

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**

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13 Board of **Medical Examiners** to require the completion of ~~[certain specified courses]~~ **a**
14 **course** of instruction ~~[and training. Sections 1 and 12 maintain the requirement for certain~~
15 ~~licensees to complete continuing education but, rather than requiring each Board to require the~~
16 ~~completion of certain specified courses and training, sections 1 and 12 require each Board to~~
17 ~~encourage each licensee to complete courses of instruction in, among other subjects: (1)~~
18 ~~evidence-based suicide prevention and awareness; (2) the screening, brief intervention and~~
19 ~~referral to treatment approach to substance use disorder; (3) the prescribing of opioids; and (4)~~
20 ~~care for persons with an addictive disorder. Sections 5 and 19 of this bill eliminate provisions~~
21 ~~making the failure of a licensee to complete training relating to persons with substance use~~
22 ~~and other addictive disorders and the prescribing of opioids grounds for initiating disciplinary~~
23 ~~action by the Board of Medical Examiners and the State Board of Osteopathic Medicine,~~
24 ~~respectively.] **relating to the medical consequences of an act of terrorism that involves the**~~
25 **use of a weapon of mass destruction. Section 12 [additionally] of this bill** increases, from
26 35 to 40, the number of hours of continuing medical education certain providers of health care
27 licensed by the State Board of Osteopathic Medicine are required to complete during each
28 period of licensure.

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

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

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

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

70 **Section 6.3 of this bill provides that obtaining, maintaining or renewing or**
71 **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.

—— (e) 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.~~

~~[(d)] (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 ~~is~~ within 2 years after initial licensure.

~~[(e)] (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~~ 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 ~~7-57~~ 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.~~

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

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

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

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

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

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

11 ~~7.~~ 6. If the Board determines that the conduct or competence of the licensee
 12 during the period of inactive status would have warranted denial of an application
 13 for a license to practice medicine or practice as a physician assistant in this State,
 14 the Board may refuse to place the licensee on active status.

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

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

18		
19	For application for and issuance of a license to practice as a	
20	physician, including <u>a license as an administrative</u>	
21	<u>physician or</u> a license by endorsement	[\$600] <u>\$800</u>
22	For application for and issuance of a temporary, locum tenens,	
23	limited, restricted, authorized facility, special, special	
24	purpose or special event license	[400] <u>600</u>
25	For renewal of a limited, restricted, authorized facility or	
26	special license	[400] <u>600</u>
27	For application for and issuance of a license as a physician	
28	assistant, including a license by endorsement <u>and any</u>	
29	<u>temporary license</u>	[400] <u>600</u>
30	For application for and issuance of a simultaneous license as a	
31	physician assistant	200
32	For biennial registration of a physician assistant	800
33	For biennial simultaneous registration of a physician assistant	400
34	For biennial registration of a physician	[800] [200] <u>1,000</u>
35	For application for and issuance of a license as a perfusionist or	
36	practitioner of respiratory care <u>including any temporary</u>	
37	<u>license to practice perfusion and any temporary license to</u>	
38	<u>provide respiratory care as an intern</u>	[\$400] <u>600</u>
39	For biennial renewal of a license as a perfusionist	600
40	For application for and issuance of a license or temporary	
41	license to practice as an anesthesiologist assistant	[400] <u>600</u>
42	For application for and initial issuance of a simultaneous	
43	license as an anesthesiologist assistant	[200] <u>400</u>
44	For biennial registration of an anesthesiologist assistant	800
45	For biennial simultaneous registration of an anesthesiologist	
46	assistant	400
47	For biennial registration of a practitioner of respiratory care	600
48	For biennial registration for a physician who is on inactive	
49	status	<u>600</u>
50	<u>For biennial registration for a physician assistant who is on</u>	
51	<u>inactive status</u>	400
52	For written verification of licensure	[50] <u>100</u>
53	[For a duplicate identification card	25]

1 For a duplicate ~~[license]~~ wall certificate ~~[50]~~ 100
2 ~~[For computer printouts or labels~~ ~~500~~
3 ~~For verification of a listing of physicians, per hour~~ ~~20~~
4 For furnishing a custom list of ~~[new physicians]~~ licensees or a
5 list of newly licensed licensees 100

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

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

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

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

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

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

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

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

34 630.275 The Board shall adopt regulations regarding the licensure of a
35 physician assistant, including, but not limited to:

- 36 1. The educational and other qualifications of applicants.
- 37 2. The required academic program for applicants.
- 38 3. The procedures for applications for and the issuance of licenses.
- 39 4. The procedures deemed necessary by the Board for applications for and the
40 initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.
- 41 5. The tests or examinations of applicants required by the Board.
- 42 6. The medical services which a physician assistant may perform, except that
43 a physician assistant may not perform those specific functions and duties delegated
44 or restricted by law to persons licensed as dentists, chiropractic physicians,
45 naprapaths, podiatric physicians and optometrists under chapters 631, 634, 634B,
46 635 and 636, respectively, of NRS, or as hearing aid specialists.

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

49 (a) *Shall* not require a physician assistant to receive or maintain certification
50 by the National Commission on Certification of Physician Assistants, or its
51 successor organization, or by any other nationally recognized organization for the
52 accreditation of physician assistants to satisfy any continuing education
53 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 639 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 639.0125.~~

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 630.373.~~

~~— (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.~~

~~— (c) 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.~~

~~— [(w)] (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

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

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

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

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

9 (c) Any communication between:

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

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

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

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

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

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

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

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

35 ***(c) Any malpractice insurance maintained by the licensee.***

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

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

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

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

46 633.311 1. Except as otherwise provided in NRS 633.315 and 633.381 to
47 633.419, inclusive, an applicant for a license to practice osteopathic medicine may
48 be issued a license by the Board if:

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

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

51 (c) The applicant:

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

1 (I) A hospital internship; or

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

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

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

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

16 (e) The applicant passes:

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

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

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

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

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

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

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

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

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

39 (c) In nonconsecutive months; and

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

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

46 (a) Temporarily suspend the license;

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

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

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

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

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

6 (2) Administering a public reprimand;

7 (3) Limiting the practice of the licensee;

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

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

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

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

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

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

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

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

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

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

30 633.4254 1. The Board may issue a license to practice as an anesthesiologist
31 assistant to an applicant who:

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

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

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

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

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

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

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

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

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

6 633.426 If a person licensed as an anesthesiologist assistant pursuant to the
7 provisions of this chapter is not applying to renew his or her license and wishes to
8 hold a simultaneous license as an anesthesiologist assistant pursuant to the
9 provisions of chapter 630 of NRS, the person must:

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

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

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

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

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

18 633.433 *1.* The Board may issue a license as a physician assistant to an
19 applicant who is qualified under the regulations of the Board to perform medical
20 services under the supervision of a supervising osteopathic physician. The
21 application for a license as a physician assistant must include all information
22 required to complete the application.

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

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

27 633.434 The Board shall adopt regulations regarding the licensure of a
28 physician assistant, including, without limitation:

29 1. The educational and other qualifications of applicants.

30 2. The required academic program for applicants.

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

33 4. The procedures deemed necessary by the Board for applications for and the
34 issuance of initial licenses by endorsement pursuant to NRS 633.4335 and
35 633.4336.

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

37 6. The medical services which a physician assistant may perform, except that
38 a physician assistant may not perform osteopathic manipulative therapy or those
39 specific functions and duties delegated or restricted by law to persons licensed as
40 dentists, chiropractic physicians, doctors of Oriental medicine, naprapaths, podiatric
41 physicians, optometrists and hearing aid specialists under chapters 631, 634, 634A,
42 634B, 635, 636 and 637B, respectively, of NRS.

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

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

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

48 633.438 If a person licensed to practice as a physician assistant pursuant to
49 the provisions of this chapter is not applying to renew his or her license and wishes
50 to hold a simultaneous license to practice as a physician assistant pursuant to the
51 provisions of chapter 630 of NRS, the person must:

52 1. Apply for a license to practice as a physician assistant to the Board of
53 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~~ ~~19~~ 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~~ ~~17~~ 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~~ ~~17~~ 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 ~~fire~~

~~(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.~~

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

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

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

(a) Recognizing the symptoms of pediatric cancer; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Persons from various religious backgrounds;

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

- 1 (4) Children and senior citizens;
- 2 (5) Veterans;
- 3 (6) Persons with a mental illness;
- 4 (7) Persons with an intellectual disability, developmental disability or
- 5 physical disability; and
- 6 (8) Persons who are part of any other population that a psychiatrist or
- 7 physician assistant practicing under the supervision of a psychiatrist may need to
- 8 better understand, as determined by the Board.

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

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

21 15. ~~f87~~ Members of the Armed Forces of the United States and the United
 22 States Public Health Service are exempt from payment of the ~~annual~~ **biennial**
 23 license renewal fee during their active duty status.

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

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

27 633.4715 1. The Board shall:

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

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

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

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

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

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

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

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

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

5 633.4717 1. In addition to any other requirements set forth in this chapter
6 and any regulations adopted pursuant thereto, each applicant for the renewal of any
7 type of license as an osteopathic physician pursuant to this chapter shall complete
8 the data request developed by the Department of Health and Human Services
9 pursuant to NRS 439A.124. The applicant shall provide to the Department all the
10 information included in the request.

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

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

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

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

22 633.4718 A person applying to renew a license to practice as a physician
23 assistant pursuant to the provisions of this chapter who wishes to hold a
24 simultaneous license to practice as a physician assistant pursuant to the provisions
25 of chapter 630 of NRS must:

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

29 2. Apply:

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

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

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

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

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

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

40 633.481 1. Except as otherwise provided in subsection 2, if a licensee fails
41 to comply with the requirements of NRS 633.471 within 10 days after the renewal
42 date, the Board shall give 15 days' notice of the failure to renew the license and of
43 the expiration of the license by certified mail to the licensee at the licensee's last
44 known address that is registered with the Board. If the license is not renewed within
45 15 days after receiving notice, the license expires automatically without any further
46 notice or a hearing and the Board shall file a copy of the notice with the Drug
47 Enforcement Administration of the United States Department of Justice or its
48 successor agency.

49 2. A licensee who fails to meet the continuing education requirements for
50 license renewal may apply to the Board for a waiver of the requirements. The
51 Board may grant a waiver for that ~~year~~ *biennium* only if the Board finds that the
52 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 fee 200

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

(g) Reexamination fee 200

(h) Late payment fee 300

(i) Application and initial license fee for a physician assistant.....~~[400]~~ *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 assistant 400

(o) Application and initial simultaneous license fee for an anesthesiologist assistant 200

(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:

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

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

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

9 ~~633.511 1. The grounds for initiating disciplinary action pursuant to this~~
 10 ~~chapter are:~~

11 ~~(a) Unprofessional conduct;~~

12 ~~(b) Conviction of:~~

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

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

18 ~~(3) A violation of any of the provisions of NRS 616D.200, 616D.220,~~
 19 ~~616D.240 or 616D.300 to 616D.440, inclusive;~~

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

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

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

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

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

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

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

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

31 ~~(e) Professional incompetence.~~

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

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

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

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

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

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

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

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

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

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

48 ~~(1) Was procured through a retail pharmacy licensed pursuant to chapter~~
 49 ~~639 of NRS;~~

50 ~~(2) Was procured through a Canadian pharmacy which is licensed pursuant~~
 51 ~~to chapter 639 of NRS and which has been recommended by the State Board of~~
 52 ~~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 3 of NRS 633.524, making or filing a report which the licensee knows to be false, failing to file a record or report that is required by law or knowingly or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.~~

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

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

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

~~(c) 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 453.221 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 453.221 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.~~