

SENATE BILL NO. 210—SENATORS KIECKHEFER,  
FORD AND GANSERT

FEBRUARY 27, 2017

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-155)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility.  
Effect on the State: Yes.

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

AN ACT relating to anesthesiology; providing for the licensure and regulation of anesthesiologist assistants by the Board of Medical Examiners; requiring an anesthesiologist assistant to work under the supervision of a supervising anesthesiologist except when rendering certain emergency care; authorizing an anesthesiologist assistant to perform certain tasks; authorizing the Board of Medical Examiners to impose fees for the licensure of anesthesiologist assistants and the renewal of such licenses; exempting an anesthesiologist assistant from civil liability in certain circumstances; requiring an anesthesiologist assistant to report instances of neglect or abuse of older and vulnerable persons; authorizing the Nevada members of the Western Interstate Commission for Higher Education to take certain actions with regard to an anesthesiologist assistant who receives financial assistance from the program administered by the Nevada Office of the Commission; providing penalties; and providing other matters properly relating thereto.



\* S B 2 1 0 R 1 \*

**Legislative Counsel's Digest:**

1 Existing law provides for the licensure of physician assistants by the Board of  
2 Medical Examiners who work under the supervision of a physician. (NRS 630.273)  
3 **Section 8** of this bill provides for the licensure of anesthesiologist assistants by the  
4 Board and prescribes the qualifications necessary for licensure. **Sections 26 and 27**  
5 of this bill extend to anesthesiologist assistants the provisions of existing law that  
6 authorize the issuance of a license by endorsement to a physician assistant who is  
7 licensed in another state and meets certain other requirements. (NRS 630.2751,  
8 630.2752) **Sections 7, 11 and 12** of this bill provide that an anesthesiologist  
9 assistant must work under the supervision of a supervisory anesthesiologist, except  
10 when rendering emergency care directly related to an emergency or disaster.  
11 **Section 9** of this bill requires the Board to adopt regulations establishing  
12 requirements for the licensure of anesthesiologist assistants. **Section 25** of this bill  
13 prescribes the maximum fee that the Board may charge for the issuance and  
14 renewal of a license to practice as an anesthesiologist assistant.

15 **Section 7** of this bill lists the services that an anesthesiologist assistant may  
16 perform and provide that an anesthesiologist assistant may only administer  
17 controlled substances to a patient with the patient's written consent. **Sections 108**  
18 **and 113** of this bill make conforming changes.

19 **Section 28** of this bill provides for the filing of certain complaints concerning  
20 an anesthesiologist assistant to the Board. **Sections 26 and 34** of this bill provide  
21 procedures for the investigation of complaints and the imposition of disciplinary  
22 action by the Board against an anesthesiologist assistant. **Section 35** of this bill  
23 provides that a person who holds himself or herself out as an anesthesiologist  
24 assistant without being licensed by the Board is guilty of a category C or D felony.

25 **Sections 1, 93, 94, 101 and 102** of this bill include an anesthesiologist in the  
26 definition of the term "provider of health care" for certain purposes. **Section 37** of  
27 this bill requires an anesthesiologist assistant to report to the Executive Director of  
28 the State Board of Nursing any conduct of a licensee of that Board or holder of a  
29 certificate issued by that Board which violates provisions governing nursing.  
30 **Sections 91 and 92** of this bill provide that an anesthesiologist assistant is immune  
31 from civil liability for rendering medical care in certain emergency situations.  
32 **Sections 95 and 96** of this bill require an anesthesiologist assistant to report  
33 instances of suspected neglect or abuse of older persons and certain vulnerable  
34 persons.

35 **Section 100** of this bill authorizes the Nevada members of the Western  
36 Interstate Commission for Higher Education to require an anesthesiologist assistant  
37 to serve in an area with a shortage of health professionals as a condition of  
38 receiving financial assistance from the program administered by the Nevada Office  
39 of the Commission.

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

- 1 **Section 1.** NRS 629.031 is hereby amended to read as follows:  
2 629.031 Except as otherwise provided by a specific statute:  
3 1. "Provider of health care" means:  
4 (a) A physician licensed pursuant to chapter 630, 630A or 633  
5 of NRS;  
6 (b) A physician assistant;  
7 (c) ***An anesthesiologist assistant;***



- 1        ~~(d)~~ (d) A dentist;
- 2        ~~((d))~~ (e) A licensed nurse;
- 3        ~~((e))~~ (f) A person who holds a license as an attendant or who is
- 4 certified as an emergency medical technician, advanced emergency
- 5 medical technician or paramedic pursuant to chapter 450B of NRS;
- 6        ~~((f))~~ (g) A dispensing optician;
- 7        ~~((g))~~ (h) An optometrist;
- 8        ~~((h))~~ (i) A speech-language pathologist;
- 9        ~~((i))~~ (j) An audiologist;
- 10       ~~((j))~~ (k) A practitioner of respiratory care;
- 11       ~~((k))~~ (l) A registered physical therapist;
- 12       ~~((l))~~ (m) An occupational therapist;
- 13       ~~((m))~~ (n) A podiatric physician;
- 14       ~~((n))~~ (o) A licensed psychologist;
- 15       ~~((o))~~ (p) A licensed marriage and family therapist;
- 16       ~~((p))~~ (q) A licensed clinical professional counselor;
- 17       ~~((q))~~ (r) A music therapist;
- 18       ~~((r))~~ (s) A chiropractor;
- 19       ~~((s))~~ (t) An athletic trainer;
- 20       ~~((t))~~ (u) A perfusionist;
- 21       ~~((u))~~ (v) A doctor of Oriental medicine in any form;
- 22       ~~((v))~~ (w) A medical laboratory director or technician;
- 23       ~~((w))~~ (x) A pharmacist;
- 24       ~~((x))~~ (y) A licensed dietitian;
- 25       ~~((y))~~ (z) An associate in social work, a social worker, an
- 26 independent social worker or a clinical social worker licensed
- 27 pursuant to chapter 641B of NRS;
- 28       ~~((z))~~ (aa) An alcohol and drug abuse counselor or a problem
- 29 gambling counselor who is certified pursuant to chapter 641C of
- 30 NRS;
- 31       ~~((aa))~~ (bb) An alcohol and drug abuse counselor or a clinical
- 32 alcohol and drug abuse counselor who is licensed pursuant to
- 33 chapter 641C of NRS; or
- 34       ~~((bb))~~ (cc) A medical facility as the employer of any person
- 35 specified in this subsection.
- 36       2. For the purposes of NRS 629.051, 629.061, 629.065 and
- 37 629.077, the term includes a facility that maintains the health care
- 38 records of patients.
- 39       3. For the purposes of NRS 629.400 to 629.490, inclusive, the
- 40 term includes:
- 41       (a) A person who holds a license or certificate issued pursuant to
- 42 chapter 631 of NRS; and
- 43       (b) A person who holds a current license or certificate to
- 44 practice his or her respective discipline pursuant to the applicable
- 45 provisions of law of another state or territory of the United States.



1       **Sec. 2.** Chapter 630 of NRS is hereby amended by adding  
2 thereto the provisions set forth as sections 3 to 12, inclusive, of this  
3 act.

4       **Sec. 3.** *“Anesthesia services” means services and activities*  
5 *related to the administration of anesthesia to a patient, including,*  
6 *without limitation, those services identified in subsection 1 of*  
7 *section 7 of this act.*

8       **Sec. 4.** *“Anesthesiologist assistant” means a person who has*  
9 *been issued a license by the Board pursuant to section 8 of this*  
10 *act.*

11       **Sec. 5.** *“Medically direct supervision” means that a*  
12 *supervising anesthesiologist is immediately available in such*  
13 *proximity to an anesthesiologist assistant during the performance*  
14 *of his or her duties that the supervising anesthesiologist is able*  
15 *effectively to re-establish direct contact with the patient to meet the*  
16 *medical needs of the patient and address any urgent or emergent*  
17 *clinical problems.*

18       **Sec. 6.** *“Supervising anesthesiologist” means an active*  
19 *physician licensed and in good standing in this State who is Board*  
20 *certified or meets the standards to be Board certified as an*  
21 *anesthesiologist by the American Board of Anesthesiology, or its*  
22 *successor, and who supervises one or more anesthesiology*  
23 *assistants.*

24       **Sec. 7. 1.** *An anesthesiologist assistant licensed under the*  
25 *provisions of this chapter may perform anesthesia services in*  
26 *accordance with the regulations adopted by the Board, within the*  
27 *scope of practice of a supervising anesthesiologist and under the*  
28 *medically direct supervision of that supervising anesthesiologist in*  
29 *any appropriate setting, including, without limitation, an intensive*  
30 *care unit or pain clinic. Such anesthesia services include, without*  
31 *limitation:*

32       (a) *Obtaining a preanesthetic health history for the patient,*  
33 *performing a preanesthetic physical examination of the patient*  
34 *and recording relevant data;*

35       (b) *Conducting laboratory and other related studies, including,*  
36 *without limitation, taking blood samples;*

37       (c) *Inserting invasive monitoring modalities, including,*  
38 *without limitation, arterial and venous lines and pulmonary artery*  
39 *catheterization, as delegated by the supervising anesthesiologist;*

40       (d) *Subject to the limitations of NRS 453.375, administering*  
41 *anesthetic agents and controlled substances, including, without*  
42 *limitation, induction agents and adjunctive treatment, maintaining*  
43 *and altering the levels of anesthesia and providing continuity of*  
44 *anesthetic care into and during the postoperative recovery period;*



1 (e) Establishing airway interventions and performing  
2 ventilatory support;

3 (f) Applying and interpreting advanced monitoring techniques;

4 (g) Using advanced life-support techniques, including, without  
5 limitation, high-frequency ventilation and intraarterial  
6 cardiovascular assist devices;

7 (h) Making postanesthesia rounds, recording patient progress  
8 notes, compiling and recording summaries of cases and  
9 transcribing standard and specific orders;

10 (i) Evaluating and treating life-threatening situations,  
11 including, without limitation, through the use of cardiopulmonary  
12 resuscitation, using established protocols;

13 (j) Training and supervising personnel in calibrating,  
14 troubleshooting and using patient monitors;

15 (k) Performing administrative duties, including, without  
16 limitation, managing patient records, coding and billing for  
17 procedures and managing personnel;

18 (l) Participating in the clinical instruction of others; and

19 (m) Performing and monitoring the administration of regional  
20 anesthesia, including, without limitation, spinal, epidural,  
21 intravenous regional, local infiltration, nerve blocks and other  
22 special techniques.

23 2. An anesthesiologist assistant shall not prescribe any  
24 controlled substance or any dangerous drug as defined in chapter  
25 454 of NRS.

26 3. Before an anesthesiologist assistant administers to a  
27 patient any anesthetic agent that includes a controlled substance,  
28 the anesthesiologist assistant or supervising anesthesiologist shall:

29 (a) Disclose to the patient that the anesthetic agent will be  
30 administered by an anesthesiologist assistant; and

31 (b) Receive the consent of the patient, in writing, for the  
32 anesthesiologist assistant to administer the anesthetic agent.

33 **Sec. 8. 1.** The Board may issue a license as an  
34 anesthesiologist assistant to an applicant who:

35 (a) Is at least 18 years of age;

36 (b) Has successfully completed a medically-based  
37 anesthesiologist assistant program that is accredited by the  
38 Commission on Accreditation of Allied Health Education  
39 Programs or its successor organization;

40 (c) Has passed a certifying examination administered by the  
41 National Commission for Certification of Anesthesiologist  
42 Assistants or its successor organization;

43 (d) Is certified by the National Commission for Certification of  
44 Anesthesiologist Assistants or a successor organization; and



1 (e) Meets the qualifications prescribed by regulation of the  
2 Board to perform anesthesia services under the medically direct  
3 supervision of a supervising anesthesiologist.

4 2. An application for a license as an anesthesiologist assistant  
5 must contain all information required by the Board to complete  
6 the application.

7 **Sec. 9.** The Board shall adopt regulations establishing the  
8 requirements for licensure as an anesthesiologist assistant,  
9 including, without limitation:

10 1. The required qualifications of applicants for a license;

11 2. The academic or educational certificates, credentials or  
12 programs of study required of applicants;

13 3. The procedures for submitting applications for licensure;

14 4. The standards for review of submitted applications and  
15 procedures for the issuance of licenses;

16 5. The tests or examinations of applicants by the Board;

17 6. The duration, renewal, revocation, suspension and  
18 termination of licenses;

19 7. The regulation and discipline of anesthesiologist  
20 assistants, including, without limitation, the reporting of  
21 complaints, investigations of misconduct and disciplinary  
22 proceedings;

23 8. The medically direct supervision of an anesthesiologist  
24 assistant by a supervising anesthesiologist; and

25 9. Consistent with the provisions of section 7 of this act, the  
26 anesthesia services which an anesthesiologist assistant may  
27 perform.

28 **Sec. 10.** 1. An anesthesiologist assistant shall:

29 (a) Keep his or her license available for inspection at his or  
30 her primary place of business; and

31 (b) When engaged in professional duties, identify himself or  
32 herself as an anesthesiologist assistant.

33 2. An anesthesiologist assistant shall not bill a patient  
34 separately from his or her supervising anesthesiologist.

35 **Sec. 11.** 1. An anesthesiologist assistant licensed under the  
36 provisions of this chapter who is responding to a need for medical  
37 care created by an emergency or disaster, as declared by a  
38 governmental entity, may render emergency care that is directly  
39 related to the emergency or disaster without the supervision of a  
40 supervising anesthesiologist as required by this chapter. The  
41 provisions of this subsection apply only for the duration of the  
42 emergency or disaster.

43 2. A supervising anesthesiologist who supervises an  
44 anesthesiologist assistant who is rendering emergency care that is  
45 directly related to an emergency or disaster, as described in



1 *subsection 1, is not required to meet the requirements set forth in*  
2 *this chapter for such supervision.*

3 **Sec. 12.** *1. A supervising anesthesiologist shall provide*  
4 *medically direct supervision to his or her anesthesiologist assistant*  
5 *whenever the anesthesiologist assistant is performing anesthesia*  
6 *services.*

7 *2. Before beginning to supervise an anesthesiologist*  
8 *assistant, a supervising anesthesiologist shall communicate to the*  
9 *anesthesiologist assistant:*

10 *(a) The scope of practice of the anesthesiologist assistant;*

11 *(b) The access to the supervising anesthesiologist that the*  
12 *anesthesiologist assistant will have; and*

13 *(c) Any processes for evaluation that the supervising*  
14 *anesthesiologist will use to evaluate the anesthesiologist assistant.*

15 *3. A supervising anesthesiologist shall not delegate to his or*  
16 *her anesthesiologist assistant, and the anesthesiologist assistant*  
17 *shall not accept, any task that is beyond the capability of the*  
18 *anesthesiologist assistant to complete safely.*

19 *4. A supervising anesthesiologist shall not supervise more*  
20 *than four anesthesiologist assistants at the same time.*

21 *5. A supervising anesthesiologist may coordinate with other*  
22 *anesthesiologists within his or her practice group or department*  
23 *for the purpose of complying with any of his or her required*  
24 *supervisory duties. Any anesthesiologist with whom a supervisory*  
25 *anesthesiologist coordinates his or her supervisory duties shall be*  
26 *considered a joint supervisory anesthesiologist and is subject to all*  
27 *applicable requirements for a supervisory anesthesiologist*  
28 *contained within this chapter.*

29 **Sec. 13.** NRS 630.003 is hereby amended to read as follows:

30 630.003 1. The Legislature finds and declares that:

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

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

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

43 (d) The Board must ensure that unfit physicians, perfusionists,  
44 physician assistants, *anesthesiologist assistants* and practitioners of





1 respiratory care are removed from the medical profession so that  
2 they will not cause harm to the public; and

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

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

9 **Sec. 14.** NRS 630.005 is hereby amended to read as follows:

10 630.005 As used in this chapter, unless the context otherwise  
11 requires, the words and terms defined in NRS 630.007 to 630.026,  
12 inclusive, *and sections 3 to 6, inclusive, of this act* have the  
13 meanings ascribed to them in those sections.

14 **Sec. 15.** NRS 630.021 is hereby amended to read as follows:

15 630.021 "Practice of respiratory care" includes:

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

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

20 3. The provision of ventilatory assistance and control;

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

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

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

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

35 8. Training relating to the practice of respiratory care.

36 **Sec. 16.** NRS 630.045 is hereby amended to read as follows:

37 630.045 1. The purpose of licensing physicians,  
38 perfusionists, physician assistants, *anesthesiologist assistants* and  
39 practitioners of respiratory care is to protect the public health and  
40 safety and the general welfare of the people of this State.

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

43 **Sec. 17.** NRS 630.047 is hereby amended to read as follows:

44 630.047 1. This chapter does not apply to:





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

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

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

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

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

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

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

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

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

30 (2) Is employed by a medical facility, as defined in NRS  
31 449.0151; and

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

39 (g) The practice of respiratory care by a person on himself or  
40 herself or gratuitous respiratory care provided to a friend or a  
41 member of a person's family if the provider of the care does not  
42 represent himself or herself as a practitioner of respiratory care;

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



1 (i) The maintenance of medical equipment for perfusion ,  
2 *anesthesia services* or respiratory care that is not attached to a  
3 patient; and

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

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

11 3. This chapter does not prohibit:

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

16 (b) The domestic administration of family remedies.

17 **Sec. 18.** NRS 630.120 is hereby amended to read as follows:

18 630.120 1. The Board shall procure a seal.

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

23 **Sec. 19.** NRS 630.137 is hereby amended to read as follows:

24 630.137 1. Notwithstanding any other provision of law and  
25 except as otherwise provided in this section, the Board shall not  
26 adopt any regulations that prohibit or have the effect of prohibiting a  
27 physician, perfusionist, physician assistant , *anesthesiologist*  
28 *assistant* or practitioner of respiratory care from collaborating or  
29 consulting with another provider of health care.

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

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

38 **Sec. 20.** NRS 630.167 is hereby amended to read as follows:

39 630.167 In addition to any other requirements set forth in this  
40 chapter, each applicant for a license to practice medicine, to practice  
41 as a perfusionist, to practice as a physician assistant , *to practice as*  
42 *an anesthesiologist assistant* or to practice respiratory care shall  
43 submit to the Board a complete set of fingerprints and written  
44 permission authorizing the Board to forward the fingerprints to the  
45 Central Repository for Nevada Records of Criminal History for



1 submission to the Federal Bureau of Investigation for its report. Any  
2 fees or costs charged by the Board for this service pursuant to NRS  
3 630.268 are not refundable.

4 **Sec. 21.** NRS 630.197 is hereby amended to read as follows:

5 630.197 1. In addition to any other requirements set forth in  
6 this chapter:

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

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

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

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

24 (b) A separate form prescribed by the Board.

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

30 (a) Fails to submit the statement required pursuant to subsection  
31 1; or

32 (b) Indicates on the statement submitted pursuant to subsection  
33 1 that the applicant is subject to a court order for the support of a  
34 child and is not in compliance with the order or a plan approved by  
35 the district attorney or other public agency enforcing the order for  
36 the repayment of the amount owed pursuant to the order.

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



1     **Sec. 22.** NRS 630.198 is hereby amended to read as follows:

2     630.198 1. The Board shall not issue or renew a license to  
3 practice as a physician, physician assistant , *anesthesiologist*  
4 *assistant* or perfusionist unless the applicant for issuance or renewal  
5 of the license attests to knowledge of and compliance with the  
6 guidelines of the Centers for Disease Control and Prevention  
7 concerning the prevention of transmission of infectious agents  
8 through safe and appropriate injection practices.

9     2. In addition to the attestation provided pursuant to subsection  
10 1, a physician shall attest that any person:

11     (a) Who is under the control and supervision of the physician;

12     (b) Who is not licensed pursuant to this chapter; and

13     (c) Whose duties involve injection practices,

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

18     **Sec. 23.** NRS 630.253 is hereby amended to read as follows:

19     630.253 1. The Board shall, as a prerequisite for the:

20     (a) Renewal of a license as a physician assistant; ~~for~~

21     (b) *Renewal of a license as an anesthesiologist assistant; or*

22     (c) Biennial registration of the holder of a license to practice  
23 medicine,

24     ↪ require each holder to submit evidence of compliance with the  
25 requirements for continuing education as set forth in regulations  
26 adopted by the Board.

27     2. These requirements:

28     (a) May provide for the completion of one or more courses of  
29 instruction relating to risk management in the performance of  
30 medical services.

31     (b) Must provide for the completion of a course of instruction,  
32 within 2 years after initial licensure, relating to the medical  
33 consequences of an act of terrorism that involves the use of a  
34 weapon of mass destruction. The course must provide at least 4  
35 hours of instruction that includes instruction in the following  
36 subjects:

37     (1) An overview of acts of terrorism and weapons of mass  
38 destruction;

39     (2) Personal protective equipment required for acts of  
40 terrorism;

41     (3) Common symptoms and methods of treatment associated  
42 with exposure to, or injuries caused by, chemical, biological,  
43 radioactive and nuclear agents;

44     (4) Syndromic surveillance and reporting procedures for acts  
45 of terrorism that involve biological agents; and



1 (5) An overview of the information available on, and the use  
2 of, the Health Alert Network.

3 (c) Must provide for the completion by a holder of a license to  
4 practice medicine who is a psychiatrist of a course of instruction that  
5 provides at least 2 hours of instruction on clinically-based suicide  
6 prevention and awareness.

7 ↪ The Board may thereafter determine whether to include in a  
8 program of continuing education additional courses of instruction  
9 relating to the medical consequences of an act of terrorism that  
10 involves the use of a weapon of mass destruction.

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

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

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

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

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

23 4. The Board shall encourage each holder of a license to  
24 practice medicine to receive, as a portion of his or her continuing  
25 education, training concerning methods for educating patients about  
26 how to effectively manage medications, including, without  
27 limitation, the ability of the patient to request to have the symptom  
28 or purpose for which a drug is prescribed included on the label  
29 attached to the container of the drug.

30 5. The Board shall encourage each holder of a license to  
31 practice medicine, other than a psychiatrist, to receive as a portion  
32 of his or her continuing education training concerning suicide,  
33 including, without limitation, such topics as:

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

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

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

41 6. A holder of a license to practice medicine may substitute not  
42 more than 2 hours of continuing education credits in the detection of  
43 suicidal thoughts and ideations, and the intervention and prevention  
44 of suicide, pain management or addiction care for the purposes of



1 satisfying an equivalent requirement for continuing education in  
2 ethics.

3 7. As used in this section:

4 (a) "Act of terrorism" has the meaning ascribed to it in  
5 NRS 202.4415.

6 (b) "Biological agent" has the meaning ascribed to it in  
7 NRS 202.442.

8 (c) "Chemical agent" has the meaning ascribed to it in  
9 NRS 202.4425.

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

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

14 **Sec. 24.** (Deleted by amendment.)

15 **Sec. 25.** NRS 630.268 is hereby amended to read as follows:

16 630.268 1. The Board shall charge and collect not more than  
17 the following fees:

18	
19	For application for and issuance of a license to
20	practice as a physician, including a license by
21	endorsement..... \$600
22	For application for and issuance of a temporary,
23	locum tenens, limited, restricted, authorized
24	facility, special, special purpose or special event
25	license..... 400
26	For renewal of a limited, restricted, authorized
27	facility or special license..... 400
28	For application for and issuance of a license as a
29	physician assistant, including a license by
30	endorsement..... 400
31	For biennial registration of a physician assistant..... 800
32	For biennial registration of a physician..... 800
33	For application for and issuance of a license as a
34	perfusionist or practitioner of respiratory care..... 400
35	For biennial renewal of a license as a perfusionist..... 600
36	<i>For application for and issuance of a license as an</i>
37	<i>anesthesiologist assistant, including a license by</i>
38	<i>endorsement..... 400</i>
39	<i>For biennial registration of an anesthesiologist</i>
40	<i>assistant..... 800</i>
41	For biennial registration of a practitioner of
42	respiratory care..... 600
43	For biennial registration for a physician who is on
44	inactive status..... 400
45	For written verification of licensure..... 50



1 For a duplicate identification card..... \$25  
 2 For a duplicate license..... 50  
 3 For computer printouts or labels..... 500  
 4 For verification of a listing of physicians, per hour ..... 20  
 5 For furnishing a list of new physicians..... 100

6  
 7 2. Except as otherwise provided in subsections 4 and 5, in  
 8 addition to the fees prescribed in subsection 1, the Board shall  
 9 charge and collect necessary and reasonable fees for the expedited  
 10 processing of a request or for any other incidental service the Board  
 11 provides.

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

18 4. If an applicant submits an application for a license by  
 19 endorsement pursuant to:

20 (a) NRS 630.1607, and the applicant is an active member of, or  
 21 the spouse of an active member of, the Armed Forces of the United  
 22 States, a veteran or the surviving spouse of a veteran, the Board  
 23 shall collect not more than one-half of the fee set forth in subsection  
 24 1 for the initial issuance of the license. As used in this paragraph,  
 25 “veteran” has the meaning ascribed to it in NRS 417.005.

26 (b) NRS 630.2752, the Board shall collect not more than one-  
 27 half of the fee set forth in subsection 1 for the initial issuance of the  
 28 license.

29 5. If an applicant submits an application for a license by  
 30 endorsement pursuant to NRS 630.1606 or 630.2751, as applicable,  
 31 the Board shall charge and collect not more than the fee specified in  
 32 subsection 1 for the application for and initial issuance of a license.

33 **Sec. 26.** NRS 630.2751 is hereby amended to read as follows:

34 630.2751 1. The Board may issue a license by endorsement  
 35 to practice as a physician assistant *or anesthesiologist assistant*  
 36 to an applicant who meets the requirements set forth in this section. An  
 37 applicant may submit to the Board an application for such a license  
 38 if the applicant:

39 (a) Holds a corresponding valid and unrestricted license to  
 40 practice as a physician assistant *or anesthesiologist assistant* in the  
 41 District of Columbia or any state or territory of the United States;  
 42 and

43 (b) Is certified in a specialty recognized by the American Board  
 44 of Medical Specialties **†† if the applicant is seeking to practice as a**  
 45 **physician assistant, or is certified by the National Commission for**





1 ***Certification of Anesthesiologist Assistants if the applicant is***  
2 ***seeking to practice as an anesthesiologist assistant.***

3 2. An applicant for a license by endorsement pursuant to this  
4 section must submit to the Board with his or her application:

5 (a) Proof satisfactory to the Board that the applicant:

6 (1) Satisfies the requirements of subsection 1;

7 (2) Is a citizen of the United States or otherwise has the legal  
8 right to work in the United States;

9 (3) Has not been disciplined or investigated by the  
10 corresponding regulatory authority of the District of Columbia or  
11 any state or territory in which the applicant currently holds or has  
12 held a license to practice as a physician assistant ***or***  
13 ***anesthesiologist assistant;*** and

14 (4) Has not been held civilly or criminally liable for  
15 malpractice in the District of Columbia or any state or territory of  
16 the United States;

17 (b) A complete set of fingerprints and written permission  
18 authorizing the Board to forward the fingerprints in the manner  
19 provided in NRS 630.167;

20 (c) An affidavit stating that the information contained in the  
21 application and any accompanying material is true and correct; and

22 (d) Any other information required by the Board.

23 3. Not later than 15 business days after receiving an application  
24 for a license by endorsement to practice as a physician assistant ***or***  
25 ***anesthesiologist assistant*** pursuant to this section, the Board shall  
26 provide written notice to the applicant of any additional information  
27 required by the Board to consider the application. Unless the Board  
28 denies the application for good cause, the Board shall approve the  
29 application and issue a license by endorsement to practice as a  
30 physician assistant ***or anesthesiologist assistant*** to the applicant not  
31 later than:

32 (a) Forty-five days after receiving the application; or

33 (b) Ten days after the Board receives a report on the applicant's  
34 background based on the submission of the applicant's fingerprints,  
35 ➔ whichever occurs later.

36 4. A license by endorsement to practice as a physician assistant  
37 ***or anesthesiologist assistant*** may be issued at a meeting of the  
38 Board or between its meetings by the President and Executive  
39 Director of the Board. Such an action shall be deemed to be an  
40 action of the Board.

41 **Sec. 27.** NRS 630.2752 is hereby amended to read as follows:

42 630.2752 1. The Board may issue a license by endorsement  
43 to practice as a physician assistant ***or anesthesiologist assistant*** to  
44 an applicant who meets the requirements set forth in this section. An



1 applicant may submit to the Board an application for such a license  
2 if the applicant:

3 (a) Holds a corresponding valid and unrestricted license to  
4 practice as a physician assistant *or anesthesiologist assistant* in the  
5 District of Columbia or any state or territory of the United States;

6 (b) Is certified in a specialty recognized by the American Board  
7 of Medical Specialties **†** *if the applicant is seeking to practice as a*  
8 *physician assistant, or is certified by the National Commission for*  
9 *Certification of Anesthesiologist Assistants if the applicant is*  
10 *seeking to practice as an anesthesiologist assistant;* and

11 (c) Is an active member of, or the spouse of an active member  
12 of, the Armed Forces of the United States, a veteran or the surviving  
13 spouse of a veteran.

14 2. An applicant for a license by endorsement pursuant to this  
15 section must submit to the Board with his or her application:

16 (a) Proof satisfactory to the Board that the applicant:

17 (1) Satisfies the requirements of subsection 1;

18 (2) Is a citizen of the United States or otherwise has the legal  
19 right to work in the United States;

20 (3) Has not been disciplined or investigated by the  
21 corresponding regulatory authority of the District of Columbia or  
22 the state or territory in which the applicant holds a license to  
23 practice as a physician assistant **†** *or anesthesiologist assistant;*  
24 and

25 (4) Has not been held civilly or criminally liable for  
26 malpractice in the District of Columbia or any state or territory of  
27 the United States;

28 (b) A complete set of fingerprints and written permission  
29 authorizing the Board to forward the fingerprints in the manner  
30 provided in NRS 630.167;

31 (c) An affidavit stating that the information contained in the  
32 application and any accompanying material is true and correct; and

33 (d) Any other information required by the Board.

34 3. Not later than 15 business days after receiving an application  
35 for a license by endorsement to practice as a physician assistant *or*  
36 *anesthesiologist assistant* pursuant to this section, the Board shall  
37 provide written notice to the applicant of any additional information  
38 required by the Board to consider the application. Unless the Board  
39 denies the application for good cause, the Board shall approve the  
40 application and issue a license by endorsement to practice as a  
41 physician assistant *or anesthesiologist assistant* to the applicant not  
42 later than:

43 (a) Forty-five days after receiving all the additional information  
44 required by the Board to complete the application; or



1 (b) Ten days after the Board receives a report on the applicant's  
2 background based on the submission of the applicant's fingerprints,  
3 ➔ whichever occurs later.

4 4. A license by endorsement to practice as a physician assistant  
5 *or anesthesiologist assistant* may be issued at a meeting of the  
6 Board or between its meetings by the President and Executive  
7 Director of the Board. Such an action shall be deemed to be an  
8 action of the Board.

9 5. At any time before making a final decision on an application  
10 for a license by endorsement pursuant to this section, the Board may  
11 grant a provisional license authorizing an applicant to practice as a  
12 physician assistant *or anesthesiologist assistant* in accordance with  
13 regulations adopted by the Board.

14 6. As used in this section, "veteran" has the meaning ascribed  
15 to it in NRS 417.005.

16 **Sec. 28.** NRS 630.307 is hereby amended to read as follows:

17 630.307 1. Except as otherwise provided in subsection 2, any  
18 person may file with the Board a complaint against a physician,  
19 perfusionist, physician assistant , *anesthesiologist assistant* or  
20 practitioner of respiratory care on a form provided by the Board.  
21 The form may be submitted in writing or electronically. If a  
22 complaint is submitted anonymously, the Board may accept the  
23 complaint but may refuse to consider the complaint if the lack of the  
24 identity of the complainant makes processing the complaint  
25 impossible or unfair to the person who is the subject of the  
26 complaint.

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

33 3. Except as otherwise provided in subsection 4, any hospital,  
34 clinic or other medical facility licensed in this State, or medical  
35 society, shall report to the Board any change in the privileges of a  
36 physician, perfusionist, physician assistant , *anesthesiologist*  
37 *assistant* or practitioner of respiratory care to practice while the  
38 physician, perfusionist, physician assistant , *anesthesiologist*  
39 *assistant* or practitioner of respiratory care is under investigation  
40 and the outcome of any disciplinary action taken by that facility or  
41 society against the physician, perfusionist, physician assistant ,  
42 *anesthesiologist assistant* or practitioner of respiratory care  
43 concerning the care of a patient or the competency of the physician,  
44 perfusionist, physician assistant , *anesthesiologist assistant* or



1 practitioner of respiratory care within 30 days after the change in  
2 privileges is made or disciplinary action is taken.

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

8 (a) An investigation of the mental, medical or psychological  
9 competency of the physician, perfusionist, physician assistant ,  
10 *anesthesiologist assistant* or practitioner of respiratory care; or

11 (b) Suspected or alleged substance abuse in any form by the  
12 physician, perfusionist, physician assistant , *anesthesiologist*  
13 *assistant* or practitioner of respiratory care.

14 5. The Board shall report any failure to comply with subsection  
15 3 or 4 by a hospital, clinic or other medical facility licensed in this  
16 State to the Division of Public and Behavioral Health of the  
17 Department of Health and Human Services. If, after a hearing, the  
18 Division of Public and Behavioral Health determines that any such  
19 facility or society failed to comply with the requirements of this  
20 subsection, the Division may impose an administrative fine of not  
21 more than \$10,000 against the facility or society for each such  
22 failure to report. If the administrative fine is not paid when due, the  
23 fine must be recovered in a civil action brought by the Attorney  
24 General on behalf of the Division.

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

29 (a) Is mentally ill;

30 (b) Is mentally incompetent;

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

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

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

36 ➔ within 45 days after such a finding, judgment or determination is  
37 made.

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

41 **Sec. 29.** NRS 630.309 is hereby amended to read as follows:

42 630.309 To institute a disciplinary action against a perfusionist,  
43 physician assistant , *anesthesiologist assistant* or practitioner of  
44 respiratory care, a written complaint, specifying the charges, must  
45 be filed with the Board by:



1 1. The Board or a committee designated by the Board to  
2 investigate a complaint;

3 2. Any member of the Board; or

4 3. Any other person who is aware of any act or circumstance  
5 constituting a ground for disciplinary action set forth in the  
6 regulations adopted by the Board.

7 **Sec. 30.** NRS 630.326 is hereby amended to read as follows:

8 630.326 1. If an investigation by the Board regarding a  
9 physician, perfusionist, physician assistant , *anesthesiologist*  
10 *assistant* or practitioner of respiratory care reasonably determines  
11 that the health, safety or welfare of the public or any patient served  
12 by the licensee is at risk of imminent or continued harm, the Board  
13 may summarily suspend the license of the licensee pending the  
14 conclusion of a hearing to consider a formal complaint against the  
15 licensee. The order of summary suspension may be issued only by  
16 the Board or an investigative committee of the Board.

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

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

36 **Sec. 31.** NRS 630.329 is hereby amended to read as follows:

37 630.329 If the Board issues an order suspending the license of  
38 a physician, perfusionist, physician assistant , *anesthesiologist*  
39 *assistant* or practitioner of respiratory care pending proceedings for  
40 disciplinary action, including, without limitation, a summary  
41 suspension pursuant to NRS 233B.127, the court shall not stay that  
42 order.

43 **Sec. 32.** NRS 630.336 is hereby amended to read as follows:

44 630.336 1. Any deliberations conducted or vote taken by the  
45 Board or any investigative committee of the Board regarding its



1 ordering of a physician, perfusionist, physician assistant ,  
2 **anesthesiologist assistant** or practitioner of respiratory care to  
3 undergo a physical or mental examination or any other examination  
4 designated to assist the Board or committee in determining the  
5 fitness of a physician, perfusionist, physician assistant ,  
6 **anesthesiologist assistant** or practitioner of respiratory care are not  
7 subject to the requirements of NRS 241.020.

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

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

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

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

21 (c) Any communication between:

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

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

26 4. Except as otherwise provided in subsection 5 and NRS  
27 239.0115, a complaint filed with the Board pursuant to NRS  
28 630.307, all documents and other information filed with the  
29 complaint and all documents and other information compiled as a  
30 result of an investigation conducted to determine whether to initiate  
31 disciplinary action are confidential.

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

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

43 **Sec. 33.** NRS 630.366 is hereby amended to read as follows:

44 630.366 1. If the Board receives a copy of a court order  
45 issued pursuant to NRS 425.540 that provides for the suspension of



1 all professional, occupational and recreational licenses, certificates  
2 and permits issued to a person who is the holder of a license to  
3 practice medicine, to practice as a perfusionist, to practice as a  
4 physician assistant , *to practice as an anesthesiologist assistant* or  
5 to practice as a practitioner of respiratory care, the Board shall deem  
6 the license issued to that person to be suspended at the end of the  
7 30th day after the date on which the court order was issued unless  
8 the Board receives a letter issued to the holder of the license by the  
9 district attorney or other public agency pursuant to NRS 425.550  
10 stating that the holder of the license has complied with the subpoena  
11 or warrant or has satisfied the arrearage pursuant to NRS 425.560.

12 2. The Board shall reinstate a license to practice medicine, to  
13 practice as a perfusionist, to practice as a physician assistant , *to*  
14 *practice as an anesthesiologist assistant* or to practice as a  
15 practitioner of respiratory care that has been suspended by a district  
16 court pursuant to NRS 425.540 if the Board receives a letter issued  
17 by the district attorney or other public agency pursuant to NRS  
18 425.550 to the person whose license was suspended stating that the  
19 person whose license was suspended has complied with the  
20 subpoena or warrant or has satisfied the arrearage pursuant to  
21 NRS 425.560.

22 **Sec. 34.** NRS 630.388 is hereby amended to read as follows:

23 630.388 1. In addition to any other remedy provided by law,  
24 the Board, through its President or Secretary-Treasurer or the  
25 Attorney General, may apply to any court of competent jurisdiction:

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

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

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

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

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





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

4 (a) Without proof of actual damage sustained by any person;

5 (b) Without relieving any person from criminal prosecution for  
6 engaging in the practice of medicine, perfusion or respiratory care  
7 without a license; and

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

9 **Sec. 35.** NRS 630.400 is hereby amended to read as follows:

10 630.400 1. It is unlawful for any person to:

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

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

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

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

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

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

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

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

32 2. Unless a greater penalty is provided pursuant to NRS  
33 200.830 or 200.840, a person who violates any provision of  
34 subsection 1:

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

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

39 and shall be punished as provided in NRS 193.130.

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

43 (a) Issue and serve on the person an order to cease and desist  
44 until the person obtains from the Board the proper license or  
45 otherwise demonstrates that he or she is no longer in violation of



1 subsection 1. An order to cease and desist must include a telephone  
2 number with which the person may contact the Board.

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

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

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

15 **Sec. 36.** NRS 632.018 is hereby amended to read as follows:

16 632.018 "Practice of professional nursing" means the  
17 performance of any act in the observation, care and counsel of the  
18 ill, injured or infirm, in the maintenance of health or prevention of  
19 illness of others, in the supervision and teaching of other personnel,  
20 in the administration of medications and treatments as prescribed by  
21 an advanced practice registered nurse, a licensed physician, a  
22 physician assistant licensed pursuant to chapter 630 or 633 of NRS,  
23 *a licensed anesthesiologist assistant*, a licensed dentist or a licensed  
24 podiatric physician, requiring substantial specialized judgment and  
25 skill based on knowledge and application of the principles of  
26 biological, physical and social science, but does not include acts of  
27 medical diagnosis or prescription of therapeutic or corrective  
28 measures.

29 **Sec. 37.** NRS 632.472 is hereby amended to read as follows:

30 632.472 1. The following persons shall report in writing to  
31 the Executive Director of the Board any conduct of a licensee or  
32 holder of a certificate which constitutes a violation of the provisions  
33 of this chapter:

34 (a) Any physician, dentist, dental hygienist, chiropractor,  
35 optometrist, podiatric physician, medical examiner, resident, intern,  
36 professional or practical nurse, nursing assistant, medication aide -  
37 certified, perfusionist, physician assistant licensed pursuant to  
38 chapter 630 or 633 of NRS, *anesthesiologist assistant*, psychiatrist,  
39 psychologist, marriage and family therapist, clinical professional  
40 counselor, alcohol or drug abuse counselor, music therapist, driver  
41 of an ambulance, paramedic or other person providing medical  
42 services licensed or certified to practice in this State.

43 (b) Any personnel of a medical facility or facility for the  
44 dependent engaged in the admission, examination, care or treatment  
45 of persons or an administrator, manager or other person in charge of



1 a medical facility or facility for the dependent upon notification by a  
2 member of the staff of the facility.

3 (c) A coroner.

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

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

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

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

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

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

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

22 (k) Any social worker.

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

27 (m) Any person who operates or is employed by a peer support  
28 recovery organization.

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

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

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

42 5. As used in this section:

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



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

3 (c) "Peer support recovery organization" has the meaning  
4 ascribed to it in NRS 449.01563.

- 5 **Sec. 38.** (Deleted by amendment.)
- 6 **Sec. 39.** (Deleted by amendment.)
- 7 **Sec. 40.** (Deleted by amendment.)
- 8 **Sec. 41.** (Deleted by amendment.)
- 9 **Sec. 42.** (Deleted by amendment.)
- 10 **Sec. 43.** (Deleted by amendment.)
- 11 **Sec. 44.** (Deleted by amendment.)
- 12 **Sec. 45.** (Deleted by amendment.)
- 13 **Sec. 46.** (Deleted by amendment.)
- 14 **Sec. 47.** (Deleted by amendment.)
- 15 **Sec. 48.** (Deleted by amendment.)
- 16 **Sec. 49.** (Deleted by amendment.)
- 17 **Sec. 50.** (Deleted by amendment.)
- 18 **Sec. 51.** (Deleted by amendment.)
- 19 **Sec. 52.** (Deleted by amendment.)
- 20 **Sec. 53.** (Deleted by amendment.)
- 21 **Sec. 54.** (Deleted by amendment.)
- 22 **Sec. 55.** (Deleted by amendment.)
- 23 **Sec. 56.** (Deleted by amendment.)
- 24 **Sec. 57.** (Deleted by amendment.)
- 25 **Sec. 58.** (Deleted by amendment.)
- 26 **Sec. 59.** (Deleted by amendment.)
- 27 **Sec. 60.** (Deleted by amendment.)
- 28 **Sec. 61.** (Deleted by amendment.)
- 29 **Sec. 62.** (Deleted by amendment.)
- 30 **Sec. 63.** (Deleted by amendment.)
- 31 **Sec. 64.** (Deleted by amendment.)
- 32 **Sec. 65.** (Deleted by amendment.)
- 33 **Sec. 66.** (Deleted by amendment.)
- 34 **Sec. 67.** (Deleted by amendment.)
- 35 **Sec. 68.** (Deleted by amendment.)
- 36 **Sec. 69.** (Deleted by amendment.)
- 37 **Sec. 70.** (Deleted by amendment.)
- 38 **Sec. 71.** (Deleted by amendment.)
- 39 **Sec. 72.** (Deleted by amendment.)
- 40 **Sec. 73.** (Deleted by amendment.)
- 41 **Sec. 74.** (Deleted by amendment.)
- 42 **Sec. 75.** (Deleted by amendment.)
- 43 **Sec. 76.** (Deleted by amendment.)
- 44 **Sec. 77.** (Deleted by amendment.)
- 45 **Sec. 78.** (Deleted by amendment.)



- 1     **Sec. 79.** (Deleted by amendment.)
- 2     **Sec. 80.** (Deleted by amendment.)
- 3     **Sec. 81.** (Deleted by amendment.)
- 4     **Sec. 82.** (Deleted by amendment.)
- 5     **Sec. 83.** (Deleted by amendment.)
- 6     **Sec. 84.** (Deleted by amendment.)
- 7     **Sec. 85.** (Deleted by amendment.)
- 8     **Sec. 86.** (Deleted by amendment.)
- 9     **Sec. 87.** (Deleted by amendment.)
- 10    **Sec. 88.** (Deleted by amendment.)
- 11    **Sec. 89.** (Deleted by amendment.)

12     **Sec. 90.** NRS 652.210 is hereby amended to read as follows:  
13         652.210 1. Except as otherwise provided in subsection 2 and  
14 NRS 126.121 and 652.186, no person other than a licensed  
15 physician, a licensed optometrist, a licensed practical nurse, a  
16 registered nurse, a perfusionist, a physician assistant licensed  
17 pursuant to chapter 630 or 633 of NRS, ***a licensed anesthesiologist***  
18 ***assistant***, a certified advanced emergency medical technician, a  
19 certified paramedic, a practitioner of respiratory care licensed  
20 pursuant to chapter 630 of NRS or a licensed dentist may  
21 manipulate a person for the collection of specimens. The persons  
22 described in this subsection may perform any laboratory test which  
23 is classified as a waived test pursuant to Subpart A of Part 493 of  
24 Title 42 of the Code of Federal Regulations without obtaining  
25 certification as an assistant in a medical laboratory pursuant to  
26 NRS 652.127.

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

30     **Sec. 91.** NRS 41.504 is hereby amended to read as follows:

31         41.504 1. Any physician, physician assistant ,  
32 ***anesthesiologist assistant*** or registered nurse who in good faith  
33 gives instruction or provides supervision to an emergency medical  
34 attendant, physician assistant , ***anesthesiologist assistant*** or  
35 registered nurse, at the scene of an emergency or while transporting  
36 an ill or injured person from the scene of an emergency, is not liable  
37 for any civil damages as a result of any act or omission, not  
38 amounting to gross negligence, in giving that instruction or  
39 providing that supervision.

40         2. An emergency medical attendant, physician assistant,  
41 ***anesthesiologist assistant***, registered nurse or licensed practical  
42 nurse who obeys an instruction given by a physician, physician  
43 assistant, ***anesthesiologist assistant***, registered nurse or licensed  
44 practical nurse and thereby renders emergency care, at the scene of  
45 an emergency or while transporting an ill or injured person from the



1 scene of an emergency, is not liable for any civil damages as a result  
2 of any act or omission, not amounting to gross negligence, in  
3 rendering that emergency care.

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

8 **Sec. 92.** NRS 41.505 is hereby amended to read as follows:

9 41.505 1. Any person licensed under the provisions of  
10 chapter 630, 632 or 633 of NRS and any person who holds an  
11 equivalent license issued by another state, who renders emergency  
12 care or assistance, including, without limitation, emergency  
13 obstetrical care or assistance, in an emergency, gratuitously and in  
14 good faith, is not liable for any civil damages as a result of any act  
15 or omission, not amounting to gross negligence, by that person in  
16 rendering the emergency care or assistance or as a result of any  
17 failure to act, not amounting to gross negligence, to provide or  
18 arrange for further medical treatment for the injured or ill person.  
19 This section does not excuse a physician, physician assistant ,  
20 *anesthesiologist assistant* or nurse from liability for damages  
21 resulting from that person's acts or omissions which occur in a  
22 licensed medical facility relative to any person with whom there is a  
23 preexisting relationship as a patient.

24 2. Any person licensed under the provisions of chapter 630,  
25 632 or 633 of NRS and any person who holds an equivalent license  
26 issued by another state who:

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

29 (b) Gratuitously and in good faith, renders medical care within  
30 the scope of that person's license to an indigent person,  
31 ➤ is not liable for any civil damages as a result of any act or  
32 omission by that person, not amounting to gross negligence or  
33 reckless, willful or wanton conduct, in rendering that care.

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

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



1       **Sec. 93.** NRS 41A.017 is hereby amended to read as follows:

2       41A.017 “Provider of health care” means a physician licensed  
3 pursuant to chapter 630 or 633 of NRS, physician assistant,  
4 *anesthesiologist assistant*, dentist, licensed nurse, dispensing  
5 optician, optometrist, registered physical therapist, podiatric  
6 physician, licensed psychologist, chiropractor, doctor of Oriental  
7 medicine, medical laboratory director or technician, licensed  
8 dietitian or a licensed hospital, clinic, surgery center, physicians’  
9 professional corporation or group practice that employs any such  
10 person and its employees.

11       **Sec. 94.** NRS 200.471 is hereby amended to read as follows:

12       200.471 1. As used in this section:

13       (a) “Assault” means:

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

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

18       (b) “Officer” means:

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

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

23           (3) A member of a volunteer fire department;

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

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

31           (6) An employee of the State or a political subdivision of the  
32 State whose official duties require the employee to make home  
33 visits.

34       (c) “Provider of health care” means a physician, a medical  
35 student, a perfusionist, ~~for~~ a physician assistant *or anesthesiologist*  
36 *assistant* licensed pursuant to chapter 630 of NRS, a practitioner of  
37 respiratory care, a homeopathic physician, an advanced practitioner  
38 of homeopathy, a homeopathic assistant, an osteopathic physician, a  
39 physician assistant licensed pursuant to chapter 633 of NRS,  
40 a podiatric physician, a podiatry hygienist, a physical therapist, a  
41 medical laboratory technician, an optometrist, a chiropractor,  
42 a chiropractor’s assistant, a doctor of Oriental medicine, a nurse, a  
43 student nurse, a certified nursing assistant, a nursing assistant  
44 trainee, a medication aide - certified, a dentist, a dental student, a  
45 dental hygienist, a dental hygienist student, a pharmacist, a





1 pharmacy student, an intern pharmacist, an attendant on an  
2 ambulance or air ambulance, a psychologist, a social worker, a  
3 marriage and family therapist, a marriage and family therapist  
4 intern, a clinical professional counselor, a clinical professional  
5 counselor intern, a licensed dietitian, an emergency medical  
6 technician, an advanced emergency medical technician and a  
7 paramedic.

8 (d) "School employee" means a licensed or unlicensed person  
9 employed by a board of trustees of a school district pursuant to NRS  
10 391.100 or 391.281.

11 (e) "Sporting event" has the meaning ascribed to it in  
12 NRS 41.630.

13 (f) "Sports official" has the meaning ascribed to it in  
14 NRS 41.630.

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

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

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

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

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

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

29 (c) If paragraph (d) does not apply to the circumstances of the  
30 crime and if the assault is committed upon an officer, a provider of  
31 health care, a school employee, a taxicab driver or a transit operator  
32 who is performing his or her duty or upon a sports official based on  
33 the performance of his or her duties at a sporting event and the  
34 person charged knew or should have known that the victim was an  
35 officer, a provider of health care, a school employee, a taxicab  
36 driver, a transit operator or a sports official, for a gross  
37 misdemeanor, unless the assault is made with the use of a deadly  
38 weapon or the present ability to use a deadly weapon, then for a  
39 category B felony by imprisonment in the state prison for a  
40 minimum term of not less than 1 year and a maximum term of not  
41 more than 6 years, or by a fine of not more than \$5,000, or by both  
42 fine and imprisonment.

43 (d) If the assault is committed upon an officer, a provider of  
44 health care, a school employee, a taxicab driver or a transit operator  
45 who is performing his or her duty or upon a sports official based on



1 the performance of his or her duties at a sporting event by a  
2 probationer, a prisoner who is in lawful custody or confinement or a  
3 parolee, and the probationer, prisoner or parolee charged knew or  
4 should have known that the victim was an officer, a provider of  
5 health care, a school employee, a taxicab driver, a transit operator or  
6 a sports official, for a category D felony as provided in NRS  
7 193.130, unless the assault is made with the use of a deadly weapon  
8 or the present ability to use a deadly weapon, then for a category B  
9 felony by imprisonment in the state prison for a minimum term of  
10 not less than 1 year and a maximum term of not more than 6 years,  
11 or by a fine of not more than \$5,000, or by both fine and  
12 imprisonment.

13 **Sec. 95.** NRS 200.5093 is hereby amended to read as follows:

14 200.5093 1. Any person who is described in subsection 4 and  
15 who, in a professional or occupational capacity, knows or has  
16 reasonable cause to believe that an older person has been abused,  
17 neglected, exploited, isolated or abandoned shall:

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

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

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

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

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

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

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

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



1 (a) Every physician, dentist, dental hygienist, chiropractor,  
2 optometrist, podiatric physician, medical examiner, resident, intern,  
3 professional or practical nurse, physician assistant licensed pursuant  
4 to chapter 630 or 633 of NRS, *anesthesiologist assistant*,  
5 perfusionist, psychiatrist, psychologist, marriage and family  
6 therapist, clinical professional counselor, clinical alcohol and drug  
7 abuse counselor, alcohol and drug abuse counselor, music therapist,  
8 athletic trainer, driver of an ambulance, paramedic, licensed dietitian  
9 or other person providing medical services licensed or certified to  
10 practice in this State, who examines, attends or treats an older  
11 person who appears to have been abused, neglected, exploited,  
12 isolated or abandoned.

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

19 (c) A coroner.

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

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

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

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

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

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

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

39 (k) Every social worker.

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

42 (m) Every person who operates or is employed by a peer support  
43 recovery organization, as defined in NRS 449.01563.

44 (n) Every person who operates or is employed by a community  
45 health worker pool, as defined in NRS 449.0028, or with whom a



1 community health worker pool contracts to provide the services of a  
2 community health worker, as defined in NRS 449.0027.

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

4 6. If a person who is required to make a report pursuant to  
5 subsection 1 knows or has reasonable cause to believe that an older  
6 person has died as a result of abuse, neglect, isolation or  
7 abandonment, the person shall, as soon as reasonably practicable,  
8 report this belief to the appropriate medical examiner or coroner,  
9 who shall investigate the cause of death of the older person and  
10 submit to the appropriate local law enforcement agencies, the  
11 appropriate prosecuting attorney, the Aging and Disability Services  
12 Division of the Department of Health and Human Services and the  
13 Unit for the Investigation and Prosecution of Crimes his or her  
14 written findings. The written findings must include the information  
15 required pursuant to the provisions of NRS 200.5094, when  
16 possible.

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

24 (a) Aging and Disability Services Division;

25 (b) Repository for Information Concerning Crimes Against  
26 Older Persons created by NRS 179A.450; and

27 (c) Unit for the Investigation and Prosecution of Crimes.

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

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

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

40 **Sec. 96.** NRS 200.50935 is hereby amended to read as  
41 follows:

42 200.50935 1. Any person who is described in subsection 3  
43 and who, in a professional or occupational capacity, knows or has  
44 reasonable cause to believe that a vulnerable person has been  
45 abused, neglected, exploited, isolated or abandoned shall:



1 (a) Report the abuse, neglect, exploitation, isolation or  
2 abandonment of the vulnerable person to a law enforcement agency;  
3 and

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

8 2. If a person who is required to make a report pursuant to  
9 subsection 1 knows or has reasonable cause to believe that the  
10 abuse, neglect, exploitation, isolation or abandonment of the  
11 vulnerable person involves an act or omission of a law enforcement  
12 agency, the person shall make the report to a law enforcement  
13 agency other than the one alleged to have committed the act or  
14 omission.

15 3. A report must be made pursuant to subsection 1 by the  
16 following persons:

17 (a) Every physician, dentist, dental hygienist, chiropractor,  
18 optometrist, podiatric physician, medical examiner, resident, intern,  
19 professional or practical nurse, perfusionist, physician assistant  
20 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*  
21 *assistant*, psychiatrist, psychologist, marriage and family therapist,  
22 clinical professional counselor, clinical alcohol and drug abuse  
23 counselor, alcohol and drug abuse counselor, music therapist,  
24 athletic trainer, driver of an ambulance, paramedic, licensed dietitian  
25 or other person providing medical services licensed or certified to  
26 practice in this State, who examines, attends or treats a vulnerable  
27 person who appears to have been abused, neglected, exploited,  
28 isolated or abandoned.

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

35 (c) A coroner.

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

38 (e) Any employee of the Department of Health and Human  
39 Services.

40 (f) Any employee of a law enforcement agency or an adult or  
41 juvenile probation officer.

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

44 (h) Any person who maintains, is employed by or serves as a  
45 volunteer for an agency or service which advises persons regarding



1 the abuse, neglect, exploitation, isolation or abandonment of a  
2 vulnerable person and refers them to persons and agencies where  
3 their requests and needs can be met.

4 (i) Every social worker.

5 (j) Any person who owns or is employed by a funeral home or  
6 mortuary.

7 4. A report may be made by any other person.

8 5. If a person who is required to make a report pursuant to  
9 subsection 1 knows or has reasonable cause to believe that a  
10 vulnerable person has died as a result of abuse, neglect, isolation or  
11 abandonment, the person shall, as soon as reasonably practicable,  
12 report this belief to the appropriate medical examiner or coroner,  
13 who shall investigate the cause of death of the vulnerable person and  
14 submit to the appropriate local law enforcement agencies and the  
15 appropriate prosecuting attorney his or her written findings. The  
16 written findings must include the information required pursuant to  
17 the provisions of NRS 200.5094, when possible.

18 6. A law enforcement agency which receives a report pursuant  
19 to this section shall immediately initiate an investigation of the  
20 report.

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

23 **Sec. 97.** NRS 244.1605 is hereby amended to read as follows:

24 244.1605 The boards of county commissioners may:

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

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

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

42 4. Purchase, equip and maintain, either in connection with a  
43 limited medical facility as authorized in this section or independent  
44 therefrom, ambulances and ambulance services for the benefit of the



1 residents of and those falling sick or being injured or maimed in the  
2 outlying areas.

3 **Sec. 98.** NRS 244.382 is hereby amended to read as follows:

4 244.382 The Legislature finds that:

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

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

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

18 **Sec. 99.** NRS 244.3821 is hereby amended to read as follows:

19 244.3821 1. In addition to the powers elsewhere conferred  
20 upon all counties, except as otherwise provided in subsection 2, any  
21 county may establish a medical scholarship program to induce  
22 students in the medical professions to return to the county for  
23 practice.

24 2. Any county whose population is 100,000 or more may only  
25 establish a medical scholarship program to induce students in the  
26 medical professions to return to the less populous rural communities  
27 of the county for practice.

28 3. Students in the medical professions for the purposes of NRS  
29 244.382 to 244.3823, inclusive, include persons studying to be  
30 physician assistants licensed pursuant to chapter 630 or 633 of NRS  
31 ~~+~~ *or anesthesiologist assistants.*

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

37 **Sec. 100.** NRS 397.0617 is hereby amended to read as  
38 follows:

39 397.0617 1. The provisions of this section apply only to  
40 support fees received by a participant on or after July 1, 1997.

41 2. The three Nevada State Commissioners, acting jointly, may  
42 require a participant who is certified to practice in a profession  
43 which could benefit a health professional shortage area, a medically  
44 underserved area or a medically underserved population of this  
45 State, as those terms are defined by the Office of Statewide





1 Initiatives of the University of Nevada , *Reno* School of Medicine,  
2 to practice in such an area or with such a population, or to practice  
3 in an area designated by the Secretary of Health and Human  
4 Services:

5 (a) Pursuant to 42 U.S.C. § 254c, as containing a medically  
6 underserved population; or

7 (b) Pursuant to 42 U.S.C. § 254e, as a health professional  
8 shortage area,

9 ➔ as a condition to receiving a support fee.

10 3. The three Nevada State Commissioners, acting jointly, may  
11 forgive the portion of the support fee designated as the stipend of a  
12 participant if that participant agrees to practice in a health  
13 professional shortage area, a medically underserved area or an area  
14 with a medically underserved population of this State pursuant to  
15 subsection 2 for a period of time equal to the lesser of:

16 (a) One year for each year the participant receives a support fee;  
17 or

18 (b) One year for each 9 months the participant receives a support  
19 fee and is enrolled in an accelerated program that provides more  
20 than 1 academic year of graduate and professional education in 9  
21 months,

22 ➔ but in no case for a period of time more than 2 years.

23 4. For a participant to qualify for forgiveness pursuant to  
24 subsection 3, the participant must complete the relevant practice  
25 within 5 years after the completion or termination of the  
26 participant's education, internship or residency for which the  
27 participant received the support fee.

28 5. If a participant returns to or remains in this State but does  
29 not practice in a health professional shortage area, a medically  
30 underserved area or an area with a medically underserved  
31 population of this State pursuant to subsections 2, 3 and 4, the three  
32 Nevada State Commissioners, acting jointly, shall:

33 (a) Assess a default charge in an amount not less than three  
34 times the support fees, plus interest; and

35 (b) Convert the portion of the support fee designated as the  
36 stipend into a loan to be repaid in accordance with NRS 397.064  
37 from the first day of the term for which the participant received the  
38 support fee.

39 6. As used in this section, a "profession which could benefit a  
40 health professional shortage area, a medically underserved area or  
41 an area with a medically underserved population of this State"  
42 includes, without limitation, dentistry, physical therapy, pharmacy  
43 and practicing as a physician assistant licensed pursuant to chapter  
44 630 or 633 of NRS **H** *or anesthesiologist assistant.*



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

3     441A.110 “Provider of health care” means a physician, nurse ,  
4 *anesthesiologist assistant* or veterinarian licensed in accordance  
5 with state law or a physician assistant licensed pursuant to chapter  
6 630 or 633 of NRS.

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

9     441A.334 As used in this section and NRS 441A.335 and  
10 441A.336, “provider of health care” means a physician, nurse , ~~for~~  
11 physician assistant *or anesthesiologist assistant* licensed in  
12 accordance with state law.

13     **Sec. 103.** (Deleted by amendment.)

14     **Sec. 104.** (Deleted by amendment.)

15     **Sec. 105.** (Deleted by amendment.)

16     **Sec. 106.** (Deleted by amendment.)

17     **Sec. 107.** (Deleted by amendment.)

18     **Sec. 108.** NRS 453.375 is hereby amended to read as follows:

19     453.375 1. A controlled substance may be possessed and  
20 administered by the following persons:

21     (a) A practitioner.

22     (b) A registered nurse licensed to practice professional nursing  
23 or licensed practical nurse, at the direction of a physician, physician  
24 assistant, dentist, podiatric physician or advanced practice registered  
25 nurse, or pursuant to a chart order, for administration to a patient at  
26 another location.

27     (c) A paramedic:

28         (1) As authorized by regulation of:

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

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

33         (2) In accordance with any applicable regulations of:

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

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

38             (III) A district board of health created pursuant to NRS  
39 439.362 or 439.370 in any county.

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

42     (e) *An anesthesiologist assistant, at the direction of a*  
43 *supervising anesthesiologist.*

44     (f) A medical student, student in training to become a physician  
45 assistant *or anesthesiologist assistant*, or student nurse in the course



1 of his or her studies at an accredited college of medicine or  
2 approved school of professional or practical nursing, at the direction  
3 of a physician or physician assistant and:

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

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

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

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

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

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

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

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

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

37 2. As used in this section ~~“accredited”~~ :

38 (a) “Accredited college of medicine” means:

39 ~~(1)~~ (1) A medical school that is accredited by the Liaison  
40 Committee on Medical Education of the American Medical  
41 Association and the Association of American Medical Colleges or  
42 their successor organizations; or

43 ~~(2)~~ (2) A school of osteopathic medicine, as defined in  
44 NRS 633.121.



1       ***(b) “Anesthesiologist assistant” means a person who holds a***  
2 ***license issued pursuant to section 8 of this act.***

3       **Sec. 109.** (Deleted by amendment.)

4       **Sec. 110.** (Deleted by amendment.)

5       **Sec. 111.** (Deleted by amendment.)

6       **Sec. 112.** (Deleted by amendment.)

7       **Sec. 113.** NRS 454.213 is hereby amended to read as follows:

8       454.213 1. A drug or medicine referred to in NRS 454.181 to  
9 454.371, inclusive, may be possessed and administered by:

10       (a) A practitioner.

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

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

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

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

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

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

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

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

42       (2) A county board of health in a county whose population is  
43 100,000 or more; or

44       (3) A district board of health created pursuant to NRS  
45 439.362 or 439.370 in any county.



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

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

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

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

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

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

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

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

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

26 (m) A nuclear medicine technologist, at the direction of a  
27 physician and in accordance with any conditions established by  
28 regulation of the Board.

29 (n) A radiologic technologist, at the direction of a physician and  
30 in accordance with any conditions established by regulation of the  
31 Board.

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

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

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

39 (2) Prescribed by a licensed physician for:

40 (I) Iontophoresis; or

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

43 (q) In accordance with applicable regulations of the State Board  
44 of Health, an employee of a residential facility for groups, as



1 defined in NRS 449.017, pursuant to a written agreement entered  
2 into by the ultimate user.

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

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

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

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

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

15 (t) A registered pharmacist pursuant to written guidelines and  
16 protocols developed and approved pursuant to NRS 639.2809.

17 (u) A person who is enrolled in a training program to become a  
18 physician assistant licensed pursuant to chapter 630 or 633 of NRS,  
19 *anesthesiologist assistant*, dental hygienist, advanced emergency  
20 medical technician, paramedic, respiratory therapist, dialysis  
21 technician, nuclear medicine technologist, radiologic technologist,  
22 physical therapist or veterinary technician if the person possesses  
23 and administers the drug or medicine in the same manner and under  
24 the same conditions that apply, respectively, to a physician assistant  
25 licensed pursuant to chapter 630 or 633 of NRS, *anesthesiologist*  
26 *assistant*, dental hygienist, advanced emergency medical technician,  
27 paramedic, respiratory therapist, dialysis technician, nuclear  
28 medicine technologist, radiologic technologist, physical therapist or  
29 veterinary technician who may possess and administer the drug or  
30 medicine, and under the direct supervision of a person licensed or  
31 registered to perform the respective medical art or a supervisor of  
32 such a person.

33 (v) A medical assistant, in accordance with applicable  
34 regulations of the:

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

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

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



1     **Sec. 114.** (Deleted by amendment.)

2     **Sec. 115.** (Deleted by amendment.)

3     **Sec. 116.** The provisions of subsection 1 of NRS 218D.380 do  
4 not apply to any provision of this act which adds or revises a  
5 requirement to submit a report to the Legislature.

6     **Sec. 117.** This act becomes effective upon passage and  
7 approval for the purpose of adopting regulations and performing any  
8 other preparatory administrative tasks that are necessary to carry out  
9 the provisions of this act, and on July 1, 2018, for all other purposes.

⑩



\* S B 2 1 0 R 1 \*

