



Nevada State Board of Medical Examiners

NOTICE OF INTENT TO ACT UPON REGULATION

Notice of Hearing for the Adoption/Amendment of Regulations of the
Nevada State Board of Medical Examiners

The Nevada State Board of Medical Examiners (Board) will hold a public hearing at 11:00 a.m., on Wednesday, February 26, 2020, at the Board office located at 9600 Gateway Drive, Reno, Nevada 89521 with video-conferencing to the Nevada State Board of Dental Examiners, located at 6010 S. Rainbow Blvd., Bldg. A., Ste. 1, Las Vegas, Nevada. The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of three regulations that pertain to Chapter 630 of the Nevada Administrative Code.

- R009-19** Section 1 of this regulation establishes standards for the licensure by endorsement of a person as a practitioner of respiratory care. Section 1 also establishes a timeline for the Board to request additional information related to the application, approve an application and issue a license by endorsement, and establishes grounds for the Board to deny an application for licensure by endorsement. Section 2 of this regulation makes a conforming change.
- R010-19** This regulation establishes standards for the licensure by endorsement of a person as a perfusionist. This regulation also establishes a timeline for the Board to request additional information related to the application, approve an application and issue a license by endorsement, and establishes grounds for the Board to deny an application for licensure by endorsement.
- R086-19** A regulation relating to continuing medical education; revising provisions relating to credits received by holders of a license to practice medicine and a license to practice as a physician assistant for continuing medical education; and providing other matters properly relating thereto.

The following information is provided pursuant to the requirements of NRS 233B.0603:

1. The need for and the purpose of the proposed regulation or amendment.

The proposed amendment is necessary to update the regulations to comply with and implement recent statutory changes.

2. If the proposed regulation is a temporary regulation, the terms or the substance of the proposed regulation to be adopted, amended or repealed, or a description of the subjects and the issues involved.

3. If the proposed regulation is a permanent regulation, a statement explaining how to obtain the approved or revised text of the proposed regulation.

A copy of this Notice and the proposed regulations to be adopted will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of this Notice and the proposed regulations to be adopted will be available at the offices of the Board at 9600 Gateway Drive, Reno, Nevada 89521 and 6010 S. Rainbow Blvd. Bldg. A, Ste. 2, Las Vegas, NV 89118, the Board's website, <http://medboard.nv.gov/>, and, in all counties in which an office of the agency is not maintained, at the main public library or county office, for inspection and copying by members of the public during business hours. This Notice and the text of the proposed regulations is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/register/>. Copies of this Notice and the proposed regulations will also be mailed to members of the public at no charge upon request.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public.

- a. Both adverse and beneficial effects:

The Board does not believe that the proposed amendment will have a direct economic effect on the business of the practice of medicine or the public.

- b. Both immediate and long-term effects:

The Board does not believe that the proposed amendment will have a direct economic effect on the business of the practice of medicine or the public.

5. The methods used by the agency in determining the impact on small business.

The Board sent letters regarding the proposed regulations and requesting information regarding whether the proposed regulations would impact small businesses to the Better Business Bureau of Northern Nevada, the Better Business Bureau of Southern Nevada, multiple chambers of commerce offices in the State of Nevada, the Nevada State Medical Association, the Washoe County Medical Society, and the Clark County Medical Society. To date, the Board has received no responses indicating that these proposed regulations will impact small businesses.

6. The estimated cost to the agency for enforcement of the proposed regulation.

Enforcement of the proposed regulations will not result in an increased cost to the Board.

7. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

To the Board's knowledge, the proposed regulations do not overlap or duplicate the regulations of other state or local governmental agencies or any federal regulations.

8. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The proposed regulations are not required pursuant to federal law.

9. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

To the Board's knowledge, the proposed regulations do not regulate the same activity addressed in a federal regulation.

10. Whether the proposed regulation establishes a new fee or increases an existing fee.

The proposed regulations do not establish new fees or increase existing fees.

11. If the proposed regulation is a temporary regulation, each address at which the text of the regulation may be inspected and copied.

The proposed regulations are not temporary.

Persons wishing to comment upon the proposed regulations of the Nevada State Board of Medical Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Written submissions must be received by the Nevada State Board of Medical Examiners on or before 11 a.m. on Wednesday, February 26, 2020. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

A copy of this notice and the regulation to be adopted will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be adopted will be available at the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521, and, the Nevada State Board of Medical Examiners, 6010 S. Rainbow Blvd. Bldg. A, Ste. 2, Las Vegas, NV 89118, the Board's website, <http://medboard.nv.gov/>, and, in all counties in which an office of the agency is not maintained, at the main public library or county office, for inspection and copying by members of the public during business hours. This notice and the text of the proposed regulation is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/>. Copies of this Notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at the following locations:

Washoe County Courthouse

Reno, NV

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| Carson City Library | Carson City, NV |
| Clark County District Library | Las Vegas, NV |
| Churchill County Library | Fallon, NV |
| Douglas County Library | Minden, NV |
| Elko County Library | Elko, NV |
| Elko County Library | Elko, NV |
| Esmeralda County Library | Goldfield, NV |
| Humboldt County Library | Winnemucca, NV |
| Lander County Library | Battle Mountain, NV |
| Lincoln County Library | Pioche, NV |
| Lyon County Library | Yerington, NV |
| Nevada State Board of Medical Examiners | Reno, NV |
| Mineral County Library | Hawthorne, NV |
| Office of the Attorney General | Carson City |
| Office of the Attorney General | Las Vegas, NV |
| Pershing County Library | Lovelock, NV |
| Storey County Comm. | Virginia City, NV |
| Tonopah Public Library (Nye) | Tonopah, NV |
| White Pine County Courthouse | Ely, NV |
| White Pine County Library | Ely, NV |
| www.notice.nv.gov | |
| www.medboard.nv.gov | |

❖ PUBLIC NOTICE ❖

NEVADA STATE BOARD OF MEDICAL EXAMINERS REGULATION PUBLIC HEARING

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

Videoconferenced to:

Conference Room at the Offices of the Nevada State Board of Medical
Examiners/Nevada State Board of Dental Examiners
6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

February 26, 2020 – 11 a.m.

*** AGENDA ***

Please Note:

- Persons wishing to attend this public hearing may do so at either of the above-listed locations.
- Agenda items, other than those items posted with a specific time, may be taken out of sequence or may be combined for consideration by the Deputy Executive Director to accommodate persons appearing at the public hearing and/or to aid in the effectiveness of the hearing.
- Items may be pulled or removed from the Agenda at any time.
- Certain Agenda items, or portions thereof, may be conducted in closed session, in accordance with NRS 241.030.
- Public comment is scheduled under Agenda Item 2, at the beginning of the meeting, and again under Agenda Item 4, at the end of the meeting, and may also be called for at other times throughout the meeting by the Deputy Executive Director. When these Agenda items are called, members of the general public may bring matters not appearing on this Agenda to the attention of the Deputy Executive Director. The Board may discuss the matters, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future Agenda for action. In consideration of others, who may also wish to provide public comment, please avoid repetition and limit your comments to no more than four (4) minutes.
- Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. See NRS 233B.126.

1. Call to Order and Introductions
2. Public Comment
Members of the public are invited to provide public comment. No action will be taken regarding this comment at this workshop. Public comment may be limited to four (4) minutes at the discretion of the Deputy Executive Director.
3. Public hearing on LCB File Nos. R009-19, R010-19, and R086-19 (for discussion only)
Public comment regarding LCB File Nos. R009-19, R010-19, and R086-19 is welcomed and will be accepted. Any written comment received by 11 a.m. on February 26, 2020 will be read into the record.
4. Public Comment
Members of the public are invited to provide public comment. No action will be taken regarding this comment at this workshop. Public comment may be limited to four (4) minutes at the discretion of the Deputy Executive Director.
5. Adjournment (for possible action)

NOTICES POSTED AT THE FOLLOWING:

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|--|---------------------|
| Washoe County Courthouse | Reno, NV |
| Carson City Library | Carson City, NV |
| Clark County District Library | Las Vegas, NV |
| Churchill County Library | Fallon, NV |
| Douglas County Library | Minden, NV |
| Elko County Library | Elko, NV |
| Elko County Library | Elko, NV |
| Esmeralda County Library | Goldfield, NV |
| Humboldt County Library | Winnemucca, NV |
| Lander County Library | Battle Mountain, NV |
| Lincoln County Library | Pioche, NV |
| Lyon County Library | Yerington, NV |
| Nevada State Board of Medical Examiners | Reno, NV |
| Mineral County Library | Hawthorne, NV |
| Office of the Attorney General | Carson City |
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| Pershing County Library | Lovelock, NV |
| Storey County Comm. | Virginia City, NV |
| Tonopah Public Library (Nye) | Tonopah, NV |
| White Pine County Courthouse | Ely, NV |
| White Pine County Library | Ely, NV |
| www.notice.nv.gov | |
| www.medboard.nv.gov | |

PLEASE NOTE:

- 1) Persons/facilities desiring copies of the Board's agenda must submit their request in writing every twelve (12) months. Check the address label for this agenda for expiration date.
- 2) With regard to any Board meeting, it is possible that an amended notice will be published adding new items to the original agenda. Amended notices will be posted in accordance with the Open Meeting Law.
- 3) Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Board office in writing at 9600 Gateway Drive, Reno, NV 89521, or by calling (775) 324-9369, prior to the date of the meeting.
- 4) Anyone desiring supporting material for the meeting is invited to call Laurie Munson at 775-324-9369. Supporting material for the meeting is available at the Board's office at 9600 Gateway Drive, Reno, Nevada.

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

LCB File No. R009-19

July 24, 2019

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

AUTHORITY: §1, NRS 622.530, 630.130 and 630.279; §2, NRS 630.130 and 630.279.

A REGULATION relating to licensure by endorsement; prescribing the requirements for licensure by endorsement as a practitioner of respiratory care; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires certain regulatory bodies to adopt regulations providing for the issuance of a license by endorsement to engage in an occupation or profession in this State to any natural person who: (1) holds a corresponding valid and unrestricted license to engage in that occupation or profession in the District of Columbia or any state or territory of the United States; (2) possesses qualifications that are substantially similar to the qualifications required for issuance of a license to engage in that occupation or profession in this State; and (3) meets certain other requirements. (NRS 622.530) Under existing law, the Board of Medical Examiners has the authority to adopt regulations governing the licensure of practitioners of respiratory care. (NRS 630.279)

Section 1 of this regulation establishes standards for the licensure by endorsement of a person as a practitioner of respiratory care. **Section 1** also establishes a timeline for the Board to request additional information related to the application, approve an application and issue a license by endorsement, and establishes grounds for the Board to deny an application for licensure by endorsement. **Section 2** of this regulation makes a conforming change.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto a new section to read as follows:

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

(a) The date of birth and the birthplace of the applicant, his or her sex and the various places of his or her residence after reaching 18 years of age;

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

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

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

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to engage in the practice of respiratory care;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to engage in the practice of respiratory care;

(g) Whether the applicant has had a license to engage in the practice of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States;

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

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

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

(k) A public address where the applicant may be contacted by the Board.

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

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

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

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

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

(a) Sixty days after receiving the application; or

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

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

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

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

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

Sec. 2. NAC 630.540 is hereby amended to read as follows:

630.540 A practitioner of respiratory care is subject to discipline or denial of licensure by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the practitioner of respiratory care:

1. Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license or renewing a license.

2. Performed respiratory care services other than as permitted by law.
3. Committed malpractice in the performance of respiratory care services, which may be evidenced by claims settled against a practitioner of respiratory care.
4. Disobeyed any order of the Board or an investigative committee of the Board or violated a provision of this chapter.
5. Is not competent to provide respiratory care services.
6. Lost his or her certification by the National Board for Respiratory Care or its successor organization.
7. Failed to notify the Board of loss of certification by the National Board for Respiratory Care or its successor organization.
8. Falsified records of health care.
9. Rendered respiratory care to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.
10. Practiced respiratory care after his or her license has expired or been suspended.
11. Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of respiratory care or the ability to practice respiratory care.
12. Has had a license to practice respiratory care revoked, suspended, modified or limited by any other jurisdiction or has surrendered such license or discontinued the practice of respiratory care while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.

13. Engaged in any sexual activity with a patient who is currently being treated by the practitioner of respiratory care.
14. Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
15. Engaged in conduct that violates the trust of a patient and exploits the relationship between the practitioner of respiratory care and the patient for financial or other personal gain.
16. Engaged in conduct which brings the respiratory care profession into disrepute, including, without limitation, conduct which violates any provision of a national code of ethics adopted by the Board by regulation.
17. Engaged in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent or legal guardian, that exploits the relationship between the practitioner of respiratory care and the patient in a sexual manner.
18. Made or filed a report that the practitioner of respiratory care knows to be false, failed to file a record or report as required by law or willfully obstructed or induced another to obstruct such filing.
19. Altered the medical records of a patient.
20. Failed to report any person that the practitioner of respiratory care knows, or has reason to know, is in violation of the provisions of chapter 630 of NRS or NAC 630.500 to 630.560, inclusive, *and section 1 of this regulation* relating to the practice of respiratory care.
21. Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.

22. Held himself or herself out or permitted another to represent him or her as a licensed physician.

23. Violated any provision that would subject a practitioner of medicine to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

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

LCB File No. R010-19

July 24, 2019

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

AUTHORITY: §1, NRS 622.530, 630.130 and 630.269.

A REGULATION relating to licensure by endorsement; prescribing the requirements for licensure by endorsement as a perfusionist; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires certain regulatory bodies to adopt regulations providing for the issuance of a license by endorsement to engage in an occupation or profession in this State to any natural person who: (1) holds a corresponding valid and unrestricted license to engage in that occupation or profession in the District of Columbia or any state or territory of the United States; (2) possesses qualifications that are substantially similar to the qualifications required for issuance of a license to engage in that occupation or profession in this State; and (3) meets certain other requirements. (NRS 622.530) Under existing law, the Board of Medical Examiners has the authority to adopt regulations governing the licensure of perfusionists. (NRS 630.269)

This regulation establishes standards for the licensure by endorsement of a person as a perfusionist. This regulation also establishes a timeline for the Board to request additional information related to the application, approve an application and issue a license by endorsement, and establishes grounds for the Board to deny an application for licensure by endorsement.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto a new section to read as follows:

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

(a) The date and place of birth of the applicant;

(b) The gender of the applicant;

(c) The education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and institutions;

(d) Whether the applicant has ever applied for a license or certificate to practice perfusion in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;

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

(f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice perfusion;

(g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to practice perfusion;

(h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States;

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

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

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

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

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Sixty days after receiving the application; or

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

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

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

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

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

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

LCB File No. R086-19

November 14, 2019

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

AUTHORITY: §1, NRS 630.130 and 630.253; §2, NRS 630.130, 630.253 and 630.275.

A REGULATION relating to continuing medical education; revising provisions relating to credits received by holders of a license to practice medicine and a license to practice as a physician assistant for continuing medical education; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the Board of Medical Examiners to establish by regulation the standards for licensure for physicians, physician assistants and related professionals. (NRS 630.130) Existing law requires the Board, as a prerequisite for biennial registration or renewal of a license, as applicable, to require the holders of a license to practice medicine and to practice as a physician assistant, respectively, to comply with the requirements for continuing education adopted by the Board. Existing law also requires the Board to encourage the holders of such licenses to receive continuing education related to training and education in the diagnosis of rare diseases, including recognizing the symptoms of pediatric cancer and interpreting the family history of a patient to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination. (NRS 630.253)

Existing regulations authorize a holder of a license to practice medicine or to practice as a physician assistant to receive double the hours of credit, up to a maximum of 8 hours of credit, towards the continuing medical education required for a biennial licensing period if the holder of the license attends continuing education courses on geriatrics and gerontology or Alzheimer’s disease or other forms of dementia. (NAC 630.155, 630.357) This regulation expands the scope of the courses the holder of a license to practice medicine or to practice as a physician assistant may attend to receive double the hours of credit to include courses on the diagnosis of rare diseases.

Existing regulations also prohibit a holder of a license to practice medicine or to practice as a physician assistant from receiving additional hours of credit for a particular continuing education course pursuant to both the provision authorizing additional credit for continuing education courses on geriatrics and gerontology and the provision authorizing additional credit for continuing education courses on Alzheimer’s disease or other forms of dementia. For example, the holder of such a license would only receive a total credit of 4 hours of continuing

education for attending a single 2 hour continuing education course that qualifies for additional credit pursuant to both of these provisions. (NAC 630.155, 630.357) This regulation imposes the same limitation on holders of such licenses who attend a continuing education course on the diagnosis of rare diseases which also qualifies for additional credit pursuant to one or both of the provisions concerning geriatrics and gerontology or Alzheimer's disease or other forms of dementia, meaning that the holder of such a license may only receive the additional credit pursuant to one of the provisions even if the course also qualifies for additional credit pursuant to any combination of the provisions.

Section 1. NAC 630.155 is hereby amended to read as follows:

630.155 1. Except as otherwise provided in subsections ~~3 and~~ 4 ~~4~~ and 5, if a holder of a license to practice medicine takes a continuing education course on geriatrics and gerontology, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~3 and~~ 4 ~~4~~ and 5, if a holder of a license to practice medicine takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

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

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

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

Sec. 2. NAC 630.357 is hereby amended to read as follows:

630.357 1. Except as otherwise provided in subsections ~~3 and~~ 4 ~~and~~ 5, if a physician assistant takes a continuing education course on geriatrics and gerontology, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~3 and~~ 4 ~~and~~ 5, if a physician assistant takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. *Except as otherwise provided in subsections 4 and 5, if a physician assistant takes a continuing education course on the diagnosis of rare diseases, the physician assistant is*

entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the diagnosis of rare diseases.

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

~~4.~~ *any combination thereof.*

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