

CHAPTER.....

AN ACT relating to providers of health care; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; requiring an anesthesiologist assistant to work under the supervision of a supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable, except when rendering emergency care under certain circumstances; establishing the maximum fee the Boards may impose for the licensure of an anesthesiologist assistant and the biennial registration of such licenses; exempting an anesthesiologist assistant from civil liability under certain circumstances; requiring an anesthesiologist assistant to report instances of neglect or abuse of older persons and vulnerable persons; authorizing an anesthesiologist assistant to be simultaneously licensed by the Board of Medical Examiners and the State Board of Osteopathic Medicine; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law provides for the licensure by the Board of Medical Examiners and the State Board of Osteopathic Medicine of a physician assistant who works under the supervision of a physician or osteopathic physician, respectively. (NRS 630.273, 633.305) **Sections 8, 9, 47 and 48** of this bill provide for the licensure of anesthesiologist assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively, and prescribe the qualifications necessary for licensure. **Sections 12, 13, 51 and 52** of this bill require that an anesthesiologist assistant work under the supervision of a supervising anesthesiologist or supervising osteopathic anesthesiologist, except when rendering emergency care directly related to an emergency or disaster, under certain circumstances. **Sections 10 and 49** of this bill require the Boards to adopt regulations establishing requirements for the licensure of anesthesiologist assistants. **Sections 31 and 66** of this bill prescribe the maximum fee that the Boards may charge for the respective applications for and the issuance of a license to practice as an anesthesiologist assistant and the biennial registration of an anesthesiologist assistant. **Section 24** of this bill authorizes the Board of Medical Examiners to select anesthesiologist assistants to serve as advisory members of the Board. **Sections 25-30, 33, 37, 61, 64, 65, 67, 70-73 and 77-84** of this bill make conforming changes to the duties of the Boards to include anesthesiologist assistants for the purposes of licensure, investigation and discipline.

**Sections 7 and 46** of this bill authorize a licensed anesthesiologist assistant to assist in the practice of medicine under the supervision of a supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable. **Sections 7 and 46** list the services and duties that an anesthesiologist assistant may perform, including requirements for the possession and administration of controlled substances. **Sections 7 and 46** also provide that an anesthesiologist assistant may



not perform any duties that are outside the scope of the duties assigned to the anesthesiologist assistant by the supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable, or delegate to any other person any medical care task assigned to the anesthesiologist assistant by a supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable.

**Sections 32, 74-76 and 87-89** of this bill establish the process for the filing with the Boards of certain complaints concerning an anesthesiologist assistant. **Sections 33, 62, 63 and 67** set forth procedures for the investigation of complaints and the imposition of disciplinary action by the Boards against an anesthesiologist assistant. **Sections 39 and 90** of this bill provide that a person who holds himself or herself out as an anesthesiologist assistant without being licensed as such by the Board is guilty of a category C or D felony. **Sections 14 and 53** of this bill require each medical facility in this State employing an anesthesiologist assistant to submit to the Boards a list of such personnel at least three times annually, as directed by the Boards. **Sections 14, 53 and 97** of this bill provide that such a list is confidential. **Sections 14 and 53** also require a medical facility to obtain validation from the Boards that a prospective employee is licensed pursuant to the provisions of **sections 8, 9, 47 or 48** of this bill, as applicable.

**Sections 1, 94, 95, 101 and 102** of this bill include anesthesiologist assistants in the definition of the term “provider of health care” for certain purposes. **Section 40** of this bill requires an anesthesiologist assistant to report to the Executive Director of the State Board of Nursing any conduct of a licensee of that Board or holder of a certificate issued by that Board which violates provisions governing nursing. **Sections 86, 92 and 93** of this bill provide that an anesthesiologist assistant is immune from civil liability for rendering medical care in certain emergency situations. **Section 96** of this bill requires an anesthesiologist assistant to report instances of suspected abuse, neglect, exploitation, isolation or abandonment of older persons and vulnerable persons.

**Sections 99 and 100** of this bill include anesthesiologist assistants as a medical field of study eligible for certain scholarships.

**Sections 3-6 and 42-45** of this bill define certain terms pertaining to anesthesiologist assistants. **Sections 11 and 50** of this bill require an anesthesiologist assistant to identify himself or herself as an anesthesiologist assistant when engaged in professional duties. **Sections 19-23, 27, 34-36, 38, 41, 98, 101, 103 and 104** of this bill make conforming changes to include anesthesiologist assistants with certain other providers of health care for certain purposes.

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

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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** NRS 629.031 is hereby amended to read as follows:  
629.031 Except as otherwise provided by a specific statute:

1. “Provider of health care” means:
  - (a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;
  - (b) A physician assistant;
  - (c) *An anesthesiologist assistant;*



- (d)** A dentist;
  - ~~[(d)]~~ **(e)** A licensed nurse;
  - ~~[(e)]~~ **(f)** A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;
  - ~~[(f)]~~ **(g)** A dispensing optician;
  - ~~[(g)]~~ **(h)** An optometrist;
  - ~~[(h)]~~ **(i)** A speech-language pathologist;
  - ~~[(i)]~~ **(j)** An audiologist;
  - ~~[(j)]~~ **(k)** A practitioner of respiratory care;
  - ~~[(k)]~~ **(l)** A licensed physical therapist;
  - ~~[(l)]~~ **(m)** An occupational therapist;
  - ~~[(m)]~~ **(n)** A podiatric physician;
  - ~~[(n)]~~ **(o)** A licensed psychologist;
  - ~~[(o)]~~ **(p)** A licensed marriage and family therapist;
  - ~~[(p)]~~ **(q)** A licensed clinical professional counselor;
  - ~~[(q)]~~ **(r)** A music therapist;
  - ~~[(r)]~~ **(s)** A chiropractic physician;
  - ~~[(s)]~~ **(t)** An athletic trainer;
  - ~~[(t)]~~ **(u)** A perfusionist;
  - ~~[(u)]~~ **(v)** A doctor of Oriental medicine in any form;
  - ~~[(v)]~~ **(w)** A medical laboratory director or technician;
  - ~~[(w)]~~ **(x)** A pharmacist;
  - ~~[(x)]~~ **(y)** A licensed dietitian;
  - ~~[(y)]~~ **(z)** An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;
  - ~~[(z)]~~ **(aa)** An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;
  - ~~[(aa)]~~ **(bb)** An alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS;
  - ~~[(bb)]~~ **(cc)** A behavior analyst, assistant behavior analyst or registered behavior technician; or
  - ~~[(cc)]~~ **(dd)** A medical facility as the employer of any person specified in this subsection.
2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes:
- (a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and
  - (b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.



**Sec. 2.** Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 18, inclusive, of this act.

**Sec. 3.** *“Anesthesiologist assistant” means a person who has been issued a license by the Board pursuant to section 8 or 9 of this act, as applicable, and is approved by the Board to assist in the practice of medicine under the supervision of a supervising anesthesiologist.*

**Sec. 4.** *“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 anesthesiologist.*

**Sec. 5.** *“Certification examination” means the initial certifying examination approved by the Board for the certification of anesthesiologist assistants, including, without limitation, the 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.*

**Sec. 6.** *“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.*

**Sec. 7. 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 section 10 of this act and under the supervision of a supervising anesthesiologist.*

**2.** *An anesthesiologist assistant may perform the following duties and responsibilities as delegated by and under the supervision of a supervising 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 patient progress notes;*



*(d) Subject to the limitations of 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 as prescribed by the supervising anesthesiologist;*

*(f) Changing or discontinuing an anesthesia care plan after consulting with the supervising 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 anesthesiologist or delegate any medical care task assigned to the anesthesiologist assistant by the supervising anesthesiologist to any other person.*

**Sec. 8. 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 assistances 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 section 10 of this act;*



(e) Pays the application fee for the application for and issuance of a license as an anesthesiologist assistant required by NRS 630.268; and

(f) Meets the qualifications prescribed by the regulations adopted by the Board pursuant to section 10 of this act to assist in the practice of medicine under the supervision of a supervising 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 is valid for a period of 2 years and may be renewed in a manner consistent with the regulations adopted by the Board pursuant to section 10 of this act.

**Sec. 9.** 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 section 8 of this act;

(b) Submits an application for temporary licensure; and

(c) Pays the application fee required by NRS 630.268.

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 section 8 of this act 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 regulations adopted by the Board pursuant to section 10 of this act.

**Sec. 10.** The Board shall adopt regulations establishing the requirements for the issuance of a license to practice as an anesthesiologist assistant pursuant to section 8 of this act and a



*temporary license to practice as an anesthesiologist assistant pursuant to section 9 of this act, 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 license;*

*3. The procedures for submitting an application for such a license or temporary license;*

*4. The standards of review for applications submitted pursuant to sections 8 and 9 of this act 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 anesthesiologist; and*

*9. Consistent with the provisions of section 7 of this act, the duties which an anesthesiologist assistant may perform under the supervision of a supervising anesthesiologist.*

**Sec. 11.** *An anesthesiologist assistant licensed pursuant to section 8 or 9 of this act shall identify himself or herself as an anesthesiologist assistant when engaged in professional duties.*

**Sec. 12.** *1. An anesthesiologist assistant licensed pursuant to section 8 or 9 of this act 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 anesthesiologist as required by this chapter. The provisions of this subsection apply only for the duration of the emergency or disaster.*

*2. A supervising 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.*

**Sec. 13.** *1. A supervising anesthesiologist shall be immediately available in such proximity to an anesthesiologist assistant during the performance of his or her duties that the*





*supervising 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 anesthesiologist shall supervise an anesthesiologist assistant in a manner consistent with any applicable federal rule or regulation for reimbursement for anesthesia services.*

**Sec. 14.** *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 section 8 or 9 of this act, as applicable.*

**Sec. 15.** *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:*

*1. 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;*

*2. Apply for a license to practice as an anesthesiologist assistant to:*

*(a) The Board pursuant to this chapter; and*

*(b) The State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and*

*3. Pay all applicable fees, including, without limitation:*

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

*(b) The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 633.501.*

**Sec. 16.** *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:*

*1. 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;*

*2. Apply:*



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

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

*3. Pay all applicable fees, including, without limitation:*

*(a) The fee for biennial simultaneous registration of an anesthesiologist assistant pursuant to NRS 630.268; and*

*(b) The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 633.501.*

**Sec. 17.** *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:*

*1. Apply for an anesthesiologist assistant license to the State Board of Osteopathic Medicine pursuant to chapter 633 of NRS; and*

*2. Pay all applicable fees, including, without limitation:*

*(a) The fee for biennial simultaneous registration of an anesthesiologist assistant pursuant to NRS 630.268; and*

*(b) The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 633.501.*

**Sec. 18.** *On or before the last day of each quarter, the Board shall provide the State Board of Osteopathic Medicine a list of all anesthesiologist assistants licensed by the Board.*

**Sec. 19.** NRS 630.003 is hereby amended to read as follows:

630.003 1. The Legislature finds and declares that:

(a) It is among the responsibilities of State Government to ensure, as far as possible, that only competent persons practice medicine, perfusion and respiratory care within this State;

(b) For the protection and benefit of the public, the Legislature delegates to the Board of Medical Examiners the power and duty to determine the initial and continuing competence of physicians, perfusionists, physician assistants, *anesthesiologist assistants* and practitioners of respiratory care who are subject to the provisions of this chapter;

(c) The Board must exercise its regulatory power to ensure that the interests of the medical profession do not outweigh the interests of the public;

(d) The Board must ensure that unfit physicians, perfusionists, physician assistants, *anesthesiologist assistants* and practitioners of respiratory care are removed from the medical profession so that they will not cause harm to the public; and



(e) The Board must encourage and allow for public input into its regulatory activities to further improve the quality of medical practice within this State.

2. The powers conferred upon the Board by this chapter must be liberally construed to carry out these purposes for the protection and benefit of the public.

**Sec. 20.** NRS 630.005 is hereby amended to read as follows:

630.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630.007 to 630.026, inclusive, *and sections 3 to 6, inclusive, of this act* have the meanings ascribed to them in those sections.

**Sec. 21.** NRS 630.021 is hereby amended to read as follows:

630.021 “Practice of respiratory care” includes:

1. Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;

2. The administration of drugs and medications to the cardiopulmonary system;

3. The provision of ventilatory assistance and control;

4. Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;

5. Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;

6. Carrying out the written orders of a physician, physician assistant, *anesthesiologist assistant*, certified registered nurse anesthetist or an advanced practice registered nurse relating to respiratory care;

7. Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and

8. Training relating to the practice of respiratory care.

**Sec. 22.** NRS 630.045 is hereby amended to read as follows:

630.045 1. The purpose of licensing physicians, perfusionists, physician assistants, *anesthesiologist assistants* and practitioners of respiratory care is to protect the public health and safety and the general welfare of the people of this State.

2. Any license issued pursuant to this chapter is a revocable privilege.

**Sec. 23.** NRS 630.047 is hereby amended to read as follows:

630.047 1. This chapter does not apply to:



(a) A medical officer or perfusionist or practitioner of respiratory care of the Armed Forces or a medical officer or perfusionist or practitioner of respiratory care of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455;

(b) Physicians who are called into this State, other than on a regular basis, for consultation with or assistance to a physician licensed in this State, and who are legally qualified to practice in the state where they reside;

(c) Physicians who are legally qualified to practice in the state where they reside and come into this State on an irregular basis to:

(1) Obtain medical training approved by the Board from a physician who is licensed in this State; or

(2) Provide medical instruction or training approved by the Board to physicians licensed in this State;

(d) Physicians who are temporarily exempt from licensure pursuant to NRS 630.2665 and are practicing medicine within the scope of the exemption;

(e) Any person permitted to practice any other healing art under this title who does so within the scope of that authority, or healing by faith or Christian Science;

(f) The practice of respiratory care by a student as part of a program of study in respiratory care that is approved by the Board, or is recognized by a national organization which is approved by the Board to review such programs, if the student is enrolled in the program and provides respiratory care only under the supervision of a practitioner of respiratory care;

(g) The practice of respiratory care by a student who:

(1) Is enrolled in a clinical program of study in respiratory care which has been approved by the Board;

(2) Is employed by a medical facility, as defined in NRS 449.0151; and

(3) Provides respiratory care to patients who are not in a critical medical condition or, in an emergency, to patients who are in a critical medical condition and a practitioner of respiratory care is not immediately available to provide that care and the student is directed by a physician to provide respiratory care under the supervision of the physician until a practitioner of respiratory care is available;

(h) The practice of respiratory care by a person on himself or herself or gratuitous respiratory care provided to a friend or a



member of a person's family if the provider of the care does not represent himself or herself as a practitioner of respiratory care;

(i) A person who is employed by a physician and provides respiratory care or services as a perfusionist under the supervision of that physician;

(j) The maintenance of medical equipment for perfusion or respiratory care that is not attached to a patient;

(k) A person who installs medical equipment for respiratory care that is used in the home and gives instructions regarding the use of that equipment if the person is trained to provide such services and is supervised by a provider of health care who is acting within the authorized scope of his or her practice;

(l) The performance of medical services by a student enrolled in an educational program for a physician assistant which is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, as part of such a program; and

(m) A physician assistant of any division or department of the United States in the discharge of his or her official duties unless licensure by a state is required by the division or department of the United States.

2. This chapter does not repeal or affect any statute of Nevada regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services outside of a medical school or medical facility by a person who is not a physician, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care in cases of emergency.

(b) The domestic administration of family remedies.

**Sec. 24.** NRS 630.075 is hereby amended to read as follows:

630.075 The Board may, by majority vote, select physicians, *anesthesiologist assistants* and members of the public, who must meet the same qualifications as required for members of the Board, to serve as advisory members of the Board. One or more advisory members may be designated by the Board to assist a committee of its members in an investigation as provided in NRS 630.311 but may not vote on any matter before the committee. Advisory members may also serve as members of the panel selected to hear charges as provided in NRS 630.339 and may vote on any recommendation made by the panel to the Board.

**Sec. 25.** NRS 630.120 is hereby amended to read as follows:

630.120 1. The Board shall procure a seal.



2. All licenses issued to physicians, perfusionists, physician assistants , *anesthesiologist assistants* and practitioners of respiratory care must bear the seal of the Board and the signatures of its President and Secretary-Treasurer.

**Sec. 26.** NRS 630.137 is hereby amended to read as follows:

630.137 1. Notwithstanding any other provision of law and except as otherwise provided in this section, the Board shall not adopt any regulations that prohibit or have the effect of prohibiting a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care from collaborating or consulting with another provider of health care.

2. The provisions of this section do not prevent the Board from adopting regulations that prohibit a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care from aiding or abetting another person in the unlicensed practice of medicine or the unlicensed practice of perfusion or respiratory care.

3. As used in this section, “provider of health care” has the meaning ascribed to it in NRS 629.031.

**Sec. 27.** NRS 630.167 is hereby amended to read as follows:

630.167 1. In addition to any other requirements set forth in this chapter, each applicant for a license to practice medicine, including, without limitation, an expedited license pursuant to NRS 630.1606 or 630.1607 or chapter 629A of NRS, and each applicant for a license to practice as a perfusionist, to practice as a physician assistant , *to practice as an anesthesiologist assistant* or to practice respiratory care shall submit to the Board a complete set of 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. Any fees or costs charged by the Board for this service pursuant to NRS 630.268 are not refundable.

2. Any communication between the Board and the Interstate Medical Licensure Compact Commission created by NRS 629A.100 relating to verification of a physician’s eligibility for expedited licensure pursuant to that section must not include any information received in a report from the Federal Bureau of Investigation relating to a state and federal criminal records check performed for the purposes of an application for an expedited license issued pursuant to NRS 629A.100.

**Sec. 28.** NRS 630.197 is hereby amended to read as follows:

630.197 1. In addition to any other requirements set forth in this chapter:



(a) An applicant for the issuance of a license to practice medicine, to practice as a perfusionist, to practice as a physician assistant, *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care shall include the social security number of the applicant in the application submitted to the Board.

(b) An applicant for the issuance or renewal of a license to practice medicine, to practice as a perfusionist, to practice as a physician assistant, *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license to practice medicine, to practice as a perfusionist, to practice as a physician assistant, *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

**Sec. 29.** NRS 630.198 is hereby amended to read as follows:

630.198 1. The Board shall not issue or renew a license to practice as a physician, physician assistant, *anesthesiologist assistant* or perfusionist unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the



guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

2. In addition to the attestation provided pursuant to subsection 1, a physician shall attest that any person:

- (a) Who is under the control and supervision of the physician;
- (b) Who is not licensed pursuant to this chapter; and
- (c) Whose duties involve injection practices,

↪ has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

**Sec. 30.** NRS 630.253 is hereby amended to read as follows:

630.253 1. The Board shall, as a prerequisite for the:

- (a) Renewal of a license as a physician assistant; ~~for~~
- (b) *Renewal of a license as an anesthesiologist assistant; or*
- (c) Biennial registration of the holder of a license to practice medicine,

↪ 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.

(b) Must provide for the completion of a course of instruction, 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) Must provide for the completion by a holder of a license to practice medicine 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 6.

(d) 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.

(e) 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, 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.

(f) 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.

3. 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 2.



4. 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.

5. 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.

6. 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.

7. 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.

8. 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.



9. 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.

10. 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) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.

(e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.

**Sec. 31.** NRS 630.268 is hereby amended to read as follows:

630.268 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 by endorsement .....	\$600
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license.....	400
For renewal of a limited, restricted, authorized facility or special license.....	400
For application for and issuance of a license as a physician assistant, including a license by endorsement .....	400
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 .....	800
For application for and issuance of a license as a perfusionist or practitioner of respiratory care .....	400
For biennial renewal of a license as a perfusionist.....	600



<i>For application for and issuance of a license or temporary license to practice as an anesthesiologist assistant .....</i>	<i>\$400</i>
<i>For application for and initial issuance of a simultaneous license as an anesthesiologist assistant.....</i>	<i>200</i>
<i>For biennial registration of an anesthesiologist assistant.....</i>	<i>800</i>
<i>For biennial simultaneous registration of an anesthesiologist assistant .....</i>	<i>400</i>
For biennial registration of a practitioner of respiratory care.....	600
For biennial registration for a physician who is on inactive status .....	400
For written verification of licensure .....	50
For a duplicate identification card.....	25
For a duplicate license .....	50
For computer printouts or labels.....	500
For verification of a listing of physicians, per hour .....	20
For furnishing a list of new physicians.....	100

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees prescribed in 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:

(a) NRS 630.1607, and the applicant is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

(b) NRS 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 630.1606 or 630.2751, as applicable, 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.

**Sec. 32.** NRS 630.307 is hereby amended to read as follows:

630.307 1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against a physician, 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, perfusion or respiratory care 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, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care to practice while the physician, 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, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care concerning the care of a patient or the competency of the physician, 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.

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, 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, perfusionist, physician assistant, *anesthesiologist assistant* or practitioner of respiratory care; or



(b) Suspected or alleged substance abuse in any form by the physician, 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 Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the Division of Public and Behavioral Health 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, 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. 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.

**Sec. 33.** NRS 630.309 is hereby amended to read as follows:

630.309 To institute a disciplinary action against a perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care, a written complaint, specifying the charges, must be filed with the Board by:

1. The Board or a committee designated by the Board to investigate a complaint;
2. Any member of the Board; or
3. Any other person who is aware of any act or circumstance constituting a ground for disciplinary action set forth in the regulations adopted by the Board.



**Sec. 34.** NRS 630.326 is hereby amended to read as follows:

630.326 1. If an investigation by the Board regarding a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care reasonably determines that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm, the Board may summarily suspend the license of the licensee pending the conclusion of a hearing to consider a formal complaint against the licensee. The order of summary suspension may be issued only by the Board or an investigative committee of the Board.

2. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care pursuant to subsection 1, the Board shall hold a hearing not later than 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board shall reinstate the license of the licensee.

3. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a licensee pursuant to subsection 1 and the Board requires the licensee to submit to a mental or physical examination or an examination testing his or her competence to practice, the examination must be conducted and the results obtained not later than 30 days after the order is issued.

**Sec. 35.** NRS 630.329 is hereby amended to read as follows:

630.329 If the Board issues an order suspending the license of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order.

**Sec. 36.** NRS 630.336 is hereby amended to read as follows:

630.336 1. Any deliberations conducted or vote taken by the Board or any investigative committee of the Board regarding its ordering of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care to undergo a physical or mental examination or any other examination designated to assist the Board or committee in determining the



fitness of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care are not subject to the requirements of NRS 241.020.

2. Except as otherwise provided in subsection 3 or 4, all applications for a license to practice medicine, perfusion or respiratory care, any charges filed by the Board, financial records of the Board, formal hearings on any charges heard by the Board or a panel selected by the Board, records of such hearings and any order or decision of the Board or panel must be open to the public.

3. Except as otherwise provided in NRS 239.0115, the following may be kept confidential:

(a) Any statement, evidence, credential or other proof submitted in support of or to verify the contents of an application;

(b) Any report concerning the fitness of any person to receive or hold a license to practice medicine, perfusion or respiratory care; and

(c) Any communication between:

(1) The Board and any of its committees or panels; and

(2) The Board or its staff, investigators, experts, committees, panels, hearing officers, advisory members or consultants and counsel for the Board.

4. Except as otherwise provided in subsection 5 and NRS 239.0115, a complaint filed with the Board pursuant to NRS 630.307, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action are confidential.

5. The formal complaint or other document filed by the Board to initiate disciplinary action and all documents and information considered by the Board when determining whether to impose discipline are public records.

6. The Board shall, to the extent feasible, communicate or cooperate with or provide any documents or other information to any other licensing board or agency or any agency which is investigating a person, including a law enforcement agency. Such cooperation may include, without limitation, providing the board or agency with minutes of a closed meeting, transcripts of oral examinations and the results of oral examinations.

**Sec. 37.** NRS 630.366 is hereby amended to read as follows:

630.366 1. If the Board receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license to





practice medicine, to practice as a perfusionist, to practice as a physician assistant , *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care, the Board shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the Board receives a letter issued to the holder of the license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The Board shall reinstate a license to practice medicine, to practice as a perfusionist, to practice as a physician assistant , *to practice as an anesthesiologist assistant* or to practice as a practitioner of respiratory care that has been suspended by a district court pursuant to NRS 425.540 if the Board receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

**Sec. 38.** NRS 630.388 is hereby amended to read as follows:

630.388 1. In addition to any other remedy provided by law, the Board, through its President or Secretary-Treasurer or the Attorney General, may apply to any court of competent jurisdiction:

(a) To enjoin any prohibited act or other conduct of a licensee which is harmful to the public;

(b) To enjoin any person who is not licensed under this chapter from practicing medicine, perfusion or respiratory care;

(c) To limit the practice of a physician, perfusionist, physician assistant , *anesthesiologist assistant* or practitioner of respiratory care, or suspend his or her license to practice;

(d) To enjoin the use of the title "P.A.," "P.A.-C.," "*C.A.A.*," "R.C.P." or any other word, combination of letters or other designation intended to imply or designate a person as a physician assistant , *anesthesiologist assistant* or practitioner of respiratory care, when not licensed by the Board pursuant to this chapter, unless the use is otherwise authorized by a specific statute; or

(e) To enjoin the use of the title "L.P.," "T.L.P.," "licensed perfusionist," "temporarily licensed perfusionist" or any other word, combination of letters or other designation intended to imply or designate a person as a perfusionist, when not licensed by the Board pursuant to this chapter, unless the use is otherwise authorized by a specific statute.



2. The court in a proper case may issue a temporary restraining order or a preliminary injunction for the purposes set forth in subsection 1:

- (a) Without proof of actual damage sustained by any person;
- (b) Without relieving any person from criminal prosecution for engaging in the practice of medicine, perfusion or respiratory care without a license; and

(c) Pending proceedings for disciplinary action by the Board.

**Sec. 39.** NRS 630.400 is hereby amended to read as follows:

630.400 1. It is unlawful for any person to:

(a) Present to the Board as his or her own the diploma, license or credentials of another;

(b) Give either false or forged evidence of any kind to the Board;

(c) Practice medicine, perfusion or respiratory care under a false or assumed name or falsely personate another licensee;

(d) Except as otherwise provided by a specific statute, practice medicine, perfusion or respiratory care without being licensed under this chapter;

(e) Hold himself or herself out as a perfusionist or use any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;

(f) Hold himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant without being licensed by the Board; ~~or~~

(g) *Hold himself or herself out as an anesthesiologist assistant or use any other term indicating or implying that he or she is an anesthesiologist assistant without being licensed by the Board; or*

(h) Hold himself or herself out as a practitioner of respiratory care or use any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board.

2. Unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, a person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

➔ and shall be punished as provided in NRS 193.130.

3. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:



(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

**Sec. 40.** NRS 632.472 is hereby amended to read as follows:

632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or holder of a certificate which constitutes a violation of the provisions of this chapter:

(a) Any physician, dentist, dental hygienist, chiropractic physician, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, medication aide - certified, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant*, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug counselor, peer recovery support specialist, peer recovery support specialist supervisor, music therapist, holder of a license or limited license issued pursuant to chapter 653 of NRS, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

(d) Any person who maintains or is employed by an agency to provide personal care services in the home.



(e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(f) Any person who maintains or is employed by an agency to provide nursing in the home.

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Any social worker.

(l) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant or medication aide - certified has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.

4. Any person who in good faith reports any violation of the provisions of this chapter to the Executive Director of the Board pursuant to this section is immune from civil liability for reporting the violation.

5. As used in this section:

(a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.

(b) "Community health worker pool" has the meaning ascribed to it in NRS 449.0028.

(c) "Peer recovery support specialist" has the meaning ascribed to it in NRS 433.627.

(d) "Peer recovery support specialist supervisor" has the meaning ascribed to it in NRS 433.629.



**Sec. 41.** Chapter 633 of NRS is hereby amended by adding thereto the provisions set forth as sections 42 to 57, inclusive, of this act.

**Sec. 42.** *“Anesthesiologist assistant” means a person who has been issued a license by the Board pursuant to section 47 or 48 of this act, as applicable, and is approved by the Board to assist in the practice of medicine under the supervision of a supervising osteopathic anesthesiologist.*

**Sec. 43.** *“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.*

**Sec. 44.** *“Certification examination” means the initial certifying examination approved by the Board for the certification of anesthesiologist assistants, including, without limitation, the 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.*

**Sec. 45.** *“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.*

**Sec. 46.** *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 section 49 of this act 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.*

**Sec. 47. 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 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 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 assistant 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 section 49 of this act;*

*(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 section 49 of this act 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 is valid for a period of 2 years and may be renewed in a manner consistent with the regulations adopted by the Board pursuant to section 49 of this act.*

**Sec. 48. 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 section 47 of this act;*

*(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 section 47 of this act 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 section 47 of this act.*

**Sec. 49. The Board shall adopt regulations establishing the requirements for the issuance of a license to practice as an**





*anesthesiologist assistant pursuant to section 47 of this act and a temporary license to practice as an anesthesiologist assistant pursuant to section 48 of this act, 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 sections 47 and 48 of this act 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 section 46 of this act, the duties which an anesthesiologist assistant may perform under the supervision of a supervising osteopathic anesthesiologist.*

**Sec. 50.** *An anesthesiologist assistant licensed pursuant to section 47 or 48 of this act shall identify himself or herself as an anesthesiologist assistant when engaged in professional duties.*

**Sec. 51.** *1. An anesthesiologist assistant licensed pursuant to section 47 or 48 of this act 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.*



**Sec. 52. 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.*

**Sec. 53. 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 section 47 or 48 of this act, as applicable.*

**Sec. 54.** *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:*

*1. 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;*

*2. Apply for a license to practice as an anesthesiologist assistant to:*

*(a) The Board pursuant to this chapter; and*

*(b) The State Board of Medical Examiners pursuant to chapter 630 of NRS; and*

*3. Pay all applicable fees, including, without limitation:*

*(a) The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 633.501; and*

*(b) The fee for application for and issuance of a simultaneous license as an anesthesiologist assistant pursuant to NRS 630.268.*

**Sec. 55.** *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:*



1. *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;*

2. *Apply:*

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

(b) *For an anesthesiologist assistant license to the Board of Medical Examiners pursuant to chapter 630 of NRS; and*

3. *Pay all applicable fees, including, without limitation:*

(a) *The fee for initial simultaneous license as an anesthesiologist assistant pursuant to NRS 633.501; and*

(b) *The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 630.268.*

**Sec. 56.** *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:*

1. *Apply for an anesthesiologist assistant license to the Board of Medical Examiners pursuant to chapter 630 of NRS; and*

2. *Pay all applicable fees, including, without limitation:*

(a) *The fee for biennial simultaneous registration of an anesthesiologist assistant pursuant to NRS 633.501; and*

(b) *The application and initial simultaneous license fee for an anesthesiologist assistant pursuant to NRS 630.268.*

**Sec. 57.** *On or before the last day of each quarter, the Board shall provide the Board of Medical Examiners a list of all anesthesiologist assistants licensed by the Board.*

**Sec. 58.** NRS 633.011 is hereby amended to read as follows:

633.011 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 633.021 to 633.131, inclusive, *and sections 42 to 45, inclusive, of this act* have the meanings ascribed to them in those sections.

**Sec. 59.** NRS 633.071 is hereby amended to read as follows:

633.071 “Malpractice” means failure on the part of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* to exercise the degree of care, diligence and skill ordinarily exercised by osteopathic physicians , ~~or~~ physician assistants *or anesthesiologist assistants* in good standing in the community in which he or she practices.

**Sec. 60.** NRS 633.131 is hereby amended to read as follows:

633.131 1. “Unprofessional conduct” includes:



(a) Knowingly or willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice osteopathic medicine , ~~or~~ to practice as a physician *assistant or to practice as an anesthesiologist* assistant, or in applying for the renewal of a license to practice osteopathic medicine , ~~or~~ to practice as a physician *assistant or to practice as an anesthesiologist* assistant.

(b) Failure of a person who is licensed to practice osteopathic medicine to identify himself or herself professionally by using the term D.O., osteopathic physician, doctor of osteopathy or a similar term.

(c) Directly or indirectly giving to or receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation for sending, referring or otherwise inducing a person to communicate with an osteopathic physician in his or her professional capacity or for any professional services not actually and personally rendered, except as otherwise provided in subsection 2.

(d) Employing, directly or indirectly, any suspended or unlicensed person in the practice of osteopathic medicine or in practice as a physician *assistant or anesthesiologist* assistant, or the aiding or abetting of any unlicensed person to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant.

(e) Advertising the practice of osteopathic medicine in a manner which does not conform to the guidelines established by regulations of the Board.

(f) Engaging in any:

(1) Professional conduct which is intended to deceive or which the Board by regulation has determined is unethical; or

(2) Medical practice harmful to the public or any conduct detrimental to the public health, safety or morals which does not constitute gross or repeated malpractice or professional incompetence.

(g) Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, otherwise than in the course of legitimate professional practice or as authorized by law.

(h) An alcohol or other substance use disorder.

(i) Performing, assisting in or advising an unlawful abortion or the injection of any liquid silicone substance into the human body, other than the use of silicone oil to repair a retinal detachment.



(j) Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.

(k) Knowingly or willfully disobeying regulations of the State Board of Health, the State Board of Pharmacy or the State Board of Osteopathic Medicine.

(l) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any prohibition made in this chapter.

(m) Failure of a licensee to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

(n) Making alterations to the medical records of a patient that the licensee knows to be false.

(o) Making or filing a report which the licensee knows to be false.

(p) Failure of a licensee to file a record or report as required by law, or knowingly or willfully obstructing or inducing any person to obstruct such filing.

(q) Failure of a licensee to make medical records of a patient available for inspection and copying as provided by NRS 629.061, if the licensee is the custodian of health care records with respect to those records.

(r) Providing false, misleading or deceptive information to the Board in connection with an investigation conducted by the Board.

2. It is not unprofessional conduct:

(a) For persons holding valid licenses to practice osteopathic medicine issued pursuant to this chapter to practice osteopathic medicine in partnership under a partnership agreement or in a corporation or an association authorized by law, or to pool, share, divide or apportion the fees and money received by them or by the partnership, corporation or association in accordance with the partnership agreement or the policies of the board of directors of the corporation or association;

(b) For two or more persons holding valid licenses to practice osteopathic medicine issued pursuant to this chapter to receive adequate compensation for concurrently rendering professional care to a patient and dividing a fee if the patient has full knowledge of this division and if the division is made in proportion to the services performed and the responsibility assumed by each person; or

(c) For a person licensed to practice osteopathic medicine pursuant to the provisions of this chapter to form an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.



3. As used in this section, “custodian of health care records” has the meaning ascribed to it in NRS 629.016.

**Sec. 61.** NRS 633.151 is hereby amended to read as follows:

633.151 The purpose of licensing osteopathic physicians , ~~and~~ physician assistants *and anesthesiologist assistants* is to protect the public health and safety and the general welfare of the people of this State. Any license issued pursuant to this chapter is a revocable privilege, and a holder of such a license does not acquire thereby any vested right.

**Sec. 62.** NRS 633.286 is hereby amended to read as follows:

633.286 1. On or before February 15 of each odd-numbered year, the Board shall submit to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a written report compiling:

(a) Disciplinary action taken by the Board during the previous biennium against osteopathic physicians , ~~and~~ physician assistants *and anesthesiologist assistants* for malpractice or negligence;

(b) Information reported to the Board during the previous biennium pursuant to NRS 633.526, 633.527, subsections 3 and 6 of NRS 633.533 and NRS 690B.250; and

(c) Information reported to the Board during the previous biennium pursuant to NRS 633.524, including, without limitation, the number and types of surgeries performed by each holder of a license to practice osteopathic medicine and the occurrence of sentinel events arising from such surgeries, if any.

2. The report must include only aggregate information for statistical purposes and exclude any identifying information related to a particular person.

**Sec. 63.** NRS 633.301 is hereby amended to read as follows:

633.301 1. The Board shall keep a record of its proceedings relating to licensing and disciplinary actions. Except as otherwise provided in this section, the record must be open to public inspection at all reasonable times and contain the name, known place of business and residence, and the date and number of the license of every osteopathic physician , ~~and every~~ physician assistant *and anesthesiologist assistant* licensed under this chapter.

2. Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information compiled as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the



Board requesting that such documents and information be made public records.

3. The charging documents filed with the Board to initiate disciplinary action pursuant to chapter 622A of NRS and all other documents and information considered by the Board when determining whether to impose discipline are public records.

4. The Board shall, to the extent feasible, communicate or cooperate with or provide any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.

**Sec. 64.** NRS 633.3619 is hereby amended to read as follows:

633.3619 The Board shall not issue or renew a license to practice osteopathic medicine or as a physician *assistant or anesthesiologist* assistant unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

**Sec. 65.** NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection 14 and NRS 633.491, every holder of a license, except a physician *assistant or anesthesiologist* assistant, issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

- (a) Applying for renewal on forms provided by the Board;
- (b) Paying the annual 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 year;
- (d) Subject to subsection 13, submitting evidence to the Board that in the year 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 35 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 annually from no fewer than one-third of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant ~~or~~ *or anesthesiologist assistant*. Subject to subsection 13, 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 year 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





, ~~for~~ 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, 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 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.

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

**Sec. 66.** NRS 633.501 is hereby amended to read as follows:

633.501 1. Except as otherwise provided in subsection 2, the Board shall charge and collect fees not to exceed the following amounts:

(a) Application and initial license fee for an osteopathic physician.....	\$800
(b) Annual license renewal fee for an osteopathic physician.....	500
(c) Temporary license fee.....	500
(d) Special or authorized facility license fee.....	200
(e) Special event license fee.....	200
(f) Special or authorized facility license renewal fee.....	200
(g) Reexamination fee.....	200
(h) Late payment fee.....	300
(i) Application and initial license fee for a physician assistant.....	400
(j) Application and initial simultaneous license fee for a physician assistant.....	200
(k) Annual registration fee for a physician assistant.....	400
(l) Annual simultaneous registration fee for a physician assistant.....	200
(m) Inactive license fee.....	200
<i>(n) Application and initial license fee for an anesthesiologist assistant.....</i>	<i>400</i>
<i>(o) Application and initial simultaneous license fee for an anesthesiologist assistant.....</i>	<i>200</i>



2. The Board may prorate the initial license fee for a new license issued pursuant to paragraph (a) or (i) of subsection 1 which expires less than 6 months after the date of issuance.

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 by the person or entity requesting the special meeting. Such a special meeting must not be called until the person or entity requesting the meeting 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:

(a) NRS 633.399 or 633.400 and is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

(b) NRS 633.4336, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

**Sec. 67.** NRS 633.511 is hereby amended to read as follows:

633.511 1. The grounds for initiating disciplinary action pursuant to this chapter are:

(a) Unprofessional conduct.

(b) Conviction of:

(1) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;

(2) A felony relating to the practice of osteopathic medicine or practice as a physician *assistant or anesthesiologist* assistant;

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

(4) Murder, voluntary manslaughter or mayhem;

(5) Any felony involving the use of a firearm or other deadly weapon;

(6) Assault with intent to kill or to commit sexual assault or mayhem;

(7) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;

(8) Abuse or neglect of a child or contributory delinquency;

or

(9) Any offense involving moral turpitude.



(c) The suspension of a license to practice osteopathic medicine or to practice as a physician assistant *or anesthesiologist assistant* by any other jurisdiction.

(d) Malpractice or gross malpractice, which may be evidenced by a claim of malpractice settled against a licensee.

(e) Professional incompetence.

(f) Failure to comply with the requirements of NRS 633.527.

(g) Failure to comply with the requirements of subsection 3 of NRS 633.471.

(h) Failure to comply with the provisions of NRS 633.694.

(i) Operation of a medical facility, as defined in NRS 449.0151, 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.

(j) Failure to comply with the provisions of subsection 2 of NRS 633.322.

(k) Signing a blank prescription form.

(l) Knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;

(3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

(m) Attempting, directly or indirectly, by intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.

(n) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

(o) In addition to the provisions of subsection 3 of NRS 633.524, making or filing a report which the licensee knows to be



false, failing to file a record or report that is required by law or knowingly or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.

(p) Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter, except for a violation of NRS 633.4717, or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

(q) Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

(r) Engaging in any act that is unsafe in accordance with regulations adopted by the Board.

(s) Failure to comply with the provisions of NRS 629.515.

(t) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

(u) Failure to obtain any training required by the Board pursuant to NRS 633.473.

(v) Failure to comply with the provisions of NRS 633.6955.

(w) Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

(x) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.

(y) Failure to comply with the provisions of NRS 454.217 or 629.086.

(z) Failure to comply with the provisions of NRS 441A.315 or any regulations adopted pursuant thereto.

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

2. As used in this section, “investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

**Sec. 68.** NRS 633.512 is hereby amended to read as follows:

633.512 Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter practices osteopathic medicine or as a physician assistant *or anesthesiologist assistant*



and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation:

1. An inspection to determine whether any person at the premises is practicing osteopathic medicine or as a physician assistant *or anesthesiologist assistant* without the appropriate license issued pursuant to the provisions of this chapter; or

2. An inspection to determine whether any osteopathic physician is allowing a person to perform or participate in any activity under the supervision of the osteopathic physician for the purpose of receiving credit toward a degree of doctor of medicine, osteopathy or osteopathic medicine in violation of NRS 633.6955.

**Sec. 69.** NRS 633.526 is hereby amended to read as follows:

633.526 1. The insurer of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* licensed under this chapter shall report to the Board:

(a) Any action for malpractice against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* not later than 45 days after the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition.

2. The Board shall report any failure to comply with subsection 1 by an insurer licensed in this State to the Division of Insurance of the Department of Business and Industry. If, after a hearing, the Division of Insurance determines that any such insurer failed to comply with the requirements of subsection 1, the Division may impose an administrative fine of not more than \$10,000 against the insurer 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.

**Sec. 70.** NRS 633.527 is hereby amended to read as follows:

633.527 1. An osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* shall report to the Board:

(a) Any action for malpractice against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* not later than 45 days after the osteopathic physician , ~~or~~ physician assistant *or*



*anesthesiologist assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation;

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition; and

(d) Any sanctions imposed against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

2. If the Board finds that an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has violated any provision of this section, the Board may impose a fine of not more than \$5,000 against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* for each violation, in addition to any other fines or penalties permitted by law.

3. All reports made by an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* pursuant to this section are public records.

**Sec. 71.** NRS 633.528 is hereby amended to read as follows:

633.528 If the Board receives a report pursuant to the provisions of NRS 633.526, 633.527 or 690B.250 indicating that a judgment has been rendered or an award has been made against an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action or claim for malpractice or that such an action or claim against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board shall conduct an investigation to determine whether to discipline the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

**Sec. 72.** NRS 633.529 is hereby amended to read as follows:

633.529 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board or an investigative committee of the Board receives a report pursuant to the provisions of NRS 633.526, 633.527 or 690B.250 indicating that a judgment has been rendered or an award has been made against an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* regarding an action



or claim for malpractice, or that such an action or claim against the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* has been resolved by settlement, the Board or committee may order the osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* to undergo a mental or physical examination or any other examination designated by the Board to test his or her competence to practice osteopathic medicine or to practice as a physician assistant ~~or~~ *or anesthesiologist assistant* as applicable. An examination conducted pursuant to this subsection must be conducted by a person designated by the Board.

2. For the purposes of this section:

(a) An osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* who applies for a license or who holds a license under this chapter is deemed to have given consent to submit to a mental or physical examination or an examination testing his or her competence to practice osteopathic medicine or to practice as a physician assistant ~~or~~ *or anesthesiologist assistant*, as applicable, pursuant to a written order by the Board.

(b) The testimony or reports of a person who conducts an examination of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* on behalf of the Board pursuant to this section are not privileged communications.

**Sec. 73.** NRS 633.531 is hereby amended to read as follows:

633.531 1. The Board or any of its members, or a medical review panel of a hospital or medical society, which becomes aware of any conduct by an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* that may constitute grounds for initiating disciplinary action shall, and any other person who is so aware may, file a written complaint specifying the relevant facts with the Board.

2. 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.

**Sec. 74.** NRS 633.533 is hereby amended to read as follows:

633.533 1. Except as otherwise provided in subsection 2, any person may file with the Board a complaint against an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* 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 osteopathic medicine or practicing as a physician assistant *or anesthesiologist assistant* 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 file a written report with the Board of any change in the privileges of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* to practice while the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* is under investigation, and the outcome of any disciplinary action taken by the facility or society against the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* concerning the care of a patient or the competency of the osteopathic physician , ~~or~~ physician assistant ~~or~~ *anesthesiologist assistant*, within 30 days after the change in privileges is made or disciplinary action is taken.

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 an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* that is based on:

(a) An investigation of the mental, medical or psychological competency of the osteopathic physician , ~~or~~ physician assistant ~~or~~ *anesthesiologist assistant*; or

(b) A suspected or alleged substance use disorder in any form by the osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant.

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 Division of Public and Behavioral Health of the Department of Health and Human Services. If, after a hearing, the 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 an



osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant:

- (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 the finding, judgment or determination.

**Sec. 75.** NRS 633.542 is hereby amended to read as follows:

633.542 Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice osteopathic medicine or as a physician assistant *or anesthesiologist assistant* without the appropriate license issued pursuant to the provisions of this chapter.

**Sec. 76.** NRS 633.561 is hereby amended to read as follows:

633.561 1. Notwithstanding the provisions of chapter 622A of NRS, if the Board or a member of the Board designated to review a complaint pursuant to NRS 633.541 has reason to believe that the conduct of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has raised a reasonable question as to his or her competence to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant, as applicable, with reasonable skill and safety to patients, the Board or the member designated by the Board may require the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* to submit to a mental or physical examination conducted by physicians designated by the Board. If the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* participates in a diversion program, the diversion program may exchange with any authorized member of the staff of the Board any information concerning the recovery and participation of the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* in the diversion program. As used in this subsection, “diversion program” means a program approved by the Board for an alcohol or other substance use disorder or any other impairment of an osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant.

2. For the purposes of this section:

- (a) An osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* who is licensed under this chapter and



who accepts the privilege of practicing osteopathic medicine or practicing as a physician assistant *or anesthesiologist assistant* in this State is deemed to have given consent to submit to a mental or physical examination pursuant to a written order by the Board.

(b) The testimony or examination reports of the examining physicians are not privileged communications.

3. Except in extraordinary circumstances, as determined by the Board, the failure of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* who is licensed under this chapter to submit to an examination pursuant to this section constitutes an admission of the charges against the osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant.

**Sec. 77.** NRS 633.571 is hereby amended to read as follows:

633.571 Notwithstanding the provisions of chapter 622A of NRS, if the Board has reason to believe that the conduct of any osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* has raised a reasonable question as to his or her competence to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant, as applicable, with reasonable skill and safety to patients, the Board may require the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* to submit to an examination for the purposes of determining his or her competence to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant, as applicable, with reasonable skill and safety to patients.

**Sec. 78.** NRS 633.581 is hereby amended to read as follows:

633.581 1. If an investigation by the Board of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* reasonably determines that the health, safety or welfare of the public or any patient served by the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* is at risk of imminent or continued harm, the Board may summarily suspend the license of the licensee pending the conclusion of a hearing to consider a formal complaint against the licensee. The order of summary suspension may be issued only by the Board or an investigative committee of the Board.

2. If the Board or an investigative committee of the Board issues an order summarily suspending the license of a licensee pursuant to subsection 1, the Board shall hold a hearing not later than 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to



consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board shall reinstate the license of the licensee.

3. Notwithstanding the provisions of chapter 622A of NRS, if the Board or an investigative committee of the Board issues an order summarily suspending the license of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* pursuant to subsection 1 and the Board requires the licensee to submit to a mental or physical examination or a medical competency examination, the examination must be conducted and the results must be obtained not later than 30 days after the order is issued.

**Sec. 79.** NRS 633.591 is hereby amended to read as follows:

633.591 Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order unless the Board fails to institute and determine such proceedings as promptly as the requirements for investigation of the case reasonably allow.

**Sec. 80.** NRS 633.601 is hereby amended to read as follows:

633.601 1. In addition to any other remedy provided by law, the Board, through an officer of the Board or the Attorney General, may apply to any court of competent jurisdiction to enjoin any unprofessional conduct of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* which is harmful to the public or to limit the practice of the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* or suspend his or her license to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant, as applicable, as provided in this section.

2. The court in a proper case may issue a temporary restraining order or a preliminary injunction for such purposes:

(a) Without proof of actual damage sustained by any person, this provision being a preventive as well as punitive measure; and

(b) Pending proceedings for disciplinary action by the Board. Notwithstanding the provisions of chapter 622A of NRS, such proceedings shall be instituted and determined as promptly as the requirements for investigation of the case reasonably allow.



**Sec. 81.** NRS 633.631 is hereby amended to read as follows:

633.631 Except as otherwise provided in subsection 2 and chapter 622A of NRS:

1. Service of process made under this chapter must be either personal or by registered or certified mail with return receipt requested, addressed to the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* at his or her last known address, as indicated in the records of the Board. If personal service cannot be made and if mail notice is returned undelivered, the President or Secretary-Treasurer of the Board shall cause a notice of hearing to be published once a week for 4 consecutive weeks in a newspaper published in the county of the last known address of the osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* or, if no newspaper is published in that county, in a newspaper widely distributed in that county.

2. In lieu of the methods of service of process set forth in subsection 1, if the Board obtains written consent from the osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant, service of process under this chapter may be made by electronic mail on the licensee at an electronic mail address designated by the licensee in the written consent.

3. Proof of service of process or publication of notice made under this chapter must be filed with the Secretary-Treasurer of the Board and may be recorded in the minutes of the Board.

**Sec. 82.** NRS 633.641 is hereby amended to read as follows:

633.641 Notwithstanding the provisions of chapter 622A of NRS, in any disciplinary proceeding before the Board, a hearing officer or a panel:

1. Proof of actual injury need not be established where the formal complaint charges deceptive or unethical professional conduct or medical practice harmful to the public.

2. A certified copy of the record of a court or a licensing agency showing a conviction or the suspension or revocation of a license to practice osteopathic medicine or to practice as a physician assistant *or anesthesiologist assistant* is conclusive evidence of its occurrence.

**Sec. 83.** NRS 633.651 is hereby amended to read as follows:

633.651 1. If the Board finds a person guilty in a disciplinary proceeding, it shall by order take one or more of the following actions:

(a) Place the person on probation for a specified period or until further order of the Board.

(b) Administer to the person a public reprimand.



(c) Limit the practice of the person to, or by the exclusion of, one or more specified branches of osteopathic medicine.

(d) Suspend the license of the person to practice osteopathic medicine or to practice as a physician assistant *or anesthesiologist assistant* for a specified period or until further order of the Board.

(e) Revoke the license of the person to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant.

(f) Impose a fine not to exceed \$5,000 for each violation.

(g) Require supervision of the practice of the person.

(h) Require the person to perform community service without compensation.

(i) Require the person to complete any training or educational requirements specified by the Board.

(j) Require the person to participate in a program for an alcohol or other substance use disorder or any other impairment.

↳ The order of the Board may contain any other terms, provisions or conditions as the Board deems proper and which are not inconsistent with law.

2. The Board shall not administer a private reprimand.

3. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

**Sec. 84.** NRS 633.671 is hereby amended to read as follows:

633.671 1. Any person who has been placed on probation or whose license has been limited, suspended or revoked by the Board is entitled to judicial review of the Board's order as provided by law.

2. Every order of the Board which limits the practice of osteopathic medicine or the practice of a physician assistant *or anesthesiologist assistant* or suspends or revokes a license is effective from the date on which the order is issued by the Board until the date the order is modified or reversed by a final judgment of the court.

3. The district court shall give a petition for judicial review of the Board's order priority over other civil matters which are not expressly given priority by law.

**Sec. 85.** NRS 633.681 is hereby amended to read as follows:

633.681 1. Any person:

(a) Whose practice of osteopathic medicine or practice as a physician assistant *or anesthesiologist assistant* has been limited; or

(b) Whose license to practice osteopathic medicine or to practice as a physician assistant *or anesthesiologist assistant* has been:

(1) Suspended until further order; or



(2) Revoked,

→ may apply to the Board after a reasonable period for removal of the limitation or suspension or may apply to the Board pursuant to the provisions of chapter 622A of NRS for reinstatement of the revoked license.

2. In hearing the application, the Board:

(a) May require the person to submit to a mental or physical examination by physicians whom it designates and submit such other evidence of changed conditions and of fitness as it deems proper;

(b) Shall determine whether under all the circumstances the time of the application is reasonable; and

(c) May deny the application or modify or rescind its order as it deems the evidence and the public safety warrants.

**Sec. 86.** NRS 633.691 is hereby amended to read as follows:

633.691 1. In addition to any other immunity provided by the provisions of chapter 622A of NRS, the Board, a medical review panel of a hospital, a hearing officer, a panel of the Board, an employee or volunteer of a diversion program specified in NRS 633.561, or any person who or other organization which initiates or assists in any lawful investigation or proceeding concerning the discipline of an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* for gross malpractice, malpractice, professional incompetence or unprofessional conduct is immune from any civil action for such initiation or assistance or any consequential damages, if the person or organization acted in good faith.

2. Except as otherwise provided in subsection 3, the Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against an osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* for:

(a) Disclosing to a governmental entity a violation of a law, rule or regulation by an applicant for a license to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant, or by an osteopathic physician , ~~or~~ physician *assistant or anesthesiologist* assistant; or

(b) Cooperating with a governmental entity that is conducting an investigation, hearing or inquiry into such a violation, including, without limitation, providing testimony concerning the violation.

3. An osteopathic physician , ~~or~~ physician assistant *or anesthesiologist assistant* who discloses information to or cooperates with a governmental entity pursuant to subsection 2 with respect to the violation of any law, rule or regulation by the



osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* is subject to investigation and any other administrative or disciplinary action by the Board under the provisions of this chapter for such violation.

4. As used in this section, “governmental entity” includes, without limitation:

(a) A federal, state or local officer, employee, agency, department, division, bureau, board, commission, council, authority or other subdivision or entity of a public employer;

(b) A federal, state or local employee, committee, member or commission of the Legislative Branch of Government;

(c) A federal, state or local representative, member or employee of a legislative body or a county, town, village or any other political subdivision or civil division of the State;

(d) A federal, state or local law enforcement agency or prosecutorial office, or any member or employee thereof, or police or peace officer; and

(e) A federal, state or local judiciary, or any member or employee thereof, or grand or petit jury.

**Sec. 87.** NRS 633.701 is hereby amended to read as follows:

633.701 The filing and review of a complaint and any subsequent disposition by the Board, the member designated by the Board to review a complaint pursuant to NRS 633.541 or any reviewing court do not preclude:

1. Any measure by a hospital or other institution to limit or terminate the privileges of an osteopathic physician, ~~or~~ physician assistant *or anesthesiologist assistant* according to its rules or the custom of the profession. No civil liability attaches to any such action taken without malice even if the ultimate disposition of the complaint is in favor of the osteopathic physician, ~~or~~ physician *assistant or anesthesiologist* assistant.

2. Any appropriate criminal prosecution by the Attorney General or a district attorney based upon the same or other facts.

**Sec. 88.** NRS 633.711 is hereby amended to read as follows:

633.711 1. The Board, through an officer of the Board or the Attorney General, may maintain in any court of competent jurisdiction a suit for an injunction against any person:

(a) Practicing osteopathic medicine or practicing as a physician assistant *or anesthesiologist assistant* without a valid license to practice osteopathic medicine or to practice as a physician *assistant or anesthesiologist* assistant ~~or~~, *as applicable*; or

(b) Providing services through telehealth, as defined in NRS 629.515, without a valid license.





2. An injunction issued pursuant to subsection 1:

(a) May be issued without proof of actual damage sustained by any person, this provision being a preventive as well as a punitive measure.

(b) Must not relieve such person from criminal prosecution for practicing without such a license.

**Sec. 89.** NRS 633.721 is hereby amended to read as follows:

633.721 In a criminal complaint charging any person with practicing osteopathic medicine or practicing as a physician assistant *or anesthesiologist assistant* without a valid license issued by the Board, it is sufficient to charge that the person did, upon a certain day, and in a certain county of this State, engage in such practice without having a valid license to do so, without averring any further or more particular facts concerning the violation.

**Sec. 90.** NRS 633.741 is hereby amended to read as follows:

633.741 1. It is unlawful for any person to:

(a) Except as otherwise provided in NRS 629.091, practice:

(1) Osteopathic medicine without a valid license to practice osteopathic medicine under this chapter;

(2) As a physician assistant *or anesthesiologist assistant* without a valid license under this chapter; or


(3) Beyond the limitations ordered upon his or her practice by the Board or the court;

(b) Present as his or her own the diploma, license or credentials of another;

(c) Give either false or forged evidence of any kind to the Board or any of its members in connection with an application for a license;

(d) File for record the license issued to another, falsely claiming himself or herself to be the person named in the license, or falsely claiming himself or herself to be the person entitled to the license;

(e) Practice osteopathic medicine or practice as a physician assistant *or anesthesiologist assistant* under a false or assumed name or falsely personate another licensee of a like or different name;

(f) Hold himself or herself out as a physician assistant *or anesthesiologist assistant* or use any other term indicating or implying that he or she is a physician assistant  *or anesthesiologist assistant, as applicable*, unless the person has been licensed by the Board as provided in this chapter; or

(g) Supervise a person as a physician assistant *or anesthesiologist assistant* before such person is licensed as provided in this chapter.



2. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

↳ and shall be punished as provided in NRS 193.130, unless a greater penalty is provided pursuant to NRS 200.830 or 200.840.

3. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

**Sec. 91.** NRS 652.210 is hereby amended to read as follows:

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



2. The technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures.

**Sec. 92.** NRS 41.504 is hereby amended to read as follows:

41.504 1. Any physician, physician assistant, *anesthesiologist assistant* or registered nurse who in good faith gives instruction or provides supervision to an emergency medical attendant, physician assistant, *anesthesiologist assistant* or registered nurse, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in giving that instruction or providing that supervision.

2. An emergency medical attendant, physician assistant, *anesthesiologist assistant*, registered nurse or licensed practical nurse who obeys an instruction given by a physician, physician assistant, *anesthesiologist assistant*, registered nurse or licensed practical nurse and thereby renders emergency care, at the scene of an emergency or while transporting an ill or injured person from the scene of an emergency, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, in rendering that emergency care.

3. As used in this section, “emergency medical attendant” means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS.

**Sec. 93.** NRS 41.505 is hereby amended to read as follows:

41.505 1. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS and any person who holds an equivalent license issued by another state, who renders emergency care or assistance, including, without limitation, emergency obstetrical care or assistance, in an emergency, gratuitously and in good faith, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person. This section does not excuse a physician, physician assistant, *anesthesiologist assistant* or nurse from liability for damages resulting from that person’s acts or omissions which occur in a licensed medical facility relative to any person with whom there is a preexisting relationship as a patient.



2. Any person licensed under the provisions of chapter 630, 632 or 633 of NRS and any person who holds an equivalent license issued by another state who:

(a) Is retired or otherwise does not practice on a full-time basis; and

(b) Gratuitously and in good faith, renders medical care within the scope of that person's license to an indigent person,

↳ is not liable for any civil damages as a result of any act or omission by that person, not amounting to gross negligence or reckless, willful or wanton conduct, in rendering that care.

3. Any person licensed to practice medicine under the provisions of chapter 630 or 633 of NRS or licensed to practice dentistry under the provisions of chapter 631 of NRS who renders care or assistance to a patient for a governmental entity or a nonprofit organization is not liable for any civil damages as a result of any act or omission by that person in rendering that care or assistance if the care or assistance is rendered gratuitously, in good faith and in a manner not amounting to gross negligence or reckless, willful or wanton conduct.

4. As used in this section, "gratuitously" has the meaning ascribed to it in NRS 41.500.

**Sec. 94.** NRS 41A.017 is hereby amended to read as follows:

41A.017 "Provider of health care" means a physician licensed pursuant to chapter 630 or 633 of NRS, physician assistant, *anesthesiologist assistant*, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital, clinic, surgery center, physicians' professional corporation or group practice that employs any such person and its employees.

**Sec. 95.** NRS 200.471 is hereby amended to read as follows:

200.471 1. As used in this section:

(a) "Assault" means:

(1) Unlawfully attempting to use physical force against another person; or

(2) Intentionally placing another person in reasonable apprehension of immediate bodily harm.

(b) "Fire-fighting agency" has the meaning ascribed to it in NRS 239B.020.

(c) "Officer" means:



(1) A person who possesses some or all of the powers of a peace officer;

(2) A person employed in a full-time salaried occupation of fire fighting for the benefit or safety of the public;

(3) A member of a volunteer fire department;

(4) A jailer, guard or other correctional officer of a city or county jail;

(5) A prosecuting attorney of an agency or political subdivision of the United States or of this State;

(6) A justice of the Supreme Court, judge of the Court of Appeals, district judge, justice of the peace, municipal judge, magistrate, court commissioner, master or referee, including a person acting pro tempore in a capacity listed in this subparagraph;

(7) An employee of this State or a political subdivision of this State whose official duties require the employee to make home visits;

(8) A civilian employee or a volunteer of a law enforcement agency whose official duties require the employee or volunteer to:

(I) Interact with the public;

(II) Perform tasks related to law enforcement; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the law enforcement agency;

(9) A civilian employee or a volunteer of a fire-fighting agency whose official duties require the employee or volunteer to:

(I) Interact with the public;

(II) Perform tasks related to fire fighting or fire prevention; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the fire-fighting agency; or

(10) A civilian employee or volunteer of this State or a political subdivision of this State whose official duties require the employee or volunteer to:

(I) Interact with the public;

(II) Perform tasks related to code enforcement; and

(III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for this State or a political subdivision of this State.

(d) "Provider of health care" means a physician, a medical student, a perfusionist, *an anesthesiologist assistant* or a physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, an advanced practitioner



of homeopathy, a homeopathic assistant, an osteopathic physician, a physician *assistant or anesthesiologist* assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractic physician, a chiropractic assistant, a doctor of Oriental medicine, a nurse, a student nurse, a certified nursing assistant, a nursing assistant trainee, a medication aide - certified, a dentist, a dental student, a dental hygienist, a dental hygienist student, a pharmacist, a pharmacy student, an intern pharmacist, an attendant on an ambulance or air ambulance, a psychologist, a social worker, a marriage and family therapist, a marriage and family therapist intern, a clinical professional counselor, a clinical professional counselor intern, a licensed dietitian, the holder of a license or a limited license issued under the provisions of chapter 653 of NRS, an emergency medical technician, an advanced emergency medical technician and a paramedic.

(e) "School employee" means a licensed or unlicensed person employed by a board of trustees of a school district pursuant to NRS 391.100 or 391.281.

(f) "Sporting event" has the meaning ascribed to it in NRS 41.630.

(g) "Sports official" has the meaning ascribed to it in NRS 41.630.

(h) "Taxicab" has the meaning ascribed to it in NRS 706.8816.

(i) "Taxicab driver" means a person who operates a taxicab.

(j) "Transit operator" means a person who operates a bus or other vehicle as part of a public mass transportation system.

2. A person convicted of an assault shall be punished:

(a) If paragraph (c) or (d) does not apply to the circumstances of the crime and the assault is not made with the use of a deadly weapon or the present ability to use a deadly weapon, for a misdemeanor.

(b) If the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

(c) If paragraph (d) does not apply to the circumstances of the crime and if the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event and the person charged knew or should have known that the victim was an



officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a gross misdemeanor, unless the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

(d) If the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event by a probationer, a prisoner who is in lawful custody or confinement or a parolee, and the probationer, prisoner or parolee charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a category D felony as provided in NRS 193.130, unless the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

**Sec. 96.** NRS 200.5093 is hereby amended to read as follows:

200.5093 1. Any person who is described in subsection 4 and who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office; or

(3) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.



2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractic physician, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist assistant*, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, behavior analyst, assistant behavior analyst, registered behavior technician, peer recovery support specialist, as defined in NRS 433.627, peer recovery support specialist supervisor, as defined in NRS 433.629, or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.





(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(g) Any employee of the Department of Health and Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to 45 C.F.R. § 1321.11.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons or vulnerable persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

(m) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

(n) Every person who is enrolled with the Division of Health Care Financing and Policy of the Department of Health and Human Services to provide doula services to recipients of Medicaid pursuant to NRS 422.27177.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect, isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written



findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

- (a) Aging and Disability Services Division;
- (b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; and
- (c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.

**Sec. 97.** NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771,



200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 224.240, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407, 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040,



534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672, 630.2673, 630.30665, 630.336, 630A.327, 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283, 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303, 634.214, 634A.169, 634A.185, 635.111, 635.158, 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340, 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217, 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and sections 14 and 53 of this act*, sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be confidential, all public books and public records of a governmental entity must be open at all times during office hours to inspection by any person, and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. Any such copies, abstracts or memoranda may be used to supply the general public with copies, abstracts or memoranda of the records or may be used in any other way to the advantage of the governmental entity or of the general public. This section does not supersede or in any manner affect the federal laws governing copyrights or enlarge, diminish or affect in any other manner the



rights of a person in any written book or record which is copyrighted pursuant to federal law.

2. A governmental entity may not reject a book or record which is copyrighted solely because it is copyrighted.

3. A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate, including, without limitation, electronically, the confidential information from the information included in the public book or record that is not otherwise confidential.

4. If requested, a governmental entity shall provide a copy of a public record in an electronic format by means of an electronic medium. Nothing in this subsection requires a governmental entity to provide a copy of a public record in an electronic format or by means of an electronic medium if:

(a) The public record:

- (1) Was not created or prepared in an electronic format; and
- (2) Is not available in an electronic format; or

(b) Providing the public record in an electronic format or by means of an electronic medium would:

- (1) Give access to proprietary software; or
- (2) Require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

5. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in the medium that is requested because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

**Sec. 98.** NRS 244.1605 is hereby amended to read as follows:

244.1605 The boards of county commissioners may:

1. Establish, equip and maintain limited medical facilities in the outlying areas of their respective counties to provide outpatient care and emergency treatment to the residents of and those falling sick or being injured or maimed in those areas.



2. Provide a full-time or part-time staff for the facilities which may include a physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, *an anesthesiologist assistant*, a registered nurse or a licensed practical nurse, a certified emergency medical technician, advanced emergency medical technician or paramedic, and such other personnel as the board deems necessary or appropriate to ensure adequate staffing commensurate with the needs of the area in which the facility is located.

3. Fix the charges for the medical and nursing care and medicine furnished by the facility to those who are able to pay for them, and to provide that care and medicine free of charge to those persons who qualify as medical indigents under the county's criteria of eligibility for medical care.

4. Purchase, equip and maintain, either in connection with a limited medical facility as authorized in this section or independent therefrom, ambulances and ambulance services for the benefit of the residents of and those falling sick or being injured or maimed in the outlying areas.

**Sec. 99.** NRS 244.382 is hereby amended to read as follows:

244.382 The Legislature finds that:

1. Many of the less populous counties of the State have experienced shortages of physicians, surgeons, anesthesiologists, dentists, other medical professionals , ~~and~~ physician *assistants and anesthesiologist* assistants.

2. Some of the more populous counties of the State have also experienced shortages of physicians, surgeons, anesthesiologists, dentists, other medical professionals , ~~and~~ physician *assistants and anesthesiologist* assistants in their rural communities.

3. By granting county scholarships to students in such medical professions who will agree to return to the less populous counties or the rural communities of the more populous counties for residence and practice, these counties can alleviate the shortages to a degree and thereby provide their people with needed health services.

**Sec. 100.** NRS 244.3821 is hereby amended to read as follows:

244.3821 1. In addition to the powers elsewhere conferred upon all counties, except as otherwise provided in subsection 2, any county may establish a medical scholarship program to induce students in the medical professions to return to the county for practice.

2. Any county whose population is 100,000 or more may only establish a medical scholarship program to induce students in the



medical professions to return to the less populous rural communities of the county for practice.

3. Students in the medical professions for the purposes of NRS 244.382 to 244.3823, inclusive, include persons studying to be physician assistants licensed pursuant to chapter 630 or 633 of NRS ~~or~~ *or anesthesiologist assistants licensed pursuant to chapters 630 and 633 of NRS.*

4. The board of county commissioners of a county that has established a medical scholarship program may appropriate money from the general fund of the county for medical scholarship funds and may accept private contributions to augment the scholarship funds.

**Sec. 101.** NRS 441A.110 is hereby amended to read as follows:

441A.110 “Provider of health care” means a physician, nurse, *anesthesiologist assistant* or veterinarian licensed in accordance with state law, a physician assistant licensed pursuant to chapter 630 or 633 of NRS or a pharmacist registered pursuant to chapter 639 of NRS.

**Sec. 102.** NRS 441A.334 is hereby amended to read as follows:

441A.334 As used in this section and NRS 441A.335 and 441A.336, “provider of health care” means a physician, nurse, ~~or~~ physician assistant *or anesthesiologist assistant* licensed in accordance with state law.

**Sec. 103.** NRS 453.038 is hereby amended to read as follows:

453.038 “Chart order” means an order entered on the chart of a patient:

1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department; or

2. Under emergency treatment in a hospital by a physician, advanced practice registered nurse, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse, dentist or podiatric physician authorizing the administration of a drug to the patient.

**Sec. 104.** NRS 453.375 is hereby amended to read as follows:

453.375 1. A controlled substance may be possessed and administered by the following persons:

(a) A practitioner.

(b) A registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a physician, physician



assistant, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

(c) A paramedic:

(1) As authorized by regulation of:

(I) The State Board of Health in a county whose population is less than 100,000; or

(II) A county or district board of health in a county whose population is 100,000 or more; and

(2) In accordance with any applicable regulations of:

(I) The State Board of Health in a county whose population is less than 100,000;

(II) A county board of health in a county whose population is 100,000 or more; or

(III) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

(d) A respiratory therapist, at the direction of a physician or physician assistant.

(e) *An anesthesiologist assistant, at the direction of a supervising anesthesiologist or supervising osteopathic anesthesiologist.*

(f) A medical student, student in training to become a physician assistant or *anesthesiologist assistant*, student nurse in the course of his or her studies at an accredited college of medicine or approved school of professional or practical nursing, at the direction of a physician or physician assistant and:

(1) In the presence of a physician, physician assistant or a registered nurse; or

(2) Under the supervision of a physician, physician assistant or a registered nurse if the student is authorized by the college or school to administer the substance outside the presence of a physician, physician assistant or nurse.

↳ A medical student or student nurse may administer a controlled substance in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

~~(f)~~ (g) An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.

~~(g)~~ (h) Any person designated by the head of a correctional institution.

~~(h)~~ (i) A veterinary technician at the direction of his or her supervising veterinarian.





~~(j)~~ (j) In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.

~~(k)~~ (k) In accordance with applicable regulations of the State Board of Pharmacy, an animal control officer, a wildlife biologist or an employee designated by a federal, state or local governmental agency whose duties include the control of domestic, wild and predatory animals.

~~(l)~~ (l) A person who is enrolled in a training program to become a paramedic, respiratory therapist or veterinary technician if the person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, to a paramedic, respiratory therapist or veterinary technician who may possess and administer the controlled substance, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

~~(m)~~ (m) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

2. As used in this section ~~["accredited"]~~ :

(a) *"Accredited college of medicine"* means:

~~(1)~~ (1) A medical school that is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or their successor organizations; or

~~(2)~~ (2) A school of osteopathic medicine, as defined in NRS 633.121.

*(b) "Anesthesiologist assistant" means a person who holds a license issued pursuant to section 8 or 47 of this act or a temporary license issued pursuant to section 9 or 48 of this act.*

**Sec. 105.** NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS ~~or~~ *or an anesthesiologist assistant*, at the direction of his or her supervising physician or *supervising anesthesiologist or supervising osteopathic anesthesiologist, as applicable, or* a licensed dental hygienist acting in the office of and under the supervision of a dentist.



(c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

(d) In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(1) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(2) Acting under the direction of the medical director of that agency or facility who works in this State.

(e) A medication aide - certified at a designated facility under the supervision of an advanced practice registered nurse or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this paragraph, "designated facility" has the meaning ascribed to it in NRS 632.0145.

(f) Except as otherwise provided in paragraph (g), an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(1) The State Board of Health in a county whose population is less than 100,000;

(2) A county board of health in a county whose population is 100,000 or more; or

(3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

(g) An advanced emergency medical technician or a paramedic who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.

(h) A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

(i) A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

(j) A medical student or student nurse in the course of his or her studies at an accredited college of medicine or approved school of professional or practical nursing, at the direction of a physician and:



(1) In the presence of a physician or a registered nurse; or  
(2) Under the supervision of a physician or a registered nurse if the student is authorized by the college or school to administer the drug or medicine outside the presence of a physician or nurse.

↳ A medical student or student nurse may administer a dangerous drug in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

(k) Any person designated by the head of a correctional institution.

(l) An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

(m) A holder of a license to engage in radiation therapy and radiologic imaging issued pursuant to chapter 653 of NRS, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

(n) A chiropractic physician, but only if the drug or medicine is a topical drug used for cooling and stretching external tissue during therapeutic treatments.

(o) A physical therapist, but only if the drug or medicine is a topical drug which is:

(1) Used for cooling and stretching external tissue during therapeutic treatments; and

(2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

(p) In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.

(q) A veterinary technician or a veterinary assistant at the direction of his or her supervising veterinarian.

(r) In accordance with applicable regulations of the Board, a registered pharmacist who:

(1) Is trained in and certified to carry out standards and practices for immunization programs;

(2) Is authorized to administer immunizations pursuant to written protocols from a physician; and

(3) Administers immunizations in compliance with the "Standards for Immunization Practices" recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.



(s) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

(t) A person who is enrolled in a training program to become a physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist or veterinary technician or to obtain a license to engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant *or anesthesiologist assistant* licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist, veterinary technician or person licensed to engage in radiation therapy and radiologic imaging who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

(u) A medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

2. As used in this section, “accredited college of medicine” has the meaning ascribed to it in NRS 453.375.

**Sec. 106.** 1. This section becomes effective upon passage and approval.

2. Sections 1 to 105, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.

