

AGENDA ITEM 15(a)

Review of Public Comments on, and Possible Adoption of,
Proposed Amendment to NAC Chapter 630 as Contained in
LCB File No. R068-23

PROPOSED REGULATION

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

LCB File No. R068-23

April 1, 2024

EXPLANATION – Matter in *italics* is new, matter in brackets ~~(omitted material)~~ is material to be omitted

AUTHORITY: §§ 1, 2, 16 and 24, NRS 630.130; § 3, NRS 630.130 and 630.200; §§ 4-6 and 14, NRS 630.130 and 630.253, as amended by section 28 of Senate Bill No. 439, chapter 528, Statutes of Nevada 2023, at page 3501; §§ 7, 17-19, 22 and 25, NRS 630.130 and 630.275; §§ 8-10, 20 and 21, NRS 630.130, 630.253, as amended by section 28 of Senate Bill No. 439, chapter 528, Statutes of Nevada 2023, at page 3501, and NRS 630.275; § 11, NRS 233B.121, 622.400, 630.130 and 630.140; § 12, NRS 630.130 and 630.265; § 13, NRS 630.130 and 630.266; § 15, NRS 630.130, 630.267 and 630.268; § 23, NRS 630.130 and 630.140; §§ 26, 28 and 29, NRS 630.130 and 630.279; § 27, NRS 622.530, 630.130 and 630.279; § 30, NRS 630.130, 630.269 and 630.2691; § 31, NRS 622.530, 630.130, 630.269 and 630.2691; §§ 32 and 33, NRS 630.130 and 630.269; § 34, NRS 630.130, 630.275 and 630.279.

A REGULATION relating to health care; prescribing the conditions under which the Board of Medical Examiners will deem a license to be in good standing; revising provisions concerning the issuance, renewal, denial and expiration of certain licenses; revising requirements relating to continuing education of physicians and physician assistants; requiring informed consent before a physician or physician assistant provides certain care or treatment to a patient; prohibiting a physician or physician assistant from requiring or asking a patient to waive certain rights; making revisions concerning compelling attendance and reimbursement of certain witnesses at a hearing of the Board; revising provisions governing the approval of a physician to supervise certain physician assistants or collaborate with certain advanced practice registered nurses under certain circumstances; revising the time by which a collaborating physician must notify the Board of the termination of the collaboration with an advanced practice registered nurse; requiring a collaborating physician to limit the controlled substances that certain advanced practice registered nurses may prescribe; clarifying provisions prohibiting the falsification of medical records; requiring a perfusionist to notify the Board of any update to his or her primary location of practice after changing such a location; repealing certain provisions governing disciplinary action against physician assistants and practitioners of respiratory care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law and regulations require a physician to be licensed and in good standing in this State in order to supervise a physician assistant, advanced practice registered nurse or anesthesiologist assistant. (NRS 630.025; section 6 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1545; NAC 630.370, 630.490) Existing law and regulations require a physician or physician assistant to be licensed and in good standing in another state in order to be eligible for certain types of licenses in this State. (NRS 630.261, 630.266; NAC 630.325) Existing law and regulations require a physician, physician assistant or practitioner of respiratory care whose license has expired to be in good standing in order to reinstate his or her license. (NRS 630.267; NAC 630.350, 630.530) Existing regulations require a hearing officer employed by the Board of Medical Examiners to be an attorney in good standing licensed to practice law in this State. (Section 5 of LCB File No. R171-20) Existing regulations require a licensee to be in good standing in order to change the status of his or her license to retired. (Section 1 of LCB File No. R118-21) **Section 2** of this regulation sets forth the conditions under which the Board will deem the holder of a license to be in good standing for those purposes.

Existing law authorizes the Board to deny an application for a license to practice medicine for any violation of a provision governing the licensing of persons to practice medicine. (NRS 630.200) **Section 3** of this regulation authorizes the Board to deny an application for a license to practice medicine if: (1) the applicant is not qualified or is not of good character or reputation; (2) any credential submitted by the applicant is false; or (3) the application is deficient in some manner. **Section 12** of this regulation authorizes the Board to deny an application to renew a limited license to practice medicine as a resident physician in a graduate program of clinical training for those reasons.

Existing law requires the Board to require: (1) the holder of a license to practice medicine to complete certain continuing education in evidence-based suicide prevention and awareness; (2) a physician or a physician assistant to complete certain continuing education in the screening, brief intervention and referral to treatment approach to substance use disorder; (3) a psychiatrist or a physician assistant practicing under the supervision of a psychiatrist to complete certain continuing education relating to cultural competency and diversity, equity and inclusion; and (4) a physician who provides or supervises the provision of emergency medical services in a hospital or primary care to complete certain continuing education in stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus. (NRS 630.253, as amended by section 28 of Senate Bill No. 439, chapter 528, Statutes of Nevada 2023, at page 3501) **Sections 4-6, 8, 9, 14 and 21** of this regulation impose such requirements. **Section 10** of this regulation authorizes a physician assistant to receive a certain amount of credit toward his or her required continuing education for performing a medical review for the Board.

Section 7 of this regulation requires a physician or physician assistant to obtain and document the informed consent of a patient or the representative of a patient before providing care or treatment to the patient, except in an emergency situation where the patient or his or her representative are not available or able to provide such consent. **Section 17** of this regulation prohibits a physician or physician assistant from requiring or asking a patient to waive his or her right to file a complaint with the Board or conditioning care or treatment on the provision of such a waiver.

Existing law authorizes the Board to hold hearings and conduct investigations pertaining to its duties regulating the practices of medicine, perfusion and respiratory care. (NRS 630.140) Existing law authorizes a state agency to adopt regulations authorizing the payment of fees and reimbursement for mileage to witnesses in the same amounts and under the same conditions as for witnesses in the courts of this State. (NRS 233B.121) Existing law also authorizes a regulatory body to recover certain fees and costs if the regulatory body enters a final order finding that a person has violated a provision that the regulatory body has the authority to enforce. (NRS 622.400) **Section 11** of this regulation sets forth: (1) the amounts at which witnesses must be reimbursed; and (2) the parties responsible for providing such reimbursement.

Existing regulations provide that the Board, acting on its own behalf, will not issue a subpoena to compel the attendance of a licensee at a hearing. (NAC 630.475) **Section 23** of this regulation narrows this provision to apply only to a licensee who is the respondent, thereby authorizing the Board to issue a subpoena to compel the attendance of licensees who are not the respondent at a hearing. **Section 23** additionally authorizes the Board to require a member of the Board or a licensee to produce certain documents at a hearing. **Section 23** also revises the conditions that must be met before the board may petition a district court for an order compelling compliance with a subpoena.

Existing law requires a physician who is licensed in another state to obtain a special event license to demonstrate medical techniques and procedures at a special event. (NRS 630.266) Existing regulations require an applicant for a special event license to include the dates and locations of such a demonstration. (NAC 630.147) **Section 13** of this regulation clarifies that the applicant is required to provide such information if the applicant will be assisting with such a demonstration.

Existing regulations provide that fees paid by a licensee for biennial registration of his or her license are not refundable. (NAC 630.175) **Section 15** of this regulation provides that fees paid for an application for, the issuance of or the renewal of a limited license to practice medicine as a resident physician in a graduate program are not refundable.

Existing regulations provide that the Board will reject an application that is not completed within 6 months after the application is filed with the Board. (NAC 630.180) **Section 16** of this regulation instead provides that the Board may close such an application without action.

Section 18 of this regulation makes certain technical changes regarding the postsecondary education of physician assistants. **Sections 19, 26, 27, 30 and 31** of this regulation revise requirements concerning disclosures on an application for licensure as a physician assistant, practitioner of respiratory care or perfusionist concerning: (1) education and experience; (2) violations of law; and (3) addresses of the applicant. **Sections 19, 26, 27, 30 and 31** also require an applicant to disclose whether he or she has an untreated medical condition that may affect his or her ability to practice or is using a prescription drug or other substance that may affect his or her ability to practice.

Sections 20 and 28 of this regulation revise provisions concerning the manner in which the Board will notify a physician assistant or a practitioner of respiratory care of the need and procedure for renewing his or her license. **Section 20** also provides that the Board will biennially send a list of expired licenses to practice as a physician assistant to the Drug Enforcement Administration of the United States Department of Justice and the State Board of Pharmacy. **Section 28** also revises certain terminology relating to continuing education of respiratory therapists for consistency with terminology used to refer to continuing education of other

professionals regulated by the Board. (NAC 630.153, 630.155, 630.156, 630.157, 630.350, 630.357, 630.358, 630.740)

Existing regulations prohibit a physician from supervising a physician assistant or collaborating with an advanced practice registered nurse who has been disciplined by the Board of Medical Examiners or State Board of Nursing, as applicable, unless the Board of Medical Examiners approves such supervision. (NAC 630.370, 630.490) **Sections 22 and 24** of this regulation: (1) authorize the Executive Director of the Board of Medical Examiners or his or her designee to approve a request by a physician who is supervising a physician assistant or collaborating with an advanced practice registered nurse who has been disciplined; and (2) prescribe certain requirements governing the submission and review of such a request. **Section 24** requires a physician who is collaborating with an advanced practice registered nurse to ensure that the advanced practice registered nurse only prescribes controlled substances that the collaborating physician is authorized to prescribe.

Existing regulations require a physician who is collaborating with an advanced practice registered nurse to immediately notify the Board of the termination of collaboration between the collaborating physician and the advanced practice registered nurse. (NAC 630.490) **Section 24** instead requires a collaborating physician to provide such notice within 72 hours after the termination.

Existing regulations prohibit a physician from supervising or collaborating with any combination of more than three physician assistants or advanced practice registered nurses unless the physician has received approval from the Board. (NAC 630.495) **Section 25** of this regulation prescribes requirements governing the review of a petition for such approval.

Existing regulations authorize the Board to discipline a practitioner of respiratory care or perfusionist for falsifying records of health care. (NAC 630.540, 630.770) **Sections 29 and 33** of this regulation specify that falsifying records of health care includes indicating the presence of a licensee at a procedure or the performance of a procedure by a licensee that the licensee was not present for or did not perform.

Existing regulations require a perfusionist to notify the Board of the name and location of his or her primary location of practice. (NAC 630.730) **Section 32** of this regulation additionally requires the perfusionist to update that information within 30 days after changing his or her primary location of practice.

Existing law prescribes: (1) certain procedures governing the imposition of discipline against a physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant; and (2) the disciplinary actions that the Board is authorized to impose. (NRS 630.352) **Section 34** of this regulation repeals duplicative provisions relating to the discipline of physician assistants and practitioners of respiratory care.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this regulation.

Sec. 2. *For the purposes of this chapter and chapter 630 of NRS, the Board will deem the holder of a license issued in this State or another state, as applicable, to be in good standing if*

the license is not expired, suspended, revoked, restricted, limited, conditioned, on probation or otherwise on a status that in any manner restricts the activity of the holder.

Sec. 3. *In addition to the grounds authorized in NRS 630.200, the Board may deny an application for a license to practice medicine if the Board determines that:*

- 1. The applicant is not qualified or is not of good character or reputation;*
- 2. The applicant submitted a false credential; or*
- 3. The application is not made in proper form or is otherwise deficient.*

Sec. 4. 1. *Pursuant to NRS 630.253, the holder of a license to practice medicine shall complete at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in NRS 630.253:*

- (a) Within 2 years after initial licensure; and*
- (b) Every 4 years thereafter.*

2. Except to the extent prohibited by NRS 630.253, the holder of a license to practice medicine is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

Sec. 5. 1. *Pursuant to NRS 630.253, a psychiatrist shall, during each biennial registration period, complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion as described in NRS 630.253.*

2. A psychiatrist is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

Sec. 6. 1. Pursuant to NRS 630.253, as amended by section 28 of Senate Bill No. 439, chapter 528, Statutes of Nevada 2023, at page 3501, a physician who provides or supervises the provision of emergency medical services in a hospital or primary care shall complete at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus within 2 years after beginning to provide or supervise the provision of such services or care.

2. A physician is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

Sec. 7. 1. Except in an emergency situation described in subsection 3, a physician or physician assistant must obtain and document the informed consent of a patient or the representative of the patient before providing any care or treatment to the patient.

2. A physician or physician assistant obtaining the informed consent of a patient or the representative of a patient pursuant to subsection 1 shall inform the patient or the representative, as applicable, of:

(a) The qualifications of the physician or physician assistant, including, without limitation, any license or certification of:

(1) The physician or physician assistant; and

(2) For a physician assistant, his or her supervising physician; and

(b) The burdens, risks and expected benefits of all potential treatments or other courses of action, including, without limitation, not performing any treatment.

3. In an emergency situation where a patient or his or her representative is not available or able to provide informed consent pursuant to subsection 1, a physician or physician assistant:

(a) May initiate care or treatment of the patient before obtaining the informed consent of the patient or his or her representative for such care or treatment;

(b) Shall seek to obtain the informed consent of the patient or his or her representative at the earliest opportunity; and

(c) Must obtain the informed consent of the patient pursuant to subsection 1 before providing ongoing care or treatment after the emergency situation has concluded.

Sec. 8. 1. Pursuant to NRS 630.253, a physician assistant practicing under the supervision of a psychiatrist shall, during each biennial licensing period, complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion as described in NRS 630.253.

2. A physician assistant practicing under the supervision of a psychiatrist is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.350 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

Sec. 9. 1. Pursuant to NRS 630.253, as amended by section 28 of Senate Bill No. 439, chapter 528, Statutes of Nevada 2023, at page 3501, a physician assistant who provides or supervises the provision of emergency medical services in a hospital or primary care shall complete at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human

immunodeficiency virus within 2 years after beginning to provide or supervise the provision of such services or care.

2. A physician assistant is entitled to receive credit towards the continuing medical education required by subsection 1 of NAC 630.350 for each hour of continuing medical education completed pursuant to subsection 1 of this section.

Sec. 10. *The Board may issue not more than 15 hours of continuing medical 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:*

1. May be credited against the hours required by NAC 630.350 for a biennial period of registration;

2. Except as otherwise provided in subsection 3, must be equal to the actual time of the medical review; and

3. May not be more than 10 hours per medical review.

Sec. 11. *1. Except as otherwise provided in subsection 2, the Board will pay fees and reimburse mileage to a witness utilized by the Board in a hearing on a contested case in the same amounts and under the same conditions as for witnesses in the courts of this State.*

2. The Board will pay an expert witness according to the agreement between the Board or an investigative committee of the Board and the expert witness.

3. Except as otherwise provided in subsection 4, the Board will, and each other party shall, pay its own fees and reimburse mileage to its witnesses.

4. If the Board or an investigative committee of the Board prevails at a hearing, the Board may, pursuant to NRS 622.400, require the respondent to reimburse the Board for any fees and reimbursements for mileage paid to a witness.

Sec. 12. NAC 630.135 is hereby amended to read as follows:

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

2. The application must be:

(a) Completed by the applicant; and

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

3. As a condition of renewal of a limited license to practice medicine as a resident physician in a graduate program of clinical training, the licensee shall submit an annual report signed by the director of the program of clinical training that has been:

(a) Submitted on a form supplied by the Board; and

(b) Signed by the chair of the Graduate Medical Education Committee.

4. The holder of a limited license may be disciplined if information supplied to the Board by the director of the program of clinical training constitutes grounds for:

(a) Disciplinary action pursuant to NRS 630.301 to 630.3065, inclusive; or

(b) Denial or revocation of a license pursuant to NRS 630.161.

5. The Board may deny the application for any of the reasons set forth as grounds for the denial of a license to practice medicine pursuant to NRS 630.200 ~~+~~ *or section 3 of this regulation.*

Sec. 13. NAC 630.147 is hereby amended to read as follows:

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 *when* and locations ~~of~~ *where* the ~~demonstrations~~ *applicant will be demonstrating or assisting in 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.

Sec. 14. NAC 630.156 is hereby amended to read as follows:

630.156 1. Pursuant to the provisions of NRS 630.2535 ~~and~~ *and except as otherwise provided in that section*, a holder of a license to practice medicine who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. *Pursuant to NRS 630.253, a holder of a license to practice medicine shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.*

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids *or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder* must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license.

~~3.4~~ 4. A holder of a license to practice medicine ~~who is registered to dispense controlled substances pursuant to NRS 453.231~~ is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 ~~H~~ *of this section or training completed pursuant to subsection 2 of this section.*

Sec. 15. NAC 630.175 is hereby amended to read as follows:

630.175 **1.** Unless the license has expired for nonpayment of the fee for registration, any person licensed to practice by the Board after July 1 of the second year of a period of biennial registration shall pay one-half of the fee for biennial registration for the current period of biennial registration. Any person licensed to practice by the Board after commencement of a period of biennial registration, but on or before July 1 of the second year of a period of biennial registration, shall pay the full fee for biennial registration. Except as otherwise provided by specific regulation, the fees for biennial registration are not refundable.

2. The fees paid for an application for, the issuance of or the renewal of a limited license to practice medicine as a resident physician in a graduate program in accordance with NRS 630.265 are not refundable.

Sec. 16. NAC 630.180 is hereby amended to read as follows:

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.

Sec. 17. 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 ~~or~~;

(m) Require or ask a patient to waive his or her right to file a complaint with the Board; or

(n) Condition care or treatment on the provision of a waiver described in paragraph (m).

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. 18. NAC 630.280 is hereby amended to read as follows:

630.280 An applicant for licensure as a physician assistant must have the following qualifications:

1. If the applicant has not practiced as a physician assistant for 24 months or more before applying for licensure in this State, he or she must, at the order of the Board, have taken and passed:

(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~~ *graduated from a* ~~course of training in residence~~ *postsecondary program of education* as a physician assistant approved by one of the following entities affiliated with the American Medical Association or its successor organization:

(a) The Committee on Allied Health Education and Accreditation or its successor organization;

(b) The Commission on Accreditation of Allied Health Education Programs or its successor organization; or

(c) The Accreditation Review Commission on Education for the Physician Assistant or its successor organization.

5. Be certified by the National Commission on Certification of Physician Assistants or its successor organization.

~~{6. Possess a postsecondary degree.}~~

Sec. 19. NAC 630.290 is hereby amended to read as follows:

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) The applicant's *postsecondary* education ~~{~~ *as a physician assistant*, 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 experience for the 5 years immediately preceding 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 for, investigated for, charged with,* convicted of ~~{a felony}~~ or ~~{an}~~ *pled guilty or nolo contendere to:*

(1) Any offense ~~{involving moral turpitude:}~~ or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(g) Whether the applicant has ever been *arrested for*, investigated for, charged with, ~~{or}~~ convicted of ~~{the use or illegal sale}~~ 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 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.}~~ *Whether the applicant has an untreated medical condition that may affect his or her ability to practice as a physician assistant;*

(i) Whether the applicant is using a prescription drug or other substance that may affect his or her ability to practice as a physician assistant; and

(j) 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 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 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 physician assistant 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 fee.

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

Sec. 20. NAC 630.350 is hereby amended to read as follows:

630.350 1. The license of a physician assistant may be renewed biennially. ~~The~~ *Except as otherwise provided in section 10 of this regulation, the* license will not be renewed unless the

physician assistant provides satisfactory proof that the physician assistant has completed the following number of hours of continuing medical education as defined by the American Academy of Physician Assistants or has received a certificate documenting the completion of the following number of hours of Category 1 credits as recognized by the American Medical Association:

- (a) If licensed during the first 6 months of the biennial period of registration, 40 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 30 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

2. To allow for the renewal of a license to practice as a physician assistant by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

- (a) ~~Mail~~ **Send** a renewal notice *to the licensee* at least 60 days before the expiration of a license to practice as a physician assistant; and
- (b) Send ~~a renewal application~~ *instructions for the licensee to renew his or her license* to ~~a licensee at~~ the last known *electronic mail* address of the licensee on record with the Board.

3. If a licensee fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by subsection 1, his or her license to practice in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice as a physician assistant if the holder:

- (a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 1; and

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

4. Not later than September 30 of each odd-numbered year, the Board will provide a list of licenses to practice as a physician assistant that have expired during the immediately preceding biennium to the Drug Enforcement Administration of the United State Department of Justice or its successor agency and the State Board of Pharmacy.

Sec. 21. NAC 630.358 is hereby amended to read as follows:

630.358 1. Pursuant to the provisions of NRS 630.2535 ~~†~~ ***and except as otherwise provided in that section,*** a physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a physician assistant shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must:

(a) Be a program of continuing medical education as defined by the American Academy of Physician Assistants; or

(b) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant.

~~3.4~~ 4. A physician assistant ~~[who is registered to dispense controlled substances pursuant to NRS 453.234]~~ is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.350 for each hour of continuing medical education completed pursuant to subsection 1 ~~H~~ *of this section or training completed pursuant to subsection 2 of this section.*

Sec. 22. NAC 630.370 is hereby amended to read as follows:

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. The requirements of this subsection are satisfied if the supervising physician spends part of a day at any location where the physician assistant uses telehealth to provide medical services.

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, which may include, without limitation, electronic medical records.

(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. The requirements of this paragraph are satisfied if a program includes direct observation of a physician assistant while the physician assistant uses telehealth to provide such services.

(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 *Executive Director of the Board or his or her designee* to act as the supervising physician of that physician assistant. *A physician may request such approval by submitting a plan of supervision to the Executive Director or his or her designee for review. The plan of supervision must be consistent with the requirements of subsection 5.*

8. *When determining pursuant to subsection 7 whether to approve the supervision of a physician assistant who has been disciplined by the Board, the Executive Director or his or her designee shall review the licensing history and disciplinary history of the physician and the physician assistant.*

Sec. 23. NAC 630.475 is hereby amended to read as follows:

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

2. The Board or a person acting on its behalf will not issue a subpoena to compel the attendance of a member of the Board or a licensee *who is also the respondent* at a hearing. ~~for require a member of the Board or a licensee to produce books, X-rays, medical records or any other papers during a hearing.~~

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

- (a) ~~At the time the subpoena is served, the witness is tendered:~~
- ~~— (1) A fee of \$25 for the first day of attendance at the hearing;~~
 - ~~— (2) An allowance for travel which is equal to the allowance for travel by private conveyance provided for state officers and employees generally; and~~
 - ~~— (3) A per diem allowance equal to the per diem allowance provided for state officers and employees generally.~~ *The Board agrees to pay witness fees and reimbursement for mileage as provided in section 11 of this regulation; and*

(b) ~~It~~ *The subpoena* is served upon the witness at least ~~120 hours~~ *5 days* before he or she is required to appear at the hearing.

Sec. 24. NAC 630.490 is hereby amended to read as follows:

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 *Executive Director of the Board or his or her designee* to act as the collaborating physician of that advanced practice registered nurse. *A physician may request such approval by submitting a plan of collaboration to the Executive Director or his or her designee for review. The plan for collaboration must be consistent with the requirements of subsection 9.*

5. *When determining pursuant to subsection 4 whether to approve collaboration with an advanced practice registered nurse who has been disciplined by the Board, the Executive Director or his or her designee shall review the licensing history and disciplinary history of the physician and the advanced practice registered nurse.*

6. A collaborating physician shall ~~immediately~~, *within 72 hours after the termination of collaboration between the collaborating physician and an advanced practice registered nurse*, 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.}~~ 7. 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.}~~ 8. 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.}~~ 9. 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.

~~9.1~~ **10.** 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 ~~;~~

~~10.1~~ ; and

(c) Only prescribes controlled substances that the collaborating physician is authorized to prescribe under state and federal law.

11. 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.

~~11.1~~ **12.** 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.

~~H2-1~~ **13.** 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.

~~H3-1~~ **14.** The collaborating physician is responsible for all the medical services performed by the advanced practice registered nurse.

Sec. 25. NAC 630.495 is hereby amended to read as follows:

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.

3. The *Executive Director of the Board* ~~[will]~~ *or his or her designee shall review and approve or deny a petition made pursuant to subsection 2. The Executive Director or his or*

her designee shall 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.

4. When determining pursuant to subsection 3 whether to approve a petition made pursuant to subsection 2, the Executive Director or his or her designee shall review the licensing history and disciplinary history of the physician and each physician assistant or advanced practice registered nurse.

Sec. 26. NAC 630.505 is hereby amended to read as follows:

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 ~~and~~ his or her sex ; ~~and the various places of his or her residence after reaching 18 years of age;~~

(b) The *postsecondary* education of the applicant ~~as a practitioner of respiratory care,~~ including, without limitation, ~~all high schools,~~ postsecondary institutions and professional institutions attended, the length of time in attendance at each ~~high school or~~ institution and whether he or she is a graduate of those ~~schools and~~ institutions;

(c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in another state and, if so, when and where and the results of his or her application;

(d) The ~~{professional training and}~~ *work* experience of the applicant ~~{}~~ *for the 5 years immediately preceding the date of his or her application;*

(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 for, investigated for, charged with,* convicted of ~~{a felony or an}~~ *or pled guilty or nolo contendere to:*

(1) *Any offense ~~{involving moral turpitude;}~~ or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or*

(2) *Any violation of the Uniform Code of Military Justice;*

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

(h) *Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care;*

(i) Whether the applicant is using a prescription drug or other substance that may affect his or her ability to practice respiratory care; and

(j) 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.

Sec. 27. NAC 630.513 is hereby amended to read as follows:

630.513 1. An application for licensure by endorsement as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

- (a) The date of birth and the birthplace of the applicant ~~and~~ *and* his or her sex ; ~~and the various places of his or her residence after reaching 18 years of age;~~
- (b) The *postsecondary* education of the applicant ~~as a practitioner of respiratory care,~~ including, without limitation, ~~all high schools,~~ postsecondary institutions and professional institutions attended, the length of time in attendance at each ~~high school or~~ institution and whether he or she is a graduate of those ~~schools and~~ institutions;
- (c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;
- (d) The ~~professional training and~~ *work* experience of the applicant ~~for the 5 years immediately preceding the date of his or her application;~~
- (e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to engage in the practice of respiratory care;
- (f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to engage in the practice of respiratory care;
- (g) Whether the applicant has had a license to engage in the practice of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States;

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

(i) Whether the applicant has ever been *arrested for, investigated for, charged with,* convicted of ~~[a felony or an]~~ *or pled guilty or nolo contendere to:*

(1) Any offense ~~[involving moral turpitude;]~~ or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

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

(k) *Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care;*

(l) Whether the applicant is using a prescription drug or other substance that may affect his or her ability to practice respiratory care; and

(m) A public address ~~[where the applicant may be contacted by the Board.]~~ 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 that he or she holds a corresponding valid and unrestricted license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

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

(c) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization, or another educational program as approved by the Board;

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

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

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

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

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

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

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

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

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to engage in the practice of respiratory care to the applicant not later than:

(a) Sixty days after receiving the application; or

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

↪ whichever occurs later.

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

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

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

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

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

Sec. 28. NAC 630.530 is hereby amended to read as follows:

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) ~~{Mail}~~ *Send* a renewal notice *to the licensee* at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send ~~{a renewal application}~~ *instructions for the licensee to renew his or her license to* ~~{e}~~ *the licensee* at the last known *electronic mail* address of the licensee on record with the Board.

6. If a licensee fails to pay the fee for biennial registration on or before the date required by NAC 630.525 or fails to submit proof that the licensee completed the number of ~~{contact}~~ hours of continuing education required by subsections 2 and 3, his or her license to practice respiratory therapy in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice respiratory care if he or she:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of ~~feontaet~~ 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 ~~feontaet~~ 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.

Sec. 29. 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 **H**, *including, without limitation, by indicating his or her presence at a procedure or the performance of a procedure that he or she was not present for or did not perform, as applicable.*
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. 30. NAC 630.700 is hereby amended to read as follows:

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) The *postsecondary* education of the applicant ~~as a perfusionist,~~ including, without limitation, each ~~high school and~~ postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those ~~schools and~~ institutions;
- (d) If the applicant has ever applied for a license or certificate to practice perfusion in another state or jurisdiction, the date and disposition of the application;
- (e) The ~~training and~~ work experience of the applicant ~~in the practice of perfusion;~~ *for the 5 years immediately preceding the date of his or her application;*
- (f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license or certificate to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body in another state or jurisdiction, the dates, circumstances and disposition of each such occurrence;
- (g) If the applicant has ever been *arrested for, investigated for, charged with,* convicted of ~~a felony~~ or ~~any~~ *pled guilty or nolo contendere to:*
 - (1) Any offense ~~involving moral turpitude, the dates, circumstances and disposition of each such occurrence;~~ or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or
 - (2) Any violation of the Uniform Code of Military Justice;

(h) If the applicant has ever been *arrested for*, investigated for, charged with , ~~or~~ convicted of ~~[the use or illegal sale]~~ *or plead guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance ; ~~[- the dates, circumstances and disposition of each such occurrence; and]~~*

(i) ~~[Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.]~~ *Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion;*

(j) Whether the applicant is using a prescription drug or other substance that may affect his or her ability to practice perfusion; and

(k) 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 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 and 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.

Sec. 31. NAC 630.715 is hereby amended to read as follows:

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

- (a) The date and place of birth of the applicant;
- (b) The gender of the applicant;
- (c) The *postsecondary* education of the applicant ~~+~~ *as a perfusionist*, including, without limitation, each ~~high school and~~ postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those ~~schools and~~ institutions;
- (d) Whether the applicant has ever applied for a license or certificate to practice perfusion in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;
- (e) The ~~training and~~ *work* experience of the applicant ~~in the practice of perfusion;~~ *for the 5 years immediately preceding the date of his or her application;*
- (f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice perfusion;
- (g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to practice perfusion;
- (h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States;
- (i) Whether the applicant has pending any disciplinary action concerning his or her license to practice perfusion in the District of Columbia or any state or territory of the United States;
- (j) If the applicant has ever been *arrested for, investigated for, charged with*, convicted of ~~a felony~~ or ~~an~~ *pled guilty or nolo contendere to*:

(1) Any offense ~~involving moral turpitude, the dates, circumstances and disposition of each such occurrence;~~ or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

*(k) If the applicant has ever been **arrested for**, investigated for, charged with , ~~or~~ convicted of ~~the use, illegal sale~~ or plead guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance ; ~~the dates, circumstances and disposition of each such occurrence;~~ and*

(l) ~~Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.~~ Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion;

(m) Whether the applicant is using a prescription drug or other substance that may affect his or her ability to practice perfusion; and

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

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

(c) Proof of completion of a perfusion education program that satisfies the requirements of NRS 630.2691. For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor.

(d) Unless the examination requirement is waived pursuant to NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.

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

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

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

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

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

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

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

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice perfusion to the applicant not later than:

(a) Sixty days after receiving the application; or

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

↪ whichever occurs later.

7. A license by endorsement to practice perfusion in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the

Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

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

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

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

Sec. 32. NAC 630.730 is hereby amended to read as follows:

630.730 **1.** 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.

2. *Within 30 days after changing his or her primary location of practice, a perfusionist shall provide to the Board the updated name and location of his or her primary location of practice.*

Sec. 33. 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 **H**, *including, without limitation, by indicating his or her presence at a procedure or the performance of a procedure that he or she was not present for or did not perform, as applicable.*

(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 the provisions of section 3 of LCB File No. R002-23.

(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.

Sec. 34. NAC 630.410 and 630.555 are hereby repealed.

TEXT OF REPEALED SECTIONS

630.410 Determination after notice and hearing: Sanctions or dismissal of charges.
(NRS 630.130, 630.275) If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

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

- (a) Placement on probation for a specified period on any of the conditions specified in the order.
- (b) Administration of a public reprimand.
- (c) Limitation of his or her practice or exclusion of one or more specified branches of medicine from his or her practice.
- (d) Suspension of his or her license, for a specified period or until further order of the Board.
- (e) Revocation of his or her license to practice.
- (f) A requirement that the physician assistant participate in a program to correct alcohol or drug dependence or any other impairment.
- (g) A requirement that there be additional and specified supervision of his or her practice.
- (h) A requirement that the physician assistant perform community service without compensation.
- (i) A requirement that the physician assistant take a physical or mental examination or an examination testing his or her medical competence.
- (j) A requirement that the physician assistant fulfill certain training or educational requirements, or both, as specified by the Board.
- (k) A fine not to exceed \$5,000.
- (l) A requirement that the physician assistant pay all costs incurred by the Board relating to the disciplinary proceedings.

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

the physician assistant a copy of the complaint and the name of the person who filed the complaint.

630.555 Determination after notice and hearing: Sanctions or dismissal of charges.

(NRS 630.130, 630.279) If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

1. The charges in a complaint against a practitioner of respiratory care are true, the Board will issue and serve on the practitioner of respiratory care its written findings and any order of sanctions. The following sanctions may be imposed on a practitioner of respiratory care by order of the Board:

- (a) Placement on probation for a specified period on any of the conditions specified in the order.
- (b) Administration of a public reprimand.
- (c) Suspension of his or her license for a specified period or until further order of the Board.
- (d) Revocation of his or her license to practice.
- (e) A requirement that he or she participate in a program to correct alcohol or drug dependence or any other impairment.
- (f) A requirement that there be specified supervision of his or her practice.
- (g) A requirement that he or she perform public service without compensation.
- (h) A requirement that he or she take a physical or mental examination or an examination testing his or her medical competence.
- (i) A requirement that he or she fulfill certain training or educational requirements, or both, as specified by the Board.
- (j) A fine not to exceed \$1,500.

(k) A requirement that the practitioner of respiratory care pay all costs incurred by the Board relating to the disciplinary proceedings.

2. No violation has occurred, the Board will issue a written order dismissing the charges and notify the practitioner of respiratory care that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the practitioner of respiratory care, the Board may provide to the practitioner of respiratory care a copy of the complaint and the name of the person who filed the complaint.

WORKSHOP MINUTES

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.
Board President

Edward O. Cousineau, J.D.
Executive Director



*** * * MINUTES * * ***

REGULATION WORKSHOP ON R068-23

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

and Video-Conferenced to

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

WEDNESDAY, April 3, 2024 – 1:30 p.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Valerie Jenkins, Legal Assistant

Public Present

Victoria Supple
Daniel Rodriguez
Ashley Eiferle

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 1:37 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R068-23.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated there were a couple members of the public present in the Las Vegas Board Office, and one member of the public present in the Reno Office.

Victoria Supple from the Nevada Academy of Physician's Assistants expressed concerns about the regulation, specifically Sections 7 and 22. Section 7 regarding informed consent and the administrative burdens for any care they provide created by this regulation, and Section 22 regarding putting power in the hands of the Executive Director of the Board of Medical Examiners. Ms. Supple also had a document regarding these issues that she gave to Ms. Bradley.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R068-23

Ms. Bradley stated that this was a cleanup draft to clarify the requirements for licensure for Physician's Assistants.

Section 2: Defines what good standing means since any supervising physician is required to be in good standing. There was no discussion on this provision.

Section 3: Adding this requirement for physicians so it would be consistent with all different licenses (i.e., physicians, physician's assistants, respiratory tech, anesthesiology assistant, and perfusionists).

Sections 4, 5, & 6: Drafts from LCB regarding continuing education requirements.

Section 7: Informed consent is being added due to concerns of patients not always knowing the qualifications of the person providing care to them.

Sections 8 & 9: CME requirements that are being incorporated into the regulations from NRS.

Section 10: Adding the opportunity for Physician's Assistants to obtain continuing medical education (CME) credit when completing a peer review for the Board.

Section 11: Fees and mileage in Hearings and other proceedings.

Section 12: Added by LCB regarding denial of an application.

Section 13: Adding clarification for special event licenses, specifically when assisting or doing a demonstration.

Section 14: Updating CME requirements to be consistent with changes to NRS 630.

Section 15: Clarifying that fees paid for a renewal application for a Resident are not refundable.

Section 16: Updating wording in regulation regarding applications that sit for 6 months. Right now, the regulation says the application will be rejected. It is changing to "may be closed" and it may stay open if working with applicant.

Section 17: Addresses issue of providers telling patients they will not see them unless they waive their right to file a complaint with the Board, which is obviously a violation of public policy.

Section 18: Clarifies requirements for licensure. Gets rid of the need to prove high school education, etc., and changes it to only needing to prove postsecondary education related to profession they are applying for.

Section 19: To simplify the process for Physician's Assistant applicants, only requiring post-secondary education and the last 5 years of employment; clarifying questions asked regarding background, etc. Ms. Bradley also mentions that Section 1. i. regarding prescription drugs should be removed from this regulation as it is not relevant to Physician's Assistants. Ms. Bradley plans to ask the Board to remove section i., but they will make the final decision. Lastly, the address part of section 19 will be revised to only include the applicant's public and mailing address(es), which can be the same.

Section 20: Clarifying renewal instructions... updating it to include last known electronic address. In addition, to stay consistent with the requirements for physicians, the expiration of a license will be shared with the entities that would want or need to know about it.

Section 21: The incorporation of requirements for CMEs for SBIRT; must be done within 2 years of initial licensure.

Section 22: Ms. Bradley states that she heard there were concerns about this section. She goes on to say that it is already required that if a person has been disciplined, they must be approved by the Board before a Physician can supervise them. That is existing law, but it is now being clarified what that specifically means. As it is currently written, NAC 630.410 is currently being repealed and NRS 630.352 is the provision that the Board will rely on for discipline for physician assistants, not the NAC, which is why it is being repealed. Currently, a physician assistant with disciplinary history cannot be supervised by a physician unless that supervision is approved by the Board. It does not specify by whom and how that approval is to be obtained. This section is to add more clarification and add to the process. Plan of Supervision needs to be submitted to the Board as part of the regular approval process for supervision of physician assistants.

Section 23: Goes along with the changes made for the witness fees, updating the subpoena regulation to be consistent; also adding the service time, wording it as 5 days rather than 120 hours.

Section 24: Adding the same specific requirements to the process for APRNs as Physician Assistants, especially regarding discipline. This gives the Collaborating Physicians 72 hours to notify the Board of a Collaboration Agreement as it currently does not have a specific time. In addition, APRNs are not able to prescribe medications that their supervising physician is not able to prescribe.

Section 25: Amendment to current section regarding collaborations; specifying the max number of collaborations, the process to petition the Board for approval to supervise or collaborate with more than 3 PAs or APRNs.

Section 26: Clarifies requirements for licensing of RTs, same as those for PAs. Only need date of birth, birthplace, sex, public and mailing address. Gets rid of the need to prove high school education, etc., and changes it to only needing to prove postsecondary education related to profession they are applying for; only need the last 5 years of employment. Want to get rid of section RE Rx drugs, just like with the PA section.

Section 27: Same changes regarding endorsement. Remove Rx reference. Delete last sentence.

Section 28: Delete hours of contact, update the renewal part to be the same as Physician Assistant. Get rid of contact hours again.

Section 29: Grounds for disciplinary action; indicating presence when they were not there, etc. Consistency

Section 30: Perfusionists, same situation with education and work history as PAs and APRNs. Request j. item be deleted in this section also.

Section 31: Endorsements for Perfusionists... keep it consistent with RTs.

Section 32: Consider removing this section as perfusionist may work at multiple locations at a time and it could be inconvenient to have to update this information frequently. No other licensing specialty has this requirement, so does it need to be there?

Per Daniel Rodriguez, it should not be a requirement because a lot of perfusionists work at multiple clinics. Ms. Bradley commented that this could be repealed if it is an unnecessary requirement, especially since it is not required for any other license types issued by the Board, so why for Perfusionists? Recommendation for Removal.

Section 33: Regarding falsifying of records.

Repealed provisions in the NAC: NAC 630.410 is being repealed because it is unnecessary since NRS 630.052 has always been sufficient. 630.555 is also being repealed because it is unnecessary with NRS 630.052.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R068-23

Ms. Bradley stated that this was the period that members of the public were invited to ask questions about the proposed regulation. Daniel Rodriguez, representing perfusionists, spoke of an issue with an experienced perfusionist applying for a license in Nevada and that it was delayed. Why should it be delayed for someone who has experience, while a new applicant that has no experience is given a break with a temporary license? Ms. Bradley responded that there is an endorsement license that an experienced applicant could apply for, but maybe a temporary license would be helpful. She stated it could be brought up before the Board. Ashley Eiferle from NAPA asked about Section 22. Is it aligning with the supervising agreement, not just part of disciplinary action? Ms. Bradley responded, yes, we are putting in writing what is already occurring. Then Ms. Eiferle asked about Section 7: What is the goal? Ms. Bradley responded it is related to informed consent; probably more procedure related than day-to-day visits. She also explained that it is mainly related to practitioners performing a procedure outside of their scope of practice. Ms. Bradley also explained that Section 7 is more geared for physicians than physician assistants. Ms. Eiferle then explained that the wording for Section 7 is very arbitrary and can create issues. Ms. Bradley then explained that if they have suggestions for better wording for the Regulation, to share those with her so they can revise and improve the regulation.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION R068-23

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide comments on this regulation. There were no comments from the Las Vegas office. Ms. Supple said she would send the letter regarding Section 22 that she has from the organization to Ms. Bradley. Ms. Bradley also explained that the new revised Section 22 is the current rule, but it will now be written rule. Ms. Supple also mentioned that Section 7 is the larger problem. Ms. Bradley responded that they could specify that it is more for procedural care. She then mentioned that Ms. Supple and Ms. Eiferle could possibly get together to work on the re-wording together. The intent is to ensure that physicians and physician assistants are complying with NRS 629.076 as it could be applied to informed consent.

Agenda Item 6

PUBLIC COMMENT

Ms. Bradley asked for any public comment in the Las Vegas and Reno offices. There was no public comment in the Reno office. Daniel Rodriguez from the Vegas office asked a question about harvesting organs from donors and maintaining those organs for transplant (Normothermic Regional Perfusion (NRP)). Ms. Bradley suggested that he send something in writing about that so that the Board can address it at a future meeting.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting at 2:30 p.m.

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TRANSCRIPT OF PUBLIC HEARING

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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC MEETING
FOR REGULATION HEARING
R068-23

Tuesday, May 7, 2024

Reported by: Brandi Ann Vianney Smith
Job Number: 6642622

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

FOR THE NEVADA STATE BOARD OF MEDICAL EXAMINERS: SARAH BRADLEY Deputy Executive Director Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, NV 89521

ALSO PRESENT:
Valerie Jenkins, Legal Assistant

I N D E X

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2. Public Comment	3
3. Presentation and Discussion of Proposed Regulation R068-23	3
4. Question and Answer Period of Proposed Regulation R068-23	20
5. Public Comment for Proposed Regulation R068-23	26
6. Public Comment	28
7. Adjournment	29

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1 RENO, NEVADA -- MAY 7, 2024 -- 1:32 P.M.

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MS. BRADLEY: We'll go ahead and get
6 started. It is 1:32 p.m., and we are here for the
7 public hearing on R068-23. My name is Sarah
8 Bradley, I'm the Deputy Executive Director for the
9 Board, and the purpose of today's meeting is really
10 to just comment on this regulation. So we'll go
11 ahead and get going.

12 1. Call to Order and Introductions

13

MS. BRADLEY: So item number 1, call to
14 order, which I just did.

15

2. Public Comment

16

MS. BRADLEY: Item 2 is public comment.
17 Any general public comment, anyone either in Las
18 Vegas or in Reno?

19

MS. JENKINS: No comment in Reno.

20

MS. BRADLEY: Okay. All right. We'll
21 move on then.

22

3. Presentation and Discussion of Proposed
23 Regulation R068-23

24

MS. BRADLEY: And item number 3 is the
25 presentation and the discussion of the proposed

Page 3

1 regulation, R068-23.

2 So I think everyone has that draft, and we
3 sent out it to various locations. Hopefully people
4 review it, comment. It's kind of a longer draft. A
5 lot of this language is cleaned up, and then there's
6 some new provisions in here. I'll go ahead and go
7 through the regulation, maybe in a summary format.

8 Section 2 is defining in good standing,
9 and so there are parts it, a lot of it talks about
10 the licensing in good standing. We're defining it
11 there so that we know.

12 And Section 3 is -- this Section 3 here,
13 we have a regulation like this that's already
14 effective for other license types, and recently I've
15 been going through the regulations really in depth
16 as we added anesthesiologist assistants. I realize
17 that we did not have this for physicians, so that's
18 why Section 3 is there.

19 Section 4, Section 5, Section 6, those
20 sections are basically implementing continuing
21 education requirements that the legislature already
22 had said we have to do in the Nevada Revised
23 Statutes. And we're adding them to the regulations
24 because we are supposed to, essentially, but they
25 are already effective.

1 I do think -- hopefully others agree, I do
2 think having them here kind of helps make it a
3 little bit more sense, the areas that somebody has
4 to get continuing education. For some reason, I
5 find it more readable in the reg than the statutes.

6 Section 7 is talking about informed
7 consent. We've already received some comment, and
8 there is actually some changes that I'm anticipating
9 to this. And there's a memo that has been
10 circulated regarding Section 7, with some
11 amendments.

12 I know one of questions we have, I look at
13 Section 7 1, subsection 1, there were questions
14 about what if the treatment is a series, would they
15 have to consent each time?

16 And so one of changes I think we're going
17 to submit to the Board, I think it was shown in that
18 memo, where it says, "If the patient's care,
19 treatment is done in a series, the initial consent
20 is sufficient," that way they don't have to keep
21 doing if it's a multi-part treatment.

22 There's been some other questions from
23 other interested parties regarding whether it should
24 be any care or treatment, or whether we should limit
25 it for -- or somehow alter that to say something

1 like: Any procedure, injection, or other invasive
2 treatment.

3 And I think we probably all agree, and
4 maybe -- obviously, informed consent it something I
5 think everyone is due. And the format for it and
6 the details for informed consent are going to vary
7 based on the type of procedure, type of specialty,
8 things like that.

9 There's been some question of in a primary
10 care setting, what does any care of treatment look
11 like? Do you have to consent every time? Anytime
12 you change your medication, how does that work?

13 Again, I guess I still think that probably
14 this is already being done, because my understanding
15 is the standard of care involved, assuring that the
16 patients are aware of the treatment plan if it
17 changes, and that they consent to that.

18 So there might be room for more amendment
19 to Section 7 1.

20 Section 7 2, right now, there's some
21 question about adding -- that it's too broad, I
22 guess I should say. Also getting rid of potential
23 of the same, saying "all recommended," because,
24 obviously, there could be a lot of different
25 treatment options, and the intent is not to maybe

1 have to talk about all of them, but maybe in most
2 recommended.

3 If a patient has a condition, the
4 expectation, I think, would be here's the five or
5 six or however many are the most recommended
6 treatment options, and then here's the one that I'm
7 recommending, here's why, here's the burdens, risks,
8 et cetera with that.

9 And then I have added subsection C. The
10 Nevada Academy of Physician Assistants had made some
11 changes to this reg. One of them was suggesting
12 that board certification should be part of the
13 qualifications. And the intent was is that it is
14 there, and so that's why we've added this.

15 I talked to LCB yesterday, and so that's
16 why I added this, for purposes of this section,
17 qualifications of the physician includes the
18 physician certification by member board of the
19 American Board of Medical Specialties or successful
20 completion of a post-graduate training program,
21 which is approved by the Accreditation Council for
22 Graduate Medical Education, and provides the
23 physician with complete training in a medical
24 specialty area.

25 I think the thought -- and this is one

1 concerns I think we've seen on the Board side, is
2 sometimes people have a procedure done by somebody
3 that maybe shouldn't be doing it, and they don't
4 always know the qualification of the person that
5 they're authorizing to do something.

6 I think the hope is, especially for more
7 invasive procedures, telling the patients the
8 qualifications of the person providing the procedure
9 allows them to be more informed when they consent.

10 I'm expecting some conversation regarding
11 Section 7 because I've been getting some comments.

12 Obviously, emergency situations, you want
13 to get consent as soon as you can, but, yeah,
14 urgencies are an exception.

15 Section 8, this is another continuing
16 medical education requirement that is in the Nevada
17 Revised Statutes that we are just incorporating into
18 the regulations.

19 Same with Section 9, it's continuing
20 medical education requirement incorporating into the
21 regulations.

22 Section 10, I was adding this because I
23 realized when I went through the regulations this
24 last year that we don't have this actually already
25 there. So there was a regulation that says if a

1 physician does medical review for the Board, that
2 they can get continuing education, but it had not
3 said before now that a physician assistant could
4 also get continuing education, and so I thought it
5 was fair to add that for them because they do those
6 reviews for us also.

7 Section 11 is clarifying witness fees and
8 things like that for disciplinary action before for
9 the Board. Doesn't come up a lot, but if it does,
10 we wanted to have that clarified.

11 Section 12 is amending NAC 630.135, and
12 it's just incorporating what we just went other in
13 Section 3 into that regulation.

14 Section 13 is amending NAC 630.147. Just
15 to clarify, we had a couple of questions come up
16 regarding demonstrating medical techniques. And so
17 the intent here to say that they can be
18 demonstrating or assisting in the demonstration for
19 this type of license, a special event license.

20 Section 14 is amending NAC 630.156, and
21 again this is actually incorporating some continuing
22 medical education requirements.

23 There's a newer requirement where a
24 licensee, physician assistant, or physician,
25 whichever one, who is registered to dispense

1 controlled substances has to do a specific education
2 course, and so this is adding that into the
3 regulations.

4 Section 15, this is clarifying the renewal
5 procedures for limited licenses, and indicating that
6 if someone pays for the renewal of a limited
7 license, so this is a resident physician, they
8 graduated from medical school, and they're doing
9 their residency, that that renewal fee is not
10 refundable.

11 Section 16 is amending NAC 630.180. It
12 would take years to update the language, so the way
13 the regulation currently was reading is that
14 applications that not are completed within
15 six months will be rejected, and really what it is
16 is they are stale dated and we close them.

17 But we wanted to put "may" in there
18 because if the person tells us they're still working
19 on it, please keep it open, we do. So we're just
20 updating that language.

21 Section 17 amends NAC 630.230. This is
22 talking about things in -- essentially, things that
23 are not allowed to happen.

24 So M and N are being added here, and
25 basically -- we actually had a situation where,

1 essentially, before the person would provided
2 treatment to -- they said the person had to waive
3 their right to file a complaint with the Board, and
4 so we are saying, essentially, that's not lawful.

5 That's why we're adding that in there.

6 Section 18 is amending NAC 630.280, and
7 this is just updating the requirements. It used to
8 say something about a high school education, that
9 you had to prove that. We didn't think that was
10 necessary.

11 We amended it already, but I think these
12 additional changes were added by the Legislative
13 Council Bureau, because we're making a lot of
14 changes regarding high school degrees and proof of
15 that we because we don't need that.

16 Section 19, so this is amending NAC
17 630.290. Again, it's getting rid of the reference
18 to high school for an application for a physician
19 assistant, saying you don't have to prove that.

20 And also, we're limiting -- it used to
21 require that they have to tell us about all of their
22 work history, and now it's just the last five years.
23 So the idea is to make it simpler and really give us
24 just when we need. We need to know proof of their
25 completion of a program, and then what they've done

1 in the last five years.

2 And then updating questions that we
3 already asked to make sure they're more clarified on
4 F, G, just updating the language.

5 I do want to make a change to the draft
6 removing I, which says, "Whether the applicant is
7 using a prescription drug or other substance that
8 may affect their ability practice."

9 I think all we need to know about is if
10 there's an untreated condition, which is the
11 previous subsection. We don't need to know about
12 medications and so on. I'm going to recommend that
13 the Board take that word out.

14 Then again, we're asking for just a
15 current mailing address. We actually used to ask, I
16 believe, all address from, essentially, graduation
17 from high school to application time. So, making
18 things a little bit simpler.

19 Section 20, amends NAC 630.350. And then
20 this is updating the renewal language, the
21 requirements for renewal for a physician
22 assistant --

23 Basically just clarifying that we will
24 send renewal instructions at least 60 days before
25 expiration, and that we're going to send it by the

1 last-known electronic mail address. That's where we
2 will send notices for renewal.

3 Also, we're going to provide a list --
4 this is already in the Nevada Revised Statutes for
5 physicians, that we provide a list of people who
6 have expired during the previous two years to the
7 Drug Enforcement Administration and the Board of
8 Pharmacy, to just add in here that we're going to do
9 that for physician assistant also.

10 Section 21 amends NAC 630.358. Again,
11 this is incorporating some continuing education
12 requirements for physician assistants that are
13 registered to dispense controlled substances.

14 Again, it's already in the Nevada Revised
15 Statutes, just adding it into the regulations so
16 that they are updated.

17 Section 22 amends NAC 630.370, and the
18 change here has to do with the process for a
19 physician assistant who has been disciplined to have
20 approval for a supervising physician.

21 The way the law currently reads, the
22 regulation, it is just says if the physician
23 assistant has been disciplined, eventually they
24 can't have a supervising position until the Board
25 approves that agreement, and it doesn't really give

1 any process there.

2 The intent here is to update that and
3 explain what we're going to do, how we're going to
4 do that. If there's been discipline on a physician
5 assistant, the agreement will be reviewed by the
6 Executive Director of the Board or his or her
7 designee, and part of that review might be including
8 review of the plan of supervision for that physician
9 assistant.

10 And the Executive Director might also
11 review the licensing history and disciplinary
12 history of the physician assistant prior to
13 approving that.

14 Section 23 amends NAC 630.475. This is
15 updating the requirements for subpoenas.

16 It's kind of confusing, to be honest, the
17 way it's originally drafted. It said 120 hours, for
18 example, for service. We decided to say five days,
19 because that's the same thing. And then also
20 clarifying that if a licensee is the respondent, we
21 will subpoena them, but we may have to subpoena
22 other licensees to attend.

23 Just updating those requirements.

24 Section 24 amends NAC 630.490. This is
25 very similar for advanced practice registered nurses

1 as process we just talked about for a physician
2 assistant.

3 If the advanced practice registered nurse
4 has been disciplined by the Board of Nursing, review
5 of a collaboration agreement for a physician and
6 that advanced practice registered nurse will follow
7 the state procedure, like we just talked about for
8 physician assistants who have been disciplined.

9 We also added in a time period. Right
10 now, it just said that they have to immediately let
11 the Board know if they terminate the agreement. But
12 for physician assistants, we give 72 hours, and so
13 we're adding that in for the collaborating physician
14 and the advanced practice registered nurses to be
15 consistent.

16 We also are adding in that the advanced
17 practice registered nurse cannot have broader
18 prescribing ability than the physician that is
19 supervising them or collaborating them. Excuse me.
20 We have that similarly for physician assistants, and
21 we just want to make sure because, obviously, it
22 doesn't make sense for them to be able to prescribe
23 more than the physician can.

24 Section 25 amends NAC 630.495, and this is
25 the process for a physician to ask to supervise more

1 than three physician assistants, collaborate with
2 more than three advanced practice registered nurses,
3 or supervise and collaborate with a combination of
4 more than three of those.

5 Again, talking about how that will be
6 reviewed by the Board office and the Executive
7 Director, just kind of adding some specificity there
8 to the process.

9 Section 26 amends NAC 630.505. Again,
10 this is similar to the change we're making for
11 physician assistants.

12 We are no longer going to ask about all
13 the residences for that person from reaching 18.
14 We're just going to verify the post-secondary
15 education that relates to being a practitioner of
16 respiratory care and not worry about high schools.
17 And then we're only going to ask about the preceding
18 five years of work experience.

19 It's in the background questions that we
20 already ask, to make sure then they are consistent.

21 Again, I want to remove I there about
22 prescription drugs because we don't need to ask
23 that. That's there -- anyway, it's there because we
24 have that in the initial draft for anesthesiologists
25 assistants, but we're going to recommend that it be

1 removed.

2 Section 27 amends NAC 630.513. These are
3 the same changes as in the preceding one. These are
4 just for endorsement for respiratory care, the
5 changes we just talked about.

6 Section 28, this amends NAC 630.530. One
7 of the changes here is it used to say "contact hours
8 of continuation professional education," and for
9 other license types, we just say "hours," and so the
10 Legislative Council Bureau asked to make that
11 change.

12 We are also updating in this provision
13 that we are going to send renewal instructions to
14 the last-known electronic address for registering of
15 respiratory care by email. Again, updating the
16 contact hours, to just say "hours."

17 Section 29 amends NAC 630.540. This is
18 just adding that, in addition to falsifying records
19 of health care, a person cannot, basically, put into
20 the record that they were there when they weren't.

21 Section 30 amends NAC 630.700. These are
22 the same changes as for the practitioner of
23 respiratory care, removing high school verification,
24 all addresses, things like that, for perfusionist.
25 We're just going to verify the perfusionist

1 education, (inaudible), work experience, just five
2 years before applying.

3 And we're also going to ask that
4 prescription drugs in subsection J there be taken
5 out to be consistent with the other license types.

6 Section 31 amends NAC 630.715. Again,
7 this is same, it's just for enforcement for
8 perfusionist, and so it's the same changes. But,
9 again, we want to get rid of prescription drug
10 language there.

11 Section 32, this is amends -- oh, actually
12 we want to just remove this whole regulation. I
13 apologize. NAC 630.730.

14 So when we were going through the
15 regulations, I found out that there was basically
16 this requirement that perfusionists tell us where
17 they work, but it never gets updates. And so in
18 looking at how we do this with other license types,
19 it seemed like they should update it.

20 When we had the workshop on this
21 regulation, it seems like it was just not necessary.
22 That perfusionists are going to work at multiple
23 locations and require other people to tell us where
24 they're working. They just have to give us a public
25 address and a mailing address that might be

1 different or the same, and the mailing address is
2 the one the Board uses.

3 And so we're going to recommend that the
4 Board actually just repeal NAC 630.730 completely.

5 Section 33 amends NAC 630.770. This,
6 similarly, adds the presence at a procedure that
7 they didn't do, basically, as part of falsifying
8 records for perfusionists.

9 And then Section 34 repeals two provisions
10 of regulations that are no longer needed, NAC
11 630.410 and NAC 630.555. They're just not needed
12 provisions because what we need for all license
13 types is NRS 630.352.

14 So that's a summary of all the changes and
15 updates I'm going to request the Board make before
16 they are adopted.

17 So everyone knows, today's public hearing,
18 the Board has a meeting June 7th, and we are going
19 to ask the Board to adopt the regulation on June
20 7th. Hopefully they will, and I'm not sure about --
21 because I know there's a couple of areas we need to
22 iron out, maybe, I'm not sure exactly what the final
23 language will be, and then it goes back to the
24 Legislative Counsel Bureau. It gets added to a
25 legislative commission agenda. I'm hopeful that

1 that will be July or August, but I don't know. It's
2 not effective until they approve, and then it gets
3 stamped by the Secretary of State.

4 That's my presentation.

5 4. Question & Answer Period for Proposed Regulation
6 R068-23

7 MS. BRADLEY: Item 4, which is a question
8 and answer period for proposed regulation R068-23.
9 I don't know if there's any questions on this draft.
10 Questions in Reno?

11 MS. JENKINS: Yes. Dr. Cole has a
12 question for you.

13 DR. COLE: Thank you. That was an
14 excellent overview. Much appreciate your time and
15 effort synthesizing that because 58 pages was a lot
16 for me to go through.

17 I'm here as an individual. I am both a
18 psychiatrist and I was cross-trained as a
19 neurologist and a pain specialist. At this point,
20 I'm at the end of my career. In two days, I become
21 the president-elect of the Nevada Physiatriic
22 Association, but for clarification, I am not
23 representing an organization.

24 I'm simply concerned, again, in Section 5,
25 the only time a specific medical discipline is

1 identified, it identifies a psychiatrist. I
2 understand the basis of this in the legislature and
3 have met with various legislators, many of which had
4 no idea, as a psychiatrist, I was first trained as a
5 physician. I bristle at the idea that a
6 psychiatrist, of all medical specialties, isn't
7 currently deemed to be culturally competent, to know
8 anything about diversity, equity, and inclusion, and
9 yet all of the other 20-plus medical specialties are
10 experts and therefore this requirement is waived.

11 I think if you look at psychiatry, of all
12 the medical disciplines, and I hate to use the word
13 "woke," we are about the most woke you can be in
14 medicine. So this requirement was based on purely
15 ignorance, and we're going to allow this to carry
16 forward. And I am aware that Senator Cannizzaro has
17 already made a commitment to the lobbyist for the
18 Nevada Psychiatric Association that they're going to
19 look at this in '25 as to why psychiatry alone wound
20 up with a specific requirement that no other medical
21 discipline has.

22 I find this still to be discriminatory,
23 and I just want to keep bringing it to everyone's
24 attention that there's 250 psychiatrists who are
25 members of the Nevada Psychiatric Association, we

1 believe there to be about 400 psychiatrists working
2 in the State of Nevada, and as just one of them, I'd
3 like to do something to either make this a
4 ubiquitous requirement for everyone, which I know
5 will go over like a lead balloon, or to just get rid
6 of it and stop making a psychiatric-specific
7 requirement.

8 And that's my question or my comment.

9 MS. BRADLEY: I appreciate that, Dr. Cole,
10 and I'm going to go ahead and agree with you.

11 I recall this bill. Of the top of my
12 head -- I don't have it in front of me -- I don't
13 recall who sponsored it and how it got in the
14 current form. I do know that initially -- because
15 it also applies to the Nursing Board, you were not
16 the only board that had this requirement added.

17 My understanding is the Nursing Board, it
18 was passed that all nurses have to do this
19 requirement. I think, though, initially for them,
20 for whatever reason, it was only nurses working in
21 psychiatric and mental healthcare.

22 I think the Board, as I understand it,
23 said, you know, we have a really hard time enforcing
24 it because they just do a renewal, they don't renew
25 by subspecialties, and so they kind of said -- my

1 understanding is they have to do it, all nurses do,
2 and for whatever reason ours was passed -- yeah,
3 it's all psychiatrists, and then physician
4 assistants working with psychiatrists. I was
5 surprised at the law. And the only reason the
6 regulation is here is because the law is the law,
7 and we're trying to make sure we comply with the
8 law.

9 And I do agree with you. I was surprised
10 because I thought to myself of all the medical
11 specialties, I would assume psychiatrists know this
12 better than anyone.

13 DR. COLE: If it's of any importance,
14 having met with one sponsors, my understanding is
15 this came from psychology and/or some type of
16 counseling discipline, and there was a
17 misunderstanding that we were like them. And when I
18 met with one assembly person, I said, "No, no, no.
19 I'm with the surgeons, the OB-GYNs. I'm with the
20 pediatricians. I am not a counselor, I am not a
21 psychologist, and if they want to have 24 hours of
22 this requirement, you can give them whatever they
23 want, but don't bring it back to psychiatry. We're
24 trained in bio warfare. We've met all kinds of
25 other requirements that they I don't have to meet."

1 MS. BRADLEY: Yes.

2 DR. COLE: So, you know, there's supposed
3 to be parity across the board, but this is all
4 coming from, unfortunately, a misunderstanding.

5 And the only good news last year, they
6 wanted to make it a six- or eight-hour requirement,
7 and I negotiated we just keep it at two for now,
8 because it was like a dog with a bone, we couldn't
9 get them to give up the bone.

10 THE COURT: Yeah. That sounds -- and I
11 also should say that the Board -- so, last session,
12 the Board had a subcommittee of members that did
13 meet to review bills, and this is a bill that our
14 Board subcommittee was opposed to. Our Board
15 subcommittee was opposed to it, I think, as you're
16 saying because of the fairness aspects, why are we
17 singling out one?

18 But also, I think in general maybe the
19 Board and licensees are frustrated by the continued
20 list of specific CMEs you have to take as opposed to
21 I practice X specialty, I want to learn my specialty
22 more, I don't want to learn this other stuff.

23 We did oppose this bill, and the Board
24 also opposed any other bill that added CMEs in
25 specific areas.

1 We're hoping that this next session --
2 we'll see -- because this is something we raised --
3 there was a meeting of one of the interim committees
4 and they were talking about barriers to licensure
5 and things like that. One of things the Board
6 raised was, essentially what you're saying, there's
7 sort of a long list of things that our licensees
8 have to do in specific areas, and we're not aware
9 that other states have as many requirements like
10 that. And so perhaps for new licensees, or even
11 current licensees, it would be nice to not do that.

12 I know that some of the senators and
13 assembly folks are aware of that. We're hoping to
14 see something, but I don't know yet when that will
15 be.

16 DR. COLE: And that's all we've asked, is
17 just for across-the-board fairness, so thank you for
18 your time.

19 MS. BRADLEY: Are there any other
20 questions regarding this regulation?

21 Any questions here on this regulation?

22 MS. JENKINS: No. Nothing else.

23 THE COURT: Okay. Thank you for coming.

24 Any questions here in Las Vegas?

25 No. Okay. I'm not seeing any questions.

1 5. Public Comment for Proposed Regulation R068-23

2 Now it's time for just general public
3 comment on this regulation. Is there any public
4 comment? I see some here in Las Vegas.

5 MS. NGUYEN: Jacqueline Nguyen, Nevada
6 State Medical -- Association.

7 I just really wanted to thank you
8 for taking the time to talk to me yesterday and
9 especially thanking you for asking for input and all
10 the work that you put in getting here. We really
11 look forward to flushing out some of this
12 specifically, just to make sure that the language in
13 section 7 works for our providers.

14 MS. BRADLEY: Perfect. Thank you.

15 I would say to everyone again, I said it
16 already, but if you have written comment that you
17 want to submit, I'm going to give all that to the
18 Board on June 7th, that way, they'll know, and they
19 will have the transcript of this meeting and the
20 memo that I put together that was trying to kind of
21 make some changes as requested. Whatever you have
22 to give me in writing is helpful because then I can
23 give it to them.

24 I thank you for being here. I think May
25 17th is a good day, because that's when we start to

1 send materials to the Board for the board meeting.
2 Excuse me. I'm probably going to send them some
3 materials for regulations after that date, but May
4 17th would be the best.

5 Thank you so much and thank you for being
6 here. Good to meet you in person.

7 Okay, well, I guess we're almost done,
8 then. Item 6, general public comment --

9 MS. VIRGINIA: Sarah, we have Tori Supple
10 is here again, and she had something to say.

11 MS. SUPPLE: Victoria Supple on behalf of
12 the Nevada Academy of Physician Assistants.

13 We just wanted to put on the record that
14 we voice our concerns of the regulation,
15 specifically regarding Section 7, at our last
16 meeting on informed consent.

17 And we just want to extent our thanks to
18 the Nevada State Medical Association and the Board
19 of Medical Examiners for working with us to ensure
20 there are no overly burdensome requirements for
21 physician assistants, physicians, and staff at
22 healthcare facilities, and we look forward to future
23 discussions on this regulation.

24 MS. BRADLEY: Thank you, both.

25 And so what I'm going to do, I think, just

1 so everyone knows, for Section 7, I think we're
2 going to give a couple different versions to the
3 Board at the board meeting -- I'm not really sure
4 how else to do it -- because I want them to know
5 exactly, I guess, what the concerns are, possible
6 language changes, and then see what they want to do.
7 That's kind of how I'm anticipating is that we may
8 have different options for them to pick from.

9 MS. SUPPLE: All right. Perfect.

10 And then we will have comment to send to
11 you for the board meeting, and we'll be there as
12 well.

13 MS. BRADLEY: Okay. Thank you.

14 Any other public comment on the
15 regulation?

16 No. Okay.

17 6. Public Comment

18 We will move on item 6, which is general
19 public comment. This is the time for members of the
20 public to provide public comment, no action will be
21 taken.

22 We try to include these in all meetings,
23 so if you have something, other regulations,
24 anything you want us to know about, now is the time.
25 Any comment Reno?

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MS. VIRGINIA: None.

MS. BRADLEY: No.

Any comment here? Nope. Okay.

7. Adjournment

We will go ahead and adjourn. It is 2:09 p.m. Thank you, everyone, for coming.

(Meeting adjourned at 2:09 p.m.)

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

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

6 That I was present on May 5, 2024, for the
7 Public Meeting, at the Nevada State Board of Medical
8 Examiners, 9600 Gateway Drive, Reno, Nevada, and
9 took stenotype notes of the proceedings entitled
10 herein, and thereafter transcribed the same into
11 typewriting as herein appears.

12 That the foregoing transcript is a full,
13 true, and correct transcription of my stenotype
14 notes of said proceedings consisting of 30 pages,
15 inclusive.

16 DATED: At Reno, Nevada, this 14th day of
17 May, 2024.

18
19 /s/ Brandi Ann Vianney Smith
20

21 _____
22 BRANDI ANN VIANNEY SMITH
23
24
25

[& - address]

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**WRITTEN COMMENTS
RECEIVED**

No written comments were received regarding this proposed regulation.