Dear Members of the Nevada State Board of Medical Examiners,

On behalf of NAPA, thank you for the opportunity to share several potential statutory priorities for the Board's consideration in advance of the 2027 Legislative Session. These proposals remain in draft form, do not yet have legislative sponsors, and require further review. NAPA respectfully presents them to invite the Board's discussion, recommendations, and, if appropriate, support as we consider pursuing statutory changes in the coming year.

1. Modernize the Physician Assistant Definition

The current Nevada statute, NRS 630.015, defines a physician assistant (PA) as follows:

> "Physician assistant" means a person who is a graduate of an academic program approved by the Board or who, by general education, practical training and experience determined to be satisfactory by the Board, is qualified to perform medical services under the supervision of a supervising physician and who has been issued a license by the Board.

NAPA proposes modernizing this definition to reflect current physician associate practice and the profession's title transition:

> "Physician assistant" *or "physician associate" (PA) means a health care professional licensed by the Board who has graduated from an accredited academic program and is qualified by education, training, and experience to provide medical services consistent with the individual's demonstrated competence and may practice pursuant to a written collaborative agreement with a physician unless otherwise authorized by law or by the Board.*

NAPA would also welcome the opportunity to provide the Board with alternative definitions and definition language from other states. Alaska may offer a useful example. Its statute recognizes the term, "physician associates" and permits them to "provide medical services consistent with their education, training, experience, and competence" under a written collaborative agreement. It also permits practice without a collaborative agreement in specified settings, including certain licensed facilities, federally qualified health centers, rural health clinics, military and veterans' facilities, and as otherwise authorized by the Board. We hope to update the statutory definition, recognize both professional titles, and move from a supervision-focused framework toward a collaborative-practice model.

2. Advance the Title Change from "Physician Assistant" to "Physician Associate"

NAPA respectfully recommends pursuing the transition from "physician assistant" to "physician associate." Since June 2026, six states—Alaska, Delaware, Iowa, Maine, New Hampshire, and Oregon—have enacted statutory changes recognizing "physician associate." The purpose of the change is to better reflect the education, training, and clinical responsibilities of PAs in today's health-care environment.

It has been nearly 60 years since the first class of PAs graduated from Duke University in 1967. Since then, the profession has expanded substantially. PAs now provide diagnostic, treatment, and prescriptive services in virtually every health-care setting, often serving as an important source of primary and specialty care for patients.

The profession has also grown significantly. The number of board-certified PAs increased from 95,583 at the end of 2013 to 178,708 at the end of 2023—an 87 percent increase over 10 years. Research commissioned by AAPA also found that many patients misunderstand the term "physician assistant," while a majority believed "physician associate" more accurately described the role. PAs remain responsible for clearly identifying their professional role in clinical settings, consistent with applicable law and Board requirements.

3. Advance the Physician Assistant Compact

NAPA is grateful for the Board's support of legislation to enact the PA Compact. The PA Compact would allow eligible PAs with an unencumbered home-state license to obtain privileges to practice in other member states through a single application process, rather than obtaining multiple individual licenses. The Compact was activated in 2024 and is projected to be fully operational for applications in early to mid-2027. As of July 2026, 29 states had enacted the PA Licensure Compact.

Nevada has approximately 1,440 employed PAs and two PA educational programs. Compared with neighboring states, Nevada has a relatively small PA workforce and fewer educational programs. We believe Nevada should work to retain graduates from its two PA programs, encourage qualified PAs to establish practices in the state, and strengthen the provider pipeline needed to address health-care access and workforce gaps. Joining the Compact would help attract qualified PAs from other member states, facilitate mobility for current Nevada providers, and support communities that need additional access to care.

NAPA respectfully submits these concepts for the Board's consideration and would be grateful for the Board's comments, recommendations, and guidance. Thank you for your time and for your continued service to Nevada patients, physicians, physician assistants, and the broader health-care community.

Respectfully,

Jamie Lytton, DMSc, MPAS, PA-C
Advocacy Chair
Nevada Academy of Physician Associates

NEVADA
PA PRACTICE PROFILE

American Academy of Physician Associates

Number of PAs **in Nevada:**
1,440+

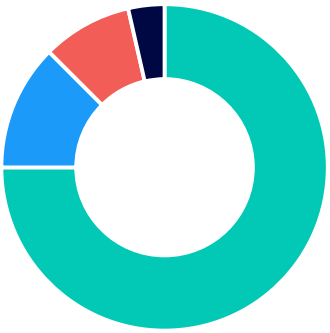
Number of PAs **in the United States:**
201,000

Percent of PAs by Specialty in Nevada



- 32.1% All other specialties
- 17.9% Surgical subsubspecialties
- 12.5% Family medicine
- 12.5% General peds, general IM
- 10.7% Emergency medicine
- 8.9% Urgent care
- 3.6% Internal medicine subspecialties

Percent of PAs by Setting in Nevada



- 75% Physician office or clinic
- 12.5% Hospital settings
- 8.9% Other settings
- 3.6% Urgent care center

In Nevada:

- A typical PA completes 62 patient visits per week
- A typical PA is on call 58 hours per month

25%
of PAs **specialize in Primary Care**

Two PA Programs in Nevada:

- Touro University Nevada
- University of Nevada, Reno

60.7%
of PAs **are employed by a Physician Group or Solo Practice**

Source: AAPA 2026 Salary Survey

© American Academy of PAs

PA Compact

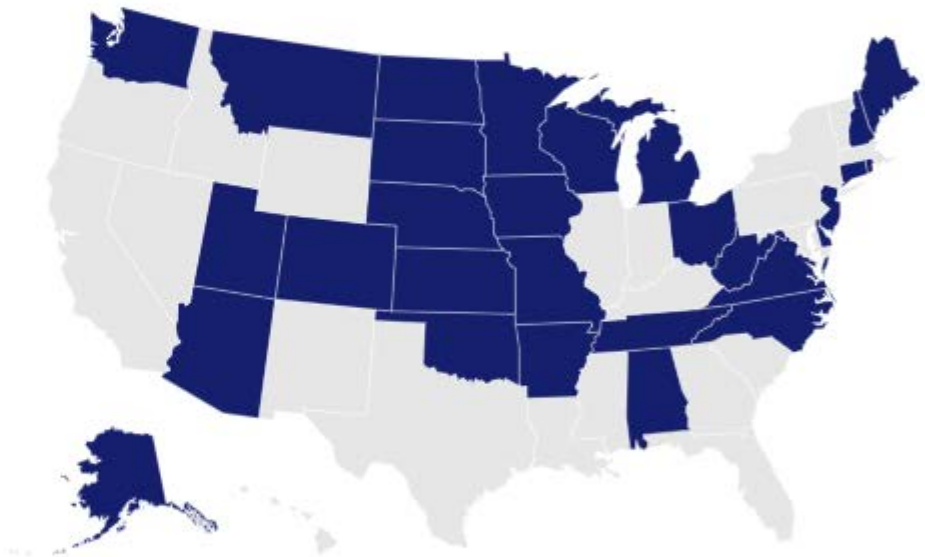
View where states have enacted legislation to be PA Compact Member States.

Note: territories will not visualize on maps, however their data will be in the charts below.

Date Updated
8/27/2026

Location	PA Compact
AK	✓ True
AL	✓ True
AR	✓ True
AZ	✓ True
CO	✓ True
CT	✓ True
DE	✓ True
IA	✓ True
KS	✓ True
ME	✓ True
MI	✓ True
MN	✓ True
MO	✓ True
MT	✓ True
NC	✓ True
ND	✓ True
NE	✓ True
NH	✓ True
NJ	✓ True
OH	✓ True
OK	✓ True
RI	✓ True
SD	✓ True
TN	✓ True
UT	✓ True
VA	✓ True
WA	✓ True
WI	✓ True
WV	✓ True

PA Compact



Title Change

View where states have enacted laws and/or adopted regulations to: (1) embrace the new title of the profession or (2) recognize the title "physician associate" as similar to "physician assistant."

Title recognition jurisdictions have not enacted laws or adopted regulations to change the title of the profession throughout the entirety of their statutory or administrative compilations or to require agencies to update sub-regulatory guidance, documents, and forms to reflect "physician associate" as the primary title of the profession.

Filter to title change status. Note: territories will not visualize on maps, however their data will be in the charts below.

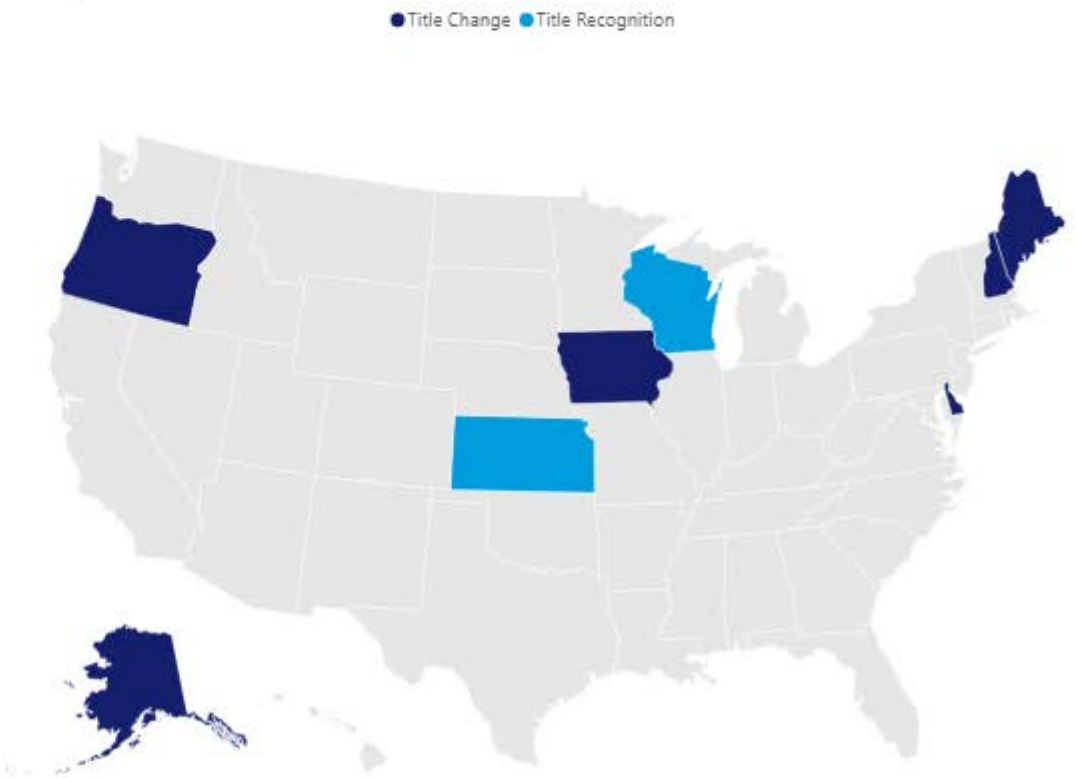
Date Updated
8/27/2026

Title Change

- ☐ Select all
- ☐ Title Change
- ☐ Title Recognition

Location	Title Change
AK	★ Title Change
CNMI	☆ Title Recognition
DE	★ Title Change
IA	★ Title Change
KS	☆ Title Recognition
ME	★ Title Change
NH	★ Title Change
OR	★ Title Change
WI	☆ Title Recognition

Title Change



PA State Practice Environment

See full details by state, territory, US Region or Modernization Criteria. Note: territories will not visualize on maps, however their data will be in the charts below.

Summary | Modernization Criteria | **Location Details**

Date Updated
8/27/2026

Location

- [ ] Nebraska
- [x] Nevada
- [ ] New Hampshire
- [ ] New Jersey
- [ ] New Mexico
- [ ] New York

US Region

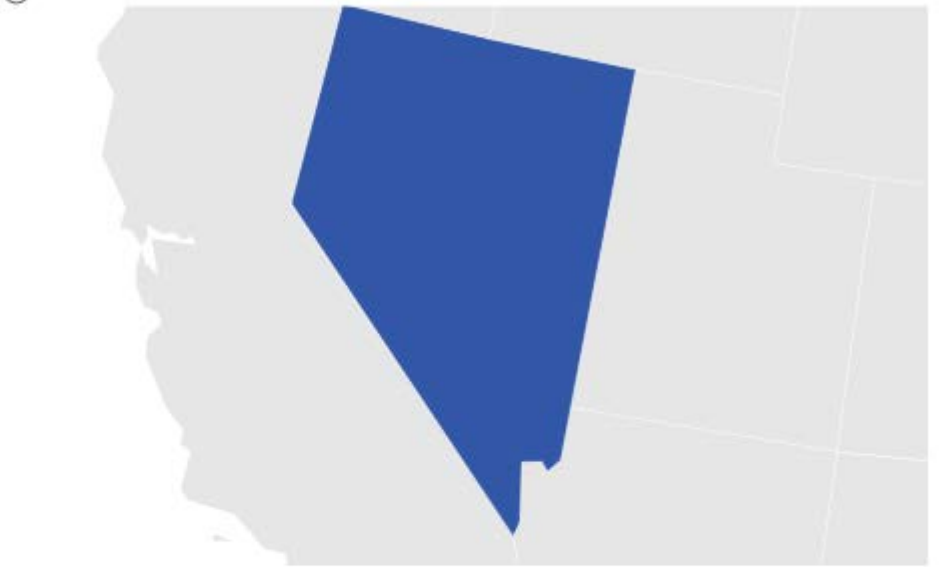
- [ ] Select all
- [ ] West

Modernization Criteria

- [ ] Select all
- [ ] Adaptable Proximity Requirements
- [ ] Collaboration
- [ ] Eliminated the legal requirement for a specific relati...
- [ ] No Chart Co-Signature Mandates
- [ ] No PA-Physician Ratio
- [ ] PA Board
- [ ] PA(s) on Medical Board, Osteopathic Board or Healin...
- [ ] Scope Determined at Practice Level
- [ ] State Allows Direct Payment to PAs

PA State Practice Environment

(i) Hover over states to view distribution details.



Selection Summary

State Advocacy Impact	2
US Region	West
Location Type	State
Practice Category	Reduced
Date Updated	04/08/26

State	Modernization Criteria	Complete
Nevada	Adaptable Proximity Requirements	✗ False
Nevada	Collaboration	✗ False
Nevada	Eliminated the legal requirement for a specific relationship between a PA and a physician or any other health care provider	✗ False
Nevada	No Chart Co-Signature Mandates	✗ False
Nevada	No PA-Physician Ratio	✗ False
Nevada	PA Board	✗ False
Nevada	PA(s) on Medical Board, Osteopathic Board or Healing Arts Board	✓ True
Nevada	Scope Determined at Practice Level	✓ True
Nevada	State Allows Direct Payment to PAs	✗ False

State	Modernization Criteria	Notes (if applicable)

PA State Practice Environment

View where states are in their journey to actualizing optimal modernization—the pinnacle for PA practice and patient access to care.

The maps and reports show practice categories. Filter to specific element(s) as needed. Note: territories will not visualize on maps, however their data will be in the charts below.

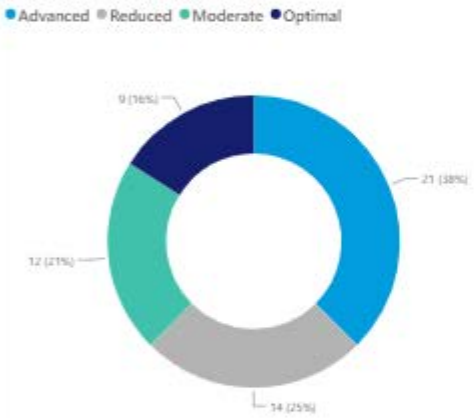
Summary | Modernization Criteria | Location Details

Date Updated
8/27/2026

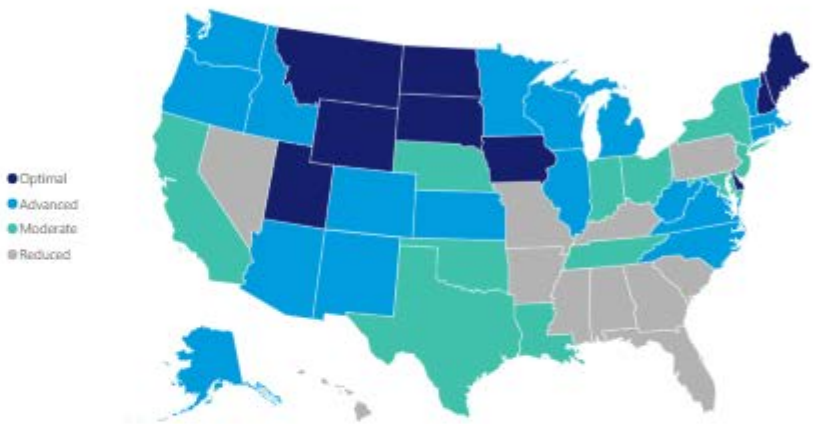
Practice Category

- [ ] Select all
- [ ] Optimal
- [ ] Advanced
- [ ] Moderate
- [ ] Reduced

Practice Category Breakdown



PA State Practice Environment



Practice Category	State
Optimal	Delaware
Optimal	Iowa
Optimal	Maine
Optimal	Montana
Optimal	New Hampshire
Optimal	North Dakota

Category	Criteria
Optimal	All 3 Optimal Modernization Criteria.
Advanced	All 4 Foundational Modernization Criteria OR 3 Foundational Modernization Criteria + Collaboration.
Moderate	3 Foundational Modernization Criteria OR 2 Foundational Modernization Criteria + Collaboration.
Reduced	2 or fewer of the Foundational Modernization Criteria OR 1 Foundational Modernization Criteria + Collaboration.

Category	Criteria
Optimal Modernization Criteria	A separate PA regulatory board or one or more full PA voting member(s) on the medical/healing arts board.
Optimal Modernization Criteria	Direct pay to PAs (as opposed to practice/employer). Laws/regulations do not prohibit a PA from billing or receiving direct payment. Individual payer, employer, or facility policies may be more restrictive.
Optimal Modernization Criteria	Eliminated the legal requirement for a specific relationship between a PA and a physician or any other health care provider.
Foundational Modernization Criteria	Adaptable proximity requirements (including onsite, in-person, and time/distance requirements).

“PAs may provide/perform medical services…”

Maine:

A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform.

ME. REV. STAT. tit. 32, § 3270-G(2)

New Hampshire:

Physician assistants provide patient services in collaboration with one or more physicians.

N.H. REV. STAT. ANN. § 328-D:1

Massachusetts:

Physician assistants may perform medical services when such services are rendered under the supervision of a registered physician.

MASS. GEN. LAWS ch. 112, § 9E

Connecticut:

Physician assistants provide patient services under the supervision, control, responsibility, and direction of a physician.

CONN. GEN. STAT. § 20-12a(5)

Rhode Island:

Physician assistants provide medical and surgical services in collaboration with physicians.

R.I. GEN. LAWS § 5-54-2(10)

New York:

Physician assistants may perform medical services, but only when under the supervision of a physician.

N.Y. EDUC. LAW § 6542

New Jersey:

Physician assistants perform medical services with physician supervision.

N.J. Stat. § 45:9-27.15(a)(1)

Pennsylvania:

Physician assistants perform medical services delegated by a physician.

63 Pa. Stat. § 422.13(a)

DC:

"Practice by physician assistants" means the performance, in collaboration with a licensed physician or osteopath, of acts of medical diagnosis and treatment, prescription, preventive health care.

D.C. CODE ANN. § 3-1201.02(13)

North Carolina:

Physician assistants perform medical acts, tasks, and functions under the supervision of a physician.

N.C. GEN. STAT. § 90-18(c)(13)

Georgia:

Physician assistant means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the personal direction or supervision of the supervising physician.

GA. CODE ANN. § 43-34-102(7)

Florida:

Physician assistant means a person who is licensed to perform medical services delegated by the supervising physician.

FLA. STAT. ANN. § 458.347(2)(e)

A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant's practice in accordance with his or her education and training…

FLA. STAT. ANN. § 458.347(4)(h)-(j)

“PAs practice medicine…”

Vermont:

Physician assistants practice medicine in collaboration with one or more physicians.

VT. STAT. ANN. tit. 26 § 1732(8)

Maryland:

Physician assistant means an individual who is licensed under this title to practice medicine with physician supervision.

MD. HEALTH OCC. § 15-101(O)

Physician assistants “practice as a physician assistant,” which means […] the performance of medical acts that are within the supervising physician's scope of practice and appropriate to the physician assistant's education, training, and experience.

MD. HEALTH OCC. § 15-101(p)

Virginia:

Every physician assistant shall practice as part of a patient care team and shall provide care in accordance with a written or electronic practice agreement with one or more physicians or podiatrists.

VA. CODE ANN. § 54.1-2951.1 (C), (D)

Physician assistants may practice medicine to the extent and in the manner authorized by the Board.

VA. CODE ANN. § 54.1-2952

“PAs may provide/perform medical services…”

AND

“PAs practice medicine…”

Delaware:

Physician assistant means an individual who […] is licensed under this chapter to practice medicine as a physician assistant.

DEL. CODE ANN. tit 24, § 1770A(4)

The Council shall adopt rules and regulations which address the following:

(1) The licensing of physician assistants to allow:

a. The practice of medicine within the education, training, and experience of physician assistants; and

b. The performance of medical services customary to the practice of the collaborating physician.

DEL. CODE ANN. Tit. 24, § 1773(a),(c)

South Carolina:

Physician assistant means a health care professional licensed to assist in the practice of medicine with a physician supervisor.

S.C. CODE ANN. § 40-47-910(6)

PAs may perform medical acts, tasks, or functions within written scope of practice guidelines under physician supervision.

S.C. CODE ANN. § 40-47-935

US Virgin Islands:

Physician assistants practice medicine with physician supervision.

V.I. CODE ANN. tit. 27, § 50h

Physician assistants may provide any medical service that is delegated by the supervising physician when the service is within the physician assistant's skills, forms a component of the physician's scope of practice, and is provided with supervision.

V.I. CODE ANN. tit. 27, § 50h