



Nevada State Board of Medical Examiners

NOTICE OF INTENT TO ACT UPON REGULATION

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

The Nevada State Board of Medical Examiners (Board) will hold a public hearing at 11:00 a.m., on Friday, May 22, 2026, at the Board's Reno office located at 9600 Gateway Drive, Reno, Nevada 89521, the Board's Las Vegas office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, and via remote technology using Teams. To attend the meeting remotely, please use the following:

<https://teams.microsoft.com/meet/219752371353213?p=4tG2okqRPmj0YX5AZO>

ID: 219 752 371 353 213

Passcode: CW92zp9h

DIAL IN BY PHONE

Teleconference Number: 1-775-321-6111

Phone Conference ID: 537 330 988#

The purpose of the hearing is to receive comments from all interested persons regarding the following general topics that may be addressed in the proposed regulations:

- R046-26** The proposed regulations implement AB319 from the 2025 Legislative Session with regard to physician licensure by endorsement and to update regulations related to licensing and continuing education for physicians, resident physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care, perfusionists, and genetic counselors for consistency. The proposed regulations also prohibit physicians and physician assistants from requiring patients to waive their rights to file a civil lawsuit as a condition of receiving medical care. A copy of the proposed regulation draft is attached to this notice for review.

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

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

These regulations are necessary to fully implement AB319 with regard to physician licensure by endorsement and to update other regulations related to licensing and continuing education for licensees to clarify the process and incorporate necessary conforming changes. For patient

protection, the proposed regulations also prohibit physicians and physician assistants from requiring patients to waive their rights to file a civil lawsuit as a condition of receiving medical care.

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regulation is a temporary regulation, the terms or the substance of the proposed regulation to be adopted, amended or repealed, or a description of the subjects and the issues involved:

The proposed regulation is not temporary.

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

A copy of this Notice and the proposed regulation will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of this Notice and the proposed regulations to be amended will be available at the offices of the Board at 9600 Gateway Drive, Reno, Nevada 89521 and 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours and on the Board's website, <https://medboard.nv.gov/>. This Notice and the text of the proposed regulation is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/register/>. Copies of this Notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

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

a. Both adverse and beneficial effects:

The Board does not believe that the proposed regulation will have an adverse economic effect on the business of the practice of medicine, respiratory care, perfusion, or genetic counseling, nor will it have an economic effect on the public.

b. Both immediate and long-term effects:

The Board does not believe that the proposed regulation will have an immediate or long-term economic negative effect on the business of the practice of medicine, respiratory care, perfusion, or genetic counseling, nor will it have an economic effect on the public.

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

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

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

The Board does not anticipate an increase in costs in enforcing the proposed regulations.

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

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

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

The proposed regulations are not required pursuant to federal law.

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

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

10. The time when, the place where and the manner in which interested persons may present their views regarding the proposed regulation:

Persons wishing to comment upon the proposed regulations of the Nevada State Board of Medical Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Written submissions must be received by the Nevada State Board of Medical Examiners on or before 11:00 a.m., on Friday, May 22, 2026. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

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

The proposed regulations are not temporary.

12. Statement Pursuant to NRS 233B.064(2):

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

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

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

A copy of this notice and the regulation to be adopted will be on file at the Nevada State Library, Archives and Public Records, 100 N. Stewart Street, Carson City, Nevada, for inspection by members of the public during business hours. Additional copies of the notice and the regulation to be adopted will be available at the Nevada State Board of Medical Examiners office located at 9600 Gateway Drive, Reno, Nevada 89521, and the Nevada State Board of Medical Examiners office located at 325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119, for inspection and copying by members of the public during business hours, and on the Board's website, <https://medboard.nv.gov/>. This notice and the text of the proposed regulation is also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and available on the Internet at <https://www.leg.state.nv.us/>. Copies of this Notice and the proposed regulation will also be mailed to members of the public at no charge upon request.

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

Nevada State Board of Medical Examiners - *Las Vegas, NV*

Nevada State Board of Medical Examiners - *Reno, NV*

Nevada State Board of Medical Examiners Website - <https://medboard.nv.gov/>

State Library, Archives and Public Records - *Carson City, NV*

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

LCB File No. R046-26

April 13, 2026

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

AUTHORITY: §§ 1, 2, 5 and 15, NRS 630.130; §§ 3 and 8, NRS 630.130 and 630.275; § 4, NRS 630.130 and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 6, NRS 630.130, 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597, and NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599; § 7, NRS 630.130 and 630.265; §§ 9, 10 and 16, NRS 630.130 and 630.279; § 11, NRS 630.130, 630.269, as amended by section 34 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612, and NRS 630.2691, as amended by section 35 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612; §§ 12 and 17, NRS 630.130 and 630.269, as amended by section 34 of Assembly Bill No. 319, Statutes of Nevada 2025, at page 1612; § 13, NRS 630.130, 630.253 and 630.275; § 14, NRS 630.130, 630.253 and 630.26825; § 18, NRS 630.130 and 630.26825.

A REGULATION relating to health care; authorizing the Board of Medical Examiners to prohibit an applicant whose application for licensure is denied from reapplying for a license for a certain amount of time; providing that the Board will notify an applicant for certain licenses of deficiencies in his or her application; authorizing an applicant for certain licenses to appeal the denial of his or her application; authorizing the Board to waive certain requirements relating to examinations; prohibiting a physician or physician assistant from asking or requiring a patient to waive certain rights under certain circumstances; revising the criteria for educational programs for respiratory care that are recognized by the Board for certain purposes; eliminating references to certain examinations that are no longer required by law; eliminating certain requirements for the issuance of certain licenses by endorsement; increasing the number of hours of continuing education that the Board may approve for certain activities; establishing the eligibility of certain persons who have completed certain postgraduate training programs to apply to practice in a new medical specialty area; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, anesthesiologist assistants, genetic counselors, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) Existing regulations provide that the

Board may prohibit an applicant for any type of license to practice medicine whose application is denied from reapplying for a period of 1 to 3 years after the date of the denial. (NAC 630.050) **Section 5** of this regulation eliminates this provision, and **section 2** of this regulation establishes a similar provision that authorizes the Board to prohibit an applicant for any type of license to practice medicine, including a license that is in a special category, whose application is denied from reapplying for a license or applying for any type of other license to practice medicine for a period of 1 to 3 years after the date of the denial. **Sections 3, 4 and 16-18** of this regulation establish similar provisions that are applicable to other professions regulated by the Board.

Existing law and existing regulations: (1) provide that the Board will notify an applicant for a license to practice medicine or a license as a practitioner of respiratory care, a perfusionist or an anesthesiologist assistant of any deficiencies in his or her application; and (2) authorize such an applicant to appeal the denial of his or her application. (NRS 630.200; Sections 5-7 of LCB File No. R033-24) **Sections 3, 4 and 7** of this regulation establish similar provisions that are applicable to an applicant for a license as a physician assistant or genetic counselor or a limited license to practice medicine as a resident physician in a graduate program of clinical training, respectively.

Existing law authorizes the Board to issue a license by endorsement to practice medicine to an applicant who: (1) is similarly licensed in another jurisdiction; (2) submits to the Board with his or her application proof that the applicant has passed the certain examinations required to have been passed by other applicants for a license to practice medicine, with certain exceptions; and (3) meets certain other requirements. (NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599) Existing regulations require an applicant for a license to practice medicine to successfully pass an examination to test the competency of the applicant to practice medicine. Existing regulations deem an applicant to have satisfied that requirement if he or she has passed certain examinations within 10 years before the date of his or her application. Existing regulations also require an applicant for a standard license to practice medicine to have passed all steps of certain examinations within a specified time and number of attempts. (NAC 630.080) **Section 6** of this regulation makes the requirement to have passed all steps of certain examinations within a specified time and number of attempts applicable to applicants for licensure by endorsement unless waived by the Board. **Section 6** also authorizes the Board to waive for such an applicant the requirement to have passed the competency examination within 10 years before the date of his or her application.

Existing regulations prohibit a physician or physician assistant from requiring or asking a patient to waive his or her right to file a complaint with the Board or conditioning care or treatment on the provision of such a waiver. (NAC 630.230) **Section 8** of this regulation also prohibits a physician or physician assistant from requiring or asking a patient to waive his or her right to file a civil action against the physician or physician assistant or conditioning care or treatment on the provision of such a waiver.

Existing law requires an applicant for a license as a physician to have completed his or her residency in the United States or an equivalent foreign country under certain circumstances. (NRS 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597) **Section 15** of this regulation accordingly revises a provision of existing regulations that establishes the qualifications to practice in a medical specialty area to account for residencies completed in equivalent foreign countries. (Section 2 of LCB File No. R069-23)

Existing regulations require an applicant for a license to practice respiratory care to, in addition to certain other requirements, provide the Board with proof that the applicant has completed an educational program as a practitioner of respiratory care that is approved by certain entities. (NAC 630.505, 630.513) **Sections 9 and 10** of this regulation revise the entities whose approval the Board will accept for that purpose to instead require an applicant for a license to practice respiratory care to have completed an educational program that is approved by the Commission on Accreditation for Respiratory Care.

Sections 10 and 12 of this regulation eliminate requirements that an applicant for a license by endorsement as a practitioner of respiratory care or as a perfusionist, respectively, must have engaged in the practice of respiratory care or perfusion, as applicable, for a period of at least 12 months preceding the date on which the application is submitted. (NAC 630.513, 630.715)

Assembly Bill No. 319 of the 2025 Legislative Session removed a requirement that an applicant for a license as a perfusionist pass an examination given by the American Board of Cardiovascular Perfusion, or its successor organization, and instead requires such an applicant to be certified by that organization. (Sections 34-37 and 84 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at pages 1612, 1613 and 1644) **Sections 11 and 12** of this regulation accordingly eliminate references to the examination.

Existing regulations provide that the Board will issue not more than 15 hours of continuing education during a biennial licensing period to a physician assistant or 10 hours of continuing education during a biennial licensing period for an anesthesiologist assistant who performs a medical review for the Board. (Section 10 of LCB File No. R068-23 and section 12 of LCB File No. R069-23) **Sections 13 and 14** of this regulation increase the number of hours of continuing education that the Board will issue to a physician assistant or anesthesiologist, respectively, for performing such medical reviews.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *If the Board denies an application for any type of license to practice medicine, including, without limitation, a limited license or other special category of license, the Board may prohibit the applicant whose application was denied from reapplying for such a license or applying for any other type of license to practice medicine offered by the Board for a period of 1 year to 3 years after the date of the denial.*

Sec. 3. 1. *The Board will notify an applicant for a license as a physician assistant of any deficiency which prevents any further action on the application or results in the denial of*

the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a physician assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 4. *1. The Board will notify an applicant for a license as a genetic counselor of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.*

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a genetic counselor, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 5. NAC 630.050 is hereby amended to read as follows:

630.050 1. The Board will not accept any application for any type of license to practice medicine in this State if the Board cannot substantiate that the medical school from which the applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a Canadian medical school approved by either

the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by the Committee on Accreditation of Canadian Medical Schools.

2. Except as otherwise provided in NAC 630.130, an applicant for any license to practice medicine must file his or her sworn application with the Board. The application must:

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

~~[3.— If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.]~~

Sec. 6. NAC 630.080 is hereby amended to read as follows:

630.080 1. ~~[For the purposes of paragraph (d) of subsection 2 of NRS 630.160, an]~~ **An** applicant for a license to practice medicine must, except as otherwise provided in subsection 2, pass an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:


- (a) The Special Purpose Examination;
- (b) An examination testing competence to practice medicine conducted by physicians; or
- (c) Any other examination designed to test the competence of the applicant to practice medicine.

2. The Board will deem an applicant to have satisfied the requirements of subsection 1 if:

- (a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

- (1) Part III of the examination given by the National Board of Medical Examiners;
- (2) Component II of the Federation Licensing Examination;
- (3) Step 3 of the United States Medical Licensing Examination;
- (4) All parts of the examination to become a licentiate of the Medical Council of Canada;
- (5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or
- (6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (b) of subsection 2 of NRS 630.160 , *as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597:*

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. *Unless waived by the Board upon a determination that the applicant has demonstrated sufficient qualifications to practice medicine in this State, an applicant for a license by endorsement to practice medicine who has passed Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination to satisfy the requirements of subparagraph (1) of paragraph (b) of subsection 1 of NRS 630.1605, as amended by section 15 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1599, must satisfy the requirements of subsection 3.*

5. *If an applicant for a license by endorsement to practice medicine has passed an examination listed in paragraph (a) of subsection 2 more than 10 years before the date of his or her application, the Board may deem the applicant to have satisfied the requirements of subsection 1 upon a determination that the applicant has demonstrated sufficient qualifications to practice medicine in this State.*

6. For any examination conducted by the Board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.

~~{5.}~~ 7. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

~~{6.}~~ 8. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

Sec. 7. NAC 630.130 is hereby amended to read as follows:

630.130 1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. *An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.*

5. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the

period during which it is valid. If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.

Sec. 8. NAC 630.230 is hereby amended to read as follows:

630.230 1. A person who is licensed as a physician or physician assistant shall not:

- (a) Falsify records of health care;
- (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
- (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
- (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;

(h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;

(i) If the person is a physician, fail to provide adequate supervision of a physician assistant or an anesthesiologist assistant or adequate collaboration with an advanced practice registered nurse with whom the physician is collaborating;

(j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;

(k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187;

(l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:

(1) For more than one procedure;

(2) For more than one patient; or

(3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device;

(m) Require or ask a patient to waive his or her right to file a complaint with the Board;

(n) *Require or ask a patient to waive his or her right to file a civil action against the physician or physician assistant in any court;*

(o) Condition care or treatment on the provision of a waiver described in paragraph (m) ~~(n)~~ *or (n)*; or

~~(p)~~ (p) Engage in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.

2. *The provisions of paragraph (n) of subsection 1 must not be construed to prohibit a physician or physician assistant from engaging in legitimate, good faith discussions with a patient or his or her attorney regarding the settlement of a claim.*

3. A physician or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS and any regulation adopted pursuant thereto.

~~(3)~~ 4. As used in this section:

(a) "Chronic pain" has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187.

(b) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:

(1) Contains only one dose of a medication; and

(2) May be used for only one patient.

(c) "Single-use medical device" means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

Sec. 9. NAC 630.505 is hereby amended to read as follows:

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

(a) The date of birth and the birthplace of the applicant and his or her sex;

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

(c) A list of each license as a practitioner of respiratory care that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;

(d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(e) Whether the applicant has ever been investigated for misconduct as a practitioner of respiratory care or had a license as a practitioner of respiratory care revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him or her by a licensing body in the District of Columbia or in another state or territory of the United States or in any other country;

(f) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) An offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(g) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(h) Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care; and

(i) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

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

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

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

3. Each application must be signed by the applicant accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

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

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

6. As used in this section, “license as a practitioner of respiratory care”:

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 10. NAC 630.513 is hereby amended to read as follows:

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

(a) The date of birth and the birthplace of the applicant and his or her sex;

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

(c) A list of each license as a practitioner of respiratory care that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;

(d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

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

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

(g) Whether the applicant has had a license as a practitioner of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States or in any other country;

(h) Whether the applicant has pending any disciplinary action concerning his or her license as a practitioner of respiratory care in the District of Columbia or any state or territory of the United States or in any other country;

(i) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(j) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution prescribing or dispensing of controlled substances;

(k) Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care; and

(l) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

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

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

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

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

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

~~(f)~~ (e) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520;

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

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

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

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

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

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

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph ~~(h)~~ (g) of subsection 2,

↪ whichever occurs later.

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

8. If an applicant seeking licensure by endorsement pursuant to this section 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 will charge not more than one-half the fee established pursuant to NRS 630.268, as amended by section 3 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 92, for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant current holds or has held a license as a practitioner of respiratory care or an equivalent license;

(b) Had his or her license as a practitioner of respiratory care or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a practitioner of respiratory care or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.510 and 630.540, the Board may deny an application for licensure by endorsement pursuant to this section if:

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

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

11. As used in this section, “license as a practitioner of respiratory care”:

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Sec. 11. NAC 630.700 is hereby amended to read as follows:

630.700 1. An application for licensure as a perfusionist must be made on a form provided by the Board. The application must set forth:

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

(b) The gender of the applicant;

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

(d) Each license to practice perfusion that the applicant currently holds or has held in the District of Columbia another state or territory of the United States or in any other country;

(e) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body in the District of Columbia or in another state or territory of the United States or in any other country, the dates, circumstances and disposition of each such occurrence;

(g) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(h) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance;

(i) Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion; and

(j) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

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

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

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the

Commission on Accreditation of Allied Health Education Programs of the American Medical Association, or its successor; or

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

(b) ~~Except as otherwise provided in NRS 630.2693, proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by NRS 630.2692.~~

~~—(c)~~ Such further evidence and other documents or proof of qualifications as are required by the Board.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of a perfusion education program required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant was aware; and

(c) All of the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fee.

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

6. As used in this section, “license to practice perfusion”:

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 12. NAC 630.715 is hereby amended to read as follows:

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

- (a) The date and place of birth of the applicant;
- (b) The gender of the applicant;
- (c) The postsecondary education of the applicant as a perfusionist, including, without limitation, each postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those institutions;
- (d) Each license to practice perfusion that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;
- (e) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;
- (f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States or in any other country in which the applicant currently holds or has held a license to practice perfusion;
- (g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or in any other country for misconduct relating to his or her license to practice perfusion;

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

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

(j) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense involving or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(k) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of a controlled substance;

(l) Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion; and

(m) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

~~[(f)]~~ (d) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520.

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

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

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a perfusionist required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

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

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

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

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph ~~(h)~~ (f) of subsection 2,

↳ whichever occurs later.

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

8. If an applicant seeking licensure by endorsement pursuant to this section 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 the veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268, as amended by section 3 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 92, for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a perfusionist or an equivalent license;

(b) Had his or her license as a perfusionist or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a perfusionist or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.710 and 630.770, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph ~~(4)~~ (f) of subsection 2; or

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

11. As used in this section, “license to practice perfusion”:

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Sec. 13. Section 10 of LCB File No. R068-23 is hereby amended to read as follows:

Sec. 10. The Board may issue not more than ~~(15)~~ 20 hours of continuing medical education during a biennial licensing period to a physician assistant if the physician assistant performs a medical review for the Board. The hours issued by the Board:

1. May be credited against the hours required by NAC 630.350 for a biennial period of registration;

2. Except as otherwise provided in subsection 3, must be equal to the actual time of the medical review; and

3. May not be more than 10 hours per medical review.

Sec. 14. Section 12 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 12. The Board may issue not more than ~~10~~ 20 hours of continuing education during a biennial licensing period to an anesthesiologist assistant who performs a medical review for the Board. The hours issued by the Board:

1. May be credited against the hours of continuing education required for a biennial licensing period by section 11 of LCB File No. R069-23;
2. Except as otherwise provided in subsection 3, must be equal to the actual time involved in performing the medical review; and
3. May not exceed 10 hours per medical review.

Sec. 15. Section 2 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 2. 1. Each applicant for a license to practice medicine or physician who wishes to practice in a new medical specialty area must:

(a) Designate to the Board each medical specialty area in which the applicant or physician, as applicable, intends to practice; and

(b) Provide to the Board:

(1) Evidence that the applicant or physician, as applicable, meets the requirements of paragraph (a) or (b) of subsection 2; or

(2) The evidence required by subsection 3.

2. A physician may only practice in a medical specialty area if the physician has:

(a) Been certified in that medical specialty area by a specialty board of the American Board of Medical Specialties;

(b) Successfully completed a postgraduate training program which ~~is~~ :

(1) Is approved by the Accreditation Council for Graduate Medical Education or an organization approved by the Board that accredits graduate medical education in an

equivalent foreign country and is nationally recognized in the applicable equivalent foreign country; and ~~[which provides]~~

(2) *Provides* the physician with complete training in the medical specialty area; or

(c) Obtained the approval of the Board pursuant to subsection 3 to practice in that medical specialty area.

3. An applicant for a license to practice medicine or a physician who wishes to practice in a medical specialty area for which no specialty board of the American Board of Medical Specialties exists may request the approval of the Board to practice in that medical specialty area by submitting to the Board evidence that the applicant or physician, as applicable:

(a) Is not able to satisfy the requirements of paragraph (b) of subsection 2; and

(b) Has successfully completed training in the medical specialty area that is substantially similar in rigor, length and examinations of competency as is required by a specialty board of the American Board of Medical Specialties.

4. For the purposes of paragraph (e) of subsection 1 of NRS 630.306, a physician who practices outside the medical specialty area designated pursuant to this section shall, except as otherwise provided in this section, be deemed to be performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training. This subsection does not apply to a physician who is practicing outside of the medical specialty area designated pursuant to this section in:

(a) A life-threatening emergency, including, without limitation, at the scene of an accident;

(b) An emergency situation, including, without limitation, human-caused or natural disaster relief efforts; or

(c) Any other situation where the physician is authorized by law to practice outside of that medical specialty area.

Sec. 16. Section 5 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 5. 1. The Board will notify an applicant for a license as a practitioner of respiratory care of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a practitioner of respiratory care, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 17. Section 6 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 6. 1. The Board will notify an applicant for a license as a perfusionist of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a perfusionist, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 18. Section 7 LCB File No. R033-24 is hereby amended to read as follows:

Sec. 7. 1. The Board will notify an applicant for a license as an anesthesiologist assistant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as an anesthesiologist assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 19. 1. This section and sections 1, 2, 3 and 5 to 18, inclusive, of this regulation become effective on the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

2. Section 4 of this regulation becomes effective:

(a) If, and only if, LCB File No. R055-25 is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070; and

(b) On the later of:

(1) The date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070; or

(2) The date on which LCB File No. R055-25 is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521

Nick M. Spirtos, M.D., F.A.C.O.G.

Board President

Edward O. Cousineau, J.D.

Executive Director



Small Business Impact Statement for Proposed Regulations Contained in LCB File No. R046-26

EFFECTIVE DATE OF REGULATION:

Upon filing with the Nevada Secretary of State

1. Background:

The proposed regulations implement AB319 from the 2025 Legislative Session with regard to physician licensure by endorsement and to update regulations related to licensing and continuing education for physicians, resident physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care, perfusionists, and genetic counselors for consistency. The proposed regulations also prohibit physicians and physician assistants from requiring patients to waive their rights to file a civil lawsuit as a condition of receiving medical care.

2. Description of Solicitation:

The Board solicited any potentially impacted businesses by reaching out to various business chambers and associations. Copies of LCB File No. R046-26, as drafted by the Legislative Counsel Bureau, were sent to the following organizations on Wednesday, April 15, 2026:

- Better Business Bureau of Northern Nevada, Inc.
- Better Business Bureau of Southern Nevada, Inc.
- Churchill Entrepreneur Development Association
- City of Winnemucca
- Clark County Medical Society
- Ely Rural Nevada Development Corporation
- Great Basin College – Elko
- Great Basin College – Winnemucca
- Las Vegas Asian Chamber of Commerce
- Las Vegas Chamber of Commerce
- Las Vegas Latin Chamber of Commerce

- Nevada State Medical Association
- Pahrump Small Business Development Center
- Reno/Sparks Chamber of Commerce
- Washoe County Medical Society

Copies of LCB File No. R046-26, as drafted by the Legislative Counsel Bureau, workshop notice, the Board’s preliminary Small Business Impact Statement were sent by U.S. mail and emailed to persons who were known to have an interest in the subject of medical regulation, as well as any persons who had specifically requested such notice. These documents were also made available on the website of the Nevada State Board of Medical Examiners, available at http://medboard.nv.gov/About/Proposed_Regulations/, the website of the Legislative Counsel Bureau, available at <https://www.leg.state.nv.us/App/Notice/A/>.

3. Does the Proposed Regulation Impose a Direct and Significant Economic Burden Upon a Small Business or Directly Restrict the Formation, Operation, or Expansion of a Small Business? (NRS 233B.0608(1))


No, the proposed regulations do not impose a direct and significant economic burden upon a small business or directly restrict the formation, operation, or expansion of a small business. These proposed regulations fully implement legislative changes enacted in 2025 and update and clarify licensing and continuing education requirements for licensees, both of which may yield a positive impact on small businesses.

4. How Was That Conclusion Reached?

This conclusion was reached by reviewing the proposed regulation draft and existing provisions in Nevada law. The Board will update this Small Business Impact Statement as it receives more comments and input from affected businesses and individuals.

I, Sarah A. Bradley, Deputy Executive Director of the Nevada State Board of Medical Examiners, certify that, to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small business, and that the information contained in the statement above is accurate. (NRS 233B.0608(3))

Dated: April 21, 2026

Signature: 
 SARAH A. BRADLEY, J.D., MBA
 Deputy Executive Director
 Nevada State Board of Medical Examiners