

(Draft) Proposed Statute Changes for 2027 Legislative Session

REGULATION OF MEDICAL SPAS

Enact the Model Medical Spa Safety Act:

<https://www.asds.net/Portals/0/PDF/asdsa/asdsa-medical-spa-safety-act.pdf>

Add to the MMSSA (from TN Public Chapter 494 from 2015) registration for all medical spas in Nevada:

1. The Board, in consultation with the Board of Osteopathic Medicine and the Nevada State Board of Nursing, shall establish and maintain an online registry for medical spas as defined in this bill, and, notwithstanding the same, the registry shall include an individual physician's office and a practice owned by a physician if the physician or the practice provides cosmetic medical services. The online registry shall include, at a minimum, the following information:

- (a) The name and physical address of the medical spa;*
- (b) The name of the medical director, the medical license number of the medical director, and the designation of the medical director as a medical doctor or doctor of osteopathy;*
- (c) Certification information of the medical director as required by this bill.*

2. Any medical director who is responsible for or supervises a medical spa shall provide the Board with the information described in subsection 1. For medical spas in existence prior to the effective date of this bill, the medical director shall provide that information to the Board within 90 days of the effective date of this bill.

3. The Board shall post, in conspicuous size and type, notice of the requirements for this registration on the Board's website. The Board of Osteopathic Medicine and the Nevada State Board of Nursing shall also post notice of the requirements for this registration on their websites.

4. In order to offset the cost of implementing this registration, the Board, in consultation with the Board of Osteopathic Medicine and the Nevada State Board of Nursing, is authorized to promulgate regulations to set an annual fee to be assessed on medical spas that are listed on the online registry.

Enforcement for failure to register. Unlicensed activity. Inspections.

Note for drafting: Effective Date January 1, 2028

NRS 630.268 Fees; cost of special meeting to be paid by person requesting meeting.

1. The Board shall charge and collect not more than the following fees:
For application for and issuance of a license to practice as a physician, including a license as an administrative physician or a license by

endorsement.....	\$800
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, telemedicine or special event license.....	600
For renewal of a limited, restricted or authorized facility license.....	600
For application for and issuance of a license as a physician assistant, including a license by endorsement and any temporary license.....	600
For application for and issuance of a simultaneous license as a physician assistant	200
For biennial registration of a physician assistant.....	800
For biennial simultaneous registration of a physician assistant.....	400
For biennial registration of a physician.....	1,000
For application for and issuance of a license as a perfusionist or practitioner of respiratory care including any temporary license to practice perfusion and any temporary license to provide respiratory care as an intern	600
For biennial renewal of a license as a perfusionist.....	600
For application for and issuance of a license or temporary license to practice as an anesthesiologist assistant	600
For application for and initial issuance of a simultaneous license as an anesthesiologist assistant	400
For biennial registration of an anesthesiologist assistant.....	800
For biennial simultaneous registration of an anesthesiologist assistant.....	400
For biennial registration of a practitioner of respiratory care.....	600
For biennial registration for a physician who is on inactive status.....	600
For biennial registration for a physician assistant who is on inactive status	400
For application for and issuance of a license or temporary license to practice as a genetic counselor	400
For biennial renewal of a license to practice as a genetic counselor or renewal of a temporary license to practice as a genetic counselor.....	600
For written verification of licensure.....	100
For a duplicate wall certificate.....	100
For furnishing a custom list of licensees or a list of newly licensed licensees	100
Annual registration of a medical spa.....	500

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees established pursuant to subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

3. The cost of any special meeting called at the request of a licensee, an institution, an organization, a state agency or an applicant for licensure must be paid for by the person or entity requesting the special meeting. Such a special meeting must not be called until the person or entity requesting it has paid a cash deposit with the Board sufficient to defray all expenses of the meeting.

4. If an applicant submits an application for a license by endorsement pursuant to [NRS 630.1607](#) or [630.2752](#), the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

5. If an applicant submits an application for a license by endorsement pursuant to [NRS 630.2751](#), the Board shall charge and collect not more than the fee specified in subsection 1 for the application for and initial issuance of a license.

6. The amount of the fee specified in subsection 1 for the biennial registration of a physician assistant who is on inactive status must not exceed one-half of the amount of the fee for the biennial registration of a physician assistant who is on active status.

NRS 644A.150 Applicability of chapter.

1. The following persons are exempt from the provisions of this chapter:

(a) Except for those provisions relating to advanced estheticians, all persons authorized by the laws of this State to practice nursing, ~~medicine,~~ dentistry, ~~osteopathic medicine,~~ chiropractic, naprapathy or podiatry. *Medical assistants as defined in NRS 630.0129, who are supervised by physicians or physician assistants in medical offices where the physician or physician assistant regularly provide health care services and where the physician or physician assistant is providing supervision to the medical assistant pursuant to the regulations adopted by the Nevada State Board of Medical Examiners are exempt from this chapter, as well as physicians licensed by NRS Chapter 630 operating a medical spa pursuant to the requirements of the Medical Spa Safety Act and the staff of those physicians as identified in the Medical Spa Safety Act.*

(b) Commissioned medical officers of the Armed Forces of the United States when engaged in the actual performance of their official duties, and attendants attached to a unit in a branch of the Armed Forces of the United States that provides medical services.

(c) Barbers, insofar as their usual and ordinary vocation and profession is concerned, when engaged in any of the following practices:

(1) Cleansing or singeing the hair of any person.

(2) Massaging, cleansing, stimulating, exercising or similar work upon the scalp, face or neck of any person, with the hands or with mechanical or electrical apparatus or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams.

(d) Retailers, at a retail establishment, insofar as their usual and ordinary vocation and profession is concerned, when engaged in the demonstration of cosmetics if:

(1) The demonstration is without charge to the person to whom the demonstration is given; and

(2) The retailer does not advertise or provide a service relating to the practice of cosmetology except cosmetics and fragrances.

(e) Photographers or their employees, insofar as their usual and ordinary vocation and profession is concerned, if the photographer or his or her employee does

not advertise cosmetological services or the practice of makeup artistry and provides cosmetics without charge to the customer.

2. Any school of cosmetology conducted as part of the vocational rehabilitation training program of the Department of Corrections or the Caliente Youth Center:

(a) Is exempt from the requirements of paragraph (c) of subsection 2 of [NRS 644A.740](#).

(b) Notwithstanding the provisions of [NRS 644A.735](#), shall maintain a staff of at least one licensed instructor.

3. Any health care professional, as defined in [NRS 453C.030](#), is exempt from the provisions of this chapter relating to advanced estheticians.

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 ~~f~~:

~~(a) Have:~~

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

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

~~(b) C]~~ (a) Complete 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;

~~(e)]~~ (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.***

NUTRITION CME REQUIREMENTS

New Provision: Direct patient care is defined practicing medicine as defined in NRS 630.020, as hands-on, face-to-face, or direct virtual interaction with patients or patient representatives. It does not include reading slides or images or practicing medicine where in there is no live contact or interaction with patients or patient representatives.

NRS 630.253 Active licensees: Continuing education.

1. The Board shall, as a prerequisite for the:
 - (a) Renewal of a license as a physician assistant;
 - (b) Renewal of a license as an anesthesiologist assistant; or
 - (c) Biennial registration of the holder of a license to practice medicine, ***[Note: We may want to decide if practicing medicine is different than practicing as a physician assistant, by definition, at the moment, a physician assistant practices medicine under the supervision of a supervising physician. See NRS 630.15. The separation like this is sometimes confusing.]***

⇒ require each holder to submit evidence of compliance with the requirements for continuing education as set forth in regulations adopted by the Board.
2. These requirements:
 - (a) May provide for the completion of one or more courses of instruction relating to risk management in the performance of medical services. ***[Added in 1991, AB344]***
 - (b) Must provide for the completion by a holder of a license to practice medicine ***or to practice as a physician assistant or to practice as an anesthesiologist assistant*** of a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 5, ***if the physician, physician assistant, or anesthesiologist assistant provides direct patient care. [Added in 2015, AB93 (only for psychiatrists). Amended in 2017, AB105 (to remove “encourage”***

for other licensees and require for all, not just psychiatrists).]

(c) [Please note: This is no longer needed due to new DEA mandatory CME requirements (one-time 8-hour requirement for DEA/CS license). Added in 2021, AB442.] ~~[Must provide for the completion of at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.]~~ **Must provide for the completion of at least 1 hour of training in nutrition and metabolic health, as approved by the Board's regulations.**

(d) Must provide for the biennial completion by each psychiatrist and each physician assistant practicing under the supervision of a psychiatrist of one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion. Such instruction:

(1) May include the training provided pursuant to NRS 449.103 or 449B.280, where applicable.

(2) Must be based upon a range of research from diverse sources.

(3) Must address persons of different cultural backgrounds, including, without limitation:

(I) Persons from various gender, racial and ethnic backgrounds;

(II) Persons from various religious backgrounds;

(III) Lesbian, gay, bisexual, transgender and questioning persons;

(IV) Children and senior citizens;

(V) Veterans;

(VI) Persons with a mental illness;

(VII) Persons with an intellectual disability, developmental disability or physical disability; and

(VIII) Persons who are part of any other population that a psychiatrist or a physician assistant practicing under the supervision of a psychiatrist may need to better understand, as determined by the Board. **[Added in 2021, AB327]**

(e) Must allow the holder of a license to receive credit toward the total amount of continuing education required by the Board for the completion of a course of instruction relating to genetic counseling and genetic testing. **[Added in 2021, SB251. Should we try to remove this again?]**

(f) Must provide for the completion by a physician or physician assistant who provides or supervises the provision of emergency medical services in a hospital or primary care of at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus within 2 years after beginning to provide or supervise the provision of such services or care. **[Let's discuss possibly removing this. Added in 2023, SB439]**

3. The Board shall encourage each holder of a license who treats or cares for persons who are more than 60 years of age to receive, as a portion of their continuing education, education in geriatrics and gerontology, including such topics as:

(a) The skills and knowledge that the licensee needs to address aging issues;

(b) Approaches to providing health care to older persons, including both didactic

and clinical approaches;

(c) The biological, behavioral, social and emotional aspects of the aging process; and

(d) The importance of maintenance of function and independence for older persons. **[Added in 2003, AB349]**

4. The Board shall encourage each holder of a license to practice medicine to receive, as a portion of his or her continuing education, training concerning 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. **[Added in 2011, SB329]**

5. ***If the physician, physician assistant, or anesthesiologist assistant provides direct patient care,*** ~~(F)~~ the Board shall require each holder of a license to practice medicine to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness, which may include, without limitation, instruction concerning:

(a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;

(b) Approaches to engaging other professionals in suicide intervention; and

(c) The detection of suicidal thoughts and ideations and the prevention of suicide.

[See note above about 2015 and 2017 bills.]

6. The Board shall encourage each holder of a license to practice medicine or as a physician assistant to receive, as a portion of his or her continuing education, training and education in the diagnosis of rare diseases, including, without limitation:

(a) Recognizing the symptoms of pediatric cancer; and

(b) Interpreting family history to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination. **[Added in 2019, SB315]**

7. A holder of a license to practice medicine may not substitute the continuing education credits relating to suicide prevention and awareness required by this section for the purposes of satisfying an equivalent requirement for continuing education in ethics. **[Added in 2017, AB105]**

8. Except as otherwise provided in NRS 630.2535, a holder of a license to practice medicine may substitute not more than 2 hours of continuing education credits in pain management, care for persons with an addictive disorder or the screening, brief intervention and referral to treatment approach to substance use disorder for the purposes of satisfying an equivalent requirement for continuing education in ethics. **[Initially added in 2013, SB139 (only pain management or addiction care). Amended in 2015, AB93 (to include CMEs on suicide detection, intervention, and prevention). Amended in 2017, AB105 (to remove suicide in total from this provision and adding subsection 7, above). Amended in 2021, AB442 (to add SBIRT).]**

9. As used in this section, “primary care” means the practice of family medicine,

pediatrics, internal medicine, obstetrics and gynecology and midwifery.

NRS 630.2535 Training required for certain physicians and physician assistants relating to persons with substance use and other addictive disorders and prescribing of opioids; exemption for one licensure period for certain registration; regulations.

1. The Board shall, by regulation, require each physician or physician assistant who is registered to dispense controlled substances pursuant to [NRS 453.231](#) to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. Except as otherwise provided in subsection 2, such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder. Any licensee may use training required by the regulations adopted pursuant to this section to satisfy 2 hours of any continuing education requirement established by the Board.

~~{ 2. A physician may not use continuing education in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 for a licensure period during which the licensee also uses such continuing education to satisfy a requirement for continuing education in ethics pursuant to subsection 9 of [NRS 630.253](#). }~~

~~{ 3. }~~ 2. A physician or physician assistant who obtains a registration to treat opioid dependency with narcotic medications in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. §§ 823 et seq., is exempt from the training required by subsection 1 for one period of licensure. A physician or physician assistant may use such registration to satisfy 4 hours of the total number of hours of continuing education required by the Board pursuant to [NRS 630.253](#) during one period of licensure.

NRS 630.269 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of perfusionists, including, without limitation:

1. The criteria for licensure as a perfusionist and the standards of professional conduct for holders of such a license;
2. The qualifications and fitness of applicants for licenses, renewal of licenses and reciprocal licenses;
3. The fee for the reinstatement of expired licenses;
4. The requirements for continuing education for the renewal of a license *which shall require completion of at least 1 hour of continuing education in nutrition and metabolic health, as approved by the Board's regulations;*
5. A code of ethics for perfusionists; and
6. The procedures for the revocation, suspension or denial of a license for a violation of this chapter or the regulations of the Board.

NRS 630.279 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of practitioners of respiratory care, including,

without limitation:

1. Educational and other qualifications of applicants;
2. Required academic programs which applicants must successfully complete;
3. Procedures for applying for and issuing licenses;
4. Tests or examinations of applicants by the Board;
5. The types of medical services that a practitioner of respiratory care may perform, except that a practitioner of respiratory care may not perform those specific functions and duties delegated or otherwise restricted by specific statute to persons licensed as dentists, chiropractic physicians, naprapaths, podiatric physicians, optometrists, physicians, osteopathic physicians or hearing aid specialists pursuant to this chapter or [chapter 631](#), [633](#), [634](#), [634B](#), [635](#), [636](#) or [637B](#) of NRS, as appropriate, or persons who hold a license to engage in radiation therapy and radiologic imaging or a limited license to engage in radiologic imaging pursuant to [chapter 653](#) of NRS;
6. The duration, renewal and termination of licenses; and
7. The grounds and procedures for disciplinary actions against practitioners of respiratory care.
- 8. To renew a license to practice as a practitioner of respiratory care, an applicant must complete at least 1 hour of continuing education in nutrition and metabolic health, as approved by the Board's regulations.***

NRS 630.289 Expiration and renewal of license.

1. Each license issued pursuant to [NRS 630.283](#) expires on June 30 or, if June 30 is a Saturday, Sunday or legal holiday, on the next business day after June 30, of every odd-numbered year and may be renewed if, before the license expires, the holder of the license submits to the Board:
 - (a) A completed application for renewal on a form prescribed by the Board;
 - (b) Proof that the applicant has successfully completed at least 20 hours of continuing education approved by the National Society of Genetic Counselors, or its successor organization, since the license was issued or most recently renewed, as applicable, ***and at least 1 hour of continuing education in nutrition and metabolic health as approved by the Board's regulations;***
 - (c) Proof that the applicant holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization;
 - (d) Proof that the applicant has satisfied any other requirements prescribed by the regulations adopted by the Board pursuant to [NRS 630.282](#); and
 - (e) The applicable fee for renewal of the license prescribed by the Board pursuant to [NRS 630.268](#).
2. The Board shall send a notice of renewal to each licensee not later than 60 days before his or her license expires. The notice must include the amount of the fee for renewal of the license.

NRS 633.471 Prerequisites; notice to licensee; content and evidence of continuing medical education; exemption from fee.

1. Except as otherwise provided in subsection 15 and [NRS 633.491](#), every holder of a license, except a physician assistant or an anesthesiologist assistant, issued under this chapter, except a temporary, special or authorized facility license, may renew the license on or before December 31 of each even-numbered year after its issuance by:

(a) Applying for renewal on forms provided by the Board;

(b) Paying the biennial license renewal fee specified in this chapter;

(c) Submitting a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against the holder during the previous biennium;

(d) Subject to subsection 14, submitting evidence to the Board that in the biennium preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than 40 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

(e) Submitting all information required to complete the renewal.

2. The Secretary of the Board shall notify each licensee of the requirements for renewal not less than 30 days before the date of renewal.

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education biennially from a percentage of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant determined by the Board. Subject to subsection 14, upon a request from the Board, an applicant for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant shall submit verified evidence satisfactory to the Board that in the biennium preceding the application for renewal the applicant attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

4. The Board shall require each holder of a license to practice osteopathic medicine to complete a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 9.

5. The Board shall encourage each holder of a license to practice osteopathic medicine to receive, as a portion of his or her continuing education, training concerning 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.

6. The Board shall encourage each holder of a license to practice osteopathic medicine or as a physician assistant to receive, as a portion of his or her continuing education, training and education in the diagnosis of rare diseases, including, without limitation:

(a) Recognizing the symptoms of pediatric cancer; and

(b) Interpreting family history to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination.

7. The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of at least 2 hours of continuing education credits in ethics, pain management, care of persons with addictive disorders or the screening, brief intervention and referral to treatment approach to substance use disorder.

8. The continuing education requirements approved by the Board must allow the holder of a license as an osteopathic physician, physician assistant or anesthesiologist assistant to receive credit toward the total amount of continuing education required by the Board for the completion of a course of instruction relating to genetic counseling and genetic testing.

9. The Board shall require each holder of a license to practice osteopathic medicine to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness which may include, without limitation, instruction concerning:

(a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;

(b) Approaches to engaging other professionals in suicide intervention; and

(c) The detection of suicidal thoughts and ideations and the prevention of suicide.

10. A holder of a license to practice osteopathic medicine may not substitute the continuing education credits relating to suicide prevention and awareness required by this section for the purposes of satisfying an equivalent requirement for continuing education in ethics.

11. The Board shall require each holder of a license to practice osteopathic medicine to complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

12. The Board shall require each psychiatrist or a physician assistant practicing under the supervision of a psychiatrist to biennially complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion. Such instruction:

(a) May include the training provided pursuant to [NRS 449.103](#) or [449B.280](#), where applicable.

(b) Must be based upon a range of research from diverse sources.

(c) Must address persons of different cultural backgrounds, including, without limitation:

(1) Persons from various gender, racial and ethnic backgrounds;

(2) Persons from various religious backgrounds;

(3) Lesbian, gay, bisexual, transgender and questioning persons;

(4) Children and senior citizens;

(5) Veterans;

(6) Persons with a mental illness;

(7) Persons with an intellectual disability, developmental disability or

physical disability; and

(8) Persons who are part of any other population that a psychiatrist or physician assistant practicing under the supervision of a psychiatrist may need to better understand, as determined by the Board.

13. The Board shall require each holder of a license to practice osteopathic medicine or as a physician assistant who provides or supervises the provision of emergency medical services in a hospital or primary care to complete at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus within 2 years after beginning to provide or supervise the provision of such services or care.

14. *The Board shall require each holder of a license to practice osteopathic medicine or as a physician assistant or as an anesthesiologist assistant to complete at least 1 hour of training in nutrition and metabolic health, as approved by the Board's regulations, as a prerequisite to the renewal of his or her license.*

15. The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirement pursuant to paragraph (d) of subsection 1 and subsection 3.

~~15.~~ 16. Members of the Armed Forces of the United States and the United States Public Health Service are exempt from payment of the biennial license renewal fee during their active duty status.

~~16.~~ 17. As used in this section, "primary care" means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

NRS 632.342 Renewal of certificate.

1. The certificate of a nursing assistant or medication aide - certified must be renewed biennially on the date of the certificate holder's birthday.

2. The Board shall renew a certificate if the applicant:

(a) Submits a completed written application and the fee required by this chapter;

(b) Submits documentation of completion of continuing training, as required by the Board, *which must include at least 1 hour of training in nutrition and metabolic health, as approved by the Board's regulations*, in the previous 24 months;

(c) Has not committed any acts which are grounds for disciplinary action, unless the Board determines that sufficient restitution has been made or the act was not substantially related to nursing;

(d) Submits documentation of employment as a nursing assistant or medication aide - certified during the 2 years immediately preceding the date of the renewal; and

(e) Submits all information required to complete the renewal.

⇒ The training program completed pursuant to paragraph (b) must be approved by the Board.

3. Failure to renew the certificate results in forfeiture of the right to practice unless the nursing assistant or medication aide - certified qualifies for the issuance of a new certificate.

4. Renewal of a certificate becomes effective on the date on which:

- (a) The application is filed;
- (b) The renewal fee is paid; or
- (c) All information required to complete the renewal is submitted,

⇒ whichever occurs latest.

NRS 632.343 Renewal of license: Completion of program of continuing education required; exemption; review of courses by Board; required and recommended courses.

1. The Board shall not renew any license issued under this chapter until the licensee has submitted proof satisfactory to the Board of completion, during the 2-year period before renewal of the license, of 30 hours in a program of continuing education *which must include at least 1 hour of training in nutrition and metabolic health*, approved by the Board in accordance with regulations adopted by the Board. Except as otherwise provided in subsection 3, the licensee is exempt from this provision for the first biennial period after graduation from:

- (a) An accredited school of professional nursing;
- (b) An accredited school of practical nursing;
- (c) An approved school of professional nursing in the process of obtaining accreditation; or
- (d) An approved school of practical nursing in the process of obtaining accreditation.

2. The Board shall review all courses offered to nurses for the completion of the requirement set forth in subsection 1. The Board may approve nursing and other courses which are directly related to the practice of nursing as well as others which bear a reasonable relationship to current developments in the field of nursing or any special area of practice in which a licensee engages. These may include academic studies, workshops, extension studies, home study and other courses.

3. The program of continuing education required by subsection 1 must include:

(a) For a person licensed as an advanced practice registered nurse:

(1) A course of instruction to be completed within 2 years after initial licensure that provides at least 2 hours of instruction on suicide prevention and awareness as described in subsection 6.

(2) The ability to receive credit toward the total amount of continuing education required by subsection 1 for the completion of a course of instruction relating to genetic counseling and genetic testing.

(b) For each person licensed pursuant to this chapter, a course of instruction, to be completed within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (1) An overview of acts of terrorism and weapons of mass destruction;
- (2) Personal protective equipment required for acts of terrorism;
- (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (5) An overview of the information available on, and the use of, the Health Alert Network.

(c) For each person licensed pursuant to this chapter, one or more courses of instruction that provide at least 4 hours of instruction relating to cultural competency and diversity, equity and inclusion to be completed biennially. Such instruction:

(1) May include the training provided pursuant to [NRS 449.103](#) or [449B.280](#), where applicable.

(2) Must be based upon a range of research from diverse sources.

(3) Must address persons of different cultural backgrounds, including, without limitation:

(I) Persons from various gender, racial and ethnic backgrounds;

(II) Persons from various religious backgrounds;

(III) Lesbian, gay, bisexual, transgender and questioning persons;

(IV) Children and senior citizens;

(V) Veterans;

(VI) Persons with a mental illness;

(VII) Persons with an intellectual disability, developmental disability or physical disability; and

(VIII) Persons who are part of any other population that a person licensed pursuant to this chapter may need to better understand, as determined by the Board.

(d) For a person licensed as an advanced practice registered nurse, at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder to be completed within 2 years after initial licensure.

(e) For each person licensed pursuant to this chapter who provides or supervises the provision of emergency medical services in a hospital or primary care, at least 2 hours of training in the stigma, discrimination and unrecognized bias toward persons who have acquired or are at a high risk of acquiring human immunodeficiency virus to be completed within 2 years after beginning to provide or supervise the provision of such services or care.

4. The Board may determine whether to include in a program of continuing education courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction in addition to the course of instruction required by paragraph (b) of subsection 3.

5. The Board shall encourage each licensee who treats or cares for persons who are more than 60 years of age to receive, as a portion of their continuing education, education in geriatrics and gerontology, including such topics as:

(a) The skills and knowledge that the licensee needs to address aging issues;

(b) Approaches to providing health care to older persons, including both didactic and clinical approaches;

(c) The biological, behavioral, social and emotional aspects of the aging process; and

(d) The importance of maintenance of function and independence for older persons.

6. The Board shall require each person licensed as an advanced practice registered nurse to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness or another course of instruction on suicide prevention and awareness that is approved by the Board which the Board has determined to be effective and appropriate.

7. The Board shall encourage each person licensed as an advanced practice registered nurse to receive, as a portion of his or her continuing education, training and education in the diagnosis of rare diseases, including, without limitation:

(a) Recognizing the symptoms of pediatric cancer; and

(b) Interpreting family history to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination.

8. As used in this section:

(a) “Act of terrorism” has the meaning ascribed to it in [NRS 202.4415](#).

(b) “Biological agent” has the meaning ascribed to it in [NRS 202.442](#).

(c) “Chemical agent” has the meaning ascribed to it in [NRS 202.4425](#).

(d) “Primary care” means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

(e) “Radioactive agent” has the meaning ascribed to it in [NRS 202.4437](#).

(f) “Weapon of mass destruction” has the meaning ascribed to it in [NRS 202.4445](#).

GENERAL STATUTORY CHANGES

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, the~~ The 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.

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 privileges of a physician, genetic counselor, perfusionist, physician assistant, anesthesiologist assistant, or practitioner of respiratory care to practice within 30 days after that denial.***

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.

PHYSICIAN ASSISTANT PRACTICE MODERNIZATION

Enact the PA Compact: <https://www.pacompact.org/> (24 member states)

NRS 630.015 “Physician assistant” defined. “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. *A physician assistant may become a physician associate if he or she fulfills the requirements as contained in NRS and NAC Chapters 630.*

New Provision: *A physician associate means a person who has completed at least 4,000 hours of supervision as a physician assistant in Nevada, and, after approval by the Board, collaborates with a collaborating physician as part of a physician-led team to provide medical services in Nevada.*

NRS 630.271 Authorized services.

1. A physician assistant may perform such medical services as the physician assistant is authorized to perform by his or her supervising physician. Such services may include ordering home health care for a patient.

2. The Board and supervising physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.

3. A physician associate may perform medical services as part of a physician-led team that are approved by the Board in regulations.

NRS 630.273 Initial license: Issuance and conditions. The Board may issue a license to an applicant who is qualified under the regulations of the Board to perform medical services under the supervision of a supervising physician. The application for a license as a physician assistant must include all information required to complete the application. *To transition from a physician assistant to a physician associate, a physician assistant must submit a petition to the Board that contains all information required by the Board’s regulations. This petition must be approved before the physician assistant may refer to himself or herself as a physician associate. If a physician associate later changes his or her specialty area of practice, he or she must inform the Board*

and he or she may be required to complete additional hours of supervision in the new specialty area of practice as required by the Board in its regulations.

NRS 630.275 Regulations concerning licensure. The Board shall adopt regulations regarding the licensure of a physician assistant *and physician associate*, including, but not limited to:

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to [NRS 630.2751](#) or [630.2752](#).
5. The tests or examinations of applicants required by the Board.
6. The medical services which a physician assistant *and physician associate* may perform, except that a physician assistant *and physician associate* may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, naprapaths, podiatric physicians and optometrists under [chapters 631](#), [634](#), [634B](#), [635](#) and [636](#), respectively, of NRS, or as hearing aid specialists.
7. The duration, renewal and termination of licenses, including licenses by endorsement. The Board shall require ~~is~~ physician assistants *and physician associates* who ~~is~~ *are* on inactive status to pay a biennial fee for registration prescribed by [NRS 630.268](#).
8. The grounds and procedures respecting disciplinary actions against physician assistants *and physician associates*.
9. The supervision of medical services of a physician assistant by a supervising physician *and the collaboration with a physician for the provision of medical services in a physician-led team for physician associates, including but not limited to the items that must be included in a supervising agreement and the items that must be included in a collaborating agreement. The Board may require that supervision and collaborating agreements be submitted to the Board according to its regulations.*
10. *In a manner consistent with NRS 629.515, ~~A~~ a* physician assistant's *and physician associate's* use of equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.

GENETIC COUNSELORS

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 with that degree.*
5. Pass the examination administered by the American Board of Genetic Counseling, or its successor organization, or the examination in clinical genetics and genomics administered by the American Board of Medical Genetics and Genomics, or its successor organization; and
6. Hold a valid certification issued by the American Board of Genetic Counseling, 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 *or a physician who practices genetic counseling* in the practice of 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, may provide consulting services related to genetic counseling

in this State *if requested by a genetic counselor or physician 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 of license.

1. If a genetic counselor desires to ~~surrender~~ *relinquish* his or her license, the genetic counselor shall submit to the Board a sworn written statement of ~~surrender~~ *relinquishment* 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~~ *relinquishment* of a license pursuant to subsection 1, the Board may restore the license at a later date 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, 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, the Board may reinstate the genetic counselor's license without further proceedings.***

ANESTHESIOLOGIST ASSISTANTS

NRS 630.0247 “Supervising anesthesiologist” defined. “Supervising anesthesiologist” means an active physician who is licensed and in good standing in this State, is certified or is eligible to be certified as an anesthesiologist by the American Board of Anesthesiology or its successor organization and supervises one or more anesthesiologist assistants.

(Added to NRS by [2023, 1545](#))

NRS 630.008 “Anesthesiologist assistant” defined. “Anesthesiologist

assistant” means a person who has been issued a license by the Board pursuant to [NRS 630.2683](#) or [630.2685](#), as applicable, and is approved by the Board to assist in the practice of medicine under the supervision of a supervising anesthesiologist.

(Added to NRS by [2023, 1545](#))

Proposal: Remove requirement/authority for anesthesiologist assistants to be licensed by the Board of Osteopathic Medicine. It is unclear when/why they need to be licensed by both boards. The Nevada Legislature drafted anesthesiologist assistants (AAs) in a manner similar to physician assistants. That assumed a set one-to-one supervision relationship. Instead, AAs do not always work with the same supervising anesthesiologist, and they are allowed to work under the supervision of any anesthesiologist licensed in Nevada under the NRS Chapter 630 definitions. Removing licensure for AAs from the Board of Osteopathic Medicine would simplify things for those licensees. For example, NRS 630.0137 allows a perfusionist to work “under the order and supervision of a physician.” It does not specify whether the physician is licensed pursuant to NRS 630 or NRS 633. Similarly, practitioners of respiratory care practice “under the direction of or pursuant to a prescription from a physician licensed to practice in this State, any other state, any territory of the United States or the District of Columbia” according to NRS 630.276.

~~**NRS 630.26835 — Simultaneous license to practice as anesthesiologist assistant issued by State Board of Osteopathic Medicine: Application; fees.**~~

~~— 1. A person applying for an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as an anesthesiologist assistant pursuant to the provisions of [chapter 633](#) of NRS must:~~

~~— (a) Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of [chapter 633](#) of NRS;~~

~~— (b) Apply for a license to practice as an anesthesiologist assistant to:~~

~~— (1) The Board pursuant to this chapter; and~~

~~— (2) The State Board of Osteopathic Medicine pursuant to [chapter 633](#) of NRS;~~
~~and~~

~~— (c) Pay all applicable fees, including, without limitation:~~

~~— (1) The fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to [NRS 630.268](#); and~~

~~— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to [NRS 633.501](#).~~

~~— 2. If a person who applies for an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of [chapter 633](#) of NRS and pays the fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to [NRS 630.268](#) and the person does not pay the application and initial simultaneous license fee for an anesthesiologist~~

assistant established pursuant to NRS 633.501 within 1 year after the issuance of his or her license pursuant to this chapter:

— (a) The Board of Medical Examiners shall notify the person that he or she is required to pay to the Board the difference between:

— (1) The fee for application for and issuance of a license to practice as an anesthesiologist assistant established pursuant to NRS 630.268; and

— (2) The fee for application for and initial issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268; and

— (b) The person shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).

— (Added to NRS by 2023, 1549; A 2025, 1610)

~~**NRS 630.2684 Renewal of simultaneous license to practice as anesthesiologist assistant issued by State Board of Osteopathic Medicine: Application; fees.**~~

— 1. A person applying to renew an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous anesthesiologist assistant license pursuant to the provisions of chapter 633 of NRS must:

— (a) Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS;

— (b) Apply:

— (1) To renew an anesthesiologist assistant license to the Board pursuant to this chapter; and

— (2) For an anesthesiologist assistant license to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and

— (c) Pay all applicable fees, including, without limitation:

— (1) The fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501.

— 2. If an applicant to renew an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS and pays the fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 within 1 year after the renewal of his or her license pursuant to this chapter:

— (a) The Board of Medical Examiners shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:

— (1) The fee for biennial registration of an anesthesiologist assistant established pursuant to NRS 630.268; and

— (2) The fee for biennial simultaneous registration of an anesthesiologist

assistant established pursuant to NRS 630.268; and

~~— (b) The anesthesiologist assistant shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).~~

~~— (Added to NRS by 2023, 1549; A 2025, 1610)~~

~~— **NRS 630.26845 Simultaneous license to practice as anesthesiologist assistant issued by State Board of Osteopathic Medicine: Application by holder of license as anesthesiologist assistant issued by Board of Medical Examiners at time other than with application for renewal; fees.**~~

~~— 1. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 633 of NRS, the person must:~~

~~— (a) Apply for an anesthesiologist assistant license to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and~~

~~— (b) Pay all applicable fees, including, without limitation:~~

~~— (1) The fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268; and~~

~~— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501.~~

~~— 2. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter pays the fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 within 1 year after the next time the person renews his or her license pursuant to this chapter:~~

~~— (a) The Board of Medical Examiners shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:~~

~~— (1) The fee for biennial registration of an anesthesiologist assistant established pursuant to NRS 630.268; and~~

~~— (2) The fee for biennial simultaneous registration of an anesthesiologist assistant established pursuant to NRS 630.268; and~~

~~— (b) The anesthesiologist assistant shall pay to the Board of Medical Examiners the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).~~

~~— (Added to NRS by 2023, 1550; A 2025, 1611)~~

~~**NRS 633.013 “Anesthesiologist assistant” defined.** “Anesthesiologist assistant” means a person who has been issued a license by the Board pursuant to NRS 633.4254 or 633.4262, as applicable, and is approved by the Board to assist in the practice of medicine under the supervision of a supervising osteopathic anesthesiologist.~~

~~—(Added to NRS by [2023, 1564](#))~~

~~**NRS 633.017 “Assist in the practice of medicine” defined.** “Assist in the practice of medicine” means an anesthesiologist assistant personally performs the duties assigned to the anesthesiologist assistant by and under the supervision of a supervising osteopathic anesthesiologist.~~

~~—(Added to NRS by [2023, 1564](#))~~

~~**NRS 633.1225 “Supervising osteopathic anesthesiologist” defined.** “Supervising osteopathic anesthesiologist” means an active osteopathic physician who is licensed and in good standing in this State, is certified or eligible to be certified as an anesthesiologist by the American Board of Anesthesiology or its successor organization and supervises one or more anesthesiologist assistants.~~

~~—(Added to NRS by [2023, 1564](#))~~

~~**NRS 633.425 Authorized services; prohibited actions.**~~

~~—1. An anesthesiologist assistant licensed under the provisions of this chapter may assist in the practice of medicine in accordance with the regulations adopted by the Board pursuant to [NRS 633.4252](#) and under the supervision of a supervising osteopathic anesthesiologist.~~

~~—2. An anesthesiologist assistant may perform the following duties and responsibilities as delegated by and under the supervision of a supervising osteopathic anesthesiologist, including, without limitation:~~

~~—(a) Developing and implementing an anesthesia care plan for a patient;~~

~~—(b) Obtaining the comprehensive health history of a patient, performing relevant elements of a physical examination of a patient and recording relevant data;~~

~~—(c) Ordering and performing preoperative and postoperative anesthetic patient evaluations and consultations and maintaining progress notes;~~

~~—(d) Subject to the limitations for [NRS 453.375](#), possessing and administering preoperative and perioperative medications, including, without limitation, controlled substances, administering anesthetic agents, related pharmaceutical agents, fluid and blood products and adjunctive treatment, for purposes of:~~

~~—(1) Maintaining and altering the levels of anesthesia and providing continuity of anesthetic care into and during the postoperative recovery period;~~

~~—(2) The continuation of perioperative medications;~~

~~—(3) Performing general anesthesia, including, without limitation, induction, maintenance, emergence and other procedures associated with general anesthesia;~~

~~—(4) Administering vasoactive drugs and starting and titrating vasoactive infusions to treat a response of a patient to anesthesia; and~~

~~—(5) Administering postoperative sedation, anxiolysis or analgesia medication to treat patient responses to anesthesia;~~

~~—(e) Entering in the medical record of a patient verbal or written medication chart orders prescribed by the supervising osteopathic anesthesiologist;~~

~~—(f) Changing or discontinuing an anesthesia care plan after consulting with the~~

supervising osteopathic anesthesiologist;

~~— (g) Obtaining informed consent from a patient or the parent or guardian of the patient, as applicable, for the administration of anesthesia or related procedures;~~

~~— (h) Pretesting and calibrating anesthesia delivery systems and obtaining information from such systems and from monitors;~~

~~— (i) Implementing medically accepted monitoring techniques;~~

~~— (j) Establishing airway interventions and performing ventilatory support, including, without limitation, endotracheal intubation, laryngeal mask insertion and other advanced airway techniques;~~

~~— (k) Establishing peripheral intravenous lines, including, without limitation, the use of subcutaneous lidocaine, and performing invasive procedures, including, without limitation, the placement of arterial lines, central lines and Swan-Ganz catheters;~~

~~— (l) Performing, maintaining, evaluating and managing epidural, spinal and regional anesthesia, including, without limitation, catheters;~~

~~— (m) Performing monitored anesthesia care;~~

~~— (n) Conducting laboratory and other related studies, including, without limitation, taking blood samples and administering blood, blood products and supportive fluids;~~

~~— (o) Performing, ordering and interpreting preoperative, point-of-care, intraoperative or postoperative diagnostic testing or procedures;~~

~~— (p) Monitoring the patient while in the preoperative suite, recovery area or labor suites and making postanesthesia rounds;~~

~~— (q) Participating in administrative, research and clinical teaching activities, including, without limitation, supervising student anesthesiologist assistants and students involved in anesthesia training;~~

~~— (r) Initiating and managing cardiopulmonary resuscitation in response to a life-threatening situation; and~~

~~— (s) Performing such other tasks that are not otherwise prohibited by law and in which the anesthesiologist assistant has been trained and is competent.~~

~~— 3. An anesthesiologist assistant shall not prescribe any controlled substance or any dangerous drug, as defined in NRS 454.201.~~

~~— 4. An anesthesiologist assistant may not perform any duties which are outside the scope of the duties assigned to the anesthesiologist assistant by the supervising osteopathic anesthesiologist or delegate any medical care task assigned to the anesthesiologist assistant by the supervising osteopathic anesthesiologist to any other person.~~

~~— (Added to NRS by 2023, 1564)~~

~~— **NRS 633.4252 Regulations concerning licensure of anesthesiologist assistants.** The Board shall adopt regulations establishing the requirements for the issuance of a license to practice as an anesthesiologist assistant pursuant to NRS 633.4254 and a temporary license to practice as an anesthesiologist assistant pursuant to NRS 633.4262, including, without limitation:~~

- ~~— 1. The required qualifications of an applicant for such a license or temporary license;~~
- ~~— 2. The academic or educational certificates, credentials or programs of study required of an applicant for such a license or temporary licenses;~~
- ~~— 3. The procedures for submitting an application for a license or temporary license;~~
- ~~— 4. The standards of review for applicants submitted pursuant to NRS 633.4254 and 633.4262 and procedures for the issuance of such licenses;~~
- ~~— 5. The testing or examination of applicants by the Board;~~
- ~~— 6. The renewal, revocation, suspension and termination of licenses;~~
- ~~— 7. The regulation and discipline of anesthesiologist assistants, including, without limitation, the reporting of complaints, conducting investigations of alleged misconduct and disciplinary proceedings;~~
- ~~— 8. The requirements for the supervision of an anesthesiologist assistant by a supervising osteopathic anesthesiologist; and~~
- ~~— 9. Consistent with the provisions of NRS 633.425, the duties which an anesthesiologist assistant may perform under the supervision of a supervising osteopathic anesthesiologist.~~
- ~~— (Added to NRS by 2023, 1567)~~

~~**NRS 633.4254 Initial license as anesthesiologist assistant: Requirements for issuance; contents of application; issuance; expiration; renewal.**~~

- ~~— 1. The Board may issue a license to practice as an anesthesiologist assistant to an applicant who:~~
 - ~~— (a) Graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization;~~
 - ~~— (b) Has passed a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants, its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board;~~
 - ~~— (c) Is certified by the National Commission for Certification of Anesthesiologist Assistants, its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board;~~
 - ~~— (d) Submits an application for a license as an anesthesiologist assistant in accordance with the regulations adopted by the Board pursuant to NRS 633.4252;~~
 - ~~— (e) Pays the application fee for the application for and issuance of a license as an anesthesiologist assistant required by NRS 633.501; and~~
 - ~~— (f) Meets the qualifications prescribed by the regulations adopted by the Board pursuant to NRS 633.4252 to assist in the practice of medicine under the supervision of a supervising osteopathic anesthesiologist.~~
- ~~— 2. An applicant for a license to practice as an anesthesiologist assistant~~

~~submitted pursuant to this section must include, without limitation, all the information required by the Board to complete the application.~~

~~— 3. A license issued by the Board pursuant to subsection 1 may be renewed on or before December 31 of each odd numbered year in a manner consistent with the regulations adopted by the Board pursuant to NRS 633.4252.~~

~~— (Added to NRS by 2023, 1566; A 2025, 97)~~

~~— **NRS 633.4256 Simultaneous license to practice as anesthesiologist assistant issued by Board of Medical Examiners: Application; fees.**~~

~~— 1. A person applying for a license to practice as an anesthesiologist assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS must:~~

~~— (a) Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS;~~

~~— (b) Apply for a license to practice as an anesthesiologist assistant to:~~

~~— (1) The Board pursuant to this chapter; and~~

~~— (2) The Board of Medical Examiners pursuant to chapter 630 of NRS; and~~

~~— (c) Pay all applicable fees, including, without limitation:~~

~~— (1) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501; and~~

~~— (2) The fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268.~~

~~— 2. If a person who applies for an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS and pays the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501 and the person does not pay the fee for application for and issuance of a simultaneous license as an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the issuance of his or her license pursuant to this chapter:~~

~~— (a) The State Board of Osteopathic Medicine shall notify the person that he or she is required to pay to the Board the difference between:~~

~~— (1) The application and initial license fee for an anesthesiologist assistant established pursuant to NRS 633.501; and~~

~~— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 633.501; and~~

~~— (b) The person shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).~~

~~— (Added to NRS by 2023, 1568; A 2025, 1639)~~

~~— **NRS 633.4258 Renewal of simultaneous license to practice as anesthesiologist assistant issued by Board of Medical Examiners:**~~

Application; fees.

~~— 1. A person applying to renew an anesthesiologist assistant license pursuant to the provisions of this chapter who wishes to hold a simultaneous anesthesiologist assistant license pursuant to the provisions of chapter 630 of NRS must:~~

~~— (a) Indicate in the application that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS;~~

~~— (b) Apply:~~

~~— (1) To renew an anesthesiologist assistant license to the Board pursuant to this chapter; and~~

~~— (2) For an anesthesiologist assistant license to the Board of Medical Examiners pursuant to chapter 630 of NRS; and~~

~~— (c) Pay all applicable fees, including, without limitation:~~

~~— (1) The biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268.~~

~~— 2. If an applicant to renew an anesthesiologist assistant license pursuant to the provisions of this chapter indicates that he or she wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS and pays the biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the renewal of his or her license pursuant to this chapter:~~

~~— (a) The State Board of Osteopathic Medicine shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:~~

~~— (1) The biennial license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (2) The biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (b) The anesthesiologist assistant shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).~~

~~— (Added to NRS by 2023, 1568; A 2025, 1639)~~

~~**NRS 633.426 Simultaneous license to practice as anesthesiologist assistant issued by Board of Medical Examiners: Application by holder of license as anesthesiologist assistant issued by State Board of Osteopathic Medicine at time other than with application for renewal; fees.**~~

~~— 1. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license as an anesthesiologist assistant pursuant to the provisions of chapter 630 of NRS, the person must:~~

~~— (a) Apply for an anesthesiologist assistant license to the Board of Medical~~

~~Examiners pursuant to chapter 630 of NRS; and~~

~~— (b) Pay all applicable fees, including, without limitation:~~

~~— (1) The biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (2) The application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268.~~

~~— 2. If a person licensed as an anesthesiologist assistant pursuant to the provisions of this chapter pays the biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501 in accordance with subparagraph (1) of paragraph (b) of subsection 1 but does not pay the application and initial simultaneous license fee for an anesthesiologist assistant established pursuant to NRS 630.268 within 1 year after the next time the person renews his or her license pursuant to this chapter:~~

~~— (a) The State Board of Osteopathic Medicine shall notify the anesthesiologist assistant that he or she is required to pay to the Board the difference between:~~

~~— (1) The biennial license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (2) The biennial simultaneous license renewal fee for an anesthesiologist assistant license established pursuant to NRS 633.501; and~~

~~— (b) The anesthesiologist assistant shall pay to the State Board of Osteopathic Medicine the amount required by paragraph (a) not later than 30 days after the date of the notice provided pursuant to paragraph (a).~~

~~— (Added to NRS by 2023, 1568; A 2025, 97, 1640)~~

~~— **NRS 633.4262 Temporary license to practice as anesthesiologist assistant.**~~

~~— 1. The Board may issue a temporary license to practice as an anesthesiologist assistant to an applicant who:~~

~~— (a) Graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization or another program for educating and training anesthesiologist assistants but who has not yet passed the certification examination required by paragraph (b) of subsection 1 of NRS 633.4254;~~

~~— (b) Submits an application for temporary licensure; and~~

~~— (c) Pays the application fee required by NRS 633.501.~~

~~— 2. An applicant for a temporary license to practice as an anesthesiologist assistant submitted pursuant to this section must include all the information required by the Board to complete the application.~~

~~— 3. An applicant issued a temporary license to practice as an anesthesiologist assistant pursuant to subsection 1 must take the next available certification examination required by paragraph (b) of subsection 1 of NRS 633.4254 after receiving a temporary license.~~

~~— 4. A temporary license to practice as an anesthesiologist assistant issued pursuant to subsection 1 is valid for a period of 1 year and is subject to any~~

requirements established by the Board pursuant to NRS 633.4254.
— (Added to NRS by 2023, 1566)

~~— **NRS 633.4264 Duty to identify as anesthesiologist assistant.** An anesthesiologist assistant licensed pursuant to NRS 633.4254 or 633.4262 shall identify himself or herself as an anesthesiologist assistant when engaged in professional duties.
— (Added to NRS by 2023, 1567)~~

~~— **NRS 633.4266 Rendering of emergency care in emergency or disaster without supervision of supervising osteopathic anesthesiologist.**~~

~~— 1. An anesthesiologist assistant licensed pursuant to NRS 633.4254 or 633.4262 who is responding to a need for medical care created by an emergency or disaster, as declared by a governmental agency, may render emergency care that is directly related to the emergency or disaster without the supervision of a supervising osteopathic anesthesiologist as required by this chapter. The provisions of this subsection apply only for the duration of the emergency or disaster.~~

~~— 2. A supervising osteopathic anesthesiologist who supervises an anesthesiologist assistant who is rendering emergency care that is directly related to an emergency or disaster, as described in subsection 1, is not required to meet the requirements set forth in this chapter for such supervision.
— (Added to NRS by 2023, 1567)~~

~~— **NRS 633.4268 Manner of supervision of anesthesiologist assistant.**~~

~~— 1. A supervising osteopathic anesthesiologist shall be immediately available in such proximity to an anesthesiologist assistant during the performance of his or her duties that the supervising osteopathic anesthesiologist is able to effectively reestablish direct contact with the patient to meet the medical needs of the patient and intervene to address any urgent or emergent clinical problems.~~

~~— 2. A supervising osteopathic anesthesiologist shall supervise an anesthesiologist assistant in a manner consistent with any applicable federal rule or regulation for reimbursement for anesthesia services.
— (Added to NRS by 2023, 1567)~~

~~— **NRS 633.427 Medical facility employing anesthesiologist assistant required to submit list of such personnel to Board; confidentiality of list; medical facilities required to confirm qualifications with Board before employment of anesthesiologist assistant.**~~

~~— 1. Each medical facility in this State employing an anesthesiologist assistant shall submit to the Board a list of such personnel at least three times annually, as directed by the Board. Except as otherwise provided in NRS 239.0115, each list submitted to the Board pursuant to this subsection is confidential.~~

~~— 2. A medical facility shall, before hiring an anesthesiologist assistant, obtain validation from the Board that the prospective employee is licensed pursuant to the~~

~~provisions of NRS 633.4254 or 633.4262, as applicable.
—(Added to NRS by 2023, 1568)~~

1 In the General Assembly State of _____

2 “Medical Spa Safety Act.”

3 **Section 1. Title.** This act shall be known as and may be cited as the “Medical Spa Safety Act.”

4 **Section 2. Purpose.** The legislature hereby finds and declares that:

- 5 (a) Patients are increasingly seeking cosmetic medical procedures and it is crucial that
6 patient safety remains the top priority for providers of these services.
- 7 (b) These procedures are often done outside of a physician office and in a medical spa
8 (“med spa”), many of which are legitimate, safe, physician-owned facilities that
9 operate with a high standard of patient care.
- 10 (c) Lack of regulation have enabled med spas to offer cosmetic medical procedures by
11 inadequately trained or supervised persons to an unsuspecting public.
- 12 (d) Some facilities have a physician listed as a medical director, who does not own the
13 facility and/or is not on-site or immediately available to directly supervise non-
14 physician providers.
- 15 (e) It is in the public interest to protect patients from harm by ensuring that med spas
16 deliver safe medical care supervised by an on-site physician.

17 **Section 3. Definitions.**

- 18 (a) “Medical spa (med spa)” means a facility that provides cosmetic medical procedures,
19 which may include neuromodulators, dermal fillers and non-ablative laser
20 procedures outside of a physician’s office.

Drafting Note – RE: “Medical spa (med spa)”: States may choose to implement medical malpractice requirements.

- 21 (b) “Cosmetic medical procedure” means medical procedures or treatments that are
22 performed to alter or reshape normal structures of the body or ablate or remove
23 living tissue solely in order to improve physical appearance.
- 24 (c) “Medical Director” means a physician who assumes the role of, or holds oneself out
25 as, medical director at a medical spa. The medical director is:
- 26 i. Trained in the indications for, and performance of, cosmetic medical
27 procedures, including all medical devices or instruments that can alter or
28 cause biologic change or damage the skin and subcutaneous tissue and;
29 ii. Responsible for implementing policies and procedures to ensure quality
30 patient care and for the delegation and supervision of cosmetic medical
31 procedures and;
32 iii. Responsible for all cosmetic medical procedures performed by physicians
33 or non-physician providers at a medical spa and;

- 34 iv. Responsible for ensuring that all supervising physicians and non-physician
35 providers to whom a cosmetic medical procedure has been delegated are
36 properly trained in the safe and effective performance of all cosmetic
37 medical procedures performed at the medical spa.
38 (d) “Physician” means an allopath or osteopath who has an active, unrestricted medical
39 license granted under the authority of XX and practices within the state that the
40 medical spa is located.

Drafting Note – RE: “Physician”: States may choose to define “allopath” and “osteopath” for further clarification.

- 41 (e) “Delegate” means a non-physician tasked with performing a procedure as defined in
42 Paragraph (b) by a Physician as defined in Paragraph (d).

Drafting Note – RE: “Delegate”: States may choose to list the different types of non-physician categories that have the authority to perform cosmetic medical procedures. This should not be interpreted to expand the scope of practice authority of any non-physician health care provider.

- 43 (f) “Supervision” means a supervising physician that is both present at the site and
44 immediately able to respond in-person as needed.

45 **Section 4. Protecting Patients in a Medical Spa Setting**

- 46 (a) A physician who performs or supervises cosmetic medical procedures by a non-
47 physician must be trained in the indications for and performance of the cosmetic
48 medical procedure.
49 i. Training by a vendor or manufacturer of any injectables and/or medical
50 devices used during a cosmetic medical procedure is insufficient as the
51 physician’s only educational training.
52 ii. ACGME or AOA approved continuing medical education, or completion of
53 an ACGME or AOA accredited postgraduate program that includes
54 training in the cosmetic medical procedure being performed satisfies the
55 education requirement.
56 (b) The supervising physician must:
57 i. Develop and maintain written office protocols for each cosmetic medical
58 procedure.
59 ii. Perform the initial assessment of the patient.
60 iii. Prepare a written treatment plan for each patient, including diagnosis,
61 course of treatment and specifications for any device being utilized.
62 iv. Obtain patient consent if the procedure is being done by a non-physician
63 provider and identify credentials and name of the non-physician provider
64 who will be performing the medical procedure.

- 65 v. Create and maintain medical records in a manner consistent with
66 accepted medical practice and in compliance with the rules of the State
67 of XX.
- 68 (c) Non-physician providers may only perform cosmetic medical procedures in which
69 they have been properly trained and if the procedure has been delegated to them
70 by a supervising physician. All non-physician providers must:
- 71 i. Wear identification that clearly communicates they are not physicians
72 and identifies the type of provider they are and their licensing.
 - 73 ii. Review and follow written protocols for each delegated cosmetic medical
74 procedure;
 - 75 iii. Verify that the supervising physician has assessed the patient and given
76 written treatment instructions for each procedure to be performed;
 - 77 iv. Review the cosmetic medical procedure to be performed with each
78 patient;
 - 79 v. Notify the medical director and supervising physician of any adverse
80 events or complications before the patient leaves the medical spa or as
81 they become aware; and follow-up communications with the patient
82 post-operatively;
 - 83 vi. Document all relevant details of the cosmetic medical procedure in each
84 patient's medical record; and
 - 85 vii. Satisfy any requirements imposed by the licensing board of the non-
86 physician.

Drafting note - RE: Protecting Patients in a Medical Spa Setting: This section should not be interpreted to expand existing statute or regulation regarding the scope of practice of non-physician providers.

States may choose to require medical spas to post if a physician is not on-site and mandate adverse event reporting to the U.S. Food and Drug Administration. States may also require reporting to a physician organization's adverse event database, such as the American Society for Dermatologic Surgery Association's CAPER).

Drafting note - RE: Optional Section – Violations and Enforcement: States should consider potential enforcement measures for non-compliance.

87 **Section 5. Effective.** This Act shall become effective immediately upon being enacted into law.