NEVADA STATE BOARD OF MEDICAL EXAMINERS
PROPOSED AMENDMENTS TO NRS CHAPTER 630
(Approved by the Legislative Subcommittee)

GENERAL STATUTORY PROVISIONS

NRS 630.007 "Administrative physician" defined. "Administrative physician" means a physician who ***does not examine or treat patients in a clinical setting and*** is licensed only to act in an administrative capacity as an:

1. Officer or employee of a state agency;
2. Independent contractor pursuant to a contract with the State; or
3. Officer, employee or independent contractor of a private insurance company, medical facility or medical care organization~~[, and who does not examine or treat patients in a clinical setting]~~.

(Added to NRS by 2003, 1884; A 2005, 2513)

NRS 630.100 Meetings: Frequency; requirements concerning telephone or video conference; quorum.

1. The Board shall meet at least twice annually and may meet at other times on the call of the President or a majority of its members.

2. Except as otherwise provided in this subsection, meetings of the Board must be held at a location at which members of the general public may ***attend, observe, and provide comment*** ~~[testify]~~ via telephone or video conference between Las Vegas and Carson City or Reno. ~~[When appropriate video conference facilities are not available, t]~~ ***T***he Board may meet at ~~[another]~~ ***a physical*** location ***outside of Las Vegas and Carson City or Reno***, if the Board provides a telephonic dial-in number for use by the general public. ***The Board may hold meetings without a physical location using a remote technology system as long as the Board complies with the requirements of NRS 241.020 and NRS 241.023 with regard to meetings being held via remote technology system and the meeting notice contains the necessary information to allow members of the public to attend the meeting via the remote technology system.***

3. A majority of the Board or of any committee or panel appointed by the Board constitutes a quorum. If there is a quorum, a vote of the majority of the members present is all that is necessary to transact any business before the Board or the committee or panel appointed by the Board.

NRS 630.144 Website: Maintenance; general requirements and restrictions concerning posting of information.

1. The Board shall maintain a website on the Internet or its successor.
2. The Board shall adopt policies and procedures for placing information on its Internet website.
3. The Board shall place on its Internet website:

(a) Each application form for the issuance or renewal of a license issued by the Board pursuant to this chapter.

(b) A list of questions that are frequently asked concerning the processes of the Board and the answers to those questions.

(c) ***A search tool to be used by a member of the public or any interested person to search the Board's licensees by name, license type, or other criteria deemed helpful by the Board. This search tool must also include the licensee's name, license number, license type, issued date, expiration date, a brief description of each disciplinary action, if any taken against the licensee in this State, which relates to his or her practice and which is noted in the records of the Board, and a brief description of each malpractice payment, if any, made by the licensee or on the licensee's behalf in this State as noted in the records of the Board pursuant to reports received pursuant to NRS 630.3067 and/or NRS 630.3068.*** The Board shall include ~~[, as part of the list]~~ on ***its*** ~~[the]~~ Internet website, ***an alphabetical list by*** ~~[the]~~ name of each licensee whose license has been revoked by the Board ***and a list of public disciplinary filings related to disciplinary actions pending or taken by the Board.***
~~[An alphabetical list, by last name, of each licensee and a brief description of each disciplinary action, if any, taken against the licensee, in this State and elsewhere, which relates to his or her practice and which is noted in the records of the Board.]~~ The Board shall ~~[make]~~ ***ensure that its*** ~~[the list on the]~~ Internet website ***is*** easily accessible and user friendly for the public.

(d) All financial reports received by the Board.

(e) All financial reports prepared by the Board.

(f) Any other information that the Board is required to place on its Internet website pursuant to any other provision of law.

[Need to Rework NRS 630.307 General requirements for filing complaint; medical facilities and societies required to report certain information concerning privileges and disciplinary action; administrative fine for failure to report; clerk of court required to report certain information concerning court actions; procedure resulting from certain reports; retention of complaints by Board.

1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care on a form provided by the Board. The form may be submitted in writing or electronically. If a complaint is submitted anonymously, the Board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. Any licensee, medical school or medical facility that becomes aware that a person practicing medicine, genetic counseling, perfusion or respiratory care or assisting in the practice of medicine in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days after becoming aware of the conduct.

3. Except as otherwise provided in subsection 4, any hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board

any change in the privileges of a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to practice while the physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care concerning the care of a patient or the competency of the physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care within 30 days after the change in privileges is made or disciplinary action is taken. ***A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the board any denial of a new application for privileges of a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant, or practitioner of respiratory care to practice within 30 days after that denial. ABMS certification action? Not re-certified, may lose privileges for that reason. Not approved for re-credentialing? We would be notified.***

4. A hospital, clinic or other medical facility licensed in this State, or medical society, shall report to the Board within 5 days after a change in the privileges of a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to practice that is based on:

(a) An investigation of the mental, medical or psychological competency of the physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care; or

(b) Suspected or alleged substance abuse in any form by the physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care.

5. The Board shall report any failure to comply with subsection 3 or 4 by a hospital, clinic or other medical facility licensed in this State to the Health Care Purchasing and Compliance Division of the Nevada Health Authority. If, after a hearing, the Health Care Purchasing and Compliance Division determines that any such facility or society failed to comply with the requirements of subsection 3 or 4, the Division may impose an administrative fine of not more than $10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.

6. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care:

(a) Is mentally ill;

(b) Is mentally incompetent;

(c) Has been convicted of a felony or any law governing controlled substances or dangerous drugs;

(d) Is guilty of abuse or fraud under any state or federal program providing medical assistance; or

(e) Is liable for damages for malpractice or negligence,

⇨ within 45 days after such a finding, judgment or determination is made.

7. If the board receives a report pursuant to subsection 5 of NRS 228.420, the Board must proceed as if a complaint had been filed against the licensee who is the subject of the report.

8. The Board shall retain all complaints filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.]

NRS 630.352 Disposition of charges: Adjudication by Board; dismissal of charges or required disciplinary action for violations; private reprimands prohibited; issuance of order imposing discipline; orders imposing discipline deemed public records.

1. Any member of the Board, other than a member of an investigative committee of the Board who participated in any determination regarding a complaint or the filing of a formal charging document in the matter or any member serving on a panel of the Board at the hearing of the matter, may participate in an adjudication to obtain the final order of the Board.

2. At the adjudication, ***if the hearing was conducted by a hearing panel or officer of the Board,*** the Board shall consider ***the record of the hearing and the findings and recommendations of the hearing panel or officer and take action as provided in NRS 622A.300(5).***

~~2~~ ***3. Unless the Board determines that no violation has been proven, after the Board's determination regarding the findings and recommendations of the hearing panel or officer, the Board*** ~~[any findings of fact and conclusions of law submitted after the hearing and]~~ shall allow:

(a) Counsel for the ~~[Board]~~ ***investigative committee*** to present a disciplinary recommendation and argument in support of the disciplinary recommendation subject to the provisions of NRS 622A.200 and 622A.210; and

(b) The respondent or counsel ~~[of]~~ ***for*** the respondent to present a disciplinary recommendation and argument in support of the disciplinary recommendation.

⇨ The ***parties are not permitted to reargue the merits of the case and should avoid repetition in their arguments and statements. The*** Board may limit the time within which the parties may make their arguments and statements.

~~2.~~ ***4.*** At the conclusion of the presentations of the parties, the Board shall deliberate and may by a majority vote impose discipline~~. based upon the findings of fact and conclusions of law~~ ***as determined according to subsection 1*** ~~and the presentations of the parties.~~

~~3.~~ ***5. A hearing officer or hearing panel may recommend that the Board dismiss the formal charging document, but only*** [~~If, in the findings of fact and conclusions of law, the Board, hearing officer or panel of the Board determines that no violation has occurred,~~] the Board may ~~[shall]~~ dismiss the charges ***contained in the charging document if the Board finds by majority vote that the charges were not proved by the investigative committee by a preponderance of the***

evidence ~~[, in writing, and notify the respondent that the charges have been dismissed]~~. ***If the Board dismisses the charges, the Board shall notify the respondent in writing. The investigative committee may dismiss the charging document at any time after it is filed if the investigative committee learns of information or evidence that warrants such action or in the interest of justice. Such a dismissal by the investigative committee may be with or without prejudice.***

~~4.~~ ***6.*** Except as otherwise provided in subsection 5, if the Board finds that a violation has occurred, it shall by order take one or more of the following actions:

(a) Place the person on probation for a specified period on any of the conditions specified in the order;

(b) Administer a written public reprimand to the person;

(c) Limit the person's practice or exclude one or more specified branches of medicine from his or her practice;

(d) Suspend the person's license for a specified period or until further order of the Board;

(e) Revoke the person's license;

(f) Require the person to participate in a program to correct an alcohol or other substance use disorder or any other impairment;

(g) Require supervision of the person's practice;

(h) Impose a fine not to exceed $10,000 for each violation;

(i) Require the person to perform community service without compensation;

(j) Require the person to take a physical or mental examination or an examination testing his or her competence; and

(k) Require the person to fulfill certain training or educational requirements.

5. If the Board finds that the respondent has violated the provisions of NRS 439B.425, the Board shall suspend the respondent's license for a specified period or until further order of the Board.

6. The Board shall not administer a private reprimand if the Board finds that a violation has occurred.

7. Within 30 days after the conclusion of the adjudication by the Board, the Board shall issue a final order, certified by the Secretary-Treasurer of the Board, that imposes discipline and incorporates ~~the~~ findings of fact and conclusions of law ~~obtained from the hearing~~ ***in accordance with NRS 233B.135.*** An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

PRACTITIONERS OF RESPIRATORY CARE

Enact the Respiratory Care Compact: https://respiratorycarecompact.org/ (11 member states, 7 states with pending legislation filed)

NRS 652.210(2)

2. In addition to the laboratory tests authorized by subsection 1, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations ***and certain moderate complexity tests*** without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127 if:

(a) The practitioner of respiratory care has been properly trained to perform the test; and

(b) Performing the test is within the scope of practice of a practitioner of respiratory care.

NRS 630.277 Requirements; prohibitions; intern in respiratory care.

1. Every person who wishes to practice respiratory care in this State must ~~[:~~

~~(a) Have:~~

~~(1) A high school diploma; or~~

~~(2) A general equivalency diploma or an equivalent document;~~

~~(b) C]~~ ***(a) C***omplete an educational program for respiratory care which has been 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;

~~[(c)]~~ ***(b)*** Pass the examination as an entry-level or advanced practitioner of respiratory care administered by the National Board for Respiratory Care or its successor organization;

~~[(d)]~~ ***(c)*** Be certified by the National Board for Respiratory Care or its successor organization; and

~~[(e)]~~ ***(d)*** Be licensed to practice respiratory care by the Board and have paid the required fee for licensure.

2. Except as otherwise provided in subsection 3, a person shall not:

(a) Practice respiratory care; or

(b) Hold himself or herself out as qualified to practice respiratory care,

⇨in this State without complying with the provisions of subsection 1.

3. Any person who ***is within 60 days of completing or*** has completed the educational requirements set forth in paragraph~~[s]~~ (a) ~~[and (b)]~~ of subsection 1 may ***apply for an intern license to*** practice respiratory care pursuant to a program of practical training as an intern in respiratory care for not more than 12 months ***with the intern license to start*** after completing ~~[those]~~ ***that*** educational requirement~~[s]~~.

4. For applicants that graduated prior to January 1, 2010, programs for respiratory care which were approved by the Commission on Accreditation of Allied Health Education at the time of the applicant's graduation satisfy the requirements of paragraph (a) in subsection 1.

NRS 630.257 Reexamination or demonstration of competency of licensee who does not practice for certain period. If an inactive licensee does not engage in the practice of medicine or practice as a physician assistant, as applicable, for a period of more than 24 consecutive months, or if an applicant for a license has not engaged in the practice of medicine, ***genetic counseling,*** perfusion or respiratory therapy, practiced as a physician assistant or assisted in the practice of medicine, as applicable, for more than 24 consecutive months before the date of the application, the Board may require the licensee or applicant, as applicable, to:

1. Take the same examination to test competency as that given to applicants for a license, or a comparable examination; or

2. Otherwise demonstrate his or her competency to practice medicine, perfusion or respiratory therapy, practice as a physician assistant or assist in the practice of medicine, as applicable.

NRS 630.283 Requirements for licensing. To be eligible for licensing by the Board as a genetic counselor, an applicant must:

1. Be a natural person of good moral character;

2. Submit a completed application as required by the Board by the date established by the Board;

3. Submit the fee prescribed by the Board pursuant to NRS 630.268;

4. Have received a master's degree or higher in genetic counseling from a program in genetic counseling that is:

(a) Accredited by the Accreditation Council for Genetic Counseling, or its successor organization; or

(b) Located in a foreign country and has educational standards that are at least as stringent as those established by the Accreditation Council for Genetic Counseling, or its successor organization, as determined by the Board;

5. For applicants who graduated from their master's degree or higher program from 1997 to January 2013, the program must have been accredited by the American Board of Genetic Counseling at the time of the applicant's graduation. For applicants who graduated from their master's degree or higher program prior to 1997, the program must have been accredited by the appropriate accrediting body at the time of the applicant's graduation, as determined by the Board. For applicants who graduated prior to 1997, the Board may accept proof of a master's degree or higher in a field that is closely related to genetic counseling, if the Board determines that the program is substantially similar to a program in genetic counseling and the applicant was approved to take the examination administered by the American Board of Genetic Counseling or the American Board of Medical Genetics or Genomics with that degree.

~~[5.]~~ ***6.*** Pass the examination administered by the American Board of Genetic Counseling, or its successor organization, or the examination in ***genetic counseling***

or clinical genetics and genomics administered by the American Board of Medical Genetics ~~and Genomics~~, or its successor organization; and

~~[6.]~~ ***7.*** Hold a valid certification issued by the American Board of Genetic Counseling, or its successor organization***, or the American Board of Medical Genetics and Genomics, or its successor organization.***

NRS 630.286 Exemptions from licensure.

1. A student who is enrolled in a program in genetic counseling described in subsection 4 of NRS 630.283 and who does not hold a license to practice genetic counseling may assist a genetic counselor in the practice of genetic counseling ***or a physician who practices genetic counseling*** if such assistance is within the scope of the education and training of the student.

2. Any other person who is not licensed to practice genetic counseling may assist a physician, osteopathic physician, physician assistant licensed pursuant to this chapter or chapter 633 of NRS, advanced practice registered nurse or genetic counselor in the practice of genetic counseling under the direct supervision of a physician, osteopathic physician, physician assistant, advanced practice registered nurse or genetic counselor who is on the same premises where the assistance is being provided.

3. A person who is not licensed to practice genetic counseling in this State ~~[, the District of Columbia or any state or territory of the United States but]~~ ***and*** holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization, ***or the American Board of Medical Genetics and Genomics, or its successor organization,*** may provide consulting services related to genetic counseling in this State ***if requested by a genetic counselor licensed in this State, physician licensed in this State, osteopathic physician licensed in this State, physician assistant licensed in this State pursuant to this chapter or chapter 633 of NRS, or advanced practice registered nurse licensed in this State*** on a temporary basis if he or she receives authorization from the Board. ***Such a person must have a license to practice genetic counseling in his or her home state in good standing, if his or her home state requires licensure for the practice of genetic counseling.***

4. A physician or physician assistant who engages in genetic counseling as part of his or her practice of medicine or practice as a physician assistant, as applicable, is not required to obtain a license as a genetic counselor.

NRS 630.291 [Voluntary surrender] *Retirement* of license.

1. If a genetic counselor desires to ~~[surrender]~~ ***retire*** his or her license, the genetic counselor shall submit to the Board a sworn written statement of ~~[surrender]~~ ***retirement*** of the license and the actual license issued to him or her. ~~[The Board may accept or reject the surrender of the license and may negotiate stipulations for accepting the surrender of the license.]~~

2. ~~[If the Board accepts the [surrender] of a license pursuant to subsection 1, t]~~ ***T***he Board may restore the ***retired*** license at a later date ***upon receipt of a written***

request from the genetic counselor, receipt of the appropriate registration fees and proof of completion of the required continuing education under such conditions as the Board deems appropriate***, except that if more than 2 years has passed, the person must re-apply for licensure as a genetic counselor as if he or she had never been licensed in this State.***

3. The voluntary surrender of a genetic counselor license in a contested case shall constitute disciplinary action against the genetic counselor pursuant to NRS 233B.121(6), and the process for the Board's acceptance of such a surrender will be governed by the regulations of the Board.

NRS 630.292 Grounds for initiating disciplinary action or denying licensure.

1. The following acts constitute grounds for initiating disciplinary action against a genetic counselor or denying licensure as a genetic counselor:

(a) Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice genetic counseling by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.

(b) Disobeying any order of the Board or an investigative committee of the Board.

(c) Conviction of:

(1) A crime relating to the practice of genetic counseling;

(2) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive; or

(3) Any offense involving moral turpitude.

(d) Being adjudicated incompetent or incapacitated.

(e) Advertising the practice of genetic counseling in a false, deceptive or misleading manner.

(f) Advertising, practicing or attempting to practice genetic counseling under a name other than one's own.

(g) Practicing or assisting in the practice of genetic counseling while under the influence of alcohol, any controlled substance or any other substance which impairs the mental capacity of the genetic counselor.

(h) Violating the Code of Ethics adopted by reference pursuant to NRS 630.282.

(i) Lack of ability to safely and skillfully practice genetic counseling due to a lack of knowledge or training or the inability to apply professional principles and skills.

(j) Violating or attempting to violate, or assisting or abetting the violation of, or conspiring to violate any provision of this chapter or the regulations adopted pursuant thereto.

(k) Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice genetic counseling, taken by another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of genetic counseling while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or an employer.

(l) Failure to be found competent to practice genetic counseling as a result of an examination to determine competency pursuant to NRS 630.318.

(m) Performing or supervising the performance of a pelvic examination in violation of NRS 629.085.

(n) Operation of a medical facility at any time during which:

(1) The license of the facility is suspended or revoked; or

(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

⇨ This paragraph applies to an owner or other principal responsible for the operation of the facility.

(o) Any other grounds specified by regulation of the Board.

2. A genetic counselor shall notify the Board not later than 48 hours after the certification of the genetic counselor by the American Board of Genetic Counseling, or its successor organization***, or the American Board of Medical Genetics and Genomics, or its successor organization,*** lapses or is revoked. Upon receipt of such notification, the Board shall immediately ~~[revoke]~~ ***suspend*** the license of the genetic counselor. ***Upon notification of the reinstatement of his or her certification from the American Board of Genetic Counseling or the American Board of Medical Genetics and Genomics, the Board may reinstate the genetic counselor's license without further proceedings. Unless disciplinary action by the American Board of Genetic Counseling or the American Board of Medical Genetics and Genomics was the basis for the lapse of the genetic counselor's certification, in which case the Board will investigate the issue and may take disciplinary action as authorized by NRS 630.352.***

PERFUSIONISTS

NRS 630.0137 "Perfusion" defined.

1. "Perfusion" means the performance of functions which are necessary to provide for the support, treatment, measurement or supplementation of a patient's cardiovascular, circulatory or respiratory system or other organs, or any combination of those activities, and to ensure the safe management of the patient's physiological functions by monitoring and analyzing the parameters of the patient's systems or organs under the order and supervision of a physician.

2. The scope of practice for a perfusionist includes the performance of laboratory testing necessary to perform testing authorized by NRS 652.210 that is necessary for the perfusionist to perform the functions listed in subsection 1.

~~[2.]~~ ***3.*** The term includes, without limitation:

(a) The use of extracorporeal circulation and any associated therapeutic and diagnostic technologies; and

(b) The use of long-term cardiopulmonary support techniques.

~~[3.]~~ ***4.*** As used in this section, "extracorporeal circulation" means the diversion

of a patient's blood through a heart-lung bypass machine or a similar device that assumes the functions of the patient's heart, lungs, kidney, liver or other organs.

(Added to NRS by 2009, 2943)

NRS 652.210 Manipulation of persons for collection of specimens; authorized practices of technical personnel.

1. Except as otherwise provided in subsections 2 and 3 and NRS 126.121 and 652.186, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse, a registered nurse, a perfusionist, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS, a licensed anesthesiologist assistant, a licensed dentist or a registered pharmacist may manipulate a person for the collection of specimens. Except as otherwise provided in subsection 2, the persons described in this subsection may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127.

2. In addition to the laboratory tests authorized by subsection 1, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127 if:

(a) The practitioner of respiratory care has been properly trained to perform the test; and

(b) Performing the test is within the scope of practice of a practitioner of respiratory care.

3. In addition to the laboratory tests authorized by subsection 1, a perfusionist licensed pursuant to chapter 630 of NRS may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations and certain moderate complexity tests without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127 if:

(a) The perfusionist has been properly trained to perform the test; and

(b) Performing the test is within the scope of practice of a perfusionist.

~~[3.]~~ ***4.*** The technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures.

(Added to NRS by 1967, 928; A 1991, 375; 1993, 2842; 1997, 689; 1999, 1916; 2001, 776; 2005, 2517; 2007, 1530, 1847; 2009, 2990; 2013, 103, 968; 2015, 849; 2017, 2213; 2023, 1586; 2025, 1643)

Legislative Subcommittee Supports But May Not Bring

PA Compact