PROPOSED REGULATION

REVISED PROPOSED REGULATION OF THE

BOARD OF MEDICAL EXAMINERS

LCB File No. R117-24

September 16, 2024

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

AUTHORITY: §§ 1, 2 and 15, NRS 630.130; §§ 3, 5, 7, 8 and 13, NRS 630.130 and 630.275; § 4, NRS 630.130 and 630.253; § 6, NRS 630.130, 630.253 and 630.275; § 9, NRS 630.130 and 630.279; § 10, NRS 622.530, 630.130 and 630.279; § 11, NRS 630.130, 630.269 and 630.2691; § 12, NRS 622.530, 630.130 and 630.269; § 14, NRS 630.130 and 630.26825.

A REGULATION relating to medical professionals; authorizing, with certain exceptions, certain custodians of health care records to recover the cost of a medium used to furnish a copy of health care records electronically; prohibiting, with certain exceptions, a physician assistant from performing cosmetic surgeries without the direct supervision of a physician; authorizing, with certain exceptions, the holder of a license to practice medicine or a license to practice as a physician assistant to receive additional credit for certain continuing education; revising the required contents of an application for certain licenses; revising various procedures relating to the imposition of disciplinary action against certain medical professionals; repealing certain duplicative provisions; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a custodian of health care records to make the health care records of a patient available for physical inspection by certain authorized persons. Existing law further requires a custodian of health care records to furnish a copy of the record to an authorized person who requests the record and pays certain costs of furnishing the record. (NRS 629.061) **Section 2** of this regulation authorizes, with certain exceptions, a physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant to charge an authorized person the cost of a medium used to furnish health care records electronically.

Section 3 of this regulation prohibits a physician assistant from performing certain cosmetic surgeries without the direct supervision of his or her supervising physician if the cosmetic surgery is not medically necessary and involves certain anesthesia or sedation.

Existing law provides for the licensure and regulation of physicians, physician assistants, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) **Sections 5, 9-12 and 14** of this regulation revise requirements concerning the information that an applicant for a license as a physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant must provide concerning licenses that he or she

holds or has held in other jurisdictions. **Sections 10 and 12** of this regulation make additional changes concerning the contents of an application for licensure by endorsement as a practitioner of respiratory care or perfusionist. Existing law requires the Board to encourage the holders of licenses to practice medicine to receive continuing education related to training concerning methods for educating patients about how to effectively manage medications. (NRS 630.253) **Sections 4 and 6** of this regulation authorize the holder of a license to practice medicine or as a physician assistant to receive double hours of credit for such continuing education, with certain exceptions.

Existing regulations prescribe procedures concerning prehearing conferences in proceedings relating to physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care and perfusionists. (NAC 630.465) **Section 8** of this regulation clarifies that each party to such a proceeding is required to submit to the presiding member of the Board or panel or to the hearing officer conducting the conference: (1) each issue in the case which has been resolved by negotiation or stipulation; and (2) an estimate of the time required to present arguments at the hearing.

Existing law defines "nonablative esthetic medical procedure" to mean a procedure performed for esthetic purposes using certain medical devices which is not expected to excise, vaporize, disintegrate or remove living tissue. (NRS 644A.127) Existing regulations authorize a physician or a physician assistant acting under the supervision of a physician to supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure that is within the scope of practice of the physician or physician assistant, as applicable. (Section 2 of LCB File No. R177-22) **Section 13** of this regulation additionally requires a physician or a physician assistant who supervises an advanced esthetician in the performance of a nonablative esthetic medical procedure to be licensed and in good standing with the Board.

Existing law requires a regulatory body, including the Board, to provide a licensee with notice of a case against the licensee. (NRS 233B.121, 241.0333, 622A.300) **Section 15** of this regulation repeals duplicative provisions providing that the Board will give a physician assistant or practitioner of respiratory care a written notice of the charges made against physician assistant or practitioner of respiratory care. (NAC 630.390, 630.545) **Section 7** of this regulation provides that the Board will provide such a notice to each supervising physician of a physician assistant.

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

Sec. 2. ***Subject to the limitations prescribed in NRS 629.062, if a physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant furnishes health care records of a patient electronically to the patient or another person authorized to inspect the health care records pursuant subsection 1 of NRS 629.061, the physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant***

may charge the patient or other person, as applicable, the cost of the medium used to provide the health care records, including, without limitation, a USB flash drive, thumb drive or CD-ROM.

Sec. 3. ***1. A physician assistant shall not perform a cosmetic surgery without the direct supervision of his or her supervising physician if the cosmetic surgery:***

(a) Is not medically necessary; and

(b) Involves the administration of general anesthesia, conscious sedation, deep sedation, tumescent anesthesia or any other sedation by medication, regardless of whether the patient is awake.

2. As used in this section:

(a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

(b) "Cosmetic surgery" means a liposuction, facelift, abdomen reduction, neck lift, otoplasty, rhinoplasty, blepharoplasty, breast augmentation, breast lift, breast reduction, belt lipectomy, inner thigh lift, arm lift or circumferential body lift.

(c) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(d) "Direct supervision" means the supervising physician is physically present in the same room while the physician assistant is performing the cosmetic surgery.

(e) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

Sec. 4. NAC 630.155 is hereby amended to read as follows:

630.155 1. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a holder of a license to practice medicine takes a continuing education course on geriatrics and gerontology, the holder of the license is entitled to receive credit towards the continuing medical education

required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a holder of a license to practice medicine takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a holder of a license to practice medicine takes a continuing education course on the diagnosis of rare diseases, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the diagnosis of rare diseases.

4. ***Except as otherwise provided in subsections 5 and 6, if a holder of a license to practice medicine takes a continuing education course on the methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the methods for educating patients about how to effectively manage medications.***

5. During any biennial licensing period, a holder of a license to practice medicine may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1, 2 , *3* or ~~[3,]~~ *4,* or any combination thereof.

~~[5.]~~ *6.* A holder of a license to practice medicine is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1, 2 , *3* or ~~[3,]~~ *4,* but not any combination thereof.

Sec. 5. 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 education, including, without limitation, high schools and postsecondary institutions attended, the length of time in attendance at each and whether he or she is a graduate of those schools and institutions;

(c) ~~[Whether the applicant has ever applied for a]~~ ***Each*** license ~~[or certificate]~~ as a physician assistant ***that the applicant currently holds or has held in the District of Columbia or*** in another state ~~[and, if so, when and where and the results of his]~~ ***or territory of the United States*** or ~~[her application;]~~ ***in any other country;***

(d) The applicant's training and experience as a physician assistant;

(e) Whether the applicant has ever been investigated for misconduct as a physician assistant or had a license ~~[or certificate]~~ as a physician assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant

by a licensing body in ~~[any jurisdiction;]~~ ***the District of Columbia or in another state or territory of the United States or in any other country;***

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

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

(h) The various places of his or her residence from the date of:

(1) Graduation from high school;

(2) Receipt of a high school general equivalency diploma; or

(3) Receipt of a postsecondary degree,

➥ whichever occurred most recently.

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a physician assistant:

(1) If the applicant completed the educational program on or before December 31, 2001, which was approved by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; or

(2) If the applicant completed the educational program on or after January 1, 2002, which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or approved by the Commission on Accreditation of Allied Health Education Programs;

(b) Proof of passage of the examination given by the National Commission on Certification of Physician Assistants; and

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

3. Each application must be signed by the applicant and 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 education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All of the information contained in the application and any accompanying material 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.

6. As used in this section, "license as a physician assistant":

(a) Means any professional credential that authorizes a person to practice as a physician assistant; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a physician assistant.

Sec. 6. NAC 630.357 is hereby amended to read as follows:

630.357 1. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a physician assistant takes a continuing education course on geriatrics and gerontology, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a physician assistant takes a continuing education course on the recent developments, research and treatment of

Alzheimer's disease or other forms of dementia, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. Except as otherwise provided in subsections ~~[4]~~ ***5*** and ~~[5,]~~ ***6,*** if a physician assistant takes a continuing education course on the diagnosis of rare diseases, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the diagnosis of rare diseases.

4. ***Except as otherwise provided in subsections 5 and 6, if a physician assistant takes a continuing education course on the methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the methods for educating patients about how to effectively manage medications.***

5. During any biennial licensing period, a physician assistant may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1, 2 , ***3*** or ~~[3,]~~ ***4,*** or any combination thereof.

~~[5.]~~ ***6.*** A physician assistant is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1, 2 , ***3*** or ~~[3,]~~ ***4,*** but not any combination thereof.

Sec. 7. NAC 630.410 is hereby amended to read as follows:

630.410 *1.* If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

~~1.~~ *(a)* 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)~~ *(1)* Placement on probation for a specified period on any of the conditions specified in the order.

~~(b)~~ *(2)* Administration of a public reprimand.

~~(c)~~ *(3)* Limitation of his or her practice or exclusion of one or more specified branches of medicine from his or her practice.

~~(d)~~ *(4)* Suspension of his or her license, for a specified period or until further order of the Board.

~~(e)~~ *(5)* Revocation of his or her license to practice.

~~(f)~~ *(6)* A requirement that the physician assistant participate in a program to correct alcohol or drug dependence or any other impairment.

~~(g)~~ *(7)* A requirement that there be additional and specified supervision of his or her practice.

~~(h)~~ *(8)* A requirement that the physician assistant perform community service without compensation.

~~(i)~~ *(9)* A requirement that the physician assistant take a physical or mental examination or an examination testing his or her medical competence.

~~(j)~~ ***(10)*** A requirement that the physician assistant fulfill certain training or educational requirements, or both, as specified by the Board.

~~(k)~~ ***(11)*** A fine not to exceed $5,000.

~~(l)~~ ***(12)*** A requirement that the physician assistant pay all costs incurred by the Board relating to the disciplinary proceedings.

~~2.~~ ***(b)*** 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.

2. If the Board imposes disciplinary action against a physician assistant, the Board will deliver a copy of the order imposing disciplinary action to each supervising physician of the physician assistant.

Sec. 8. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose

name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue ***in the case*** which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its ~~[oral argument.]~~ ***arguments at the hearing.***

Sec. 9. 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, his or her sex and the various places of his or her residence after reaching 18 years of age;

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

(c) ~~[Whether the applicant has ever applied for a]~~ ***A list of each*** license ~~[or certificate]~~ as a practitioner of respiratory care ***that the applicant currently holds or has held in the District of Columbia or*** in another state ~~[and, if so, when and where and the results of his]~~ ***or territory of the United States*** or ~~[her application;]~~ ***in any other country;***

(d) The professional training and experience of the applicant;

(e) Whether the applicant has ever been investigated for misconduct as a practitioner of respiratory care or had a license ~~[or certificate]~~ as a practitioner of respiratory care revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him or her by a licensing body in ~~[any jurisdiction;]~~ ***the District of Columbia or in another state or territory of the United States or in any other country;***

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

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

(h) A public address 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 education program as a practitioner of respiratory care 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 fees for the application for licensure and biennial registration.

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

6. As used in this section, "license as a practitioner of respiratory care":

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 10. 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, his or her sex and the various places of his or her residence after reaching 18 years of age;

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

(c) ~~[Whether the applicant has ever applied for a]~~ ***A list of each*** license ~~[or certificate]~~ as a practitioner of respiratory care ***that the applicant currently holds or has held*** 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;]~~ ***or in any other country;***

(d) The professional training and experience of the applicant;

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States ***or in any other country*** in which the applicant currently holds or has held a license ~~[to engage in the practice]~~ ***as a practitioner*** 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 ***or in any other country*** for misconduct relating to his or her license ~~[to engage in the practice]~~ ***as a practitioner*** of respiratory care;

(g) Whether the applicant has had a license ~~[to engage in the practice]~~ ***as a practitioner*** of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States ~~[;]~~ ***or in any other country;***

(h) Whether the applicant has pending any disciplinary action concerning his or her license ~~[to engage in the practice]~~ ***as a practitioner*** of respiratory care in the District of Columbia or any state or territory of the United States ~~[;]~~ ***or in any other country;***

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

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

(k) A public address ~~[where the applicant may be contacted by]~~ ***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.]~~ ***accompanied by a signed affidavit indicating that:***

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care 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 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 based on that conviction.

10. As used in this section, "license as a practitioner of respiratory care":

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 11. 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 education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and institutions;

(d) ~~[If the applicant has ever applied for a]~~ ***Each*** license ~~[or certificate]~~ to practice perfusion ***that the applicant currently holds or has held*** in ***the District of Columbia or*** another state ***or territory of the United States*** or ~~[jurisdiction, the date and disposition of the application;]~~ ***in any other country;***

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

(f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license ~~[or certificate]~~ to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body ***in the District of Columbia or*** in another state or ~~[jurisdiction,]~~ ***or territory of the United States or in any other country,*** the dates, circumstances and disposition of each such occurrence;

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

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

(i) Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.

2. An applicant must submit to the Board:

(a) Proof 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 an education program as a practitioner of respiratory care 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.

6. As used in this section, "license to practice perfusion":

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 12. 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 education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and institutions;

(d) ~~[Whether the applicant has ever applied for a]~~ ***Each*** license ~~[or certificate]~~ to practice perfusion ***that the applicant currently holds or has held*** 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;]~~ ***or in any other country;***

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

(f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States ***or in any other country*** 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 ***or in any other country*** 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 ~~[;]~~ ***or in any other country;***

(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 ~~[;]~~ ***or in any other country;***

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

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

(l) Each place of residence of the applicant after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently.

2. An applicant must submit to the Board:

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

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

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

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

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

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the

Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor.

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

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

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

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

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

3. Each application must be signed by the applicant and ~~[sworn to before a notary public or other officer authorized to administer oaths.]~~ ***accompanied by a signed affidavit indicating that:***

(a) The applicant is the person named in the proof of completion of an education program as a perfusionist 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 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 based on that conviction.

10. As used in this section, "license to practice perfusion":

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 13. Section 2 of LCB File No. R177-22 is hereby amended as follows:

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

(a) The procedure is within the scope of practice of the physician ~~[.]~~ ***; and***

(b) The physician has an active license and is in good standing in this State.

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

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

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

(c) The physician assistant has an active license and is in good standing in this State.

3. As used in this section:

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

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

Sec. 14. Section 4 of LCB File No. R069-23 is hereby amended as follows:

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

(a) The date and place of the applicant's birth and his or her sex;

(b) Information about the applicant's postsecondary education as an anesthesiologist assistant, including, without limitation, postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(c) ~~[Whether the applicant has ever applied for a]~~ ***Each*** license ~~[or certificate]~~ as an anesthesiologist assistant ***that the applicant currently holds or has held in the District of Columbia or*** in another state ~~[and, if so, when and where and the results of his]~~ ***or territory of the United States*** or ~~[her application;]~~ ***in any other country;***

(d) The applicant's 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 an anesthesiologist assistant or had a license ~~[or certificate]~~ as an anesthesiologist assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant by a licensing body in ~~[any jurisdiction;]~~ ***the District of Columbia or in any state or territory of the United States or in any other country.***

(f) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense 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;

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

(h) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice as an anesthesiologist assistant; and

(i) 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 graduation from an anesthesiologist assistant program described in paragraph (a) of subsection 1 of NRS 630.2683;

(b) Proof of passage of a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

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

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

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of graduation from an anesthesiologist assistant program as required by subsection 2;

(b) The proof of graduation from an anesthesiologist assistant 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.

6. As used in this section, "license as an anesthesiologist assistant":

(a) Means any professional credential that authorizes a person to practice as an anesthesiologist assistant; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as an anesthesiologist assistant.

Sec. 15. NAC 630.390 and 630.545 are hereby repealed.

TEXT OF REPEALED SECTIONS

630.390 Disciplinary action: Notice of charges. (NRS 630.130, 630.275) Before the Board takes disciplinary action against a physician assistant, the Board will give to the physician assistant and to his or her supervising physician a written notice specifying the charges made against the physician assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the physician assistant and the supervising physician at least 21 business days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

630.545 Disciplinary action: Notice of charges. (NRS 630.130, 630.279) Before the Board takes disciplinary action against a practitioner of respiratory care, the Board will give to the practitioner of respiratory care a written notice specifying the charges made against the practitioner of respiratory care and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the practitioner of respiratory care at least 21 business days before the date fixed for the hearing. Service of the notice will be made, and any investigation and subsequent proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

MINUTES OF WORKSHOP

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 R117-24

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

and Video conferenced to

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

THURSDAY, SEPTEMBER 12, 2024 – 11:30 p.m.

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

Public Present
Elissa Secrist
Amber Beck
Victoria Supple
Dr. Nick Spirtos
Jacqueline Nguyen
Sabrina Schmer

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 11:37 a.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R117-24, which is a work in progress as there are some corrections needed for the draft in order to meet the Board's intent, specifically for Section 3. The correct wording was sent to attendees and the mailing list showing how it will read once corrected. Essentially, this provision will only apply to a physician assistant if they are doing something that is not medically necessary and they are giving the patient some sort of anesthesia. It does not apply if they are not using anesthesia. The concern of the Board is that we do have situations where cosmetic surgery procedures are being done without a physician on-site. This provision prohibits that. There is a difference between medicine we need and medicine we do not need. Obviously, if surgery is necessary to save a life, this regulation will not apply. However, if it is not medically necessary, the Board does not want people to be unnecessarily harmed. People that should not have certain procedures done are being harmed because they are not being properly evaluated or the procedure is not being done correctly. The Board is trying to say, *if* you are doing something that is not medically necessary, *and* it is going to involve anesthesia, *and* it is a surgery on our list, the physician needs to be in the room with you while the physician assistant performs the procedure. The Board is trying really hard not to impact medically needed things, like removal of moles, or other procedures that physician assistants routinely do that may involve some kind of sedation, but they are medically necessary and they are trained to perform those procedures, and this regulation does not address those procedures. In addition, generally in those situations, the supervising physician is on site.

Agenda Item 2
PUBLIC COMMENT

Ms. Bradley asked attendees at both locations if they had any comments and neither location had any comments.

Agenda Item 3
PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R117-24

Ms. Bradley stated that **Section 2** of the regulation addresses the provision of patient records and the fact that a licensee can recover the costs of flash drives, thumb drives, or CD-ROMS. The reason for this is NRS 629 contemplates the provision of paper copies, but there is no discussion of this, and that chapter cannot be altered, so this will be added.

Section 3 is saying that a physician assistant cannot perform cosmetic surgery without the direct supervision of his/her supervising physician if the cosmetic surgery A) is not medically necessary and involves the administration of general anesthesia, conscious sedation, deep sedation, tumescent anesthesia, or any other sedation by medication regardless of whether the patient is awake. Ms. Bradley states that before working for the Board, she did not know you could have anesthesia and be awake, which is why this is there – to make sure that for things that are not medically necessary, a physician is in the room because the Board is seeing these things occur without a physician in the room or even on the premises. In this section, the Board includes necessary definitions for this provision. The goal of the Board is to protect the public, but the Board is also trying really hard to still allow medically necessary things that physician assistants do every day, even cosmetic procedures that they do every day that do not involve that anesthesia. That is the focus of what the Board is doing here.

Section 4 is adding in some requirements that the NRS already has. The Nevada Revised Statutes informed the Board that we are to encourage licensees to take courses in how to effectively manage medications and this is incorporating that into the NAC. What this would do is allow a licensee to receive double credit for courses in those areas. Licensees already can do that for the other courses listed here: geriatrics and gerontology, Alzheimer's disease and other forms of dementia, and then also rare diseases and the diagnosis of rare diseases. So those things the Legislature already told the Board to encourage licensees to take, and the Board's solution to that is to give double credit. This is a creative solution.

Section 5 is clarifying some licensure language. The Board does not need to know whether they have *ever* applied for a license, the Board just need to know the ones they have. The Board is clarifying that because it is outdated language. Just the ones they did have or do have. The Legislative Counsel Bureau (LCB) added this definition language there in that same section, section 5, what the license as a physician assistant means. In some states it is called a certificate or registration, it may not be called a license, so the LCB is trying to be a little more inclusive there.

Section 6 is updating the requirements for continuing medical education for physician assistants. Same thing, we are adding in, "How to Effectively Manage Medications," because the Board is supposed to be encouraging that, so it is being added in here for physician assistants specifically.

Section 7 is related to NAC 630.410, which is going to be repealed in a different regulation that is in process but is not adopted yet by the Legislative Commission. So, this first part here, the Board does not need. The key in this section is number two, "If the Board imposes disciplinary action against a physician assistant, the Board will deliver a copy of the order... to each supervising physician of the physician assistant." The information is already public when the Board issues an order, whether it is a settlement agreement or an adjudication, it is already public information. That is all the Board is doing here is providing public information to the supervising physicians of a physician assistant if/when the physician assistant is disciplined. This way the public information will be sent directly to the supervising physician.

Section 8 is clarifying what oral argument meant because there was some confusion about what this meant. It means arguments at the hearing, not a special oral argument. That is a legal question and the Board is just clarifying it.

Section 9, same thing as the physician assistant change. So, for a practitioner of respiratory care, the Board is clarifying the applicant does not need to tell us where they have applied, because it may be a lot of places, or just two. All the Board wants to know is where they are currently licensed and where they have been licensed. So the Board is clarifying that language, and again, the Legislature did the same kind of addition where a license also means "professional credential" or "certificate" because I think again, not in every state is it called a license.

Section 10, the Board is doing the same change for practitioner of respiratory care applications by endorsement. So again, just where the applicant has had or currently has a license will be included in the application. And then the Board is updating the language regarding any other history they have. And then the Board is clarifying that the Board wants a public address and a mailing address from the practitioners of respiratory care. That is also required for other licensees. They can give us one so the Board is not saying that you have to have two, but the Boards to give people the option to say, "I want the Board to send things to my house, but I do not want my house address on the Board's website." This is consistent for information that is required for other license types. And then continuing in that section, this other change here is just to be consistent, the application has to be signed by the applicant and accompanied by a signed affidavit. This is just updating to be consistent with other provisions, and I think we already have that for practitioners of respiratory care applying through traditional means. This provision is specifically to endorsement, so again this provision just makes it consistent and then LCB has added the same language about what a license is and that it includes a "certificate," "permit," whatever another state might call it.

Section 11 is doing the same changes I just talked about for perfusionists. So, for perfusionists, the Board does not need to know everywhere that a person has applied for licensure, the Board just needs to know what they have or have had in the past as far as licensure goes. Again, the LCB has added the same language regarding license to practice perfusion and what it means, so that it is more clear.

Section 12 is the same change for perfusionists applying through endorsement, so it is the same thing. And then again, that same language being updated regarding the signed affidavit when they conclude their application. It is just updating the language to be consistent with how all the other applications are done. The same change regarding what a license to practice is, that it can include a "permit", "certificate", etc.

For Section 13, the Board previously made a regulation regarding advanced aesthetics, and I do not know how many of our licensees are really supervising advanced esthetics, but the Board is just making sure here that it is clear that to supervise an advanced esthetician that the licensee has to be active and in good standing. That's true for any other kind of supervision, so when a physician collaborates with a nurse practitioner, or they supervise a physician assistant, they have to be in good standing. So the Board is saying if a licensee is supervising an advanced aesthetician, the licensee must be in good standing, and then same with a physician assistant. This is just to be consistent.

Section 14, again, for anesthesiologist assistants, the Board is clarifying that the Board does not need to know everywhere the person has ever applied for licensure, just where the person is currently licensed or has been licensed. Same change to make it easier. And then again, the Legislature added the note about what a license is, and it can include "certificates."

There are a couple provisions being repealed. That's because the Board no longer needs need them. NRS already says what the Board can do regarding disciplinary action and there is already a provision that talks about the notice in the NRS, so the Board is getting rid of these provisions because they are outdated and we do not need them. These provisions are just duplicative at this point.

That is a summary of the regulation.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R117-24

Ms. Bradley stated that members of the public were invited to ask questions about the proposed regulation.

Dr. Spirtos asked a question regarding the language in Section 12, part C asking about all schools an applicant has attended. Ms. Bradley explained that this was outdated language. She then explained that on Friday (September 13, 2024), there are two regulations that will be considered by the Legislative Commission. This language will be removed but is still showing here because the proposed regulation that removes it has not yet been approved. The Board already voted to get rid of this outdated language, but it will not be effective until after the Legislative Commission approves the changes on Friday afternoon (hopefully).

Dr. Spirtos then asked a second question regarding Section 3, part 2. Ms. Bradley and Dr. Spirtos proceeded to discuss what type of surgeries are medically necessary and how that might be determined. This can be difficult to determine in some situations. Dr. Spirtos voiced concerns that perhaps supervising physicians should be on-site even for medically necessary surgeries involving anesthesia. Ms. Bradley said that would need to be in a different regulation that was brought back to the Board in a future Board meeting. This regulation as approved by the Board previously only will apply to non-medically necessary surgeries included in the list in the regulation when an anesthesia type listed in the regulation is provided. Ms. Bradley then asked if there were any other questions and Dr. Spirtos said no. She then

asked the public if they had any questions and there were no further questions from attendees in the Reno office or the Las Vegas office.

Agenda Item 5
PUBLIC COMMENT FOR PROPOSED REGULATION R069-23

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment on this regulation.

There was no public comment in the Reno or Las Vegas office.

Agenda Item 6
PUBLIC COMMENT

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide general public comment.

There was no public comment in the Reno or Las Vegas offices.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting at 12:04 p.m.

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TRANSCRIPT OF PUBLIC HEARING

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC MEETING

FOR REGULATION HEARING

R117-24

Tuesday, November 19, 2024

Reported by: Brandi Ann Vianney Smith

Job Number: 7001474

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

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I N D E X

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NEVADA -- NOVEMBER 19, 2024 -- 12:01 P.M.

MS. BRADLEY: All right. It's noon. We'll go ahead and get started. It is 12:01, and we are here on the public hearing for Regulation LC file number R117-24, and this the time for public comment on this regulation.

And this is the -- not the final meeting, so this regulation will be heard today, and then it will be added to a future board meeting, most likely the March board meeting. And then after that -- at that meeting the Board will hear comment, and then after, it would go to the Legislative Commission for possible approval.

1. Call to Order and Introductions

MS. BRADLEY: So let's go ahead and call the meeting to order. My name is Sarah Bradley, I'm the Deputy Executive Director for the Board, and I also work on the regulations on behalf of the Board. If you have questions or comments or concerns, please do reach out to me at any time. It's something that -- the goal is for the public to be able to make comments.

2. Public Comment

MS. BRADLEY: We will move on to item number 2, which is general public comment. Members of the public are invited to provide public comment and we won't take any action on it.

Do I have any general public comment here in Las Vegas?

Not seeing any. Any general public comment in Reno?

MR. LAUF: Is this the regulation or is this the general?

MS. BRADLEY: This is general public comment. I can't actually see you, though. I don't know -- I don't know how many people are in Reno.

MS. JENKINS: Just one.

MS. BRADLEY: Okay. I heard Mr. Laugh is there. Yeah, this is just general public comment. You will be able to comment on the regulation in just a couple minutes.

MR. LAUF: Thank you. I was just clarifying.

MS. BRADLEY: Okay. No general public comment. We will move on to the proposed Regulation R117-24.

3. Presentation and Discussion of Proposed

Regulation R117-24

MS. BRADLEY: I'm going to give an overview of this regulation just so that everyone is aware, basically, of what we're doing here in the summary packet.

So 2, this talks about providing records upon request to a patient or custodian, a person authorized to receive records on behalf of the patient, and that whatever licensees, if they are the custodian of records, is able to charge for a flash drive, thumb drive, or CD-ROM, so we're just trying to, I guess, allow for and recognize electronic records might be the way that they are being provided.

Section 3, this has to do with cosmetic surgery done by physician assistants. And there's two prongs here that have to be met before the regulation would even apply.

The first one is that the cosmetic surgery being performed is not medically necessary. And then the second one is that it involves the administration of general anesthesia, conscious sedation, deep sedation, tumescent anesthesia, or any other sedation by medication regardless of whether the patient is awake.

Both of those would have to be met before this regulation would come into play. If this regulation applies, the physician has to be directly supervising the physician assistant according to the regulation. We've defined "direct supervision" as the supervising physician being present physically in the same room while the cosmetic surgery procedure is being performed.

The goal is not to apply to, for example, removal of moles or other things that are medically necessary. Things that are done in the emergency room, medically necessary, we know those people are being supervised. We're just saying that this regulation wouldn't apply there. It's for not-medically-necessary things.

It's also limited only to the surgeries that are included in the definition here "cosmetic surgery," so it doesn't apply to things that are not in this list.

The list is liposuction, face lift, abdomen reduction, neck lift, otoplasty, rhinoplasty, blepharoplasty -- which I am not sure what that is -- breast augmentation, breast lift, breast reduction, belt lipectomy, inner thigh lift, arm lift, or circumferential body lift. Again, it

only applies to those if those first two prongs are met, and then it's only these procedures.

The goal was really to allow most of what PAs are doing on a daily basis to continue as it is, but if cosmetic procedures are being done and a patient a being sedated and they are a procedure in this list, that physician would be available to supervise that procedure and, perhaps, be assisting in that procedure as well. We're not requiring assisting, just that they are there.

Section 4, this is a update that a the Legislative Council Bureau did for us because the law changed regarding some CME requirements, and so we are just incorporating those into the regulation.

In Section 5, we are updating the language to try to streamline things a bit with regard to applications. Instead of -- basically all we need to know for physician assistant applications is what license they hold or have held, not where they applied before. It's just clarifying that, that we just need to know the ones they currently have or have had licenses in.

And then also we want to know if there's been an investigation -- and I don't know that that's actually right now that I look at whether

they have been investigated. Generally speaking, we want to know if there's been action, not if there's been an investigation. I'm going to have to double check that section there. Sorry for that. I think we fixed that in a different regulation, it's just not codified yet.

The LCB also removed "certificate," because it used to say "license or certificate," for physician assistants, and when making these changes, they removed "certificate," and then they added "as used in this section, licenses, physician assistant," and they defined it. That's something that LCB did, I think, for clarity.

Section 6 also is adding CMEs, continuing medical education, requirements into the regulations. There was, again, a statute that required that we provide -- that requires the CMEs in these areas, so it's just updating the regulation to be consistent with statute.

Section 7, this is saying that if the Board imposes disciplinary action against a physician assistant, the Board will deliver a copy of the order imposing disciplinary action to the supervisor of the physician assistant.

It's already public record if there is a

disciplinary matter against a physician assistant; this is just saying that we will send a copy of that to the physician supervising -- each supervising physician.

Section 8, this is just updating this regulation to be a little bit more clear. It used to referring to "oral argument" in a case, and now we're just saying "arguments at the hearing."

Section 9 is updating, for practitioners, respiratory care. It's a similar update as were made for physician assistants where we say we don't need to know everywhere they've applied, just where they are currently licensed or have been licensed before. Again, LCB made that same change to license as a practitioner of respiratory care for purposes of that section.

Section 10, this is the same change. This is for practitioners with respiratory care applying by endorsement. It's the same change, just updating that we want to know where they are currently licensed or have been licensed, and then they also will have to tell some things regarding whether they -- and this is already in there, I think they are just clarifying it -- have been held civilly or criminally liable, if they've had disciplinary

action, things like that.

I think it's just being updated to say "practitioner respiratory care" there instead of "license to engage."

We're also clarifying that we would like a mailing address, a public and a mailing address for that person when they apply for licensure. And then there is a certification that we have everybody do when they apply that they say that "I'm swearing under oath that I'm the person that is named in the education that I've submitted, and that I got this education without fraud or misrepresentation," and that's something we have all licensees attest to when they apply for licensure. It's pretty standard in healthcare licensing boards.

Section 11 makes the same changes for perfusionist applicants. Again, they are going to tell us where they are currently licensed or have been licensed in their application. There are some conforming changes that the Legislative Council Bureau added there, again, with regard to define, I guess, the license to practice perfusionist and the end of that provision.

Section 12 is the same change. This is for perfusionists applying by endorsement. Again,

just we only need to know where they are licensed or have been licensed. And then also added that attestation that they're going to do as well, that they are the person named in the education and program that they have submitted proof to completion, and claim that without fraud or misrepresentation.

Section 13, this is updating an existing regulation that we had that's not yet codified. This has to do with supervision of advanced estheticians. We are just clarifying here that to supervise them, the physician must be active and in good standing. We didn't specify that before.

And then we are also adding the same things for physician assistants, that they have to be licensed with an active license in good standing with the Board to supervise an advanced esthetician.

Section 14, this is for anesthesiologist assistants. Again, just making that same change that they have to tell us where they are currently licensed or have been licensed, but not everywhere they've applied. And then LCB made that conforming change again defining "licensed as an anesthesiologist assistant" for purposes of that section.

We are repealing two provisions of the NAC. One is 630.390. This was specific to disciplinary action against physician assistants, but it's not necessary because the Nevada Revised Statutes, Chapter 630 already contains sufficient authority for the Board to discipline a physician assistant, so we don't need a specific NAC for that so we are getting rid of that. The same thing is true for practitioners of respiratory care. We are repealing both of those because in the NRS it says "licensee," it doesn't specify licensee type. We don't need those, and so we are getting rid of them, duplicate provisions.

That's an overview of the regulation.

Now, we'll go ahead and move on to item number 4.

4. Question and Answer Period for Proposed Regulation R117-24

MS. BRADLEY: Question and answer period for the regulation. Are there any questions in Reno regarding the regulation?

MR. LAUF: Yes.

MS. BRADLEY: Okay. Go ahead. Would you state your name and spell your last name for the record.

MR. LAUF: Absolutely. Brian Lauf, L-A-U-F, for the record, and president of the Nevada Academy of PAs.

Just two clarifications and, perhaps, one comment. One, Section 3, where it defines "perform," we just want to understand what the definition of perform is. Would that be the same as first assisting or is that the PA is the primary person performing the procedure?

MS. BRADLEY: The way it's intended to be read is that the PA would be the primary person, perhaps the only person doing the procedure.

If you're assisting -- I mean, if they're assisting and if the physician's in the room, then they've already satisfied this requirement, that -- but, no, "perform" is being used as they are the one that is actually doing the procedure.

It's pretty rare for a physician, as least as far as I know, to do these procedures without -- you know, on their own.

MR. LAUF: Correct. Yeah. We just wanted to clarify what "perform" meant, because you could perform together or individually, and it sounds like what you're saying is this is really if they were doing it by themselves, performing it.

MS. BRADLEY: Yep. Yep.

MR. LAUF: And then the second question is, Section 3, 1(a), medically necessary, is that defined or will be defined anywhere?

MS. BRADLEY: It's not currently defined, and I believe -- I think, at least at the moment, we would use a commonsense definition from the dictionary, and that's the default, at least legally, if we don't have a definition, we would look it up.

I think, to me, looking at the list of procedures, those procedures can be medically necessary, but I think usually when they are, it's like reconstruction after a cancer, for example, or something like that. And there's usually -- it's usually pretty clear, I think, when these thing are medically necessary.

But even -- like the rhinoplasty, if someone had a medical condition and they need that done, that nose to be repaired, and that's different than doing it without a medical reason.

And so, yeah, there's not a definition at this time, I guess, is the short answer. But I think it's generally clear if we talk about it, what is medically necessary and what isn't. I know one

threshold, it's not a dispositive one, and it is if insurance pays for it or not. Generally speaking, if insurance is paying, they are, at least, believing it's medically necessary. There could be times, though, that things are medically necessary or medically helpful and insurance doesn't pay.

But I think -- I guess we would be looking at the documentation in the records to see what the records say, and then looking -- having -- I mean, if it were questioned, we'd have an expert look at it and say whether or not it was medically necessary based on the records. And this is if a complaint came in and if this was the question.

MR. LAUF: Great. That helped -- the explanation helped. I was just trying to clarify who would be determining medically necessary, and your response, I think, gave me my answer.

MS. BRADLEY: Ultimately, the Board would also decide. Again, we're complaint-based, so the first threshold would be we get the complaint in, we open it, we ask for records. The second threshold is we have in-house medical reviewers that would look at it and they would make some thoughts. Then it would probably go to a peer reviewer who would have thoughts regarding medical necessity.

But ultimately, the Board would also weigh in. So it is possible that, hypothetically, a peer reviewer says that this was not medically necessary, therefore, this provision was violated, and the Board could say -- you know, because we have six physicians on the Board -- well, and they could have a different opinion. I can't say that they wouldn't, but I would like to think that most of the time we're going to agree on what's medically necessary versus not.

MR. LAUF: Yes. The response that it's actually not defined is primarily what I was looking for because if it were defined, then we would have to go look at that to see what that definition -- but the way you it explained it makes sense to me and us.

MS. BRADLEY: Okay.

MR. LAUF: And then the final thing is the term "direct supervision," is that defined anywhere else in NAC or the NRS?

MS. BRADLEY: It's defined in this regulation. It's defined in Section 2, 2(d), and it says it means the supervising physician is physically present in the same room while the physician assistant is performing a cosmetic

surgery.

MR. LAUF: So this is the first time it's being defined?

MS. BRADLEY: Yes. That's why LCB added it there, yeah.

MR. LAUF: Okay. I just want to make sure that we understood that there wasn't additional direct supervision definitions that exist where there might be a conflict.

And then the final thing is just, because this is a new definition and potentially a restriction on PA practice based on this definition, NAPA does continue to have concern with that particular line, Section 3 2(d).

And that's all I have.

MS. BRADLEY: Okay. I am going to double check, though, while you asked me that, because there is something for medical assistants, but I believe it says "immediately available." I want to double check. I'm going to look at the NAC really quick.

MR. LAUF: Well, and while you're doing that, it -- again, we really appreciate your willingness to collaborate on this language, and it's come a long way and I think, ultimately, what

the attempt here of the language here, we agree with the spirit, we're just kind of crossing Ts, dotting Is, and making sure we're not creating unintended consequences.

MS. BRADLEY: Just for the record, NAC 630.810, subsection 3, says that if a medical assistant is given a task that involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight. Like I said, I'm not aware of direct supervision being defined.

And then the exception for the medical assistant if they can do a remote supervision if it's a rural area, and then a delegating practitioner has to be immediately available by phone.

And that does remind me of the fact that there is a possible definition. We could change "direct supervision" maybe to "immediately available." I know that that's something that's being done the California, and the plan is, I think, to let the Board know about that and see which definition they prefer.

Right now, again, it says "without direct supervision," if we change it -- now I'm not sure

how we work "immediately available" into subsection -- into number 1 in Section 3. I guess we would have to say "without his or her supervising physician being immediately available," and then the definition, though, is "immediately available," and the proposed definition would be "able to return to the patient without delay upon to request of the PA or to address any situation requiring the supervising physician services."

Now, I don't know -- my only concern with it is I'm not sure that it would meet with the Board's intent because I think -- at least what I heard the Board say why this regulation is here, is I heard them say, "If a PA is doing liposuction and was purely cosmetic, the physician should be in the room. Why is the physician not in the room?" That's what I heard them say.

The other thing is we use "immediately available" in the NRS for anesthesiologist assistants, their supervising anesthesiologist has to be immediately available, so it's more than by phone, obviously, because, right now, for a physician assistant, your supervisor has to be available by phone, not necessarily on site.

So, anyway, we're going to bring that to

them. I know that Mr. Olivera is aware of that. I'm not sure what other board members will think, but I don't know that he has a strong opinion on it; I just know he's aware of that possible definition change.

I don't know what is more clear or not. A part of me thinks "physically present in the same room while it's being performing," I think we talked about performing is not the same as assisting and like, for example, if the PA is closing up the wound, that would not be performing.

In other words, the doctor could, let's say, move to the next surgical suite over while the physician assistant closes up. I think that happens all the time in practice. Granted, most of the practices I'm thinking of and the people I've talked to, they're doing medically necessary things like knee replacements, they're doing other kinds of things, and suppose that's where we need comment.

If those of you in the audience, if you know of, for example, plastic surgeons -- because this is really who this is going to affect -- if there's plastic surgeons out there using physician assistants to help them in their surgeries, I guess I'd like to know because it's going to affect them

negatively, are they concerned about it? It would be nice to know that.

MR. LAUF: And I'll -- although we agree with, like I said, the intent of what it is as it's written here, the concern mostly is that that direct supervision language could be repurposed somewhere else, and that would have the negative affect that we are trying to avoid.

To your point of really it's "physically present in the same room," those words are the ones that are of most concern. The others that you suggested would probably be something that NAPA would consider more favorable.

But I appreciate you looking into the wording of this. And, really, we're not opposed to what's being done, just trying to avoid it being repurposed elsewhere or referenced in other areas outside of what this is trying to do.

MS. BRADLEY: Yeah. And that would require more amendment, obviously, because here we're saying "as used in this section," so it's just in this section, these are the definitions. They are not supposed to go elsewhere without, obviously, amendments. We have to amend it and there will be public meetings for that.

I understand what you're saying. I'm going to run it by -- I've already run it by a dermatologist, but I want to double check with her again, as well as running it by a couple plastic surgeons that I know. I believe I told one of them about it, but I would like to just make sure I have their blessing, I supposed. I will do that tomorrow, send them an email.

Are there any other questions about the regulation?

MS. JENKINS: I have a question. To differentiate between plastic surgery and like, say, if it was breast cancer and what you do after that, is that reconstructive surgery, is that what differentiates between plastic surgery by choice versus medical need?

MS. BRADLEY: I mean, the a plastic surgeon often is involved in reconstruction, post cancer, for example, like a breast augmentation or a breast surgery, post cancer. Usually that is going to be a plastic surgeon doing it. If they are doing it post cancer, it would be medically necessary. If it's being done just because it's being done, because someone, maybe, wants a different look or different appearance, then that is where it would be

not medically necessary.

MS. JENKINS: The words "reconstructive versus plastic surgeon," does that help to differentiate between necessary versus not necessary?

MS. BRADLEY: No, I don't think so. We say "breast augmentation, breast lift, breast reduction," those words kind of are, generally, the more-cosmetic words. I don't say "breast reconstruction" in there, but I think you could say, maybe, that an augmentation could be done post -- I'm not sure and I'm not an expert in that area.

But we're not using "reconstruction," and I guess I'd say we're not using reconstruction purposefully, because reconstruction is more likely to be medically necessary. The words we've used tend to be the more-cosmetic word, but I don't know that that's true in every situation.

Are there any other questions? Las Vegas?

We will go ahead and move on to item number 5.

5. Public Comment for Proposed Regulation R117-24

MS. BRADLEY: This is public comment on this regulation, this is where members of the public are invited to provide public comments on this

regulation, obviously, opposition, whichever comment you have in support, neutral, whatever your position might be.

Any public comment up here in Las Vegas?

Not seeing any. Any public comment in Reno?

MS. JENKINS: No.

MR. LAUF: I think I shared -- or my questions were answered. I guess the only public comment that I would say is that, again, we appreciate the Board's willingness to work with us in this language, in this area, and that we are looking forward to the final presented language and hopefully can support that, but remain concerned about the definition of "direct supervision."

MS. BRADLEY: Okay. Thank you for that.

All right now item number 6.

6. Public Comment

MS. BRADLEY: This is another general public comment period where you can talk about anything. I always tell people that come to the regulation meetings if you have other regulations or other things you think we should look at, I would love to hear about them at any time, but this time is also a good time for that.

Any public comment here in Las Vegas?

No. Any public comment in Reno?

MS. JENKINS: No.

MS. BRADLEY: Is it just Mr. Lauf, is someone else there?

MS. JENKINS: Victoria came in after.

MS. BRADLEY: Okay. Well, if there's no public, comment I'm going to go ahead and adjourn.

7. Adjournment

MS. BRADLEY: It is 12:31.

(Meeting ended at 12:31.)

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, BRANDI ANN VIANNEY SMITH, do hereby certify:

That I was present on November 19, 2024, for the Public Meeting, at the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada, and took stenotype notes of the proceedings entitled herein, and thereafter transcribed the same into typewriting as herein appears.

That the foregoing transcript is a full, true, and correct transcription of my stenotype notes of said proceedings consisting of 26 pages, inclusive.

DATED: At Reno, Nevada, this 4th day of December, 2024.

/s/ Brandi Ann Vianney Smith
BRANDI ANN VIANNEY SMITH

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Nevada Rules of Civil Procedure

Part V. Depositions and Discovery

Rule 30

(e) Review by Witness; Changes; Signing. If requested by the deponent or a party before completion of the deposition, the deponent shall have 30 days after being notified by the officer that the transcript or recording is available in which to review the transcript or recording and, if there are changes in form or substance, to sign a statement reciting such changes and the reasons given by the deponent for making them. The officer shall indicate in the certificate prescribed by subdivision (f)(1) whether any review was requested and, if so, shall append any changes made by the deponent during the period allowed.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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WRITTEN COMMENTS RECEIVED

Archived: Thursday, May 22, 2025 11:03:29 AM
From: Erez Dayan, MD
Sent: Thursday, November 21, 2024 10:06:11 AM
To: Sarah A. Bradley
Subject: Re: Proposed Regulation R117-24
Sensitivity: Normal

Hi Sarah,
I hope all is well with you.

The regulation looks good. I think you could potentially broaden this beyond cosmetic surgery. The only consideration is that in some specialities (i.e. cardiac surgery or pain) they have the PA's performing parts of the procedure like harvesting veins for cardiac bypass. Usually the surgeon is in the vicinity but not always in the room necessarily.

Glad to chat on the phone as well if helpful.

Best regards,
Erez

Erez Dayan, MD
Plastic & Reconstructive Surgeon, Avance Plastic Surgery Institute
Diplomate, American Board of Plastic Surgery
www.AvancePlasticSurgery.com

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On Wed, Nov 20, 2024 at 10:58 AM Sarah A. Bradley <bradleys@medboard.nv.gov> wrote:

> Dear Dr. Dayan:
>
> The Board is working on a regulation that contains the following language, and I wanted to send to you for possible feedback. Hopefully, this will help us better protect the public from bad actors and not burden good physicians and physician assistants unnecessarily. I believe I shared a previous draft of this language with you, but I have more official language now to share.

Please let me know what you think.

Sec. 3. *1. A physician assistant shall not perform a cosmetic surgery without the direct supervision of his or her supervising physician if the cosmetic surgery:*

(a) Is not medically necessary; and

(b) Involves the administration of general anesthesia, conscious sedation, deep sedation, tumescent anesthesia or any other sedation by medication, regardless of whether the patient is awake.

2. As used in this section:

(a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

(b) "Cosmetic surgery" means a liposuction, facelift, abdomen reduction, neck lift, otoplasty, rhinoplasty, blepharoplasty, breast augmentation, breast lift, breast reduction, belt lipectomy, inner thigh lift, arm lift or circumferential body lift.

(c) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(d) "Direct supervision" means the supervising physician is physically present in the same room while the physician assistant is performing the cosmetic surgery.

(e) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

Thank you,

Sarah

Sarah A. Bradley, J.D., MBA

Deputy Executive Director

Nevada State Board of Medical Examiners

Telephone: (775) 324-9365

bradleys@medboard.nv.gov

Archived: Thursday, May 22, 2025 11:00:57 AM
From: Whitney Hovenic
Sent: Wednesday, November 20, 2024 5:26:25 PM
To: Sarah A. Bradley
Subject: Re: NSBME Proposed Regulation R117-24
Sensitivity: Normal

Hi Sarah,
I think this language looks appropriate. It still seems insane to me that physician assistants would perform procedures under anesthesia without direct supervision by their physician. I can't see any reason not to include this language because especially with the doctorate of physician assistant studies these lines are now very blurry and somebody could definitely call themselves a doctor and perform these procedures without any kind of proper training.
Do you have any updates on the advanced aesthetician language?
Please let me know if you need any further assistance with this language.
Whitney
Sent from my iPhone

> On Nov 20, 2024, at 11:02 AM, Sarah A. Bradley <bradleys@medboard.nv.gov> wrote:
>
> Dear Dr. Hovenic:
>
> The Board is working on a regulation that contains the following language, and I wanted to send to you for possible feedback. Hopefully, this will help us better protect the public from bad actors and not burden good physicians and physician assistants unnecessarily. I believe that I shared previous draft language for this regulation with you when I was on a call with you and Tom Clark, but I have more official language now that I wanted to share with you.
>
> Please let me know what you think.
>
> <image001.png>
>
> <image002.png>
>
> Thank you,
>
> Sarah

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

Archived: Thursday, May 22, 2025 11:00:02 AM
From: tiffany mccormack
Sent: Wednesday, November 20, 2024 5:47:49 PM
To: Sarah A. Bradley
Subject: Re: NSBME Proposed Regulation R117-24
Sensitivity: Normal

You're very welcome!

TIFFANY MCCORMACK, MD, FACS
mccormacktd@gmail.com

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PLASTIC SURGERY & MSPA
MCCORMACK & JOSLYN

LET'S CONNECT

On Wed, Nov 20, 2024 at 2:40 PM Sarah A. Bradley <bradleys@medboard.nv.gov> wrote:

> Dear Dr. McCormack:
>
> Thank you for your review and your comments. Advanced Practice Registered Nurses are regulated by the Nevada State Board of Nursing, and, therefore, we cannot add them to our regulation.
>
> I will forward your comments regarding adding the "including but not limited to" to the Board when they consider adopting this regulation, likely at the March Board meeting. It's written like it is purposefully with the intent to limit it to the specific surgeries listed based on the Board's initial comments at the Board meeting where the draft was first discussed. The Board can change it to "including but not limited to" still if they choose and perhaps with your feedback, they will decide to do so.
>
> Thank you again!
>
> Sarah
>
> ***Sarah A. Bradley, J.D., MBA***
>
> **Deputy Executive Director**
>
> **Nevada State Board of Medical Examiners**
>
> **Telephone: (775) 324-9365**
>
> **bradleys@medboard.nv.gov**

From: tiffany mccormack <mccormacktd@gmail.com>
Sent: Wednesday, November 20, 2024 2:09 PM
To: Sarah A. Bradley <bradleys@medboard.nv.gov>
Subject: Re: NSBME Proposed Regulation R117-24

Hi Sarah,

Is there any way to add Nurse Practitioner to this or no because they are sanctioned separately?

I would just also add "including but not limited to" with procedures that fall under cosmetic surgery since there are so many energy devices, etc. out there that may be left up to interpretation. Otherwise, I can help put together a more comprehensive list defining cosmetic surgery.

Please let me know if you have any questions and have a nice Thanksgiving!

TIFFANY MCCORMACK, MD, FACS
mccormacktd@gmail.com

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RENO TAHOE
PLASTIC SURGERY & MSPA
MCCORMACK & IOSLYN

LET'S CONNECT

On Wed, Nov 20, 2024 at 11:00 AM Sarah A. Bradley <bradleys@medboard.nv.gov> wrote:

> Dear Dr. McCormack:
>
> The Board is working on a regulation that contains the following language, and I wanted to send to you for possible feedback. Hopefully, this will help us better protect the public from bad actors and not burden good physicians and physician assistants unnecessarily.
>
> Please let me know what you think.

Sec. 3. *1. A physician assistant shall not perform a cosmetic surgery without the direct supervision of his or her supervising physician if the cosmetic surgery:*

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(b) "Cosmetic surgery" means a liposuction, facelift, abdomen reduction, neck lift, otoplasty, rhinoplasty, blepharoplasty, breast augmentation, breast lift, breast reduction, belt lipectomy, inner thigh lift, arm lift or circumferential body lift.

(c) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(d) "Direct supervision" means the supervising physician is physically present in the same room while the physician assistant is performing the cosmetic surgery.

(e) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

Thank you,

Sarah

Sarah A. Bradley, J.D., MBA

Deputy Executive Director

Nevada State Board of Medical Examiners

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bradleys@medboard.nv.gov

Nevada Academy of PAs

Advancement of its members and the PA profession through academy support, education, public awareness, and legislative action.

November 12, 2024

Nevada State Board of Medical Examiners
9600 Gateway Dr.
Reno, NV 89521

Re: PROPOSED REGULATION OF THE. BOARD OF MEDICAL EXAMINERS. LCB File No. R117-24RP1

Members of the Nevada Board of Medical Examiners,

The Nevada Academy of PAs (NAPA) represents the interests of Physician Assistants/Associates (PAs) across the state and is committed to advancing the PA profession through advocacy, education, and public awareness.

NAPA respectfully opposes the proposed changes to **Section 3** in **LCB File No. R117-24RP1**, which we believe would unnecessarily restrict the scope of practice for PAs. This regulation would not only hinder PAs' ability to provide timely patient care but also place an undue burden on physicians performing the cosmetic surgeries listed in Sec. 3. 2. (b).

Direct Supervision Requirement

We are particularly concerned with the language in **Section 3** that requires "direct

supervision" for PAs performing cosmetic procedures, mandating the supervising physician to be "physically present in the same room" during the procedure. This requirement adds unnecessary complexity to patient care and introduces new restrictions not grounded in Nevada statute. No Nevada law requires such direct supervision for PAs, and this requirement is not the norm in other states. Implementing such a rule would limit practice without substantial justification. Additionally, there is concern that this definition of supervision could be inappropriately extended to other areas of PA practice.

It is important to note that overburdensome regulations aimed at addressing a few bad actors often end up restricting competent and compliant practitioners. Rather than addressing specific concerns with targeted enforcement of existing regulations, these new rules impose broad restrictions that hinder those already adhering to current laws. This approach penalizes all PAs for the actions of a few, instead of focusing on bad actors through more appropriate and focused measures.

Conclusion

NAPA strongly believes that PAs should be permitted to practice to the full extent of their training and qualifications. The proposed regulation, as it stands, introduces unnecessary restrictions that could hinder patient care and create inequities in healthcare delivery.

We respectfully urge the Board to reconsider and amend **Section 3** of this regulation. NAPA remains committed to working with the Board and the Legislative Counsel Bureau to ensure that the final regulations support safe, efficient, and accessible patient care across Nevada.

Brian S. Lauf, DMSc, MPAS, PA-C, DFAAPA

President, Nevada Academy of PAs
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