEY: We'll now go to item number 2, which
16 is public comment. Members of the public are invited to
17 provide public comment. No action will be taken regarding
18 this comment at this workshop.

19 Public comment may be limited to four minutes at
20 the discretion of the Deputy Executive Director. I'll note
21 for the record, there's no public here in Reno.

22 Is there any public in the South, Malia?

23 MS. KAEO: No pubic members are here in the South.

24 MS. BRADLEY: Okay. Thank you.

25 ///

1 3. Public Hearing on LCB File No. R189/22

2 MS. BRADLEY: We are now going to move on to item
3 number 3. This is the time where we will accept public
4 comment regarding LCB file number R189-22. Any written
5 comment should have been received by 2:00 P.M. today. I
6 don't have any public comment.

7 The only comment I did receive was, I believe,
8 from the Association saying they had no concerns with the
9 regulation. It was the Nevada State Medical Association.
10 Otherwise, I've received nothing to read.

11 4. Public Comment

12 MS. BRADLEY: We will move on to item 4. Again,
13 it's a public comment period. For the record, we have no
14 public comment in Las Vegas or in Reno.

15 5. Adjournment

16 MS. BRADLEY: I will go ahead and adjourn the
17 meeting. It's 2:03 P.M. We are adjourned.

18 (Meeting adjourned at 2:03 P.M.)

19

20

21

22

23

24

25

1 STATE OF NEVADA)
2) ss.
3 COUNTY OF WASHOE)

3

4 I, BRANDI ANN VIANNEY SMITH, do hereby certify:

5 That I was present on August 8, 2023, for the
6 Public Hearing R189-22 at the Nevada State Board of Medical
7 Examiners, 9600 Gateway Drive, Reno, Nevada, and took
8 stenotype notes of the proceedings entitled herein, and
9 thereafter transcribed the same into typewriting as herein
10 appears.

11 That the foregoing transcript is a full, true, and
12 correct transcription of my stenotype notes of said
13 proceedings consisting of 5 pages.

14 DATED: At Reno, Nevada, this 16th day of August,
15 2023.

16

17 /s/ Brandi Ann Vianney Smith

18

19 BRANDI ANN VIANNEY SMITH

20

21

22

23

24

25

1 HEALTH INFORMATION PRIVACY & SECURITY: CAUTIONARY NOTICE

2 Litigation Services is committed to compliance with applicable federal

3 and state laws and regulations ("Privacy Laws") governing the

4 protection and security of patient health information. Notice is

5 hereby given to all parties that transcripts of depositions and legal

6 proceedings, and transcript exhibits, may contain patient health

7 information that is protected from unauthorized access, use and

8 disclosure by Privacy Laws. Litigation Services requires that access,

9 maintenance, use, and disclosure (including but not limited to

10 electronic database maintenance and access, storage, distribution/

11 dissemination and communication) of transcripts/exhibits containing

12 patient information be performed in compliance with Privacy Laws.

13 No transcript or exhibit containing protected patient health

14 information may be further disclosed except as permitted by Privacy

15 Laws. Litigation Services expects that all parties, parties'

16 attorneys, and their HIPAA Business Associates and Subcontractors will

17 make every reasonable effort to protect and secure patient health

18 information, and to comply with applicable Privacy Law mandates,

19 including but not limited to restrictions on access, storage, use, and

20 disclosure (sharing) of transcripts and transcript exhibits, and

21 applying "minimum necessary" standards where appropriate. It is

22 recommended that your office review its policies regarding sharing of

23 transcripts and exhibits - including access, storage, use, and

24 disclosure - for compliance with Privacy Laws.

25 © All Rights Reserved. Litigation Services (rev. 6/1/2019)

**WRITTEN COMMENTS
RECEIVED**

Sarah A. Bradley

From: Sarah A. Bradley
Sent: Monday, June 12, 2023 11:25 AM
To: 'Ann Silver'
Cc: Tom Clark
Subject: RE: R002-23 and R189-22

Dear Ann:

Thank you for the email and for reviewing our regulations.

Sincerely,

Sarah

Sarah A. Bradley, J.D., MBA
Deputy Executive Director
Nevada State Board of Medical Examiners
Telephone: (775) 324-9365
bradleys@medboard.nv.gov

From: Ann Silver <asilver@thechambernv.org>
Sent: Monday, June 12, 2023 10:49 AM
To: Sarah A. Bradley <bradleys@medboard.nv.gov>
Cc: Tom Clark <tom@tomclarksolutions.com>
Subject: R002-23 and R189-22

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Sarah:

Thank you for the Chamber to have the opportunity to review both proposed regulations. We have no issue with either.

Regards,
Ann

Ann Silver
Chief Executive Officer
The Reno+Sparks Chamber of Commerce
4065 S. Virginia St. #101, Reno, NV 89502
asilver@thechambernv.org 775.636.9550

Sarah A. Bradley

From: Director <director@clarkcountymedical.org>
Sent: Monday, June 19, 2023 1:34 PM
To: Sarah A. Bradley
Cc: Nicholas Fiore; Mitchell Forman
Subject: Response: R189-22
Attachments: NSBME R189-22 Response.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Bradley,

Please find attached the response from Clark County Medical Society regarding the proposed regulation R189-22. A print version was mailed to your office as well.

Please let me know if you have any issues with the attachment or need any additional information.

Thank you,
Amber Carter
Executive Director
Director@ClarkCountyMedical.org
Clark County Medical Society | 2590 E Russell Rd | Las Vegas NV 89120
P: 702.739.9989 | C: 702.305.9443 | www.ClarkCountyMedical.org
Follow CCMS on [Facebook](#), [Twitter](#), & [Instagram](#)



Clark County Medical Society
2590 E Russell Road
Las Vegas, Nevada 89120
P: 702.739.9989 | F: 702.739.6345
www.clarkcountymedical.org

June 17, 2023

Sarah A. Bradley, J.D. MBA
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Dear Ms. Bradley,

Amber Carter, the Executive Director of the Clark County Medical Society (CCMS), referred your question and a copy of the Proposed Regulation of the Board of Medical Examiners (LCB File No. R189-22) to me. After reviewing it with members of the CCMS, the following is our response.

One could argue that the Compact license should not be granted unless and until the NBME has the information it requires. I am not aware of how either of the proposed regulations would have a direct and substantial impact on small businesses in Nevada.

Respectfully,

A handwritten signature in black ink that reads "Mitchell D. Forman". The signature is written in a cursive style with a large, stylized initial "M".

Mitchell D. Forman, D.O., FACR, FACOI, MACP, FRCP
President – Elect, Clark County Medical Society

CC: Nicholas Fiore, M.D.
Amber Carter

AGENDA ITEM 13(b)

PROPOSED REGULATION

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

LCB File No. R002-23

May 5, 2023

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

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

A REGULATION relating to medical professionals; 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 provides for the expedited licensure by endorsement of physician assistants who are licensed in other jurisdictions and meet certain other requirements. (NRS 630.2751) **Section 2** 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 of Medical Examiners to adopt a code of ethics for perfusionists. (NRS 630.269) **Section 3** of this regulation adopts such a code. **Section 7** 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 4 of this regulation updates references to certain statutory subdivisions to conform with changes made during the 2019 Legislative Session.

Existing law imposes on providers of health care: (1) certain requirements concerning records of birth and death and health care records; and (2) certain other general requirements governing the healing arts. (Chapters 440 and 629 of NRS) Existing law further authorizes the Board of Medical Examiners to discipline a licensed physician, physician assistant, perfusionist or practitioner of respiratory care who violates regulations adopted by the Board. (NRS 630.301) **Section 5** of this regulation requires physicians and physician assistants to comply with state law governing records of birth and death, health care records and the healing arts. **Sections 6 and 7**

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 5-7** authorize the Board to impose discipline against a licensee who violates provisions which contain 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: (1) authorize a physician to collaborate with an advanced practice registered nurse; and (2) prescribe certain requirements governing such collaboration. (NAC 630.490) **Section 5** removes the prohibition against a physician failing to provide adequate supervision of an advanced practice registered nurse. Instead, **section 5** 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 and 3 of this regulation.

Sec. 2. *In addition to the requirements set forth in NRS 630.2751 or 630.2752, 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. 3. *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 protected health information of a patient.

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 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. 5. 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 and 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. 6. 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. 7. 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 3 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 provision 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 of Medical Examiners.

PUBLIC NOTICES



Nevada State Board of Medical Examiners

Notice of Workshop to Solicit Comments on Proposed Regulations

The Nevada State Board of Medical Examiners (Board), located at 9600 Gateway Drive, Reno, Nevada 89521, (775) 688-2559, is proposing a regulation pertaining to Chapter 630 of the Nevada Administrative Code (NAC). The public workshop has been set for 1:30 p.m. on Wednesday, June 28, 2023, at the Board's Las Vegas office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, and video conferenced to the Board's Reno office located at 9600 Gateway Drive, Reno, Nevada 89521. The purpose of this workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations:

- R002-23** Section 2 of this proposed regulation clarifies that applicants for physician assistant licensure by endorsement must submit proof of certification by the National Commission on Certification of Physician Assistants at the time of application; Section 3 contains ethical code provisions for perfusionists; Section 4 updates a statutory reference contained in NAC 630.080; Section 5 clarifies that physicians collaborate with advanced practice registered nurses and requires that physicians and physician assistants comply with all relevant provisions of NRS and NAC Chapters 440 and 629; Section 6 requires practitioners of respiratory care to comply with all relevant provisions of NRS and NAC Chapter 629; Section 7 requires perfusionists to comply with all relevant provisions of NRS and NAC Chapter 629, updates the ethical code for perfusionists, and clarifies that, if a perfusionist loses his or her national certification, his or her license will be suspended.

A copy of all materials relating to the proposal may be obtained at the workshop or by contacting the Board at 9600 Gateway Drive, Reno, Nevada 89521, and by telephone at (775) 688-2559. A reasonable fee for copying may be charged.

This Notice of Workshop to Solicit Comments on the Proposed Regulations has been sent to all persons on the agency's mailing list for administrative regulations and posted at the following locations:

State Library, Archives and Public Records - Carson City, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

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

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 WORKSHOP**

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

Videoconferenced to:

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

June 28, 2023 – 1:30 p.m.

*** AGENDA ***

Please Note:

- Persons wishing to attend this meeting 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 workshop and/or to aid in the effectiveness of the meeting.
- 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 6, 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. Presentation and Discussion of Proposed Regulation R002-23

Staff of the Nevada State Board of Medical Examiners (Board) will provide background on the purpose and the need for the proposed revisions to Nevada Administrative Code (NAC) Chapter 630.

4. Question & Answer Period for Proposed Regulation R002-23

Members of the public are invited to ask questions about these proposed regulations.

5. Public Comment for Proposed Regulation R002-23

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. 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.

7. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING LOCATIONS:

Nevada State Board of Medical Examiners – Reno
Nevada State Board of Medical Examiners – Las Vegas
<https://medboard.nv.gov/>
www.notice.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.



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 2:30 p.m., on Tuesday, August 8, 2023, 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.

R002-23 Section 2 of this proposed regulation clarifies that applicants for physician assistant licensure by endorsement must submit proof of certification by the National Commission on Certification of Physician Assistants at the time of application; Section 3 contains ethical code provisions for perfusionists; Section 4 updates a statutory reference contained in NAC 630.080; Section 5 clarifies that physicians collaborate with advanced practice registered nurses and requires that physicians and physician assistants comply with all relevant provisions of NRS and NAC Chapters 440 and 629; Section 6 requires practitioners of respiratory care to comply with all relevant provisions of NRS and NAC Chapter 629; Section 7 requires perfusionists to comply with all relevant provisions of NRS and NAC Chapter 629, updates the ethical code for perfusionists, and clarifies that, if a perfusionist loses his or her national certification, his or her license will be suspended.

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 (1) clarify that applicants for licensure as physician assistants by endorsement must submit proof of certification by the National Commission on Certification of Physician Assistants at the time of application, (2) update ethical code provisions for perfusionists, (3) update statutory reference contained in NAC 630.080, (4) clarify the collaboration relationship between physicians and advance practice registered nurses, when applicable, (5) require that physicians and physician assistants comply with all relevant provisions of NRS and NAC Chapters 440 and 629, (6) require that practitioners of respiratory care and perfusionists comply with all relevant provisions of NRS and NAC Chapter 629, and (7) clarifies that, if a perfusionist loses his

or her national certification, his or her license will be suspended. These requirements are necessary for the benefit of and the protection of the public.

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 regulation 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 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/register/>. Copies of this Notice and the proposed regulation 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 economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have an 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 economic effect on the business of the practice of medicine, respiratory care, or perfusion, nor will it have an economic effect on the public.

5. 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.

6. 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.

7. 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, this 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.

8. 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.

9. 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.

10. The time when, the place where and the manner in which interested persons may present their views on regarding the proposed regulation:

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 2:30 p.m., on Tuesday, August 8, 2023. 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.

11. 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.

12. Statement Pursuant to NRS 233B.064(2):

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.

13. 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.

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.

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

State Library, Archives and Public Records - Carson City, NV

Nevada State Board of Medical Examiners - Reno, NV

Nevada State Board of Medical Examiners - Las Vegas, NV

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

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

August 8, 2023 – 2:30 p.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 4, 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. R002-23 (for discussion only)

Public comment regarding LCB File No. R002-23 is welcomed and will be accepted. Any written comment received by 2:30 a.m. on August 8, 2023, will be read into the record.

4. 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.

5. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING LOCATIONS:

Nevada State Board of Medical Examiners – Reno
Nevada State Board of Medical Examiners – Las Vegas
<https://medboard.nv.gov/>
www.notice.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.

MINUTES OF WORKSHOP

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

***** MINUTES *****

REGULATION WORKSHOP ON R002-23

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

and Video conferenced to

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

WEDNESDAY, JUNE 28, 2023 – 1:30 p.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Mercedes Fuentes, Legal Assistant

Public Present

Vanessa Dunn, Belz & Case

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 1:38 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R002-23.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated there was no member of the public present in the Las Vegas Board Office, and one member of the public present in the Reno Office, Vanessa Dunn.

There was no public comment at either location.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R002-23

Ms. Bradley stated that this regulation was drafted to make changes to NAC Chapter 630 to reflect changes that were made to NRS Chapter 630. Section 2 of this proposed regulation clarifies that applicants for physician assistant licensure by endorsement must submit proof of certification by the National Commission on Certification of Physician Assistants at the time of application, this will be required to everyone who is applying for the first time, and this also clarifies that this certification also applies to endorsement applications as well. The updates to Section 3 contain ethical code provisions for perfusionists. In NRS 630 it requires that there is an ethical code for perfusionists and there are several in NAC in different places, so it is a revision and update to this section. The changes made in Section 4 update a statutory reference contained in NAC 630.080. Updates in Section 5 clarifies that physicians collaborate with advanced practice registered nurses and requires that physicians and physician assistants comply with all relevant provisions of NRS and NAC Chapters 440 (signing death certificates in a timely manner) and 629 (maintenance of records). Changes in Section 6 adds that practitioners of respiratory care need to comply with all relevant provisions of NRS and NAC Chapter 629 (maintenance of records). These same changes are being made in Section 7 requiring perfusionists to comply with all relevant provisions of NRS and NAC Chapter 629 (maintenance of records), it also updates the ethical code for perfusionists, and clarifies that, if a perfusionist loses his or her national certification, his or her license will be suspended.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R002-23

Ms. Bradley stated that this was the period that members of the public were invited to ask questions about the proposed regulation. There were no public questions asked at either the Reno or Las Vegas location.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION R002-23

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment on this regulation. There was no public comment in the Reno or Las Vegas offices.

Agenda Item 6
PUBLIC COMMENT

Ms. Bradley asked for any public comment in the Las Vegas and Reno offices. There was no public comment provided.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting at 1:45 p.m.

* * * * *

TRANSCRIPT OF PUBLIC HEARING

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC HEARING

R002-23

Held at the Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada

Tuesday, August 8, 2023

Reported by: Brandi Ann Vianney Smith

Job Number: 1004506B

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S:

SARAH BRADLEY, ESQ.
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Also present:

Mercedes Fuentes
Malia Kaeo

1	I N D E X	
2		PAGE
3	1. Call to Order and Introductions	4
4	2. Public Comment	4
5	3. Public Hearing on LCB File No. R002-23	5
6	4. Public Comment	5
7	5. Adjournment	6
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

1 RENO, NEVADA -- AUGUST 8, 2023 -- 2:30 P.M.

2 -o0o-

3

4

5 MS. BRADLEY: All right. We are going to go ahead
6 and get started. This is the second meeting for today,
7 August 8th, 2023, it is 2:31 P.M. by my watch.

8 1. Call to Order and Introductions

9 We are here to talk about R002-23. I will call
10 the meeting to order. My name is Sarah Bradley, I'm the
11 Deputy Executive Director for the Board, and I will be
12 running this meeting today.

13 2. Public Comment

14 MS. BRADLEY: Our next item is item 2. This is
15 public comment. Members of the public are invited today to
16 comment. No action will be taken regarding this comment at
17 this workshop.

18 Public comment may be limited four minutes at the
19 discretion of the Deputy Executive Director.

20 Malia, is there any public comment in Las Vegas?

21 MS. KAEO: There is no public comment in Las
22 Vegas.

23 MS. BRADLEY: We do have one person who is
24 monitoring in Reno, who has no public comment.

25 ///

1 3. Public Hearing on LCB File No. R002-23

2 MS. BRADLEY: Moving on to item number 3, this is
3 the time where we will accept public comment regarding LCB
4 File number R002-23. Any written comment should have been
5 received by -- and I realize there's a typo here, I'll just
6 change it to P.M. Any written comment should have been
7 received by 2:30 P.M. on August 8th, 2023.

8 I don't have any written comment to provide, other
9 than the Nevada State Medical Association did say that they
10 reviewed both regulations we're talking about today and
11 didn't have any concerns. That's the only comment I have.
12 Nothing specific.

13 We will go ahead then and move to item 4.

14 4. Public Comment

15 MS. BRADLEY: This is also public comment. Again,
16 for the record, we have no public in Las Vegas.

17 Did you want to make any comment, ma'am?

18 PUBLIC MEMBER: No. I do have a question, though.

19 MS. BRADLEY: Yes?

20 PUBLIC MEMBER: Are physicians' assistants, so
21 they're going to be the licensed under this Board? There's
22 not, like, a separate board for physicians' assistants?

23 MS. BRADLEY: Yes. This Board licenses medical
24 doctors, and these physician assistants, practitioners of
25 respiratory care and perfusionists. And then starting in

1 January, we will also have anesthesiologists' assistants.

2 PUBLIC MEMBER: Okay. Perfect.

3 MS. BRADLEY: So, yes, physician assistants are
4 licensed by us.

5 PUBLIC MEMBER: Excellent.

6 MS. BRADLEY: And they are also licensed by the
7 Board of Osteopathic Medicine. And that's if they are
8 working under that license, the DO license, and there are
9 some that are licensed by both and maybe have supervisors
10 that are NDO, DO.

11 PUBLIC MEMBER: Okay.

12 MS. BRADLEY: We have about, I think, 1,500 active
13 right now. Any more questions?

14 PUBLIC MEMBER: No. That's all.

15 5. Adjournment

16 MS. BRADLEY: We will go ahead then and move to
17 item 5, adjournment. It is 2:34 P.M., and we are adjourned.

18 (Meeting adjourned at 2:34 P.M.)

19

20

21

22

23

24

25

1 STATE OF NEVADA)
) ss.
2 COUNTY OF WASHOE)

3

4 I, BRANDI ANN VIANNEY SMITH, do hereby certify:

5 That I was present on August 8, 2023, for the
6 Public Hearing R002-23 at the Nevada State Board of Medical
7 Examiners, 9600 Gateway Drive, Reno, Nevada, and took
8 stenotype notes of the proceedings entitled herein, and
9 thereafter transcribed the same into typewriting as herein
10 appears.

11 That the foregoing transcript is a full, true, and
12 correct transcription of my stenotype notes of said
13 proceedings consisting of 6 pages.

14 DATED: At Reno, Nevada, this 16th day of August,
15 2023.

16

17 /s/ Brandi Ann Vianney Smith

18

19 _____
 BRANDI ANN VIANNEY SMITH

20

21

22

23

24

25

1 HEALTH INFORMATION PRIVACY & SECURITY: CAUTIONARY NOTICE
2 Litigation Services is committed to compliance with applicable federal
3 and state laws and regulations ("Privacy Laws") governing the
4 protection and security of patient health information. Notice is
5 hereby given to all parties that transcripts of depositions and legal
6 proceedings, and transcript exhibits, may contain patient health
7 information that is protected from unauthorized access, use and
8 disclosure by Privacy Laws. Litigation Services requires that access,
9 maintenance, use, and disclosure (including but not limited to
10 electronic database maintenance and access, storage, distribution/
11 dissemination and communication) of transcripts/exhibits containing
12 patient information be performed in compliance with Privacy Laws.
13 No transcript or exhibit containing protected patient health
14 information may be further disclosed except as permitted by Privacy
15 Laws. Litigation Services expects that all parties, parties'
16 attorneys, and their HIPAA Business Associates and Subcontractors will
17 make every reasonable effort to protect and secure patient health
18 information, and to comply with applicable Privacy Law mandates,
19 including but not limited to restrictions on access, storage, use, and
20 disclosure (sharing) of transcripts and transcript exhibits, and
21 applying "minimum necessary" standards where appropriate. It is
22 recommended that your office review its policies regarding sharing of
23 transcripts and exhibits - including access, storage, use, and
24 disclosure - for compliance with Privacy Laws.

25 © All Rights Reserved. Litigation Services (rev. 6/1/2019)

**WRITTEN COMMENTS
RECEIVED**

Sarah A. Bradley

From: Sarah A. Bradley
Sent: Monday, June 12, 2023 11:25 AM
To: 'Ann Silver'
Cc: Tom Clark
Subject: RE: R002-23 and R189-22

Dear Ann:

Thank you for the email and for reviewing our regulations.

Sincerely,

Sarah

Sarah A. Bradley, J.D., MBA
Deputy Executive Director
Nevada State Board of Medical Examiners
Telephone: (775) 324-9365
bradleys@medboard.nv.gov

From: Ann Silver <asilver@thechambervn.org>
Sent: Monday, June 12, 2023 10:49 AM
To: Sarah A. Bradley <bradleys@medboard.nv.gov>
Cc: Tom Clark <tom@tomclarksolutions.com>
Subject: R002-23 and R189-22

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Sarah:
Thank you for the Chamber to have the opportunity to review both proposed regulations. We have no issue with either.
Regards,
Ann

Ann Silver
Chief Executive Officer
The Reno+Sparks Chamber of Commerce
4065 S. Virginia St. #101, Reno, NV 89502
asilver@thechambervn.org 775.636.9550

AGENDA ITEMS 13(c) THROUGH 13(f)

Proposed Regulation Draft

Amendment for NAC 630.147:

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 *or assistance with the demonstration 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.

Amendment for NAC 630.180:

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~~ *may* be ~~rejected~~ *closed without action*.
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.

Amendment for NAC 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:
 - 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 able to communicate adequately orally and in writing in the English language.

3. Be of good moral character and reputation.
 4. ~~[Have attended and completed a course of training in residence as a]~~ **Graduated from a postsecondary physician assistant program** 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.
 5. Be certified by the National Commission on Certification of Physician Assistants or its successor organization.
- ~~[—6.— Possess a postsecondary degree.]~~

Amendment to NAC 630.290:

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) **Information about [T] the applicant's postsecondary education related to his or her physician assistant program [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]~~ **work activities for the preceding five years from the date of his or her application;**
 - (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 **arrested, investigated for, charged with,** convicted of, **or pled guilty or nolo contendere to any [a felony or an] offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense [involving moral turpitude];**
 - (g) Whether the applicant has ever been **arrested,** investigated for, charged with, ~~[or]~~ convicted of, **or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, [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.]~~ **for the preceding five years from the date of his or her application.**

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.

Amendment to NAC 630.350:

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. ***The Board may issue not more than 15 contact hours of continuing education during a biennial licensing period to a physician assistant if the physician assistant 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; and***
 - (b) ***Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.***
3. 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) ***Send [Mail]*** a renewal notice ***to the physician assistant*** 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] instructions [at]*** to the last known ***email*** address of the ***[licensee] physician assistant*** on record with the Board.
4. 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.

5. Not later than September 30 of each odd-numbered year, the Board shall provide a list of physician assistant licenses that have expired during that year to the Drug Enforcement Administration of the United States Department of Justice or its successor agency and the Nevada State Board of Pharmacy.

Amendment to NAC 630.370:

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]~~ **NRS 630.352** a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board's *Executive Director or his or her designee* to act as the supervising physician of that physician assistant.

8. To request approval for the supervision of a physician assistant pursuant to subsection 7, the physician must submit his or her plan of supervision as required by NAC 630.370 for the physician assistant for review by the Board's Executive Director or his or her designee. In making a determination whether to approve the supervision, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of both the physician and physician assistant.

Repeal NAC 630.410:

~~[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.~~

~~—(1) 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.]~~

Amendment to NAC 630.490:

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's *Executive Director or his or her designee* to act as the collaborating physician of that advanced practice registered nurse. *To request approval for the collaboration with an advanced practice registered nurse pursuant to this section, the physician must submit his or her plan of collaboration as required by this provision for the advanced practice registered nurse for review by the Board's Executive Director or his or her designee. In making a determination whether to approve the supervision, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of both the physician and 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.

Amendment to NAC 630.495:

- 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. ***Such petitions will be reviewed and approved by the Board's Executive Director or his or her designee.*** The Board's ***Executive Director or his or her designee*** 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.

In making a determination whether to approve the petition submitted pursuant to subsection 2, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of the physician, physician assistants, and advanced practice registered nurses, as applicable.

Amendment to NAC 630.505:

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] for the preceding five years from the date of his or her application;***

(b) ***Information about [T] the applicant's [education] postsecondary education related to his or her respiratory care training program [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] or 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 applicant's work activities for the preceding five years from the date of his or her application [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 ***arrested, investigated for, charged with,*** convicted of, ***or pled guilty or nolo contendere to any [a felony or an] offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense [involving moral turpitude];***

(g) Whether the applicant has ever been ***arrested,*** investigated for, charged with, ***[or] convicted of, or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, [the use or illegal sale]*** or dispensing of controlled substances; and

(h) A public address and the mailing address at which the applicant prefers to receive correspondence from 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 accompanied by a signed affidavit indicating that:

a. The applicant is the person named in the proof of completion of an educational program as a practitioner of respiratory care required by subsection 2;

b. The proof of completion of the educational program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

c. All the information contained in the application and any accompanying material is complete and correct.

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.

Note to LCB: Please ensure that the same changes in NAC 630.505 are added to the new provisions created in LCB File No. R009-19.

Amendment to NAC 630.530:

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) *Send [Mail]* a renewal notice *to the practitioner of respiratory care* at least 60 days before the expiration of a license to practice respiratory care; and
 - (b) *Send [a]* renewal ~~[application to a licensee]~~ *instructions [at]* to the last known *email* address of the ~~[licensee]~~ *practitioner of respiratory care* 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.

Repeal NAC 630.555:

~~[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.]

Amendment to NAC 630.700:

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) **Information about [T] the applicant's [education] postsecondary education related to his or her perfusionist training program [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] or** 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 applicant's work activities for the preceding five years from the date of his or her application [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) **Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense [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) **Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances [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 **for the preceding five years from the date of his or her application [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 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.

(b) 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](#).

(c) 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 accompanied by a signed affidavit indicating that:

a. The applicant is the person named in the proof of completion of a perfusion education program required by subsection 2;

b. The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

c. All the information contained in the application and any accompanying material is complete and correct.

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

5. An applicant shall pay the reasonable costs of any examination required for licensure.

Note to LCB: Please ensure that the same changes in NAC 630.700 are added to the new provisions created in LCB File No. R010-19.

Amendment to NAC 630.730:

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. ***When the primary location of practice for a perfusionist changes, he or she must provide updated information to the Board within 30 days.***

New Provision #1:

A practitioner of respiratory care shall not 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.

New Provision #2:

A perfusionist shall not 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.

New Provision #3:

Pursuant to NRS 233B.121(4) and except for expert witnesses, the Board will authorize witness fees and mileage to be paid to witnesses utilized in hearings on contested cases in the same amounts and under the same conditions as for witnesses in the courts of this state. The Board will pay its expert witnesses according to the agreements between the Investigative Committee and its expert witnesses. Each party shall pay its own witness fees and mileage except that, if the Investigative Committee prevails in the hearing, the Respondent may be required to reimburse the Board for its witness fees and mileage fees pursuant to NRS 622.400.

New Provision #4:

Unless it is an emergency, prior to providing a specific medical intervention to a patient, physicians or physician assistants must obtain and document informed consent from the patient or the patient's surrogate. Pursuant to the provisions in NRS 629.076, informed consent must include information regarding the qualifications of the physician or physician assistant providing the medical intervention as well as a discussion of the burdens, risks, and expected benefits of all options, including forgoing treatment. Prior to providing any care or treatment to a patient, a physician or physician assistant may not require or ask a patient to waive his or her right to file a complaint with the Board regarding that care or treatment. In an emergency situation when the patient or the patient's surrogate is not available, physicians or physician assistants may initiate treatment without prior informed consent. In that situation, the physician or physician assistant should inform the patient or the patient's surrogate at the earliest opportunity and obtain informed consent for ongoing treatment according to the requirements of this section. For a physician assistant, as used in this section, qualifications includes providing information to the patient regarding the physician assistant's licensure and certification, if any, and information regarding the board certification of his or her supervising physician pursuant to NRS 629.076.

New Provision #5:

"Collaborating physician" means an active physician license and in good standing in the State of Nevada who collaborates with an advanced practice registered nurse.

New Provision #6:

A collaborating physician shall limit the authority of an advanced practice registered nurse to prescribe controlled substances to those schedules of controlled substances that the collaborating physician is authorized to prescribe pursuant to state and federal law.

New Provision #7:

Fees paid according to NRS 630.268 for application for, issuance of, or renewal of a limited licenses issued pursuant to NRS 630.265 are not refundable.

New Provision #8:

If it appears that:

- 1. An applicant for licensure as a perfusionist 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.

New Provision #9:

If it appears that:

- 1. An applicant for licensure as a physician 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.

AGENDA ITEM 13(g)

DRAFT REGULATIONS ADDING ANESTHESIOLOGIST ASSISTANTS TO THE NAC

New Provision #1:

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

2. *Every anesthesiologist assistant who applies for or is issued a license and who accepts the privilege of assisting in the practice of medicine 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 anesthesiologist 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 anesthesiologist assistant to submit to an examination when he or she is directed to do so pursuant to this provision 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. *An anesthesiologist assistant who is subject to an examination pursuant to this section shall pay the costs of the examination.*

New Provision #2:

1. *Any person:*

(a) *Whose license to practice as a physician assistant or an anesthesiologist assistant has been limited; or*

(b) *Whose license to practice as a physician assistant or an anesthesiologist assistant has been suspended until further order of the Board,*

→ *may petition the Board for removal of the limitation or suspension of the license.*

2. *In hearing the petition, the Board:*

(a) *May require the person to submit to a mental or physical examination or an examination testing his or her competence practice as a physician assistant or an anesthesiologist assistant, 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 request is reasonable; and*

(c) *May deny the request 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 removal of the limitation or suspension of the license have been met.*

4. *The Board shall not remove a suspension unless it is satisfied that the licensee has complied with all of the terms and conditions set forth in the order of the Board and that the*

license is capable of practicing as a physician assistant or an anesthesiologist assistant in a safe manner.

New Provision #3:

1. An anesthesiologist assistant shall not administer 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 unless the anesthesiologist assistant is legally permitted to do so in that 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.

New Provision #4:

1. A person who is licensed as an anesthesiologist assistant shall not:

(a) Falsify or alter records of health care;

(b) Falsify or alter 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 anesthesiologist 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) Allow any person to act as a medical assistant in the treatment of a patient of the anesthesiologist assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is supervised by the anesthesiologist assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) 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;

(j) Engage in any sexual activity with a patient who is currently being treated by the anesthesiologist assistant;

(k) Engage 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;

(l) Engage in conduct that violates the trust of a patient and exploits the relationship between the anesthesiologist and the patient for financial or other personal gain;

(m) Engage in conduct which brings the medical profession into disrepute, including, without limitation, conduct which violates any provision of a national code of ethics adopted by the Board by regulation;

(n) Engage 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 anesthesiologist assistant and the patient in a sexual manner;

(o) Make or file a report that the anesthesiologist assistant knows to be false, fail to file a record or report as required by law or willfully obstructed or induced another to obstruct such filing;

(p) Fail to report any person that the anesthesiologist assistant knows, or has reason to know, is in violation of the provisions of NRS or NAC Chapters 630, inclusive, relating to the practice of medicine.

(q) 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) "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.

(b) "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.

New Provision #5:

An applicant for licensure as an anesthesiologist assistant must have the following qualifications:

1. If the applicant has not practiced as an anesthesiologist 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:

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 an anesthesiologist assistant by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board, and ineligible to take the examination described in paragraph (a).

2. Be able to communicate adequately orally and in writing in the English language.

3. Be of good moral character and reputation.

4. *Graduated from a postsecondary anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization.*

5. *Be certified by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board.*

New Provision #6:

1. *An application for licensure as an anesthesiologist 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) *Information about the applicant's postsecondary education related to his or her anesthesiologist assistant program, including, without limitation, 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 an anesthesiologist assistant in another state and, if so, when and where and the results of his or her application;*

(d) *The applicant's work activities for the preceding five years from the date of his or her application;*

(e) *Whether the applicant has ever been investigated for misconduct as an anesthesiologist assistant or had a license or certificate as an anesthesiologist 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 arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense;*

(g) *Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances; and*

(h) *The various places of his or her residence for the preceding five years from the date of his or her application.*

2. *An applicant must submit to the Board:*

(a) *Proof of completion of a postsecondary educational program as an anesthesiologist assistant which was approved by the Commission on Accreditation of Allied Health Education Programs;*

(b) *Proof of passage of the examination given by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization;*

(c) *Proof of certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization; and*

(d) *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.*

New Provision #7:

If it appears that:

1. *An applicant for licensure as an anesthesiologist 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.*

New Provision #8:

The Board may deny an application for the issuance or renewal of a license to practice as an anesthesiologist assistant if the applicant has committed any of the acts described in subsection 1 of New Provision #19.

New Provision #9:

1. *The Board will issue a temporary license to any qualified anesthesiologist assistant applicant who:*

(a) *Meets the educational and training requirements for certification as an anesthesiologist assistant by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, and is scheduled to sit for the first proficiency examination offered by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, following the completion of his or her training; or*

(b) *Has taken the proficiency examination offered by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, but has not yet been notified of the results.*

2. *A temporary license is valid for not more than one year from the date of issuance.*

3. *While working with a temporary license, the applicant shall wear a name badge that identifies him or her as a “Graduate Anesthesiologist Assistant” or “Anesthesiologist Assistant Graduate.”*

New Provision #10:

The license issued by the Board must contain:

1. *The name of the anesthesiologist assistant;*
2. *The duration of the license; and*
3. *Any other limitations or requirements which the Board prescribes.*

New Provision #11:

1. *The license of an anesthesiologist assistant is valid for 2 years and must be renewed, 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.*

2. *Before assisting in the practice of medicine, an anesthesiologist assistant, on a form prescribed by the Board, shall notify the Board of the name and location(s) of the practice of the anesthesiologist assistant. When practice locations for the anesthesiologist change, he or she must provide updated information to the Board within 30 days.*

New Provision #12:

1. *The license of an anesthesiologist assistant may be renewed biennially. The license will not be renewed unless the anesthesiologist assistant provides satisfactory proof:*

(a) Of current certification by National Commission for Certification of Anesthesiologist Assistants, or its successor organization; and

(b) That he or she has completed the required number of hours of continuing medical education approved by the Board or as deemed Category 1 by the American Medical Association and as required by subsection 2.

2. *The following hours of continuing education are required to renew a license to practice as an anesthesiologist assistant:*

(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.

3. *To allow for the renewal of a license to practice as an anesthesiologist 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) Send a renewal notice to the anesthesiologist at least 60 days before the expiration of a license to practice as an anesthesiologist assistant; and

(b) Send renewal instructions to the last known email address of the anesthesiologist assistant on record with the Board.

4. *If an anesthesiologist assistant 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 an anesthesiologist 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 2; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

5. *The Board may issue not more than 10 contact hours of continuing education during a biennial licensing period to anesthesiologist assistant if the anesthesiologist assistant 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 2; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

New Provision #13:

1. *Pursuant to the provisions of NRS 630.253, an anesthesiologist 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 within two years of initial licensure.*

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 anesthesiologist assistant; and

(b) Is in addition to the continuing education required pursuant to New Provision #12.

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 an anesthesiologist assistant:

(a) After January 1, 2002; and

(b) As a part of the training the anesthesiologist assistant received:

(1) While serving in the military; or

(2) While serving as a public health officer.

New Provision #14:

1. Except as otherwise provided in subsections 4 and 5, if an anesthesiologist assistant takes a continuing education course on geriatrics and gerontology, the anesthesiologist assistant is entitled to receive credit towards the continuing medical education required pursuant to New Provision #12 equal to twice the number of hours the anesthesiologist assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsection 3, if an anesthesiologist assistant takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the anesthesiologist assistant is entitled to receive credit towards the continuing medical education required pursuant to New Provision #12 equal to twice the number of hours the anesthesiologist 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, an anesthesiologist 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.

New Provision #15:

1. The tasks which an anesthesiologist assistant is authorized to perform must be commensurate with the education, training, experience, and level of competence of the anesthesiologist assistant. An anesthesiologist assistant may not perform any tasks in the care of a patient that are outside the scope of practice of his or her supervising anesthesiologist. In addition to the activities authorized by AB270, a supervising anesthesiologist may authorize an anesthesiologist assistant to participate in administrative activities and clinical teaching activities, if those activities are within the education, training, experience, and level of competence of the anesthesiologist assistant.

2. The anesthesiologist assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as an anesthesiologist assistant.

3. No anesthesiologist assistant may represent himself or herself in any manner which would tend to mislead the general public, the patients of the supervising anesthesiologist, or other health professionals as to the anesthesiologist assistant's training, skills, scope of practice or professional designation.

4. Anesthesiologist assistants must comply with the regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs, or devices.

5. *An anesthesiologist assistant is an agent of the supervising anesthesiologist with regard to tasks that the supervising anesthesiologist has delegated to the anesthesiologist assistant.*

6. *An anesthesiologist assistant shall not assist in the practice of medicine without supervision from his or her supervising anesthesiologist, 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.*

7. *When an anesthesiologist assistant assists in the practice of medicine in a situation described in subsection 5:*

(a) The anesthesiologist assistant shall assist in the practice of medicine as he or she is able based on the need of the patient and the training, education, and experience of the anesthesiologist assistant.

(b) If a licensed physician is available on-scene, the anesthesiologist assistant may take direction from the physician.

New Provision #16:

1. *An anesthesiologist assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the anesthesiologist 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 anesthesiologist assistant as a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to section 12 in AB270; or

(2) At the direction and under the immediate supervision of the supervising anesthesiologist of the anesthesiologist assistant;

(d) Is guilty of malpractice in the assisting of the practice of medicine;

(e) 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;

(f) 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 as directed by the supervising anesthesiologist of the anesthesiologist assistant;

(g) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution, or use of a controlled substance;

(h) Is not competent to assist with the practice of medicine;

(i) Failed to notify the Board of an involuntary loss of certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, within 30 days after the involuntary loss of certification;

(j) Lost his or her certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization;

(k) Is guilty of violating a provision of NRS Chapter 630 or NAC Chapter 630;

(l) Assisted with the practice of medicine after his or her anesthesiologist assistant license expired or was suspended;

(m) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to assisting with the practice of medicine or the ability to assist with the practice of medicine;

(n) Has had an anesthesiologist assistant license revoked, suspended, modified, or limited by any other jurisdiction or has surrendered such license or discontinued assisting with the practice of medicine 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;

(o) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution, or use of a controlled substance;

(p) 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.

2. To institute disciplinary action against an anesthesiologist assistant, a written complaint, specifying the charges, must be filed with the Board by the investigative committee of the Board.

New Provision #17:

1. Anesthesiologist assistants shall make a note in the records of every patient for whom the anesthesiologist assistant assists in the practice of medicine. The notes made by the anesthesiologist assistant in the patient records, at a minimum, must include documentation that clearly indicates that times that the anesthesiologist assistant was responsible for the care of a patient and must include the name of the supervising anesthesiologist and the date of the anesthesia service.

2. Failure to include this information in patient records may be grounds for disciplinary action against the anesthesiologist assistant.

3. Before the Board takes disciplinary action against an anesthesiologist assistant, the Board will give to the anesthesiologist assistant and to his or her supervising anesthesiologist for that patient's case, a written notice specifying the charges made against the anesthesiologist 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 anesthesiologist assistant and the supervising anesthesiologist at least 21 business 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 other licensees.

New Provision #18:

1. The Board will appoint three licensed anesthesiologist assistants to an advisory committee. Starting in January 2027, these anesthesiologist assistants must have lived in and actively and continuously practiced in this State as licensed anesthesiologist 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. The term of each appointee to the advisory committee must not exceed 4 years, except that a member of the advisory committee must continue to serve until the Board appoints a replacement as his or her successor.

3. At the request of the Board, the advisory committee shall review and make recommendations to the Board concerning any matters relating to licensed anesthesiologist assistants.

4. The members of the advisory committee serve without compensation.

New Provision #19:

If an anesthesiologist assistant loses certification by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, his or her license to assist with the practice of medicine is automatically suspended until further order of the Board.

New Provision #20:

An anesthesiologist assistant shall comply with any applicable provisions of chapter 629 of NRS or any regulation adopted pursuant thereto.

New Provision #21:

If the Board issues a letter of warning, a letter of concern or a nonpunitive admonishment to an anesthesiologist assistant pursuant to NRS 630.299, the Board will deliver a copy of the letter or admonishment to the supervising anesthesiologist supervising the anesthesiologist assistant's care of that patient as shown in the patient medical records.

New Provision #22:

1. An application for licensure by endorsement as an anesthesiologist assistant must be made on a form supplied by the Board.

2. The applicant must include all information required by New Provision #6.

3. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as an anesthesiologist assistant 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 background check as required by New Provision #6,

→ whichever occurs later.

4. A license by endorsement to practice as an anesthesiologist assistant in this State issued pursuant to this provision may be issued at a meeting of the Board or between its meetings by the President of the Board and the Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

5. In addition to the grounds set forth in NRS Chapter 630 and NAC Chapter 630, the Board may deny an application for licensure by endorsement pursuant to this provision if:

(a) An applicant willfully fails to provide 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 that applicant has previously passed a comparable criminal background check as required by New Provision #6; 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 applicant based on that conviction.

6. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the surviving 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.

7. *An applicant seeking licensure by endorsement pursuant to this section may not have been disciplined and may not be 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 as an anesthesiologist assistant.*

8. *An applicant seeking licensure by endorsement pursuant to this section may not have 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 practice as an anesthesiologist assistant.*

9. *An applicant seeking licensure by endorsement pursuant to this section may not have had his or her license to practice as an anesthesiologist assistant suspended or revoked in the District of Columbia or any state or territory of the United States.*

10. *An applicant seeking licensure by endorsement pursuant to this section may not have been refused or denied a license to practice as an anesthesiologist assistant in the District of Columbia or state or territory of the United States.*

New Provision #23:

A student in an anesthesiologist assistant training program may assist only an anesthesiologist in the delivery of medical care and may perform only medical care tasks assigned by the anesthesiologist. An anesthesiologist may delegate the supervision of a student in an anesthesiologist assistant training program to only a qualified anesthesiologist, an anesthesiology fellow, an anesthesiology resident who has completed his or her first year of residency, or an anesthesiologist assistant, but in no case may an anesthesiologist concurrently supervise, either directly or as a delegated act, more than 2 students in training to be an anesthesiologist assistant. Students in an anesthesiologist assistant training program must wear a name badge that identifies them as “Student Anesthesiologist Assistant” or “Anesthesiologist Assistant Student.” This section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise.

New Provision #24:

1. *An anesthesiologist that utilizes the services of an anesthesiologist assistant shall post a notice to that effect in a conspicuous place in his or her practice locations and include language in the patient consent form that the anesthesiologist uses an anesthesiologist assistant. This language must explain the role of an anesthesiologist assistant, and include, without limitation, that the anesthesiologist assistant is a non-physician anesthesia care provider who provides patient care under the constant medical direction of a supervising anesthesiologist.*

2. *An anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol regarding the supervision of anesthesiologist assistants. This written practice protocol must be provided to each anesthesiologist assistant that he or she supervises, and this written practice protocol must be provided to the Board upon request. The written practice protocol must comply with NRS Chapter 630 and NAC Chapter 630 with regard to the tasks that an anesthesiologist assistant may perform and must detail the tasks that the anesthesiologist assistant is authorized to provide and the manner in which the supervising anesthesiologist will supervise the anesthesiologist assistant. The anesthesiologist must base the provisions of the written practice protocol on consideration of relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients delegated to the anesthesiologist assistant.*

3. *A supervising anesthesiologist may not simultaneously supervise more anesthesiologist assistants than the federal guidelines for Medicare and Medicaid allow.*

4. *During an anesthesia service where a transfer of authority from one anesthesiologist to another anesthesiologist must take place, this transfer must be clearly indicated in the patient's medical records. When a transfer from one anesthesiologist assistant to another anesthesiologist assistant is delegated by the supervising anesthesiologist during an anesthesia service, this transfer must be clearly indicated in the patient's medical records.*

5. *Each year, an annual performance assessment of an anesthesiologist assistant must be performed by a supervising anesthesiologist who has worked with or is working with the anesthesiologist assistant. The record of this annual performance assessment should be maintained by both the anesthesiologist assistant and the supervising anesthesiologist. For convenience, it is permissible for the employer and/or facility where the anesthesiologist assistant is employed to keep this record as long as it remains available to the Board for review when requested. Whenever possible, the supervising anesthesiologist conducting this performance assessment should be conducted by a supervising anesthesiologist with the most knowledge of the anesthesiologist assistant's performance throughout the year. Information for this performance assessment may be gathered through direct observation, review of available information, including a review of reports which evidence performance of the anesthesiologist assistant or a combination of both. These performance assessments should be available for review by the Board upon request. Anesthesiologist assistants working in facilities required by local, state, or federal statutes or regulations to have reviews performed by a director of anesthesia services are deemed to have satisfied this requirement.*

6. *The annual performance assessment required by subsection 6 must include, at a minimum:*

- a. An assessment of the medical competency of the anesthesiologist assistant;*
- b. A review of selected charts; and*
- c. An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients representative of those cared for by the anesthesiologist assistant.*

New Provision #25:

1. *Anesthesiologist assistants shall:*

- a. Be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all patients.*
- b. Deliver needed health care services to patients without regard to sex, age, race, creed, socioeconomic and political status, or sexual orientation.;*
- c. Adhere to all state and federal laws governing informed consent concerning the patient's health care;*
- d. Seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the supervising anesthesiologist and the anesthesiologist assistant regarding the care of all patients;*
- e. Take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession;*

- f. Provide only those services for which they are licensed and qualified via education and/or experience;*
- g. Not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services;*
- h. Uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community;*
- i. Strive to maintain and increase the quality of individual health care service through individual study and continuing education;*
- j. Have the duty to respect the law, to uphold the dignity of the profession, and to accept its ethical principles. Anesthesiologist assistants shall not participate in or conceal any activity that will bring discredit or dishonor to the anesthesiologist assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession;*
- k. Use the knowledge and experience acquired as professionals to contribute to an improved community; and*
- l. Place service before material gain and must carefully guard against conflicts of professional interest.*

Amendment to LCB File No. R118-21 New Provision #3:

A licensee may apply to the Board to change the status of his or her license to practice medicine, ***to assist with the practice of medicine***, perfusion or respiratory care to retired by filing with the Board a notice in writing the states the intention of the licensee to retire from active practice. Upon the provision of such notice, the Board will change the statute of the license to retired if:

1. The license is otherwise in good standing;
2. There are no complaints or investigations pending against the licensee; and
3. No disciplinary action is pending against the licensee.

Amendment to NAC 630.040:

For the purposes of this chapter and chapter 630 of NRS, “malpractice” means the failure of a physician, physician assistant, ***anesthesiologist assistant***, practitioner of respiratory care or perfusionist, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

Amendment to NAC 630.045:

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 an anesthesiologist assistant***, to practice as a practitioner of respiratory care or to practice as a perfusionist must bear the original signature or an authenticated electronic 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 comply with the requirement of subsection 1.

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.

Amendment to NAC 630.210:

A physician, ~~or~~ physician assistant **or anesthesiologist assistant** 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.

Amendment to NAC 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 anesthesiologist 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 *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. 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.

Amendment to NAC 630.240:

1. If a licensee desires to surrender his or her license to practice medicine, *assist with the practice of medicine*, *practice* perfusion or *practice* respiratory care while an investigation concerning the license or disciplinary proceedings concerning the license are pending, 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.
2. The voluntary surrender of a license is not effective until it is accepted by the Board in a public meeting. An order accepting such a surrender must prescribe a period of at least 1 year but not more than 10 years during which the holder of the surrendered license is prohibited from applying for reinstatement of the license.
3. The Board will:
 - a. Make the voluntary surrender of a license public; and
 - b. Deem the voluntary surrender of a license to be disciplinary action and report the surrender to applicable national databases.
4. The voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status pursuant to **LCB File No. R118-21** does not preclude the Board from hearing a complaint for disciplinary action made against the licensee.

Amendment to NAC 630.243:

If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician, physician assistant, *anesthesiologist 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, *anesthesiologist 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, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist.

Amendment to NAC 630.465:

1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, *anesthesiologist assistant*, practitioner of respiratory care or perfusionist 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. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. 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.