

Amendment No. 108

Assembly Amendment to Assembly Bill No. 56 (BDR 54-255)

Proposed by: Assembly Committee on Commerce and Labor

Amends: Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of A.B. 56 (§§ 2-4, 18).

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.



ASSEMBLY BILL NO. 56—COMMITTEE
ON COMMERCE AND LABOR

(ON BEHALF OF THE BOARD OF MEDICAL EXAMINERS)

PREFILED NOVEMBER 20, 2024

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to the licensing of certain providers of health care. (BDR 54-255)

FISCAL NOTE: Effect on Local Government: No.
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 providers of health care; revising requirements for continuing education and training for certain providers of health care; requiring the Board of Medical Examiners to require a physician assistant on inactive status to pay a biennial registration fee; ~~increasing~~ **revising** the ~~maximum amount of certain~~ **provisions relating to** fees charged and collected by the Board; requiring the Board, if authorized by a licensee, to provide to an employer of the licensee or an entity credentialing the licensee certain documents and information; **setting forth certain grounds for the State Board of Osteopathic Medicine to initiate disciplinary action against a licensee or deny licensure to an applicant; revising requirements for the issuance by the Board of a license to practice osteopathic medicine;** providing for the biennial renewal of certain licenses issued by the ~~State~~ Board; ~~of Osteopathic Medicine;~~ establishing and revising certain fees charged by the Board; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain providers of health care licensed by the Board of Medical Examiners and the State Board of Osteopathic Medicine to complete certain continuing education as a condition to the renewal of the license. ~~Existing law sets forth certain courses of instruction and training that each Board must require certain licensees to complete, including, among other courses and training, a course of instruction on evidence-based suicide prevention and awareness and training in the screening, brief intervention and referral to treatment approach to substance use disorder.~~ (NRS 630.253, 633.471) ~~Additionally, existing law requires each Board to require a physician, osteopathic physician and physician assistant who is registered to dispense controlled substances to complete at least 2 hours of training relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. (NRS 630.2535, 633.473) Sections~~ **Section 1, 12 and 21** of this bill ~~eliminate~~ **eliminates** provisions requiring ~~each~~ **the**

Board of Medical Examiners to require the completion of ~~[certain specified courses]~~ a course of instruction ~~[and training. Sections 1 and 12 maintain the requirement for certain licensees to complete continuing education but, rather than requiring each Board to require the completion of certain specified courses and training, sections 1 and 12 require each Board to encourage each licensee to complete courses of instruction in, among other subjects: (1) evidence-based suicide prevention and awareness; (2) the screening, brief intervention and referral to treatment approach to substance use disorder; (3) the prescribing of opioids; and (4) care for persons with an addictive disorder. Sections 5 and 19 of this bill eliminate provisions making the failure of a licensee to complete training relating to persons with substance use and other addictive disorders and the prescribing of opioids grounds for initiating disciplinary action by the Board of Medical Examiners and the State Board of Osteopathic Medicine, respectively.] relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. Section 12 [additionally] of this bill increases, from 35 to 40, the number of hours of continuing medical education certain providers of health care licensed by the State Board of Osteopathic Medicine are required to complete during each period of licensure.~~

Existing law requires the Board of Medical Examiners to adopt regulations regarding the licensure of a physician assistant. (NRS 630.275) Existing law establishes a biennial registration fee for a physician assistant licensed by the Board. (NRS 630.268) Under existing law, the Board is required to exempt a physician assistant on inactive status from paying the biennial registration fee. (NRS 630.255) **Section 2** of this bill eliminates that exception. **Section 4** of this bill instead requires the Board to require a physician assistant on inactive status to pay a fee for biennial registration. **Section 3** of this bill sets forth the maximum amount of that fee.

Section 3 [additionally increases] revises provisions setting forth the maximum amount of ~~[the] various fees [for: (1) biennial registration for a physician from \$800 to \$1,200; and (2) biennial registration for a physician who is on inactive status from \$400 to \$600.] charged by the Board. Section 3 increases the maximum amount of certain fees, removes certain fees and establishes the maximum amount of a fee the Board is required to charge for certain services provided by the Board.~~

Existing law authorizes the Board to keep certain information confidential, including, among other information, any statement, evidence, credential or other proof submitted in support of or to verify the contents of an application for a license. (NRS 630.336) **Section 6** of this bill requires the Board, if authorized by a licensee, to provide to an employer of the licensee or an entity credentialing the licensee copies of any documents or other information obtained by the Board during the application process for the issuance of the license of the licensee, including, without limitation, copies of documents and other information verifying the completion by the licensee of any educational program related to licensure and verifying certain other matters concerning the licensee.

Existing law sets forth the requirements for the issuance by the State Board of Osteopathic Medicine of a license to practice osteopathic medicine, including, among other requirements, the requirement that an applicant must: (1) have graduated from a school of osteopathic medicine before 1995 and completed a hospital internship or certain postgraduate training; (2) have completed 3 years, or such other length of time as required by certain programs of postgraduate medical education as a resident in the United States or Canada; or (3) be a resident who is enrolled in a postgraduate training program in this State, have completed 24 months of the program and have committed, in writing, that he or she will complete the program. (NRS 633.311) Section 6.7 of this bill revises the requirements for a person who is a resident enrolled in a postgraduate training program to obtain a license to allow a license to be issued to a resident who is enrolled in a postgraduate training program in the United States or Canada that is approved by the Board or certain other organizations who has completed 24 months of the program and who has committed, in writing, that he or she will complete the program. Section 6.7 also provides that if, after issuing a license to practice osteopathic medicine, the Board obtains information that differs from the information provided by the applicant or otherwise received by the Board, the Board may take certain action against the applicant.

Section 6.3 of this bill provides that obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice osteopathic medicine by

bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement constitutes grounds for the Board to initiate disciplinary action against a licensee and to deny licensure to an applicant.

Existing law, with certain exceptions, provides for the annual renewal of a license to practice osteopathic medicine issued by the State Board of Osteopathic Medicine and sets forth a renewal date for such a license as January 1 of each calendar year. (NRS 633.471) **Section 12** instead provides, with certain exceptions, for the biennial renewal of such a license and establishes the renewal date for such a license as December 31 of each even-numbered year.

Existing regulations provide for the annual renewal of a license as a physician assistant issued by the Board. (NAC 633.285) **Sections 9 and 10** of this bill instead provide for the biennial renewal of such a license and establish the renewal date as December 31 of each odd-numbered year. Existing law provides for the biennial renewal of a license as an anesthesiologist assistant issued by the Board. (NRS 633.4254) **Section 7** of this bill establishes a renewal date for such a license as December 31 of each odd-numbered year.

Section 20 of this bill sets forth certain requirements for the renewal of certain licenses issued by the Board which are held by a licensee on December 31, 2025.

Existing law sets forth procedures by which a person may be simultaneously licensed as a physician assistant or anesthesiologist assistant by the Board of Medical Examiners and the State Board of Osteopathic Medicine. (NRS 630.2677, 630.26835, 630.2684, 630.26845, 630.2735, 630.2755, 633.4256, 633.4258, 633.426, 633.4332, 633.438, 633.4718) Under existing law, a person who is licensed as a physician assistant or anesthesiologist assistant by the State Board of Osteopathic Medicine and who wishes to be simultaneously licensed by both the Board of Medical Examiners and the State Board of Osteopathic Medicine is required to: (1) apply to the Board of Medical Examiners for a license to practice as a physician assistant or anesthesiologist assistant, as applicable; (2) pay all applicable fees, including the fee payable to the Board of Medical Examiners for an application for and the issuance of a simultaneous license as a physician assistant or anesthesiologist assistant, as applicable, and the annual simultaneous registration fee for a physician assistant or biennial simultaneous registration fee for an anesthesiologist assistant, as applicable, payable to the State Board of Osteopathic Medicine; and (3) if the person is applying for simultaneous licensure while renewing his or her license, apply to renew his or her license and indicate in the application that he or she wishes to hold a simultaneous license. (NRS 633.426, 633.438, 633.4718) **Sections 8, 11 and 15** of this bill instead require such a person to pay to the State Board of Osteopathic Medicine a biennial simultaneous license renewal fee, rather than an annual or biennial simultaneous license registration fee. **Section 14** of this bill similarly eliminates a reference to the biennial registration of a license.

Existing law requires the State Board of Osteopathic Medicine to: (1) maintain a list of each licensed osteopathic physician and physician assistant and certain training that each such licensee has received; and (2) update the list at least annually with information received from licensees who renewed their licenses during the preceding year. (NRS 633.4715) **Section 13** of this bill requires the Board to instead update the list at least biennially with such information from licensees who renewed their licenses during the preceding biennium. **Sections 16 and 17** of this bill revise certain other procedures and requirements relating to licensure to account for the change from an annual to a biennial period of licensure for certain osteopathic physicians and physician assistants.

Existing law sets forth a list of maximum fees to be charged and collected by the Board. (NRS 633.501) **Section 18** of this bill: (1) revises the descriptions of certain fees; (2) increases the amount of certain fees to account for the change from an annual to a biennial period of licensure for certain osteopathic physicians and physician assistants; and (3) establishes a biennial license renewal fee and a biennial simultaneous license renewal fee for an anesthesiologist assistant.

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

Section 1. NRS 630.253 is hereby amended to read as follows:

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

- (a) Renewal of a license as a physician assistant;
- (b) Renewal of a license as an anesthesiologist assistant; or
- (c) Biennial registration of the holder of a license to practice medicine,
➤ require each holder to submit evidence of compliance with the requirements for continuing education as set forth in regulations adopted by the Board.

2. These requirements:

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

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

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

(c) Must provide for the completion by a holder of a license to practice medicine of a course of instruction within 2 years after initial licensure that provides at least 2 hours [The regulations adopted pursuant to subsection 1 must encourage each holder of a license to take courses] of instruction on evidence-based fin:

(a) ~~Evidence-based~~ suicide prevention and awareness as described in subsection [6-] 5.

~~[(c)] (c) Must provide for the completion of at least 2 hours of training in the [which may include, without limitation, instruction concerning:~~

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

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

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

(b) ~~The~~ screening, brief intervention and referral to treatment approach to substance use disorder ~~fin~~ within 2 years after initial licensure.

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

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

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

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

(I) Persons from various gender, racial and ethnic backgrounds;
(II) Persons from various religious backgrounds;
(III) Lesbian, gay, bisexual, transgender and questioning persons;
(IV) Children and senior citizens;
(V) Veterans;
(VI) Persons with a mental illness;
(VII) Persons with an intellectual disability, developmental disability
or physical disability; and

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

~~(f)~~ (e) Must allow the holder of a license to receive credit toward the total
amount of continuing education required by the Board for the completion of a
course of instruction relating to genetic counseling and genetic testing.

~~(g)~~ (f) Must provide for the completion by a physician or physician assistant
who provides or supervises the provision of emergency medical services in a
hospital or primary care of at least 2 hours of training in the stigma, discrimination
and unrecognized bias toward persons who have acquired or are at a high risk of
acquiring human immunodeficiency virus within 2 years after beginning to provide
or supervise the provision of such services or care.

3. [The Board may determine whether to include in a program of continuing
education courses of instruction relating to the medical consequences of an act of
terrorism that involves the use of a weapon of mass destruction in addition to the
course of instruction required by paragraph (b) of subsection 2.

~~4. (e) The proscribing of opioids.~~

~~(d) Care for persons with an addictive disorder.~~

~~3.7~~ 3.7 The Board shall encourage each holder of a license who treats or cares for
persons who are more than 60 years of age to receive, as a portion of their
continuing education, education in geriatrics and gerontology, including such topics
as:

- (a) The skills and knowledge that the licensee needs to address aging issues;
- (b) Approaches to providing health care to older persons, including both
didactic and clinical approaches;
- (c) The biological, behavioral, social and emotional aspects of the aging
process; and
- (d) The importance of maintenance of function and independence for older
persons.

~~(5.)~~ 4. The Board shall encourage each holder of a license to practice
medicine to receive, as a portion of his or her continuing education, training
concerning methods for educating patients about how to effectively manage
medications, including, without limitation, the ability of the patient to request to
have the symptom or purpose for which a drug is prescribed included on the label
attached to the container of the drug.

~~(6.)~~ 5. The Board shall require each holder of a license to practice medicine
to receive as a portion of his or her continuing education at least 2 hours of
instruction every 4 years on evidence-based suicide prevention and awareness,
which may include, without limitation, instruction concerning:

- (a) The skills and knowledge that the licensee needs to detect behaviors that
may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of
suicide.

~~1~~ ~~7-5-7~~ 6. The Board shall encourage each holder of a license to practice
2 medicine or as a physician assistant to receive, as a portion of his or her continuing
3 education, training and education in the diagnosis of rare diseases, including,
4 without limitation:

5 (a) Recognizing the symptoms of pediatric cancer; and

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

8 ~~8-1~~ 7. A holder of a license to practice medicine may not substitute the
9 continuing education credits relating to suicide prevention and awareness required
10 by this section for the purposes of satisfying an equivalent requirement for
11 continuing education in ethics.

12 ~~9-1~~ 8. Except as otherwise provided in NRS 630.2535, a holder of a license
13 to practice medicine may substitute not more than 2 hours of continuing education
14 credits in pain management, care for persons with an addictive disorder or the
15 screening, brief intervention and referral to treatment approach to substance use
16 disorder for the purposes of satisfying an equivalent requirement for continuing
17 education in ethics.

18 ~~10-1~~ 9. As used in this section ~~:~~

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

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

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

22 ~~(d) "Primary"~~ "primary care" means the practice of family medicine,
23 pediatrics, internal medicine, obstetrics and gynecology and midwifery.

24 ~~(e) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.~~

25 ~~(f) "Weapon of mass destruction" has the meaning ascribed to it in NRS~~
26 ~~202.4445.]~~

27 **Sec. 2.** NRS 630.255 is hereby amended to read as follows:

28 630.255 1. Any licensee who changes the location of his or her practice of
29 medicine from this State to another state or country, has never engaged in the
30 practice of medicine in this State after licensure or has ceased to engage in the
31 practice of medicine in this State for 12 consecutive months may be placed on
32 inactive status by order of the Board. Any physician assistant who notifies the
33 Board of his or her desire to be placed on inactive status in writing on a form
34 prescribed by the Board may be placed on inactive status by order of the Board.

35 2. Each inactive licensee shall maintain a permanent mailing address with the
36 Board to which all communications from the Board to the licensee must be sent. An
37 inactive licensee who changes his or her permanent mailing address shall notify the
38 Board in writing of the new permanent mailing address within 30 days after the
39 change. If an inactive licensee fails to notify the Board in writing of a change in his
40 or her permanent mailing address within 30 days after the change, the Board may
41 impose upon the licensee a fine not to exceed \$250.

42 3. In addition to the requirements of subsection 2, any licensee who changes
43 the location of his or her practice of medicine from this State to another state or
44 country shall maintain an electronic mail address with the Board to which all
45 communications from the Board to him or her may be sent.

46 4. An inactive physician assistant shall not practice as a physician assistant.
47 The Board shall consider an inactive physician assistant who practices as a
48 physician assistant to be practicing without a license. Such practice constitutes
49 grounds for disciplinary action against the physician assistant in accordance with
50 the regulations adopted by the Board pursuant to NRS 630.275.

51 5. ~~[The Board shall exempt an inactive physician assistant from paying the~~
52 ~~applicable fee for biennial registration prescribed by NRS 630.268.~~

~~6.]~~ Before resuming the practice of medicine or practice as a physician assistant in this State, the inactive licensee must:

(a) Notify the Board in writing of his or her intent to resume the practice of medicine or practice as a physician assistant, as applicable, in this State;

(b) File an affidavit with the Board describing the activities of the licensee during the period of inactive status;

(c) Complete the form for registration for active status;

(d) Pay the applicable fee for biennial registration; and

(e) Satisfy the Board of his or her competence to practice medicine or practice as a physician assistant, as applicable.

~~7.]~~ 6. If the Board determines that the conduct or competence of the licensee during the period of inactive status would have warranted denial of an application for a license to practice medicine or practice as a physician assistant in this State, the Board may refuse to place the licensee on active status.

Sec. 3. NRS 630.268 is hereby amended to read as follows:

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

For application for and issuance of a license to practice as a physician, including <u>a license as an administrative physician or</u> a license by endorsement	[\$600] <u>\$800</u>
For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license	[400] <u>600</u>
For renewal of a limited, restricted, authorized facility or special license	[400] <u>600</u>
For application for and issuance of a license as a physician assistant, including a license by endorsement <u>and any temporary license</u>	[400] <u>600</u>
For application for and issuance of a simultaneous license as a physician assistant	200
For biennial registration of a physician assistant	800
For biennial simultaneous registration of a physician assistant	400
For biennial registration of a physician	[800] <u>1,200</u> <u>1,000</u>
For application for and issuance of a license as a perfusionist or practitioner of respiratory care <u>including any temporary license to practice perfusion and any temporary license to provide respiratory care as an intern</u>	[\$400] <u>600</u>
For biennial renewal of a license as a perfusionist	600
For application for and issuance of a license or temporary license to practice as an anesthesiologist assistant	[400] <u>600</u>
For application for and initial issuance of a simultaneous license as an anesthesiologist assistant	[200] <u>400</u>
For biennial registration of an anesthesiologist assistant	800
For biennial simultaneous registration of an anesthesiologist assistant	400
For biennial registration of a practitioner of respiratory care	600
For biennial registration for a physician who is on inactive status	<u>600</u>
<u>For biennial registration for a physician assistant who is on inactive status</u>	<u>400</u>
For written verification of licensure	[50] <u>100</u>
<u>For a duplicate identification card</u>	<u>25</u>

For a duplicate [license] <u>wall certificate</u>	[50] <u>100</u>
[For computer printouts or labels	500
For verification of a listing of physicians, per hour	20]
For furnishing a <u>custom</u> list of [new physicians] <u>licensees or a</u>	
<u>list of newly licensed licensees</u>	100

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

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

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

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

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

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

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

Sec. 4. NRS 630.275 is hereby amended to read as follows:

630.275 The Board shall adopt regulations regarding the licensure of a physician assistant, including, but not limited to:

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.
5. The tests or examinations of applicants required by the Board.
6. The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, naprapaths, podiatric physicians and optometrists under chapters 631, 634, 634B, 635 and 636, respectively, of NRS, or as hearing aid specialists.

7. The duration, renewal and termination of licenses, including licenses by endorsement. The Board ~~[shall]~~ :

(a) ***Shall*** not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirements for the renewal of licenses.

1 ***(b) Shall require a physician assistant who is on inactive status to pay a***
2 ***biennial fee for registration prescribed by NRS 630.268.***

3 8. The grounds and procedures respecting disciplinary actions against
4 physician assistants.

5 9. The supervision of medical services of a physician assistant by a
6 supervising physician.

7 10. A physician assistant's use of equipment that transfers information
8 concerning the medical condition of a patient in this State electronically,
9 telephonically or by fiber optics, including, without limitation, through telehealth,
10 from within or outside this State or the United States.

11 **Sec. 5. ~~NRS 630.306 is hereby amended to read as follows:~~**

12 ~~630.306 1. The following acts, among others, constitute grounds for~~
13 ~~initiating disciplinary action or denying licensure:~~

14 ~~(a) Inability to practice medicine with reasonable skill and safety because of~~
15 ~~illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any~~
16 ~~other substance;~~

17 ~~(b) Engaging in any conduct:~~

18 ~~(1) Which is intended to deceive;~~

19 ~~(2) Which the Board has determined is a violation of the standards of~~
20 ~~practice established by regulation of the Board; or~~

21 ~~(3) Which is in violation of a provision of chapter 630 of NRS, or a~~
22 ~~regulation adopted by the State Board of Pharmacy pursuant thereto, that is~~
23 ~~applicable to a licensee who is a practitioner, as defined in NRS 630.0125;~~

24 ~~(c) Administering, dispensing or prescribing any controlled substance, or any~~
25 ~~dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to~~
26 ~~others except as authorized by law;~~

27 ~~(d) Performing, assisting or advising the injection of any substance containing~~
28 ~~liquid silicone into the human body, except for the use of silicone oil to repair a~~
29 ~~retinal detachment;~~

30 ~~(e) Practicing or offering to practice beyond the scope permitted by law or~~
31 ~~performing services which the licensee knows or has reason to know that he or she~~
32 ~~is not competent to perform or which are beyond the scope of his or her training;~~

33 ~~(f) Performing, without first obtaining the informed consent of the patient or~~
34 ~~the patient's family, any procedure or prescribing any therapy which by the current~~
35 ~~standards of the practice of medicine is experimental;~~

36 ~~(g) Continual failure to exercise the skill or diligence or use the methods~~
37 ~~ordinarily exercised under the same circumstances by physicians in good standing~~
38 ~~practicing in the same specialty or field;~~

39 ~~(h) Having an alcohol or other substance use disorder;~~

40 ~~(i) Making or filing a report which the licensee or applicant knows to be false~~
41 ~~or failing to file a record or report as required by law or regulation;~~

42 ~~(j) Failing to comply with the requirements of NRS 630.254;~~

43 ~~(k) Failure by a licensee or applicant to report in writing, within 30 days, any~~
44 ~~disciplinary action taken against the licensee or applicant by another state, the~~
45 ~~Federal Government or a foreign country, including, without limitation, the~~
46 ~~revocation, suspension or surrender of a license to practice medicine in another~~
47 ~~jurisdiction. The provisions of this paragraph do not apply to any disciplinary~~
48 ~~action taken by the Board or taken because of any disciplinary action taken by the~~
49 ~~Board;~~

50 ~~(l) Failure by a licensee or applicant to report in writing, within 30 days, any~~
51 ~~criminal action taken or conviction obtained against the licensee or applicant, other~~
52 ~~than a minor traffic violation, in this State or any other state or by the Federal~~

~~Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.~~

~~— (m) Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318.~~

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

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

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

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

~~— (o) Failure to comply with the requirements of NRS 630.372.~~

~~— (p) Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.~~

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

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

~~— (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 630.2328;~~

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

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

~~— (r) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.~~

~~— (s) Failure to comply with the provisions of NRS 630.3745.~~

~~— (t) [Failure to obtain any training required by the Board pursuant to NRS 630.2535.~~

~~— (u)] Failure to comply with the provisions of NRS 454.217 or 629.086.~~

~~— [(v)] (u) Failure to comply with the provisions of NRS 441A.315 or any regulations adopted pursuant thereto.~~

~~— [(v)] (v) Performing or supervising the performance of a pelvic examination in violation of NRS 629.085.~~

~~2. As used in this section:~~

~~— (a) "Individualized investigational treatment" has the meaning ascribed to it in NRS 454.690.~~

~~— (b) "Investigational drug or biological product" has the meaning ascribed to it in NRS 454.351. (Deleted by amendment.)~~

Sec. 6. NRS 630.336 is hereby amended to read as follows:

630.336 1. Any deliberations conducted or vote taken by the Board or any investigative committee of the Board regarding its ordering of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care to undergo a physical or mental examination or any other examination designated to assist the Board or committee in determining the fitness of a physician, perfusionist, physician assistant, anesthesiologist assistant or practitioner of respiratory care are not subject to the requirements of NRS 241.020.

2. Except as otherwise provided in subsection 3 or 4, all applications for a license to practice medicine, perfusion or respiratory care, any charges filed by the Board, financial records of the Board, formal hearings on any charges heard by the

Board or a panel selected by the Board, records of such hearings and any order or decision of the Board or panel must be open to the public.

3. Except as otherwise provided in **subsection 7 and** NRS 239.0115, the following may be kept confidential:

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

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

(c) Any communication between:

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

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

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

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

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

7. If authorized by a licensee, the Board shall provide to an employer of the licensee or an entity credentialing the licensee copies of any documents and other information obtained by the Board during the application process for the issuance of the license of the licensee, including, without limitation, copies of any documents and other information verifying:

(a) The completion by the licensee of any educational program related to licensure, including, without limitation, academic transcripts.

(b) The completion by the licensee of any postgraduate training.

(c) Any malpractice insurance maintained by the licensee.

(d) Any privileges of the licensee to practice at a hospital, clinic or other medical facility.

Sec. 6.3. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice osteopathic medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement constitutes grounds for the Board to initiate disciplinary action against a licensee pursuant to NRS 633.511 and to deny licensure to an applicant.

Sec. 6.7. NRS 633.311 is hereby amended to read as follows:

633.311 1. Except as otherwise provided in NRS 633.315 and 633.381 to 633.419, inclusive, an applicant for a license to practice osteopathic medicine may be issued a license by the Board if:

(a) The applicant is 21 years of age or older;

(b) The applicant is a graduate of a school of osteopathic medicine;

(c) The applicant:

(1) Has graduated from a school of osteopathic medicine before 1995 and has completed:

(I) A hospital internship; or

(II) One year of postgraduate training that complies with the standards of intern training established by the American Osteopathic Association;

(2) Has completed 3 years, or such other length of time as required by a specific program, of postgraduate medical education as a resident in the United States or Canada in a program approved by the Board, the Bureau of Professional Education of the American Osteopathic Association or the Accreditation Council for Graduate Medical Education; or

(3) Is a resident who is enrolled in a postgraduate training program in ~~this State,~~ the United States or Canada that is approved by the Board, the Bureau of Professional Education of the American Osteopathic Association, the Accreditation Council for Graduate Medical Education or, as applicable, their successor organizations, has completed 24 months of the program and has committed, in writing, that he or she will complete the program;

(d) The applicant applies for the license as provided by law;

(e) The applicant passes:

(1) All parts of the licensing examination of the National Board of Osteopathic Medical Examiners;

(2) All parts of the licensing examination of the Federation of State Medical Boards;

(3) All parts of the licensing examination of the Board, a state, territory or possession of the United States, or the District of Columbia, and is certified by a specialty board of the American Osteopathic Association or by the American Board of Medical Specialties; or

(4) A combination of the parts of the licensing examinations specified in subparagraphs (1), (2) and (3) that is approved by the Board;

(f) The applicant pays the fees provided for in this chapter; and

(g) The applicant submits all information required to complete an application for a license.

2. An applicant for a license to practice osteopathic medicine may satisfy the requirements for postgraduate education or training prescribed by paragraph (c) of subsection 1:

(a) In one or more approved postgraduate programs, which may be conducted at one or more facilities in this State or, except for a resident who is enrolled in a postgraduate training program in this State pursuant to subparagraph (3) of paragraph (c) of subsection 1, in the District of Columbia or another state or territory of the United States;

(b) In one or more approved specialties or disciplines;

(c) In nonconsecutive months; and

(d) At any time before receiving his or her license.

3. Notwithstanding any provision of this chapter to the contrary, if, after issuing a license to practice osteopathic medicine, the Board obtains information from a primary or other source of information and that information differs from the information provided by the applicant or otherwise received by the Board, the Board may:

(a) Temporarily suspend the license;

(b) Promptly review the differing information with the Board as a whole or in a committee appointed by the Board;

(c) Declare the license void if the Board or a committee appointed by the Board determines that the information submitted by the applicant was false, fraudulent or intended to deceive the Board;

(d) Refer the applicant to the Attorney General for possible criminal prosecution pursuant to NRS 633.741; or

(e) If the Board temporarily suspends the license, allow the license to return to active status subject to any terms and conditions specified by the Board, including:

(1) Placing the licensee on probation for a specified period with specified conditions;

(2) Administering a public reprimand;

(3) Limiting the practice of the licensee;

(4) Suspending the license for a specified period or until further order of the Board;

(5) Requiring the licensee to participate in a program to correct an alcohol or other substance use disorder;

(6) Requiring supervision of the practice of the licensee;

(7) Imposing an administrative fine not to exceed \$5,000;

(8) Requiring the licensee to perform community service without compensation;

(9) Requiring the licensee to take a physical or mental examination or an examination testing his or her competence to practice osteopathic medicine;

(10) Requiring the licensee to complete any training or educational requirements specified by the Board; and

(11) Requiring the licensee to submit a corrected application, including the payment of all appropriate fees and costs incident to submitting an application.

4. If the Board determines after reviewing the differing information to allow the licensee to remain in active status, the action of the Board is not a disciplinary action and must not be reported to any national database. If the Board determines after reviewing the differing information to declare the license void, its action shall be deemed a disciplinary action and shall be reportable to national databases.

Sec. 7. NRS 633.4254 is hereby amended to read as follows:

633.4254 1. The Board may issue a license to practice as an anesthesiologist assistant to an applicant who:

(a) Graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization;

(b) Has passed a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants, its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board;

(c) Is certified by the National Commission for Certification of Anesthesiologist Assistants, its successor organization or other nationally recognized organization for the certification of anesthesiologist assistants that has been reviewed and approved by the Board;

(d) Submits an application for a license as an anesthesiologist assistant in accordance with the regulations adopted by the Board pursuant to NRS 633.4252;

(e) Pays the application fee for the application for and issuance of a license as an anesthesiologist assistant required by NRS 633.501; and

(f) Meets the qualifications prescribed by the regulations adopted by the Board pursuant to NRS 633.4252 to assist in the practice of medicine under the supervision of a supervising osteopathic anesthesiologist.

2. An applicant for a license to practice as an anesthesiologist assistant submitted pursuant to this section must include, without limitation, all the information required by the Board to complete the application.

3. A license issued by the Board pursuant to subsection 1 ~~is valid for a period of 2 years and~~ may be renewed *on or before December 31 of each odd-numbered year* in a manner consistent with the regulations adopted by the Board pursuant to NRS 633.4252.

Sec. 8. NRS 633.426 is hereby amended to read as follows:

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

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

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

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

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

Sec. 9. NRS 633.433 is hereby amended to read as follows:

633.433 *1.* The Board may issue a license as a physician assistant to an applicant who is qualified under the regulations of the Board to perform medical services under the supervision of a supervising osteopathic physician. The application for a license as a physician assistant must include all information required to complete the application.

2. A license as a physician assistant issued by the Board may be renewed on or before December 31 of each odd-numbered year in a manner consistent with the regulations adopted by the Board pursuant to NRS 633.434.

Sec. 10. NRS 633.434 is hereby amended to read as follows:

633.434 The Board shall adopt regulations regarding the licensure of a physician assistant, including, without limitation:

1. The educational and other qualifications of applicants.

2. The required academic program for applicants.

3. The procedures for applications for and the issuance *and renewal* of licenses.

4. The procedures deemed necessary by the Board for applications for and the issuance of initial licenses by endorsement pursuant to NRS 633.4335 and 633.4336.

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

6. The medical services which a physician assistant may perform, except that a physician assistant may not perform osteopathic manipulative therapy or those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, doctors of Oriental medicine, naprapaths, podiatric physicians, optometrists and hearing aid specialists under chapters 631, 634, 634A, 634B, 635, 636 and 637B, respectively, of NRS.

7. The grounds and procedures respecting disciplinary actions against physician assistants.

8. The supervision of medical services of a physician assistant by a supervising osteopathic physician.

Sec. 11. NRS 633.438 is hereby amended to read as follows:

633.438 If a person licensed to practice as a physician assistant pursuant to the provisions of this chapter is not applying to renew his or her license and wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS, the person must:

1. Apply for a license to practice as a physician assistant to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

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

(a) The ~~annual~~ *biennial* simultaneous ~~registration~~ *license renewal* fee for a physician assistant pursuant to NRS 633.501; and

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

Sec. 12. NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection ~~15~~ ~~(8)~~ and NRS 633.491, every holder of a license, except a physician assistant or an anesthesiologist assistant, issued under this chapter, except a temporary, ~~for a~~ *special or authorized facility* license, may renew the license on or before ~~January 1~~ *December 31* of each ~~calendar~~ *even-numbered* year after its issuance by:

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

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

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

(d) Subject to subsection ~~14~~ ~~(7)~~ submitting evidence to the Board that in the ~~year~~ *biennium* preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than ~~35~~ *40* hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and

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

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

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education ~~annually~~ *biennially* from a percentage of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant determined by the Board. Subject to subsection ~~14~~ ~~(7)~~ upon a request from the Board, an applicant for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant or anesthesiologist assistant shall submit verified evidence satisfactory to the Board that in the ~~year~~ *biennium* preceding the application for renewal the applicant attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

4. The Board shall ~~require~~ ~~encourage~~ each holder of a license to practice osteopathic medicine ~~licensee~~ to complete a course of instruction within 2 years after initial licensure that provides at least 2 hours ~~courses~~ of instruction on evidence-based ~~fin~~

~~(a) Evidence-based~~ suicide prevention and awareness as described in subsection 9, which may include:

~~(1) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post traumatic stress disorder;~~

~~(2) Approaches to engaging other professionals in suicide intervention;~~
~~and~~

~~(3) The detection of suicidal thoughts and ideations and the prevention of suicide.~~

~~(b) The screening, brief intervention and referral to treatment approach to substance use disorder.~~

~~(c) The prescribing of opioids.~~

~~1 (d) Care for persons with an addictive disorder.~~

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

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

12 (a) Recognizing the symptoms of pediatric cancer; and

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

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

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

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

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

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

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

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

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

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

46 (a) May include the training provided pursuant to NRS 449.103, where
47 applicable.

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

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

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

52 (2) Persons from various religious backgrounds;

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

(4) Children and senior citizens;

(5) Veterans;

(6) Persons with a mental illness;

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

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

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

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

15. ~~f(8)~~ Members of the Armed Forces of the United States and the United States Public Health Service are exempt from payment of the ~~annual~~ biennial license renewal fee during their active duty status.

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

Sec. 13. NRS 633.4715 is hereby amended to read as follows:

633.4715 1. The Board shall:

(a) Require each applicant for the renewal of a license as an osteopathic physician or physician assistant to:

(1) Report whether he or she has received training in the treatment of mental and emotional trauma immediately following an emergency or disaster, training in the short-term treatment of mental and emotional trauma or training in the long-term treatment of mental and emotional trauma; and

(2) If the applicant has received training in the treatment of mental and emotional trauma immediately following an emergency or disaster, describe the training and indicate if he or she is willing to respond immediately should an emergency or disaster arise at any location in this State;

(b) Maintain a list of each licensed osteopathic physician and physician assistant and any training described in subparagraph (1) of paragraph (a) that the licensee has received and update the list at least ~~annually~~ **biennially** to include information reported pursuant to paragraph (a) by licensees who renewed their license during the immediately preceding ~~year~~ **biennium**;

(c) Maintain a list of the names and contact information for osteopathic physicians or physician assistants who indicate that they are willing to respond immediately should an emergency or disaster arise at any location in this State and whom the Board has determined have appropriate training to respond following an emergency or disaster; and

(d) Provide the lists maintained pursuant to paragraphs (b) and (c) upon request to a governmental entity responding to a state of emergency or declaration of a disaster by the Governor or the Legislature pursuant to NRS 414.070.

2. The Board shall not deny the renewal of a license as an osteopathic physician or physician assistant solely because the applicant has failed to comply with the requirements of paragraph (a) of subsection 1.

3. Except as otherwise provided in paragraph (d) of subsection 1, any information obtained or maintained by the Board pursuant to this section is confidential.

Sec. 14. NRS 633.4717 is hereby amended to read as follows:

633.4717 1. In addition to any other requirements set forth in this chapter and any regulations adopted pursuant thereto, each applicant for the renewal of any type of license as an osteopathic physician pursuant to this chapter shall complete the data request developed by the Department of Health and Human Services pursuant to NRS 439A.124. The applicant shall provide to the Department all the information included in the request.

2. The Board shall make the data request described in subsection 1 available to applicants for the renewal of a license as an osteopathic physician on an electronic application for the renewal of a license or through a link included on the Internet website maintained by the Board.

3. An applicant for biennial ~~registration or~~ renewal of a license who refuses or fails to complete a data request pursuant to subsection 1 is not subject to disciplinary action, including, without limitation, refusal to ~~issue the biennial registration or~~ renew the license, for such refusal or failure.

4. The information contained in a completed data request is confidential and, except as required by NRS 439A.124, must not be disclosed to any person or entity.

Sec. 15. NRS 633.4718 is hereby amended to read as follows:

633.4718 A person applying to renew a license to practice as a physician assistant pursuant to the provisions of this chapter who wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS must:

1. Indicate in the application that he or she wishes to hold a simultaneous license to practice as a physician assistant pursuant to the provisions of chapter 630 of NRS;

2. Apply:

(a) To renew a license to practice as a physician assistant to the Board pursuant to this chapter; and

(b) For a license to practice as a physician assistant to the Board of Medical Examiners pursuant to chapter 630 of NRS; and

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

(a) The ~~annual~~ **biennial** simultaneous ~~registration~~ **license renewal** fee for a physician assistant pursuant to NRS 633.501; and

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

Sec. 16. NRS 633.481 is hereby amended to read as follows:

633.481 1. Except as otherwise provided in subsection 2, if a licensee fails to comply with the requirements of NRS 633.471 within 10 days after the renewal date, the Board shall give 15 days' notice of the failure to renew the license and of the expiration of the license by certified mail to the licensee at the licensee's last known address that is registered with the Board. If the license is not renewed within 15 days after receiving notice, the license expires automatically without any further notice or a hearing and the Board shall file a copy of the notice with the Drug Enforcement Administration of the United States Department of Justice or its successor agency.

2. A licensee who fails to meet the continuing education requirements for license renewal may apply to the Board for a waiver of the requirements. The Board may grant a waiver for that ~~year~~ **biennium** only if the Board finds that the failure is due to a disability, military service, absence from the United States, or

1 circumstances beyond the control of the licensee which are deemed by the Board to
2 excuse the failure.

3 3. A person whose license has expired under this section may apply to the
4 Board for restoration of the license upon:

5 (a) Payment of all past due renewal fees and the late payment fee specified in
6 NRS 633.501;

7 (b) Producing verified evidence satisfactory to the Board of completion of the
8 total number of hours of continuing education required for the ~~{year}~~ **biennium**
9 preceding the renewal date and for each ~~{year}~~ **biennium** succeeding the date of
10 expiration;

11 (c) Stating under oath in writing that he or she has not withheld information
12 from the Board which if disclosed would constitute grounds for disciplinary action
13 under this chapter; and

14 (d) Submitting any other information that is required by the Board to restore
15 the license.

16 **Sec. 17.** NRS 633.491 is hereby amended to read as follows:

17 633.491 1. A licensee who retires from practice is not required ~~{annually}~~
18 **biennially** to renew his or her license after filing with the Board an affidavit stating
19 the date on which he or she retired from practice and any other evidence that the
20 Board may require to verify the retirement.

21 2. An osteopathic physician or physician assistant who retires from practice
22 and who desires to return to practice may apply to renew his or her license by
23 paying all back ~~{annual}~~ **biennial** license renewal fees ~~{for annual registration fees}~~
24 from the date of retirement and submitting verified evidence satisfactory to the
25 Board that the licensee has attended continuing education courses or programs
26 approved by the Board which total:

27 (a) Twenty-five hours if the licensee has been retired 1 year or less.

28 (b) Fifty hours within 12 months of the date of the application if the licensee
29 has been retired for more than 1 year.

30 3. A licensee who wishes to have a license placed on inactive status must
31 provide the Board with an affidavit stating the date on which the licensee will cease
32 the practice of osteopathic medicine or cease to practice as a physician assistant in
33 Nevada and any other evidence that the Board may require. The Board shall place
34 the license of the licensee on inactive status upon receipt of:

35 (a) The affidavit required pursuant to this subsection; and

36 (b) Payment of the inactive license fee prescribed by NRS 633.501.

37 4. An osteopathic physician or physician assistant whose license has been
38 placed on inactive status:

39 (a) Is not required to ~~{annually}~~ **biennially** renew the license.

40 (b) Except as otherwise provided in subsection 6, shall ~~{annually}~~ **biennially**
41 pay the inactive license fee prescribed by NRS 633.501.

42 (c) Shall not practice osteopathic medicine or practice as a physician assistant
43 in this State.

44 5. A physician assistant whose license has been placed on inactive status shall
45 not practice as a physician assistant. The Board shall consider a physician assistant
46 whose license has been placed on inactive status and who practices as a physician
47 assistant to be practicing without a license. Such practice constitutes grounds for
48 disciplinary action against the physician assistant in accordance with the regulations
49 adopted by the Board pursuant to NRS 633.434.

50 6. The Board shall exempt a physician assistant whose license has been
51 placed on inactive status from paying the inactive license fee prescribed by NRS
52 633.501.

7. An osteopathic physician or physician assistant whose license is on inactive status and who wishes to renew his or her license to practice osteopathic medicine or license to practice as a physician assistant must:

(a) Provide to the Board verified evidence satisfactory to the Board of completion of the total number of hours of continuing medical education required for:

(1) The ~~{year}~~ *biennium* preceding the date of the application for renewal of the license; and

(2) Each ~~{year}~~ *biennium* after the date the license was placed on inactive status.

(b) Provide to the Board an affidavit stating that the applicant has not withheld from the Board any information which would constitute grounds for disciplinary action pursuant to this chapter.

(c) Comply with all other requirements for renewal.

Sec. 18. NRS 633.501 is hereby amended to read as follows:

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

(a) Application and initial license fee for an osteopathic physician.....~~[\$800]~~ *\$1,600*

(b) ~~{Annual}~~ *Biennial* license renewal fee for an osteopathic physician.....~~{500}~~ *1,000*

(c) Temporary license fee.....500

(d) Special or authorized facility license fee\$200

(e) Special event license fee200

(f) Special or authorized facility license renewal fee.....200

(g) Reexamination fee200

(h) Late payment fee300

(i) Application and initial license fee for a physician assistant.....~~{400}~~ *800*

(j) Application and initial simultaneous license fee for a physician assistant~~{200}~~ *400*

(k) ~~{Annual registration}~~ *Biennial license renewal* fee for a physician assistant~~{400}~~ *800*

(l) ~~{Annual}~~ *Biennial* simultaneous ~~{registration}~~ *license renewal* fee for a physician assistant~~{200}~~ *400*

(m) Inactive license fee~~{200}~~ *400*

(n) Application and initial license fee for an anesthesiologist assistant400

(o) Application and initial simultaneous license fee for an anesthesiologist assistant200

(p) Biennial license renewal fee for an anesthesiologist assistant.....400

(q) Biennial simultaneous license renewal fee for an anesthesiologist assistant.....200

2. The Board may prorate the initial license fee for a new license issued pursuant to paragraph (a) , ~~{or}~~ (i) *or* (n) of subsection 1 which expires less than ~~{6}~~ *12* months after the date of issuance.

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

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

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

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

Sec. 19. ~~NRS 633.511 is hereby amended to read as follows:~~

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

~~(a) Unprofessional conduct;~~

~~(b) Conviction of:~~

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

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

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

~~(4) Murder, voluntary manslaughter or mayhem;~~

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

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

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

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

~~(9) Any offense involving moral turpitude.~~

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

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

~~(e) Professional incompetence.~~

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

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

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

~~(i) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:~~

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

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

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

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

~~(k) Signing a blank prescription form.~~

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

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

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

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

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

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

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

~~— (o) In addition to the provisions of subsection 2 of NRS 633.524, making or filing a report which the licensee knows to be false, failing to file a record or report that is required by law or knowingly or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.~~

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

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

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

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

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

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

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

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

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

~~— [(y)] (x) Failure to comply with the provisions of NRS 454.217 or 629.086.~~

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

~~— [(aa)] (z) Performing or supervising the performance of a pelvic examination in violation of NRS 629.085.~~

~~— 2. As used in this section:~~

~~— (a) "Individualized investigational treatment" has the meaning ascribed to it in NRS 454.690.~~

~~— (b) "Investigational drug or biological product" has the meaning ascribed to it in NRS 454.351.]~~ **(Deleted by amendment.)**

Sec. 20. Notwithstanding the amendatory provisions of this act:

1. The renewal date of a license issued by the State Board of Osteopathic Medicine pursuant to the provisions of chapter 633 of NRS, as those provisions existed before January 1, 2026, except a license as a physician assistant, a license as an anesthesiologist assistant, a temporary license or a special license, and which is held by a person on December 31, 2025, remains January 1, 2026. Such a license may be renewed in accordance with the applicable provisions of chapter 633 of NRS, as those provisions existed before January 1, 2026, and the regulations

1 adopted pursuant thereto. Thereafter, a licensee who wishes to renew such a license
2 must renew the license in accordance with the applicable provisions of chapter 633
3 of NRS, as amended by this act, and the regulations adopted pursuant thereto.

4 2. The renewal date of a license as a physician assistant or anesthesiologist
5 assistant issued by the State Board of Osteopathic Medicine which is held by a
6 licensee on December 31, 2025, remains the date set forth on the license. Such a
7 license may be renewed in accordance with the applicable provisions of chapter 633
8 of NRS, as amended by this act, and the regulations adopted pursuant thereto. The
9 Board shall prorate the biennial fee to renew the license for such a renewal.

10 **Sec. 21.** ~~[NRS 630.2535 and 633.473 are hereby repealed.]~~ **(Deleted by**
11 **amendment.)**

12 **Sec. 22.** 1. This section becomes effective upon passage and approval.

13 2. Sections 1 to 21, inclusive, of this act become effective:

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

17 (b) On January 1, 2026, for all other purposes.

f

TEXT OF REPEALED SECTIONS

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

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

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

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

~~— 633.473 Training relating to persons with substance use and other addictive disorders and prescribing of opioids; exemption for one licensure period for certain registration; regulations.~~

~~— 1. The Board shall, by regulation, require each osteopathic physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 2 hours of training relating specifically to persons~~

~~with substance use and other addictive disorders and the prescribing of opioids during each period of licensure. Except as otherwise provided by subsection 2, such training may include, without limitation, training in the screening, brief intervention and referral to treatment approach to substance use disorder. Any licensee may use training required by the regulations adopted pursuant to this section to satisfy 2 hours of any continuing education requirement established by the Board.~~

~~2. An osteopathic physician may not use continuing education in the screening, brief intervention and referral to treatment approach to substance use disorder to satisfy the requirements of subsection 1 for a licensure period during which the licensee also uses such continuing education for the purposes of satisfying the requirements of subsection 7 of NRS 633.471.~~

~~3. An osteopathic physician or physician assistant who obtains a registration to treat opioid dependency with narcotic medications in accordance with the Drug Addiction Treatment Act of 2000, 21 U.S.C. §§ 823 et seq., is exempt from the training required by subsection 1 for one period of licensure. An osteopathic physician or physician assistant may use such registration to satisfy 4 hours of the total number of hours of continuing education required by the Board pursuant to NRS 633.471 during one period of licensure.~~