

SENATE BILL NO. 397—SENATOR OHRENSCHALL

MARCH 17, 2025

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes relating to alternative medicine. (BDR 54-117)

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 alternative medicine; providing for the licensure and regulation of naturopathic physicians and naturopathic assistants by the Nevada Board of Homeopathic and Naturopathic Medical Examiners; authorizing homeopathic physicians to dispense, administer and prescribe drugs in certain circumstances; establishing additional grounds for disciplinary action against persons licensed by the Board; revising other provisions relating to the Board; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law provides for the regulation and licensure of homeopathic physicians by the Nevada Board of Homeopathic Medical Examiners. (Chapter 630A of NRS) The Board also certifies and regulates advanced practitioners of homeopathy and homeopathic assistants. (NRS 630A.293-630A.299) This bill generally provides for the regulation of naturopathic medicine and the licensure of naturopathic physicians and the certification of naturopathic assistants by the Board. **Sections 33, 40 and 96** of this bill revise the name of the board to "Nevada Board of Homeopathic and Naturopathic Medical Examiners" to reflect the new authority and duties of the Board established by this bill. **Sections 10 and 12** of this bill define the terms "naturopathic assistant" and "naturopathic physician," respectively. **Sections 11 and 16-18** of this bill: (1) define the practice of naturopathic medicine; (2) set forth the scope of the practice of naturopathic medicine; (3) provide the authorized methods of administration of natural substances that may be administered by a naturopathic physician; (4) set forth the requirements that a naturopathic physician must satisfy before administering intravenous therapy in his or her practice; and (5) authorize a naturopathic physician to dispense natural substances, drugs and devices, including certain controlled substances. **Sections 19-27** of this bill require the Board to: (1) license



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naturopathic physicians; (2) certify naturopathic physicians as specialists; (3) certify naturopathic assistants; (4) certify naturopathic medical students who wish to participate in a program of clinical training for naturopathic medicine; and (5) certify graduates of an approved school of naturopathic medicine who wish to participate in an internship, preceptorship or fellowship training program. **Sections 19-27** also establish certain requirements that an applicant for a license or certificate must satisfy before the Board may issue the applicant such a license or certificate. **Section 28** of this bill requires naturopathic physicians to comply with certain legal requirements governing the registration of births and deaths. **Section 31** of this bill requires a naturopathic physician to take certain actions which are also required of similar providers under existing law to assist a patient with an opioid use disorder in accessing medication-assisted treatment. (NRS 630.3737, 632.2383, 633.6947, 641.2293, 641A.299, 641B.360, 641C.620) **Section 50** of this bill establishes certain procedures and requirements for renewing a license or certificate, which are consistent with the procedures and requirements currently applicable to practitioners of homeopathic medicine. **Section 51** of this bill establishes the fees for the issuance and renewal of a license or certificate issued pursuant to **sections 15 and 21-27**. **Sections 5-9, 13 and 14** of this bill define certain other terms relating to the practice of naturopathic medicine and **section 32** of this bill establishes the applicability of the definitions set forth in **sections 5-14**.

**Sections 34, 36, 37 and 52-76** of this bill make the grounds and procedures that are applicable to the investigation and discipline of homeopathic physicians, advanced practitioners of homeopathy and homeopathic assistants, and the unlicensed or uncertified practice of those professions, also applicable to naturopathic physicians and naturopathic assistants and the unlicensed or uncertified practice of those professions. **Section 29** of this bill establishes additional grounds for disciplinary action against all practitioners licensed by the Board relating to medical records and reporting, and **section 49** of this bill authorizes the discipline of the holder of a limited license to practice homeopathic medicine on those grounds. **Section 75** prohibits misrepresenting that a school or college of naturopathic medicine has been approved by the Board, and **sections 43 and 76** of this bill prohibit the unlicensed practice of naturopathic medicine and practice as a naturopathic assistant without the proper license or certificate. **Sections 38, 42, 44, 45, 47 and 48** of this bill make conforming changes to include naturopathic physicians, naturopathic assistants and the practice of naturopathic medicine within existing provisions currently applicable to homeopathic physicians, advanced practitioners of homeopathy, homeopathic assistants and the practice of homeopathic medicine, where appropriate. **Section 39** of this bill exempts certain persons from provisions governing homeopathic medicine and naturopathic medicine. **Section 46** of this bill limits to homeopathic physicians the applicability of a provision relating to the examination of applicants for licensure as a homeopathic physician. **Section 40** expands the membership of the Board from six members to eight members and **section 41** of this bill requires that the additional members added to the Board be naturopathic physicians who have certain qualifications.

Existing law defines the term "physician" for the entirety of Nevada law, except where specifically provided otherwise, to mean a person who engages in the practice of medicine, including homeopathy. (NRS 0.040) **Section 85** of this bill includes within this definition a person who engages in the practice of naturopathic medicine, thereby making certain provisions of existing law that are applicable to all physicians also apply to naturopathic physicians, including provisions concerning controlled substances and dangerous drugs. (Chapters 453 and 454 of NRS) **Sections 1 and 105-128** of this bill make revisions to treat naturopathic physicians like other osteopathic and allopathic physicians for certain purposes relating to provisions that require insurers to take, or refrain from taking, certain



actions with respect to certain policies of health insurance and medical malpractice insurance.

**Sections 77, 78, 81, 83 and 84** of this bill clarify that provisions of law governing certain other professions do not apply to naturopathic physicians. **Sections 2, 3, 79, 80, 82, 86-95 and 97-104** of this bill make revisions to treat naturopathic physicians and naturopathic assistants, where applicable, in the same manner as other similar providers of health care in other certain respects.

Existing law defines "homeopathic medicine" to include noninvasive electrodiagnosis, cell therapy, neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy and nutrition. (NRS 630A.040) Existing regulations interpret "neural therapy" and "orthomolecular therapy" to include the prescription and administration of pharmaceutical preparations. Existing regulations interpret "pharmaceutical preparations" to include narcotic drugs and opiates that are listed as schedule II controlled substances regulated by the State Board of Pharmacy. (NAC 630A.014) **Sections 30 and 35** of this bill affirmatively authorize a homeopathic physician to dispense, administer and prescribe certain drugs, including some controlled substances, in the course of providing neural therapy or orthomolecular therapy, so long as the dosage and administration of the drugs conform with the standards of practice for those therapies and the homeopathic physician meets certain other qualifications. **Section 30** also clarifies the authority of a homeopathic physician to prescribe, dispense and administer certain controlled substances and dangerous drugs in certain other contexts, so long as the drug is: (1) in an amount suitable for a single use; and (2) only used for the purpose of diluting the drug into a homeopathic preparation in accordance with the standards prescribed in the *Homeopathic Pharmacopoeia of the United States*.

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

**Section 1.** NRS 629.095 is hereby amended to read as follows:  
629.095 1. Except as otherwise provided in subsection 2, the Commissioner of Insurance shall develop, prescribe for use and make available a single, standardized form for use by insurers, carriers, societies, corporations, health maintenance organizations, managed care organizations, hospitals, medical facilities and other facilities that provide health care in obtaining any information related to the credentials of a provider of health care.

2. The provisions of subsection 1 do not prohibit the Commissioner of Insurance from developing, prescribing for use and making available:

(a) Appropriate variations of the form described in that subsection for use in different geographical regions of this State.

(b) Addenda or supplements to the form described in that subsection to address, until such time as a new form may be developed, prescribed for use and made available, any requirements newly imposed by the Federal Government, the State or one of its agencies, or a body that accredits hospitals, medical facilities or health care plans.



3. With respect to the form described in subsection 1, the Commissioner of Insurance shall:

(a) Hold public hearings to seek input regarding the development of the form;

(b) Develop the form in consideration of the input received pursuant to paragraph (a);

(c) Ensure that the form is developed in such a manner as to accommodate and reflect the different types of credentials applicable to different classes of providers of health care;

(d) Ensure that the form is developed in such a manner as to reflect standards of accreditation adopted by national organizations which accredit hospitals, medical facilities and health care plans; and

(e) Ensure that the form is developed to be used efficiently and is developed to be neither unduly long nor unduly voluminous.

4. As used in this section:

(a) "Carrier" has the meaning ascribed to it in NRS 689C.025.

(b) "Corporation" means a corporation operating pursuant to the provisions of chapter 695B of NRS.

(c) "Health maintenance organization" has the meaning ascribed to it in NRS 695C.030.

(d) "Insurer" means:

(1) An insurer that issues policies of individual health insurance in accordance with chapter 689A of NRS; and

(2) An insurer that issues policies of group health insurance in accordance with chapter 689B of NRS.

(e) "Managed care organization" has the meaning ascribed to it in NRS 695G.050.

(f) "Provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~§~~ *or a naturopathic physician or naturopathic assistant licensed or certified pursuant to chapter 630A of NRS.*

(g) "Society" has the meaning ascribed to it in NRS 695A.044.

**Sec. 2.** NRS 629.580 is hereby amended to read as follows:

629.580 1. A person who provides wellness services in accordance with this section, but who is not licensed, certified or registered in this State as a provider of health care, is not in violation of any law based on the unlicensed practice of health care services or a health care profession unless the person:

(a) Performs surgery or any other procedure which punctures the skin of any person;

(b) Sets a fracture of any bone of any person;

(c) Prescribes or administers X-ray radiation to any person;

(d) Prescribes or administers a prescription drug or device or a controlled substance to any person;



(e) Recommends to a client that he or she discontinue or in any manner alter current medical treatment prescribed by a provider of health care licensed, certified or registered in this State;

(f) Makes a diagnosis of a medical disease of any person;

(g) Performs a manipulation or a chiropractic adjustment of the articulations of joints or the spine of any person;

(h) Treats a person's health condition in a manner that intentionally or recklessly causes that person recognizable and imminent risk of serious or permanent physical or mental harm;

(i) Holds out, states, indicates, advertises or implies to any person that he or she is a provider of health care;

(j) Engages in the practice of medicine in violation of chapter 630 or 633 of NRS, the practice of homeopathic medicine *or naturopathic medicine* in violation of chapter 630A of NRS, the practice of naprapathy in violation of chapter 634B of NRS or the practice of podiatry in violation of chapter 635 of NRS, unless otherwise expressly authorized by this section;

(k) Performs massage therapy as that term is defined in NRS 640C.060, reflexology as that term is defined in NRS 640C.080 or structural integration as that term is defined in NRS 640C.085;

(l) Provides mental health services that are exclusive to the scope of practice of a psychiatrist licensed pursuant to chapter 630 or 633 of NRS, or a psychologist licensed pursuant to chapter 641 of NRS; or

(m) Engages in the practice of applied behavior analysis in violation of chapter 641D of NRS.

2. Any person providing wellness services in this State who is not licensed, certified or registered in this State as a provider of health care and who is advertising or charging a fee for wellness services shall, before providing those services, disclose to each client in a plainly worded written statement:

(a) The person's name, business address and telephone number;

(b) The fact that he or she is not licensed, certified or registered as a provider of health care in this State;

(c) The nature of the wellness services to be provided;

(d) The degrees, training, experience, credentials and other qualifications of the person regarding the wellness services to be provided; and

(e) A statement in substantially the following form:

It is recommended that before beginning any wellness plan, you notify your primary care physician or other licensed providers of health care of your intention to use wellness services, the nature of the wellness services to be provided and any wellness plan that may be utilized. It is also



recommended that you ask your primary care physician or other licensed providers of health care about any potential drug interactions, side effects, risks or conflicts between any medications or treatments prescribed by your primary care physician or other licensed providers of health care and the wellness services you intend to receive.

➤ A person who provides wellness services shall obtain from each client a signed copy of the statement required by this subsection, provide the client with a copy of the signed statement at the time of service and retain a copy of the signed statement for a period of not less than 5 years.

3. A written copy of the statement required by subsection 2 must be posted in a prominent place in the treatment location of the person providing wellness services in at least 12-point font. Reasonable accommodations must be made for clients who:

- (a) Are unable to read;
- (b) Are blind or visually impaired;
- (c) Have communication impairments; or
- (d) Do not read or speak English or any other language in which the statement is written.

4. Any advertisement for wellness services authorized pursuant to this section must disclose that the provider of those services is not licensed, certified or registered as a provider of health care in this State.

5. A person who violates any provision of this section is guilty of a misdemeanor. Before a criminal proceeding is commenced against a person for a violation of a provision of this section, a notification, educational or mediative approach must be utilized by the regulatory body enforcing the provisions of this section to bring the person into compliance with such provisions.

6. This section does not apply to or control:

(a) Any health care practice by a provider of health care pursuant to the professional practice laws of this State, or prevent such a health care practice from being performed.

(b) Any health care practice if the practice is exempt from the professional practice laws of this State, or prevent such a health care practice from being performed.

(c) A person who provides health care services if the person is exempt from the professional practice laws of this State, or prevent the person from performing such a health care service.

(d) A medical assistant, as that term is defined in NRS 630.0129 and 633.075, an advanced practitioner of homeopathy, as that term is defined in NRS 630A.015, ~~or~~ a homeopathic assistant, as that



term is defined in NRS 630A.035 ~~H~~ *or a naturopathic assistant, as that term is defined in section 10 of this act.*

7. As used in this section, “wellness services” means healing arts therapies and practices, and the provision of products, that are based on the following complementary health treatment approaches and which are not otherwise prohibited by subsection 1:

- (a) Anthroposophy.
- (b) Aromatherapy.
- (c) Traditional cultural healing practices.
- (d) Detoxification practices and therapies.
- (e) Energetic healing.
- (f) Folk practices.
- (g) Gerson therapy and colostrum therapy.
- (h) Healing practices using food, dietary supplements, nutrients and the physical forces of heat, cold, water and light.
- (i) Herbology and herbalism.
- (j) Reiki.
- (k) Mind-body healing practices.
- (l) Nondiagnostic iridology.
- (m) Noninvasive instrumentalities.
- (n) Holistic kinesiology.

**Sec. 3.** NRS 629.600 is hereby amended to read as follows:

629.600 1. A psychotherapist shall not provide any conversion therapy to a person who is under 18 years of age regardless of the willingness of the person or his or her parent or legal guardian to authorize such therapy.

2. Any violation of subsection 1 is a ground for disciplinary action by a state board that licenses a psychotherapist as defined in subsection 3.

3. As used in this section:

(a) “Conversion therapy” means any practice or treatment that seeks to change the sexual orientation or gender identity of a person, including, without limitation, a practice or treatment that seeks to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same gender. The term does not include counseling that:

(1) Provides assistance to a person undergoing gender transition; or

(2) Provides acceptance, support and understanding of a person or facilitates a person’s ability to cope, social support and identity exploration and development, including, without limitation, an intervention to prevent or address unlawful conduct or unsafe sexual practices that is neutral as to the sexual-orientation of the person receiving the intervention and does not seek to change the



1 sexual orientation or gender identity of the person receiving the  
2 intervention.

3 (b) “Psychotherapist” means:

4 (1) A psychiatrist licensed to practice medicine in this State  
5 pursuant to chapter 630 of NRS;

6 (2) A homeopathic physician, *naturopathic physician*,  
7 advanced practitioner of homeopathy, ~~for~~ homeopathic assistant *or*  
8 *naturopathic assistant* licensed or certified pursuant to chapter  
9 630A of NRS;

10 (3) A psychiatrist licensed to practice medicine in this State  
11 pursuant to chapter 633 of NRS;

12 (4) A psychologist licensed to practice in this State pursuant  
13 to chapter 641 of NRS;

14 (5) A social worker licensed in this State as an independent  
15 social worker or a clinical social worker pursuant to chapter 641B of  
16 NRS;

17 (6) A registered nurse holding a master’s degree in the field  
18 of psychiatric nursing and licensed to practice professional nursing  
19 in this State pursuant to chapter 632 of NRS;

20 (7) A marriage and family therapist or clinical professional  
21 counselor licensed in this State pursuant to chapter 641A of NRS; or

22 (8) A person who provides counseling services as part of his  
23 or her training for any of the professions listed in subparagraphs (1)  
24 to (7), inclusive.

25 **Sec. 4.** Chapter 630A of NRS is hereby amended by adding  
26 thereto the provisions set forth as sections 5 to 31, inclusive, of this  
27 act.

28 **Sec. 5.** *“Approved school of naturopathic medicine” means a*  
29 *school or college:*

30 1. *Determined by the Board to have an educational program*  
31 *that meets the standards prescribed by the Council on*  
32 *Naturopathic Medical Education, or its successor agency; and*

33 2. *That offers a course of study that:*

34 (a) *Upon successful completion, results in the awarding of the*  
35 *degree of doctor of naturopathic medicine; and*

36 (b) *Is accredited or a candidate for accreditation by an*  
37 *accrediting agency recognized by:*

38 (1) *The United States Secretary of Education as a*  
39 *specialized accrediting agency for schools of naturopathic*  
40 *medicine or its successor agency; or*

41 (2) *The Council for Higher Education Accreditation or its*  
42 *successor agency.*

43 **Sec. 6.** *“Dangerous drug” has the meaning ascribed to it in*  
44 *NRS 454.201.*





1     **Sec. 7. "Drug"** has the meaning ascribed to it in  
2     **NRS 453.081.**

3     **Sec. 8. "Healing art"** means any system, treatment,  
4     diagnosis, prescription or practice for the ascertainment, cure,  
5     relief, palliation, adjustment or correction of any human disease,  
6     ailment, deformity, injury, or unhealthy or abnormal physical or  
7     mental condition for the practice of which long periods of  
8     specialized education and training and a degree of specialized  
9     knowledge of an intellectual as well as physical nature are  
10    required.

11    **Sec. 9. "Natural substance"** means a homeopathic,  
12    botanical, nutritional or other supplement that:

13    1. Does not require a prescription pursuant to federal law  
14    before it is prescribed, dispensed or otherwise furnished to a  
15    patient; and

16    2. Is prescribed by a naturopathic physician to enhance  
17    health, prevent disease or treat a medical condition diagnosed by  
18    the naturopathic physician.

19    **Sec. 10. "Naturopathic assistant"** means a person who:

20    1. Satisfies the educational requirements prescribed by the  
21    Board;

22    2. Is qualified to perform naturopathic medical services  
23    under the supervision of a naturopathic physician; and

24    3. Has been issued a certificate as a naturopathic assistant by  
25    the Board.

26    **Sec. 11. "Naturopathic medicine"** means:

27    1. A system of medicine employing accepted procedures for  
28    diagnosis and treatment of human disorders, including the  
29    prescribing and administering of drugs and using diet and  
30    nutrition, including vitamins, fresh or dried herbs, minerals,  
31    enzymes and tissue concentrates and manual manipulation,  
32    including the physical, chemical and other properties of heat,  
33    light, water and electricity.

34    2. To perform any of the acts described in subsection 1 by  
35    using equipment that transfers information concerning the  
36    medical condition of the patient electronically, telephonically or by  
37    fiber optics, including, without limitation, through telehealth, as  
38    defined in NRS 629.515 from within or outside this State or the  
39    United States.

40    **Sec. 12. "Naturopathic physician"** means a person who:

41    1. Is a graduate of an approved school of naturopathic  
42    medicine; and

43    2. Has been issued a license to practice naturopathic  
44    medicine from the Board.

45    **Sec. 13. "Prescription drug"** means:



1     1. A controlled substance or dangerous drug that may be  
2     dispensed to an ultimate user only pursuant to a lawful  
3     prescription; and

4     2. Any other substance or drug substituted for such a  
5     controlled substance or dangerous drug.

6     **Sec. 14.** “Specialist” means a naturopathic physician who  
7     has successfully completed approved postdoctoral training, who is  
8     certified by a specialty board of examiners recognized by the  
9     Board and who is certified by the Board to practice a specialty  
10    pursuant to section 27 of this act.

11    **Sec. 15.** 1. Every person desiring to practice naturopathic  
12    medicine as a naturopathic physician must, before beginning to  
13    practice, procure from the Board a license authorizing such  
14    practice.

15    2. Except as otherwise provided in NRS 630A.225, a license  
16    may be issued to any person who:

17    (a) Is of good moral character;

18    (b) Is a graduate of an approved school of naturopathic  
19    medicine located in the United States or Canada;

20    (c) Has satisfactorily completed an internship, preceptorship  
21    or fellowship training program in naturopathic medicine approved  
22    by the Board;

23    (d) Has passed all examinations required by the Board or this  
24    chapter; and

25    (e) Meets any additional requirements established by the  
26    Board, including, without limitation, requirements established by  
27    regulations adopted by the Board.

28    **Sec. 16.** 1. A naturopathic physician may:

29    (a) Order and perform physical and laboratory examinations  
30    for diagnostic purposes, including, without limitation, phlebotomy,  
31    clinical laboratory tests, orifical examinations and physiological  
32    function tests;

33    (b) Order diagnostic imaging studies, consistent with  
34    naturopathic training as determined by the Board;

35    (c) Subject to the provisions of section 18 of this act, where  
36    applicable, dispense, administer, order, prescribe and furnish or  
37    perform the following:

38    (1) Food, extracts of food, nutraceuticals, vitamins, amino  
39    acids, minerals, enzymes, botanicals and their extracts, botanical  
40    medicines, homeopathic medicines, hormones, drugs and all  
41    dietary supplements, consistent with the routes of administration  
42    set forth in paragraph (d);

43    (2) Hot or cold hydrotherapy, naturopathic physical  
44    medicine, electromagnetic energy, colon hydrotherapy and  
45    therapeutic exercise;



(3) *Devices, including, without limitation, therapeutic devices, barrier contraception and durable medical equipment;*

(4) *Immunizations;*

(5) *Health education and health counseling;*

(6) *Repair and care for incidental and superficial lacerations and abrasions;*

(7) *Removal of foreign bodies located in the superficial tissues; and*

(8) *Musculoskeletal manipulation consistent with the education and training of a naturopathic physician as determined by the Board; and*

(d) *Use routes of administration that include, without limitation, oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous and intramuscular.*

2. *The Board shall adopt regulations relating to intravenous routes of administration. The regulations must identify and exclude nutrients that are not suitable for intravenous administration.*

3. *As used in this section:*

(a) *"Dietary supplement" has the meaning ascribed to it in 21 U.S.C. § 321.*

(b) *"Nutrient" means a substance that provides nourishment for growth or metabolism and that:*

(1) *Is manufactured and supplied for intravenous use by a manufacturer registered with the United States Food and Drug Administration; or*

(2) *Compounded by a pharmacy licensed pursuant to chapter 639 of NRS.*

**Sec. 17.** 1. *A naturopathic physician may administer a natural substance through the means of intramuscular, intravenous, subcutaneous and intradermal injections.*

2. *To qualify to administer intravenous therapy in his or her practice pursuant to this section and section 16 of this act, a naturopathic physician must submit to the Board an attestation that he or she has completed training in intravenous therapy approved by the Board. At a minimum, the training must consist of 16 hours, at least 8 of which must be at a graduate level from a school approved by the Board, and must include all of the following topics relating to intravenous therapy:*

(a) *Indications;*

(b) *Contraindications;*

(c) *Formularies;*

(d) *Emergency protocols;*

(e) *Osmolarity calculation;*



(f) Aseptic techniques; and

(g) Proper documentation.

3. The naturopathic physician shall retain documentation of his or her training for at least 3 years after the date of the attestation described in subsection 2.

4. A naturopathic physician who uses injection or intravenous therapy must have a plan to manage adverse events, including, without limitation, sensitivity, allergy, overdose or other unintended reactions.

**Sec. 18.** 1. Subject to the provisions of subsection 2, where applicable, a naturopathic physician may dispense a natural substance, drug or device to a patient for a condition being diagnosed or treated by the naturopathic physician if:

(a) The naturopathic physician is certified to dispense by the Board.

(b) The natural substance, drug or device is dispensed and, if required by federal law, properly labeled with the following information:

(1) The name, address and telephone number of the dispensing naturopathic physician and a prescription number or other method of identifying the prescription;

(2) The date on which the natural substance, drug or device is dispensed;

(3) The patient's name; and

(4) The name and strength of the natural substance, drug or device, directions for proper and appropriate use and any cautionary statements for the natural substance, drug or device. If a generic drug is dispensed, the manufacturer's name must be included.

(c) The dispensing naturopathic physician enters into the patient's medical record the name and strength of the natural substance, drug or device dispensed, the date on which the natural substance, drug or device is dispensed and the therapeutic reason.

(d) The dispensing naturopathic physician keeps all prescription drugs and devices in a secured cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.

2. A naturopathic physician:

(a) May dispense morphine, any controlled substance listed in schedule II, III, IV or V which is also a homeopathic preparation, controlled substances listed in schedule III, IV or V which are not narcotics and any controlled substance which is newly classified as schedule II after January 1, 2026, if the naturopathic physician has registered with the State Board of Pharmacy pursuant to NRS 453.226; and



(b) Shall not dispense controlled substances except as authorized by paragraph (a).

3. Except in an emergency, a naturopathic physician who dispenses a natural substance, drug or device without being certified to dispense by the Board is subject to the imposition of a civil penalty by the Board of not less than \$100 and not more than \$500 for each transaction and may be prohibited from further dispensing for a period determined by the Board.

4. Before delivering a natural substance, drug or device to a patient pursuant to this section, the treating naturopathic physician shall give the patient or the patient's legal guardian a written prescription and must inform the patient or the patient's legal guardian that the prescription may be filled by the prescribing physician or the pharmacy of the patient's choice. If the patient chooses to have the medication delivered by the naturopathic physician, the naturopathic physician must retrieve the written prescription and place it in a prescription file kept by the naturopathic physician.

5. A naturopathic physician shall provide supervision to a registered nurse, licensed practical nurse or attendant involved in the dispensing process. For the purposes of this subsection, "supervision" means that the naturopathic physician is available in person or by telephone.

6. This section does not prohibit a registered nurse or licensed practical nurse employed by a naturopathic physician from assisting in the delivery of natural substances, drugs and devices in accordance with this chapter.

7. The Board shall adopt regulations regarding the dispensing of a natural substance, drug or device, including regulations prescribing:

(a) The procedure to become certified by the Board to engage in such dispensing; and

(b) Requirements governing the labeling, recordkeeping, storage and packaging of natural substances, drugs and devices that are consistent with the requirements of chapters 453 and 454 of NRS.

8. As used in this section, "dispense" means to deliver a natural substance, drug or device to an ultimate user, patient or subject of research by or pursuant to the lawful order of a naturopathic physician, including the prescribing by a naturopathic physician, administering, packaging, labeling or compounding necessary to prepare the natural substance, drug or device for that delivery.

**Sec. 19. 1. An applicant for a license to practice naturopathic medicine must pass:**



(a) *The Naturopathic Physicians Licensing Examination or its successor administered by the North American Board of Naturopathic Examiners; and*

(b) *A practical examination approved by the Board with a grade of at least 75 percent, unless a higher standard is required for passing the examination, that tests the applicant's knowledge and understanding of:*

(1) *The laws and regulations of this State relating to the health and safety of the public in the practice of naturopathic medicine; and*

(2) *Additional subject areas which are not covered by the examination described in paragraph (a).*

2. *The Board may establish by regulation:*

(a) *The additional subject areas to be included in the practical examination; and*

(b) *Specific methods for the administration of the practical examination.*

3. *Except as otherwise provided in subsection 4, the Board shall offer the practical examination at least twice each year at the time and place established by the Board.*

4. *The Board may cancel a scheduled practical examination if, within 60 days before the examination, the Board has not received a request to take the examination.*

5. *A person who fails the practical examination described in paragraph (b) of subsection 1 may retake the examination as provided in section 20 of this act.*

6. *The Board may employ other professional consultants or examining services in conducting an examination pursuant to this section.*

7. *Each member of the Board who is not licensed in any state to practice any healing art may not participate in preparing, conducting or grading any examination required by the Board.*

**Sec. 20.** 1. *If an applicant for a license to practice naturopathic medicine fails in a first examination administered by the Board pursuant to paragraph (b) of subsection 1 of section 19 of this act, the applicant may be reexamined after not less than 6 months.*

2. *If an applicant fails in a second examination, he or she may not be reexamined within less than 1 year after the date of the second examination, and before such reexamination he or she must furnish to the Board proof of further postgraduate study in naturopathic medicine that:*

(a) *Was completed after the second examination; and*

(b) *Is satisfactory to the Board.*



3. Each applicant who fails an examination and whom the Board authorizes to be reexamined shall pay for each reexamination the reexamination fee prescribed by the Board.

**Sec. 21.** 1. Except as otherwise provided in NRS 630A.225, the Board may issue to an applicant who is a graduate of a naturopathic medical school from an institution outside of the United States or Canada a license to practice naturopathic medicine if the applicant submits to the Board proof that the applicant:

(a) Is of good moral character;

(b) Is a graduate of an approved school of naturopathic medicine;

(c) Has completed a program of clinical training;

(d) Has completed a 2-year internship training program or postgraduate training satisfactory to the Board;

(e) Has passed all examinations required by the Board or this chapter; and

(f) Meets any additional requirements established by the Board, including, without limitation, requirements established by regulations adopted by the Board.

2. In addition to the proofs required by subsection 1, the Board may take such further evidence and require such further proof of the professional and moral qualifications of the applicant as in its discretion may be deemed proper.

3. If the applicant is a diplomate of an approved specialty board recognized by this Board, the Board may waive the requirements of paragraph (e) of subsection 1.

**Sec. 22.** 1. Except as otherwise provided in NRS 630A.225, the Board may issue a license to practice naturopathic medicine by endorsement to a person who meets the requirements set forth in this section, including, without limitation, that the person has been issued a license to practice naturopathic medicine by:

(a) The District of Columbia or any state or territory of the United States; or

(b) Another country if that country requires a written examination that is substantially equivalent to the written examination required pursuant to paragraph (a) of subsection 1 of section 19 of this act.

2. To qualify for a license pursuant to this section, at the time the person files an application with the Board:

(a) The license of the applicant to practice naturopathic medicine in a jurisdiction described in paragraph (a) or (b) of subsection 1 must be in effect and unrestricted; and

(b) The applicant must:





(1) If the applicant was issued a license described in paragraph (a) of subsection 1 before January 1, 2015, provide proof:

(I) Of completion of a course of at least 60 hours in pharmacotherapeutics; and

(II) That the applicant passed an examination at the completion of the course;

(2) Within the 3 years immediately preceding the application, have been continuously and actively engaged in:

(I) The practice of naturopathic medicine as a naturopathic physician;

(II) An internship, preceptorship or fellowship training program in naturopathic medicine approved by the Board;

(III) Postgraduate training satisfactory to the Board; or

(IV) The study of naturopathic medicine as a resident at an approved school of naturopathic medicine;

(3) Not be involved in or have pending any disciplinary action concerning a license to practice naturopathic medicine in the District of Columbia or any state or territory of the United States;

(4) Provide information on all the medical malpractice claims brought against him or her, without regard to when the claims were filed or how the claims were resolved;

(5) Pass the practical examination required pursuant to paragraph (b) of subsection 1 of section 19 of this act; and

(6) Meet all statutory requirements to obtain a license to practice naturopathic medicine in this State except that the applicant is not required to meet the requirements set forth in section 15 or 19 of this act other than passing the practical examination specified in paragraph (b) of subsection 1 of section 19 of this act.

3. Any person applying for a license by endorsement pursuant to this section shall pay in advance to the Board the application and initial license fee set forth in NRS 630A.330.

4. A license by endorsement may be issued at a meeting of the Board or between its meetings by the President of the Board. Such action shall be deemed to be an action of the Board.

**Sec. 23.** The Board shall not issue or renew a license to practice naturopathic medicine unless the applicant for issuance or renewal of the license attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

**Sec. 24.** 1. The Board may issue a certificate as a naturopathic assistant to an applicant who is qualified under the





1 *regulations of the Board and who has completed an educational*  
2 *program designed to prepare the applicant to perform*  
3 *naturopathic services under the supervision of a naturopathic*  
4 *physician.*

5 *2. The Board may approve or deny an application for*  
6 *certification as a naturopathic assistant and shall provide notice to*  
7 *the applicant of its decision.*

8 *3. The Board may adopt regulations regarding the*  
9 *certification of a naturopathic assistant pursuant to this section,*  
10 *which may include, without limitation:*

11 *(a) The educational and other qualifications of applicants; and*

12 *(b) The naturopathic medical services that such a naturopathic*  
13 *assistant is authorized to perform under the terms of the certificate*  
14 *if the services are performed:*

15 *(1) Under the supervision and control of a naturopathic*  
16 *physician; and*

17 *(2) Within the scope of the license of the supervising*  
18 *naturopathic physician;*

19 *(c) The tasks that the naturopathic assistant may perform,*  
20 *without supervision, provided that those tasks must not involve*  
21 *diagnosing or treating the condition of a patient;*

22 *(d) The establishment of requirements for the continuing*  
23 *education of naturopathic assistants; and*

24 *(e) The eligibility requirements for a naturopathic physician to*  
25 *supervise a naturopathic assistant certified pursuant to this*  
26 *section.*

27 *4. If the naturopathic physician who is supervising a*  
28 *naturopathic assistant certified pursuant to this section withdraws*  
29 *from supervision, the certificate of the naturopathic assistant is*  
30 *automatically suspended.*

31 *5. A person shall not use the title “naturopathic assistant” or*  
32 *a related title, abbreviation or other designation while engaged in*  
33 *providing naturopathic medical services as a naturopathic*  
34 *assistant in this State unless that person holds a certificate issued*  
35 *by the Board pursuant to this section.*

36 **Sec. 25. 1. Except as otherwise provided in NRS 630A.225,**  
37 **the Board may issue to a qualified applicant a certificate to**  
38 **participate in a program of clinical training for naturopathic**  
39 **medicine if the applicant:**

40 *(a) Is enrolled in an approved school of naturopathic*  
41 *medicine; and*

42 *(b) Complies with any other requirements prescribed by the*  
43 *Board.*



2. The Board may issue a certificate to participate in a program of clinical training for not more than 1 year, but may renew the certificate.

3. The Board may adopt regulations regarding the certification of a student pursuant to this section, which may include, without limitation:

(a) The naturopathic medical services that such a student is authorized to perform under the terms of the certificate if the services are performed:

(1) Under the supervision and control of a naturopathic physician; and

(2) Within the scope of the license of the supervising naturopathic physician;

(b) The tasks that the student may perform without supervision, provided that those tasks must not involve diagnosing or treating the condition of a patient; and

(c) The eligibility requirements for a naturopathic physician to supervise a student certified pursuant to this section.

4. If the naturopathic physician who is supervising a student pursuant to this section withdraws from supervision or if the student ceases to be enrolled in an approved school of naturopathic medicine, his or her certificate to participate in a program of clinical training is automatically suspended.

5. A person shall not use the title “naturopathic medical student” or a related title, abbreviation or other designation while engaged in a program of clinical training in this State unless that person holds a certificate issued by the Board pursuant to this section.

6. The holder of a certificate issued by the Board pursuant to this section is subject to the regulatory and disciplinary authority of the Board to the same extent as a licensed naturopathic physician, and is subject to discipline for the same grounds as a licensed naturopathic physician.

**Sec. 26.** 1. Except as otherwise provided in NRS 630A.225, the Board may issue to a qualified applicant a certificate to participate in a naturopathic medicine internship, preceptorship or fellowship training program if the applicant:

(a) Is a graduate of an approved school of naturopathic medicine; and

(b) Complies with any other requirements prescribed by the Board.

2. The Board may issue a certificate to participate in a naturopathic medicine internship, preceptorship or fellowship training program for not more than 1 year, but may renew the certificate.



3. The Board may adopt regulations regarding the certification of a person pursuant to this section which may include, without limitation:

(a) The naturopathic medical services that such a person is authorized to perform under the terms of the certificate if the services are performed:

(1) Under the supervision and control of a naturopathic physician; and

(2) Within the scope of the license of the supervising naturopathic physician;

(b) The tasks that the person may perform without supervision, provided that those tasks must not involve diagnosing or treating the condition of a patient; and

(c) The eligibility requirements for a naturopathic physician to supervise a person certified pursuant to this section.

4. If the naturopathic physician who is supervising a person certified pursuant to this section withdraws from supervision, the certificate to participate in an internship, preceptorship or fellowship training program is automatically suspended.

5. A person certified pursuant to this section must not:

(a) Employ the naturopathic physician who supervises the person; or

(b) Have any financial interest in the business owned by the naturopathic physician who supervises the person.

6. A person shall not use the title "naturopathic trainee," "naturopathic intern," "naturopathic preceptee" or "naturopathic fellow" or a related title, abbreviation or other designation while engaged in an internship, preceptorship or fellowship training program in this State unless that person holds a certificate issued by the Board pursuant to this section.

7. The holder of a certificate issued by the Board pursuant to this section is subject to the regulatory and disciplinary authority of the Board to the same extent as a licensed naturopathic physician, and is subject to discipline for the same grounds as a licensed naturopathic physician.

**Sec. 27. 1.** The Board may grant a certificate as a specialist practitioner of naturopathy to a person who:

(a) Holds a license to practice naturopathic medicine in this State;

(b) Has successfully completed a postgraduate training program, approved by the Board, in the specialty; and

(c) Is currently certified in the specialty by an approved specialty board recognized by the Board.

2. A certificate issued to a naturopathic physician pursuant to this section must be concurrently renewed, suspended or revoked



1 *with the naturopathic physician's license to practice naturopathic*  
2 *medicine.*

3 3. *The Board may adopt regulations relating to naturopathic*  
4 *medical specialties, including, without limitation, regulations*  
5 *establishing additional requirements for naturopathic physicians*  
6 *who wish to be certified to practice a naturopathic medical*  
7 *specialty.*

8 **Sec. 28.** *All state and local governmental regulations relative*  
9 *to the reporting of births and deaths in any matter pertaining to*  
10 *the public health apply to naturopathic physicians with the same*  
11 *effect as to physicians of other schools of medicine. Such reports*  
12 *by naturopathic physicians must be accepted by the officers of the*  
13 *agency to which they are made.*

14 **Sec. 29.** *The following acts, among others, constitute*  
15 *grounds for initiating disciplinary action or denying licensure:*

16 1. *Failure to maintain timely, legible, accurate and complete*  
17 *medical records relating to the diagnosis, treatment and care of a*  
18 *patient.*

19 2. *Altering the medical records of a patient.*

20 3. *Making or filing a report which the homeopathic*  
21 *physician, naturopathic physician, advanced practitioner of*  
22 *homeopathy, homeopathic assistant or naturopathic assistant*  
23 *knows to be false, failing to file a record or report as required by*  
24 *law or willfully obstructing or inducing another to obstruct such*  
25 *filing.*

26 4. *Failure to make the medical records of a patient available*  
27 *for inspection and copying as provided in NRS 629.061.*

28 5. *Failure to report any person the homeopathic physician,*  
29 *naturopathic physician, advanced practitioner of homeopathy,*  
30 *homeopathic assistant or naturopathic assistant knows, or has*  
31 *reason to know, is in violation of the provisions of this chapter or*  
32 *any regulation adopted pursuant thereto within 30 days after the*  
33 *date on which the homeopathic physician, naturopathic physician,*  
34 *advanced practitioner of homeopathy, homeopathic assistant or*  
35 *naturopathic assistant knew or had reason to know of the*  
36 *violation.*

37 **Sec. 30.** 1. *Except as otherwise provided by subsection 2, a*  
38 *homeopathic physician may, during the provision of neural*  
39 *therapy or orthomolecular therapy, dispense, administer and*  
40 *prescribe any drug, including, without limitation, a controlled*  
41 *substance or dangerous drug, if the administration and dosage of*  
42 *the drug is medically appropriate and consistent with the current*  
43 *standards of the practice of homeopathic medicine and any other*  
44 *standard or regulation adopted by the Board applicable to neural*  
45 *therapy or orthomolecular therapy, as applicable.*



2. A homeopathic physician may prescribe, dispense and administer a controlled substance or dangerous drug for purposes other than those described in subsection 1 only:

(a) If the controlled substance or dangerous drug is described in the official Homeopathic Pharmacopoeia of the United States;

(b) In an amount suitable for a single use; and

(c) For the purpose of diluting the controlled substance or dangerous drug into a homeopathic preparation at a dosage prescribed in the Homeopathic Pharmacopoeia of the United States.

3. In addition to satisfying the requirements of subsection 1 or 2, as applicable, a homeopathic physician who prescribes, dispenses or administers a controlled substance must be registered with the State Board of Pharmacy pursuant to NRS 453.226.

4. A homeopathic physician shall not dispense, administer or prescribe a controlled substance that is a narcotic drug or opiate which is listed in schedule II for control by the State Board of Pharmacy pursuant to NRS 453.146, unless the controlled substance is described in the official Homeopathic Pharmacopoeia of the United States and used in a manner and at a dosage authorized by that publication.

5. The Board shall adopt regulations regarding the dispensing, administration and prescribing of drugs pursuant to this section that are consistent with the requirements of chapters 453 and 454 of NRS.

**Sec. 31.** 1. Upon diagnosing a patient as having an opioid use disorder, a naturopathic physician shall counsel and provide information to the patient concerning evidence-based treatment for opioid use disorders, including, without limitation, medication-assisted treatment.

2. If the patient requests medication-assisted treatment, the naturopathic physician shall refer the patient to a physician, osteopathic physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse or pharmacist who is authorized to prescribe an appropriate medication.

3. As used in this section, "medication-assisted treatment" has the meaning ascribed to it in NRS 639.28079.

**Sec. 32.** NRS 630A.010 is hereby amended to read as follows:

630A.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 630A.015 to 630A.075, inclusive, *and sections 5 to 14, inclusive, of this act* have the meanings ascribed to them in those sections.



1     **Sec. 33.** NRS 630A.020 is hereby amended to read as follows:  
2     630A.020 “Board” means the Nevada Board of Homeopathic  
3     *and Naturopathic* Medical Examiners.

4     **Sec. 34.** NRS 630A.030 is hereby amended to read as follows:  
5     630A.030 “Gross malpractice” means malpractice where the  
6     failure to exercise the requisite degree of care, diligence or skill  
7     consists of:

8     1. Ministering to a patient while the homeopathic physician,  
9     *naturopathic physician*, advanced practitioner of homeopathy, ~~for~~  
10    homeopathic assistant *or naturopathic assistant* is under the  
11    influence of alcohol or any controlled substance.

12    2. Gross negligence.

13    3. Willful disregard of homeopathic medical procedures ~~for~~ *or*  
14    *naturopathic procedures, as applicable.*

15    4. Willful and consistent use of homeopathic medical  
16    procedures, services or treatment *or naturopathic procedures,*  
17    *services or treatment* considered by homeopathic physicians *or*  
18    *naturopathic physicians, as applicable,* in the community to be  
19    inappropriate or unnecessary in the cases where used.

20    **Sec. 35.** NRS 630A.040 is hereby amended to read as follows:

21    630A.040 “Homeopathic medicine” or “homeopathy” means a  
22    system of medicine employing substances of animal, vegetable,  
23    chemical or mineral origin, including:

24    1. Nosodes and sarcodes, which are:

25    (a) Given in micro-dosage, except that sarcodes may be given in  
26    macro-dosage;

27    (b) Prepared according to homeopathic pharmacology by which  
28    the formulation of homeopathic preparations is accomplished by the  
29    methods of Hahnemannian dilution and succussion or magnetically  
30    energized geometric patterns applicable in potencies above 30X, as  
31    defined in the official Homeopathic Pharmacopoeia of the United  
32    States; and

33    (c) Prescribed by homeopathic physicians or advanced  
34    practitioners of homeopathy according to the medicines and dosages  
35    in the Homeopathic Pharmacopoeia of the United States,

36    ↪ in accordance with the principle that a substance which produces  
37    symptoms in a healthy person can eliminate those symptoms in an  
38    ill person.

39    2. Noninvasive electrodiagnosis, cell therapy, neural therapy,  
40    herbal therapy, neuromuscular integration, orthomolecular therapy  
41    and nutrition.

42    3. *The administration and prescribing of drugs in the course*  
43    *of performing neural therapy and orthomolecular therapy, in*  
44    *accordance with the requirements of section 30 of this act.*



**Sec. 36.** NRS 630A.060 is hereby amended to read as follows:  
630A.060 “Malpractice” means failure on the part of a homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~or~~ homeopathic assistant *or naturopathic assistant* to exercise the degree of care, diligence and skill ordinarily exercised by homeopathic physicians, *naturopathic physicians*, advanced practitioners of homeopathy , ~~or~~ homeopathic assistants ~~or~~ *or naturopathic assistants*, respectively, in good standing in the community in which he or she practices. As used in this section, “community” embraces the entire area customarily served by homeopathic physicians, *naturopathic physicians*, advanced practitioners of homeopathy , ~~and~~ homeopathic assistants *and naturopathic assistants* among whom a patient may reasonably choose, not merely the particular area inhabited by the patients of that individual homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~or~~ homeopathic assistant *or naturopathic assistant* or the particular city or place where the homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~or~~ homeopathic assistant *or naturopathic assistant* has an office.

**Sec. 37.** NRS 630A.070 is hereby amended to read as follows:  
630A.070 “Professional incompetence” means lack of ability safely and skillfully to practice homeopathic medicine *or naturopathic medicine* or one or more specified branches of homeopathic medicine *or naturopathic medicine* as a homeopathic physician ~~or~~ *or naturopathic physician, as applicable*, or to practice as an advanced practitioner of homeopathy , ~~or as~~ a homeopathic assistant ~~or~~ *or as a naturopathic assistant*, as applicable, arising from:

1. Lack of knowledge or training.  
2. Impaired physical or mental capability of the homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~or~~ homeopathic assistant ~~or~~ *or naturopathic assistant*.

3. Indulgence in the use of alcohol or any controlled substance.  
4. Any other sole or contributing cause.

**Sec. 38.** NRS 630A.080 is hereby amended to read as follows:  
630A.080 The purpose of licensing homeopathic physicians *and naturopathic physicians* and certifying advanced practitioners of homeopathy , ~~and~~ homeopathic assistants *and naturopathic assistants* is to protect the public health and safety and the general welfare of the people of this State. Any license or certificate issued pursuant to this chapter is a revocable privilege and no holder of such a license or certificate acquires thereby any vested right.





**Sec. 39.** NRS 630A.090 is hereby amended to read as follows:  
630A.090 1. This chapter does not apply to:

(a) The practice of dentistry, chiropractic, naprapathy, Oriental medicine, podiatry, optometry, perfusion, respiratory care, faith or Christian Science healing, nursing, veterinary medicine or fitting hearing aids.

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

(c) Licensed or certified nurses in the discharge of their duties as nurses.

(d) *Except as otherwise provided in section 25 of this act, the practice of naturopathic medicine by a student who is enrolled in an approved school of naturopathic medicine if the performance of services is pursuant to a course of instruction and under the supervision of a naturopathic physician.*

(e) Homeopathic physicians *or naturopathic physicians* who are called into this State, other than on a regular basis, for consultation or assistance to any physician licensed in this State, and who are legally qualified to practice in the state or country where they reside.

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

3. This chapter does not prohibit:

(a) Gratuitous services of a person in case of emergency.

(b) The domestic administration of family remedies.

(c) *A person who is engaged in the sale of vitamins or herbs from providing information about those products.*

(d) *A person who is licensed, certified or otherwise authorized pursuant to the laws of this State from performing services within his or her authorized scope of practice, including, without limitation, rendering advice concerning:*

*(1) Diet and nutrition;*

*(2) Nonprescription products; and*

*(3) Vitamins, minerals, herbs, natural food products and their extracts and nutritional supplements.*

4. This chapter does not authorize ~~for~~:

(a) A homeopathic physician *or naturopathic physician* to practice medicine, including allopathic medicine, except as otherwise provided in NRS 630A.040 ~~or~~ *or section 11 of this act.*

(b) *A homeopathic physician or naturopathic physician to represent himself or herself as being licensed or certified by any*





*other licensing board in this State unless the person holds a license or certificate issued by that board.*

**Sec. 40.** NRS 630A.100 is hereby amended to read as follows:

630A.100 The Nevada Board of Homeopathic *and Naturopathic* Medical Examiners consists of ~~six~~ *eight* members appointed by the Governor. After the initial terms, the term of office of each member is 4 years.

**Sec. 41.** NRS 630A.110 is hereby amended to read as follows:

630A.110 1. Two members of the Board must be persons who are licensed to practice allopathic or osteopathic medicine in any state or country, the District of Columbia or a territory or possession of the United States, have been engaged in the practice of homeopathic medicine in this State for a period of more than 2 years preceding their respective appointments, are actually engaged in the practice of homeopathic medicine in this State and are residents of this State.

2. *Two members of the Board must be persons who are licensed to practice naturopathic medicine in this State, have been engaged in the practice of naturopathic medicine in this State for a period of more than 2 years preceding their respective appointments, are actually engaged in the practice of naturopathic medicine in this State and are residents of this State.*

3. One member of the Board must be an advanced practitioner of homeopathy who holds a valid certificate granted by the Board pursuant to NRS 630A.293.

~~3~~ 4. One member of the Board must be a person who has resided in this State for at least 3 years and who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member may be licensed under the provisions of this chapter.

~~4~~ 5. The remaining two members of the Board must be persons who:

(a) Are not licensed in any state to practice any healing art;

(b) Are not the spouse or the parent or child, by blood, marriage or adoption, of a person licensed in any state to practice any healing art;

(c) Are not actively engaged in the administration of any medical facility or facility for the dependent as defined in chapter 449 of NRS;

(d) Do not have a pecuniary interest in any matter pertaining to such a facility, except as a patient or potential patient; and

(e) Have resided in this State for at least 3 years.

~~5~~ 6. The members of the Board must be selected without regard to their individual political beliefs.



~~[6. As used in this section, "healing art" means any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, or unhealthy or abnormal physical or mental condition for the practice of which long periods of specialized education and training and a degree of specialized knowledge of an intellectual as well as physical nature are required.]~~

**Sec. 42.** NRS 630A.155 is hereby amended to read as follows:  
630A.155 The Board shall:

1. Regulate the practice of homeopathic medicine *and naturopathic medicine* in this State and any activities that are within the scope of such practice, to protect the public health and safety and the general welfare of the people of this State.

2. Determine the qualifications of, and examine, applicants for licensure or certification pursuant to this chapter, and specify by regulation the methods to be used to check the background of such applicants.

3. License or certify those applicants it finds to be qualified.

4. Investigate and, if required, hear and decide in a manner consistent with the provisions of chapter 622A of NRS all complaints made against any homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy, homeopathic assistant, *naturopathic assistant* or any agent or employee of any of them, or any facility where the primary practice is homeopathic medicine ~~[ ]~~ *or naturopathic medicine*. If a complaint concerns a practice which is within the jurisdiction of another licensing board or any other possible violation of state law, the Board shall refer the complaint to the other licensing board.

5. Unless the Board determines that extenuating circumstances exist, forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice homeopathic medicine *or naturopathic medicine* without the appropriate license or certificate issued pursuant to the provisions of this chapter.

**Sec. 43.** NRS 630A.220 is hereby amended to read as follows:  
630A.220 1. It is unlawful for any person:

(a) To practice homeopathic medicine ~~[ ]~~ *or naturopathic medicine*;

(b) To hold himself or herself out as qualified to practice homeopathic medicine ~~[ ]~~ *or naturopathic medicine*; *or*

(c) To use in connection with his or her name the words or letters "H.M.D." ~~[ ]~~, "N.M.D." or any other title, word, letter or other designation intended to imply or designate the person as a practitioner of homeopathic medicine ~~[ ]~~ *or naturopathic medicine*,



1 ➡ in this State without first obtaining a license so to do as provided  
2 in this chapter.

3 2. A physician licensed pursuant to this chapter who holds a  
4 degree such as doctor of medicine or doctor of osteopathy may  
5 identify himself or herself by that degree or its appropriate  
6 abbreviation, but unless the physician is also licensed pursuant to  
7 chapter 630 or 633 of NRS must further identify himself or herself  
8 by the words "practitioner of homeopathic medicine" *or*  
9 *"practitioner of naturopathic medicine," as applicable,* or their  
10 equivalent.

11 **Sec. 44.** NRS 630A.225 is hereby amended to read as follows:

12 630A.225 1. The Board shall not issue a license to practice  
13 homeopathic medicine *or naturopathic medicine* or a certificate to  
14 practice as an advanced practitioner of homeopathy , ~~{or as a}~~  
15 homeopathic assistant *or naturopathic assistant* to an applicant who  
16 has been licensed or certified to practice any type of medicine in  
17 another jurisdiction and whose license or certificate was revoked for  
18 gross medical negligence by that jurisdiction.

19 2. The Board may revoke the license or certificate of any  
20 person who has been licensed or certified to practice any type of  
21 medicine in another jurisdiction and whose license or certificate was  
22 revoked for gross medical negligence by that jurisdiction.

23 3. The revocation of a license or certificate to practice any type  
24 of medicine in another jurisdiction on grounds other than grounds  
25 which would constitute gross medical negligence constitutes  
26 grounds for initiating disciplinary action or denying the issuance of  
27 a license or certificate.

28 4. If a license or certificate to practice any type of medicine  
29 issued to an applicant in another jurisdiction has been revoked or  
30 surrendered, the applicant must provide proof satisfactory to the  
31 Board that the applicant is rehabilitated with respect to the conduct  
32 that was the basis for the revocation or surrender of the license or  
33 certificate when submitting an application for a license or certificate  
34 to the Board.

35 5. The Board shall vacate an order to deny a license or  
36 certificate if the denial is based on a conviction of:

37 (a) A felony for a violation or offense described in paragraph  
38 (a), (b) or (d) of subsection 2 of NRS 630A.340; or

39 (b) An offense involving moral turpitude,

40 ➡ and the conviction is reversed on appeal. An applicant may  
41 resubmit an application for a license or certificate after a court  
42 enters an order reversing the conviction.

43 6. If the Board finds that an applicant has committed an act or  
44 engaged in conduct that constitutes grounds for initiating  
45 disciplinary action or denying the issuance of a license or certificate



as set forth in NRS 630A.340 to 630A.380, inclusive, *and section 29 of this act*, the Board shall investigate whether the act or conduct has been corrected or the matter has otherwise been resolved. If the matter has not been resolved to the satisfaction of the Board, the Board, before issuing a license or certificate, shall determine to its satisfaction whether or not mitigating circumstances exist which prevent the resolution of the matter.

7. For the purposes of this section, the Board shall adopt by regulation a definition of gross medical negligence.

**Sec. 45.** NRS 630A.246 is hereby amended to read as follows:

630A.246 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license ~~[to practice homeopathic medicine,]~~ *or* a certificate ~~[as an advanced practitioner of homeopathy or a certificate as a homeopathic assistant]~~ shall include the social security number of the applicant in the application submitted to the Board.

(b) An applicant for the issuance or renewal of a license ~~[to practice homeopathic medicine,]~~ *or* a certificate ~~[as an advanced practitioner of homeopathy or a certificate as a homeopathic assistant]~~ shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

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

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

(b) A separate form prescribed by the Board.

3. A license ~~[to practice homeopathic medicine,]~~ *or* a certificate ~~[as an advanced practitioner of homeopathy or a certificate as a homeopathic assistant]~~ may not be issued or renewed by the Board if the applicant:

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

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

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



order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

**Sec. 46.** NRS 630A.260 is hereby amended to read as follows:

630A.260 1. If an applicant *for a license to practice homeopathic medicine* fails in a first examination, the applicant may be reexamined after not less than 6 months.

2. If the applicant fails in a second examination, he or she may not be reexamined within less than 1 year after the date of the second examination. Before taking a third examination, the applicant shall furnish proof satisfactory to the Board of 1 year of additional training in homeopathy after the second examination.

3. If an applicant fails three consecutive examinations, he or she must show the Board by clear and convincing evidence that extraordinary circumstances justify permitting the applicant to be reexamined again.

**Sec. 47.** NRS 630A.290 is hereby amended to read as follows:

630A.290 1. The Board may deny an application for a license ~~[to practice homeopathic medicine]~~ or a certificate ~~[to practice as an advanced practitioner of homeopathy or as a homeopathic assistant]~~ for any violation of the provisions of this chapter or the regulations adopted by the Board.

2. The Board shall notify an applicant 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 to the Board concerning any deficiency and, if the applicant does so, the Board shall respond in writing to the contentions of the applicant.

3. An unsuccessful applicant may appeal to the district court to review the action of the Board within 30 days after the date of the rejection of the application by the Board. Upon appeal the applicant has the burden to show that the action of the Board is erroneous or unlawful.

4. The Board shall maintain records pertaining to applicants to whom licenses and certificates have been issued or denied. The records must be open to the public and must contain:

(a) The name of each applicant.

(b) For an applicant for a license to practice homeopathic medicine ~~[H]~~ *or naturopathic medicine*, the name of the school granting the diploma and the date of the diploma.

(c) The date of issuance or denial of the license or certificate.

(d) The business address of the applicant.

**Sec. 48.** NRS 630A.310 is hereby amended to read as follows:

630A.310 1. Except as otherwise provided in NRS 630A.225, the Board may:



(a) Issue a temporary license, to be effective not more than 6 months after issuance, to any homeopathic physician *or naturopathic physician* who is eligible for a permanent license in this State and who also is of good moral character and reputation. The purpose of the temporary license is to enable an eligible homeopathic physician *or naturopathic physician* to serve as a substitute for some other homeopathic physician *or naturopathic physician* who is licensed to practice homeopathic medicine *or naturopathic medicine* in this State, *as applicable*, and who is absent from his or her practice for reasons deemed sufficient by the Board. A temporary license issued under the provisions of this paragraph is not renewable.

(b) Issue a special license to a licensed homeopathic physician *or naturopathic physician* of another state to come into Nevada to care for or assist in the treatment of his or her own patients in association with a physician licensed in this State. A special license issued under the provisions of this paragraph is limited to the care of a specific patient.

(c) Issue a restricted license for a specified period if the Board determines the applicant needs supervision or restriction.

2. A person who is licensed pursuant to paragraph (a), (b) or (c) of subsection 1 shall be deemed to have given consent to the revocation of the license at any time by the Board for any of the grounds provided in NRS 630A.225 or 630A.340 to 630A.380, inclusive **H**, *and section 29 of this act.*

**Sec. 49.** NRS 630A.320 is hereby amended to read as follows:

630A.320 1. Except as otherwise provided in NRS 630A.225, the Board may issue to a qualified applicant a limited license to practice homeopathic medicine as a resident homeopathic physician in a postgraduate program of clinical training if:

(a) The applicant is a graduate of an accredited medical school in the United States or Canada or is a graduate of a foreign medical school recognized by the Educational Commission for Foreign Medical Graduates and has completed 1 year of supervised clinical training approved by the Board.

(b) The Board approves the program of clinical training, and the medical school or other institution sponsoring the program provides the Board with written confirmation that the applicant has been appointed to a position in the program.

2. In addition to the requirements of subsection 1, an applicant who is a graduate of a foreign medical school must have received the standard certificate of the Educational Commission for Foreign Medical Graduates.

3. The Board may issue this limited license for not more than 1 year, but may renew the license.



4. The holder of this limited license may practice homeopathic medicine only in connection with his or her duties as a resident physician and shall not engage in the private practice of homeopathic medicine.

5. A limited license granted under this section may be revoked by the Board at any time for any of the grounds set forth in NRS 630A.225 or 630A.340 to 630A.380, inclusive ~~H~~, and *section 29 of this act.*

**Sec. 50.** NRS 630A.325 is hereby amended to read as follows:  
630A.325 1. To renew a license or certificate, other than a temporary, special or limited license, issued pursuant to this chapter, each person must, on or before January 1 of each year:

(a) Apply to the Board for renewal;

(b) Pay the annual fee for renewal set by the Board;

(c) *Submit, if applicable, a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against the holder of the license or certificate during the immediately preceding year;*

(d) Submit evidence to the Board of completion of the requirements for continuing education; and

~~H~~ (e) Submit all information required to complete the renewal.

2. The Board shall, as a prerequisite for the renewal or restoration of a license or certificate, other than a temporary, special or limited license ~~H~~ *or a certificate issued pursuant to section 25 or 26 of this act* require each holder of a license or certificate to comply with the requirements for continuing education adopted by the Board.

3. Any holder who fails to pay the annual fee for renewal and submit all information required to complete the renewal after they become due must be given a period of 60 days in which to pay the fee and submit all required information and, failing to do so, automatically forfeits the right to practice homeopathic medicine *or naturopathic medicine* or to practice as an advanced practitioner of homeopathy or as a homeopathic assistant ~~H~~ *or naturopathic assistant*, as applicable, and his or her license to practice homeopathic medicine *or naturopathic medicine* or certificate to practice as an advanced practitioner of homeopathy or as a homeopathic assistant *or naturopathic assistant* in this State is automatically suspended. The holder may, within 2 years after the date his or her license or certificate is suspended, apply for the restoration of the license or certificate.

4. The Board shall notify any holder whose license or certificate is automatically suspended pursuant to subsection 3 and





1 send a copy of the notice to the Drug Enforcement Administration  
2 of the United States Department of Justice or its successor agency.

3 **Sec. 51.** NRS 630A.330 is hereby amended to read as follows:

4 630A.330 1. Except as otherwise provided in subsection ~~6.~~  
5 **8**, each applicant for a license to practice homeopathic medicine *or*  
6 *naturopathic medicine* must:

7 (a) Pay a fee of \$800; and

8 (b) Pay the cost of obtaining such further evidence and proof of  
9 qualifications as the Board may require pursuant to subsection 2 of  
10 NRS 630A.240 ~~or subsection 2 of section 21 of this act.~~

11 2. *Each applicant for a certificate to dispense a natural*  
12 *substance, drug or device as a naturopathic physician pursuant to*  
13 *section 18 of this act must pay a fee of \$100.*

14 3. *Each applicant for a certificate as a specialist practitioner*  
15 *of naturopathy pursuant to section 27 of this act must pay a fee of*  
16 *\$100.*

17 4. Each applicant for a certificate as an advanced practitioner  
18 of homeopathy must:

19 (a) Pay a fee of \$500; and

20 (b) Pay the cost of obtaining such further evidence and proof of  
21 qualifications as the Board may require pursuant to NRS 630A.295.

22 ~~3.~~ 5. Each applicant for a certificate as a homeopathic  
23 assistant *or naturopathic assistant* must pay a fee of \$300.

24 ~~4.~~ 6. Each applicant for a license or certificate who fails an  
25 examination and who is permitted to be reexamined must pay a fee  
26 not to exceed \$600 for each reexamination.

27 ~~5.~~ 7. If an applicant for a license or certificate does not appear  
28 for examination, for any reason deemed sufficient by the Board, the  
29 Board may, upon request, refund a portion of the application fee not  
30 to exceed 50 percent of the fee. There must be no refund of the  
31 application fee if an applicant appears for examination.

32 ~~6.~~ 8. Each applicant for a license *or certificate* issued under  
33 the provisions of NRS 630A.310 or 630A.320 *or section 25 or 26 of*  
34 *this act* must pay a fee not to exceed \$400, as determined by the  
35 Board, and must pay a fee of \$250 for each renewal of the license ~~or~~  
36 *—7. or certificate.*

37 9. The fee for the renewal of a license or certificate, as  
38 determined by the Board, must be collected for the year in which a  
39 *homeopathic physician, naturopathic* physician, advanced  
40 practitioner of homeopathy, ~~or~~ homeopathic assistant *or*  
41 *naturopathic assistant* is licensed or certified and must not exceed:

42 (a) For a *homeopathic* physician ~~or~~ *or a naturopathic*  
43 *physician*, \$2,000 per year.

44 (b) For an advanced practitioner of homeopathy, \$1,500 per  
45 year.





(c) For a homeopathic assistant ~~§~~ *or a naturopathic assistant*, \$1,000 per year.

~~§~~ (d) *For a certificate to dispense a natural substance, drug or device as a naturopathic physician pursuant to section 18 of this act, \$150 per year.*

(e) *For a certificate as a specialist practitioner of naturopathy issued pursuant to section 27 of this act, \$150 per year.*

10. The fee for the restoration of a suspended license or certificate is twice the amount of the fee for the renewal of a license or certificate at the time of the restoration of the license or certificate.

**Sec. 52.** NRS 630A.340 is hereby amended to read as follows:  
630A.340 The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance of a license or certificate:

1. Unprofessional conduct.

2. Conviction of:

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

(b) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive;

(c) Any offense involving moral turpitude; or

(d) Any offense relating to the practice of homeopathic medicine *or naturopathic medicine* or the ability to practice homeopathic medicine *or naturopathic medicine* or the practice, or the ability to practice, as an advanced practitioner of homeopathy, ~~for as a~~ homeopathic assistant ~~§~~ *or naturopathic assistant.*

➤ A plea of nolo contendere to any offense listed in this subsection shall be deemed a conviction.

3. The suspension, modification or limitation of a license or certificate to practice any type of medicine or to perform any type of medical services by any other jurisdiction.

4. The surrender of a license or certificate to practice any type of medicine or to perform any type of medical services or the discontinuance of the practice of medicine while under investigation by any licensing or certifying authority, medical facility, facility for the dependent, branch of the Armed Forces of the United States, insurance company, agency of the Federal Government or employer.

5. Gross or repeated malpractice, which may be evidenced by claims of malpractice settled against a homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy, ~~for~~ homeopathic assistant ~~§~~ *or naturopathic assistant.*

6. Professional incompetence.



7. Failure of a homeopathic physician to adequately supervise a homeopathic assistant pursuant to any regulations adopted by the Board.

8. Failure of a naturopathic physician to adequately supervise a naturopathic assistant or a participant in a program of clinical training for naturopathic medicine or a participant in a naturopathic internship, preceptorship or fellowship training program pursuant to any regulations adopted by the Board.

**Sec. 53.** NRS 630A.350 is hereby amended to read as follows:

630A.350 The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance of a license or certificate:

1. Willfully making a false or fraudulent statement or submitting a forged or false document in applying for a license to practice homeopathic medicine *or naturopathic medicine* or a certificate to practice as an advanced practitioner of homeopathy , ~~for as a~~ homeopathic assistant ~~or~~ *or naturopathic assistant*.

2. Willfully representing with the purpose of obtaining compensation or other advantages for himself or herself or for any other person that a manifestly incurable disease or injury or other manifestly incurable condition can be permanently cured.

3. Obtaining, maintaining or renewing, or attempting to obtain, maintain or renew, a license to practice homeopathic medicine *or naturopathic medicine* or a certificate to practice as an advanced practitioner of homeopathy , ~~for as a~~ homeopathic assistant *or naturopathic assistant* by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.

4. Advertising the practice of homeopathic medicine *or naturopathic medicine* or practice as an advanced practitioner of homeopathy , ~~for as a~~ homeopathic assistant *or naturopathic assistant* in a false, deceptive or misleading manner.

5. Practicing or attempting to practice homeopathic medicine ~~or~~ *or naturopathic medicine*, or practicing or attempting to practice as an advanced practitioner of homeopathy , ~~for as a~~ homeopathic assistant ~~or~~ *or naturopathic assistant* under a name other than the name under which the person practicing or attempting to practice is licensed or certified.

6. Signing a blank prescription form.

7. Influencing a patient in order to engage in sexual activity with the patient or another person.

8. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage a patient from obtaining a second opinion.



9. Terminating the medical care of a patient without giving adequate notice or making other arrangements for the continued care of the patient.

**Sec. 54.** NRS 630A.360 is hereby amended to read as follows:

630A.360 The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance of a license:

1. Directly or indirectly receiving from any person any fee, commission, rebate or other form of compensation which tends or is intended to influence the *homeopathic* physician's *or naturopathic physician's* objective evaluation or treatment of a patient.

2. Dividing a fee between homeopathic physicians ~~or~~ *or naturopathic physicians, as applicable*, unless the patient is informed of the division of fees and the division is made in proportion to the services personally performed and the responsibility assumed by each homeopathic physician ~~or~~ *or naturopathic physician, as applicable*.

3. Charging for visits to the homeopathic physician's *or naturopathic physician's* office which did not occur or for services which were not rendered or documented in the records of the patient.

4. Employing, directly or indirectly, any suspended or unlicensed person in the practice of homeopathic medicine ~~or~~ *or naturopathic medicine*, or the aiding, abetting or assisting of any unlicensed person to practice homeopathic medicine *or naturopathic medicine* contrary to the provisions of this chapter or the regulations adopted by the Board.

5. Advertising the services of an unlicensed person in the practice of homeopathic medicine ~~or~~ *or naturopathic medicine*.

6. Delegating responsibility for the care of a patient to a person whom the homeopathic *or naturopathic* physician knows, or has reason to know, is not qualified to undertake that responsibility.

7. Failing to disclose to a patient any financial or other conflict of interest affecting the care of the patient.

**Sec. 55.** NRS 630A.370 is hereby amended to read as follows:

630A.370 The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance of a license or certificate:

1. Inability to practice homeopathic medicine *or naturopathic medicine* or to practice as an advanced practitioner of homeopathy, ~~for as a~~ homeopathic assistant ~~or~~ *or naturopathic assistant*, as applicable, with reasonable skill and safety because of an illness, a mental or physical condition or an alcohol or other substance use disorder.

2. Engaging in any:



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

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

3. Administering, dispensing or prescribing any controlled substance ~~[ ]~~ *or dangerous drug as defined in chapter 454 of NRS* except as authorized by law.

4. Performing, assisting or advising an unlawful abortion or in the injection of any liquid substance into the human body to cause an abortion.

5. *Performing, assisting or advising in the injection of any liquid silicone substance into the human body.*

6. Practicing or offering to practice beyond the scope permitted by law, or performing services which the homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy, ~~[or]~~ homeopathic assistant *or naturopathic assistant* knows or has reason to know he or she is not competent to perform.

~~[6.]~~ 7. Performing any procedure without first obtaining the informed consent of the patient or the patient's family or prescribing any therapy which by the current standards of the practice of homeopathic medicine *or naturopathic medicine* is experimental.

~~[7.]~~ 8. Continued failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by homeopathic physicians, *naturopathic physicians*, advanced practitioners of homeopathy, ~~[and]~~ homeopathic assistants *and naturopathic assistants* in good standing who practice homeopathy and electrodiagnosis ~~[ ]~~ *or naturopathic medicine*, as applicable.

~~[8.]~~ 9. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

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

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

➔ This subsection applies to an owner or other principal responsible for the operation of the facility.

~~[9.]~~ 10. Performing or supervising the performance of a pelvic examination in violation of NRS 629.085.

**Sec. 56.** NRS 630A.380 is hereby amended to read as follows:

630A.380 The following acts, among others, constitute grounds for initiating disciplinary action or denying the issuance of a license or certificate:

1. Willful disclosure of a communication privileged under a statute or court order.



2. Willful failure to comply with any provision of this chapter, regulation, subpoena or order of the Board or with any court order relating to this chapter.

3. Willful failure to perform any statutory or other legal obligation imposed upon a licensed homeopathic physician ~~[ ]~~ *or a licensed naturopathic physician* or a certified advanced practitioner of homeopathy , ~~[or]~~ a certified homeopathic assistant ~~[ ]~~ *or a certified naturopathic assistant*, as applicable.

**Sec. 57.** NRS 630A.390 is hereby amended to read as follows:

630A.390 1. Any person who becomes aware that a person practicing *homeopathic medicine or naturopathic* medicine or practicing as an advanced practitioner of homeopathy , ~~[or as a]~~ homeopathic assistant *or naturopathic assistant* in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action may file a written complaint with the Board. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. Any medical society or medical facility or facility for the dependent licensed in this State shall report to the Board the initiation and outcome of any disciplinary action against any homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~[or]~~ homeopathic assistant *or naturopathic assistant* concerning the care of a patient or the competency of the homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~[or]~~ homeopathic assistant ~~[ ]~~ *or naturopathic assistant*.

3. The clerk of every court shall report to the Board any finding, judgment or other determination of the court that a homeopathic physician, *naturopathic physician*, advanced practitioner of homeopathy , ~~[or]~~ homeopathic assistant ~~[ ]~~ *or naturopathic assistant*:

- (a) Is mentally ill;
- (b) Is mentally incompetent;
- (c) Has been convicted of a felony or any law relating to controlled substances or dangerous drugs;
- (d) Is guilty of abuse or fraud under any state or federal program providing medical assistance; or
- (e) Is liable for damages for malpractice or negligence.

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



**Sec. 58.** NRS 630A.400 is hereby amended to read as follows:

630A.400 1. The Board or a committee of its members designated by the Board shall review every complaint filed with the Board and conduct an investigation to determine whether there is a reasonable basis for compelling a homeopathic physician *or naturopathic physician* to take a mental or physical examination or an examination of his or her competence to practice homeopathic medicine ~~or~~ *or naturopathic medicine.*

2. If a committee is designated, it must be composed of at least three members of the Board, at least one of whom is :

(a) *If the complaint is filed against a homeopathic physician, a licensed homeopathic physician.*

(b) *If the complaint is filed against a naturopathic physician, a licensed naturopathic physician.*

3. If, from the complaint or from other official records, it appears that the complaint is not frivolous and the complaint charges gross or repeated malpractice, the Board may:

(a) Retain the Attorney General to investigate the complaint; and

(b) If the Board retains the Attorney General, transmit the original complaint, along with further facts or information derived from its own review, to the Attorney General.

4. Following an investigation, the committee shall present its evaluation and recommendations to the Board. The Board shall review the committee's findings to determine whether to take any further action, but a member of the Board who participated in the investigation may not participate in this review or in any subsequent hearing or action taken by the Board.

**Sec. 59.** NRS 630A.420 is hereby amended to read as follows:

630A.420 1. If the Board or its investigative committee has reason to believe that the conduct of any homeopathic physician *or naturopathic physician* has raised a reasonable question as to his or her competence to practice *homeopathic medicine or naturopathic medicine, as applicable*, with reasonable skill and safety to patients, it may order the homeopathic physician *or naturopathic physician* to undergo:

(a) A mental or physical examination; or

(b) An examination of his or her competence to practice homeopathic medicine ~~or~~ *or naturopathic medicine,*

↪ by physicians or others designated by the Board to assist the Board in determining the fitness of the homeopathic physician *or naturopathic physician* to practice homeopathic medicine ~~or~~ *or naturopathic medicine, as applicable.*

2. For the purposes of this section:

(a) Every homeopathic physician *or naturopathic physician* who applies for a license or is licensed under this chapter shall be



deemed to have given consent to submit to a mental or physical examination or an examination of his or her competence to practice homeopathic medicine *or naturopathic medicine* when directed to do so in writing by the Board or an investigative committee of the Board.

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

3. Except in extraordinary circumstances, as determined by the Board, the failure of a homeopathic physician *or naturopathic physician* licensed under this chapter to submit to an examination when directed as provided in this section constitutes an admission of the charges against the homeopathic physician ~~§~~ *or naturopathic physician*.

**Sec. 60.** NRS 630A.430 is hereby amended to read as follows:

630A.430 If the Board has reason to believe that the conduct of any homeopathic physician *or naturopathic physician* has raised a reasonable question as to his or her competence to practice homeopathic medicine *or naturopathic medicine* with reasonable skill and safety to patients, the Board may order an examination of the homeopathic physician *or naturopathic physician* to determine his or her fitness to practice homeopathic medicine ~~§~~ *or naturopathic medicine, as applicable*. When such action is taken, the reasons for the action must be documented and must be available to the homeopathic physician *or naturopathic physician* being examined.

**Sec. 61.** NRS 630A.440 is hereby amended to read as follows:

630A.440 Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of a homeopathic physician *or naturopathic physician* pending proceedings for disciplinary action and requires the homeopathic physician *or naturopathic physician* to submit to a mental or physical examination or an examination of his or her competence to practice homeopathic medicine ~~§~~ *or naturopathic medicine, as applicable*, the examination must be conducted and the results obtained not later than 60 days after the Board issues its order.

**Sec. 62.** NRS 630A.450 is hereby amended to read as follows:

630A.450 Notwithstanding the provisions of chapter 622A of NRS, if the Board issues an order summarily suspending the license of a homeopathic physician *or naturopathic physician* pending proceedings for disciplinary action, including, without limitation, a summary suspension pursuant to NRS 233B.127, the court shall not stay that order.

**Sec. 63.** NRS 630A.490 is hereby amended to read as follows:

630A.490 Except as otherwise provided in chapter 622A of NRS:





1        1. Service of process made under this chapter must be either  
2 personal or by registered or certified mail with return receipt  
3 requested, addressed to the homeopathic physician, *naturopathic*  
4 *physician*, advanced practitioner of homeopathy, ~~{or}~~ homeopathic  
5 assistant *or naturopathic assistant* at his or her last known address.  
6 If personal service cannot be made and if notice by mail is returned  
7 undelivered, the Secretary-Treasurer of the Board shall cause notice  
8 to be published once a week for 4 consecutive weeks in a newspaper  
9 published in the county of the last known address of the  
10 homeopathic physician, *naturopathic physician*, advanced  
11 practitioner of homeopathy, ~~{or}~~ homeopathic assistant *or*  
12 *naturopathic physician* or, if no newspaper is published in that  
13 county, then in a newspaper widely distributed in that county.

14        2. Proof of service of process or publication of notice made  
15 under this chapter must be filed with the Board and recorded in the  
16 minutes of the Board.

17        **Sec. 64.** NRS 630A.500 is hereby amended to read as follows:

18        630A.500 Notwithstanding the provisions of chapter 622A of  
19 NRS, in any disciplinary hearing:

20        1. Proof of actual injury need not be established.

21        2. A certified copy of the record of a court or a licensing or  
22 certifying agency showing a conviction or plea of nolo contendere  
23 or the suspension, revocation, limitation, modification, denial or  
24 surrender of a license to practice homeopathic medicine *or*  
25 *naturopathic medicine* or a certificate to practice as an advanced  
26 practitioner of homeopathy, ~~{or as a}~~ homeopathic assistant *or*  
27 *naturopathic assistant* is conclusive evidence of its occurrence.

28        **Sec. 65.** NRS 630A.510 is hereby amended to read as follows:

29        630A.510 1. Except as otherwise provided in NRS  
30 630A.150, any member of the Board who was not a member of the  
31 investigative committee, if one was appointed, may participate in  
32 the final order of the Board. If the Board, after notice and a hearing  
33 as required by law, determines that a violation of the provisions of  
34 this chapter or the regulations adopted by the Board has occurred, it  
35 shall issue and serve on the person charged an order, in writing,  
36 containing its findings and any sanctions imposed by the Board. If  
37 the Board determines that no violation has occurred, it shall dismiss  
38 the charges, in writing, and notify the person that the charges have  
39 been dismissed.

40        2. If the Board finds that a violation has occurred, it may by  
41 order:

42        (a) Place the person on probation for a specified period on any  
43 of the conditions specified in the order.

44        (b) Administer to the person a public reprimand.





(c) Limit the practice of the person or exclude a method of treatment from the scope of his or her practice.

(d) Suspend the license or certificate of the person for a specified period or until further order of the Board.

(e) Revoke the person's license to practice homeopathic medicine *or naturopathic medicine* or certificate to practice as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant ~~{}~~ *or naturopathic assistant*.

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

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

(h) Impose an administrative fine not to exceed \$10,000.

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

(j) Require the person to take a physical or mental examination or an examination of his or her competence to practice homeopathic medicine *or naturopathic medicine* or to practice as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant ~~{}~~ *or naturopathic assistant*, as applicable.

(k) Require the person to fulfill certain training or educational requirements.

3. The Board shall not administer a private reprimand.

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

**Sec. 66.** NRS 630A.520 is hereby amended to read as follows:

630A.520 1. Any person aggrieved by a final order of the Board is entitled to judicial review of the Board's order as provided by law.

2. Every order of the Board which limits the practice of homeopathic medicine *or naturopathic medicine* or the practice of an advanced practitioner of homeopathy , ~~{or-of-a}~~ homeopathic assistant *or naturopathic assistant* or suspends or revokes a license or certificate is effective from the date the Secretary-Treasurer of the Board certifies the order until the date the order is modified or reversed by a final judgment of the court. The court shall not stay the order of the Board pending a final determination by the court.

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

**Sec. 67.** NRS 630A.530 is hereby amended to read as follows:

630A.530 1. Any person:

(a) Whose practice of homeopathic medicine *or naturopathic medicine* has been limited; or

(b) Whose license to practice homeopathic medicine *or naturopathic medicine* or certificate to practice as an advanced



practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant *or naturopathic assistant* has been:

(1) Suspended until further order; or

(2) Revoked,

may apply to the Board for removal of the limitation or suspension or may apply to the Board pursuant to the provisions of chapter 622A of NRS for reinstatement of the revoked license or certificate.

2. In hearing the application, the Board or a committee of members of the Board:

(a) May require the applicant to submit to a mental or physical examination or an examination of his or her competence to practice homeopathic medicine *or naturopathic medicine* or to practice as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant ~~{}~~ *or naturopathic assistant*, as applicable, by physicians or other persons whom it designates and submit such other evidence of changed conditions and of fitness as it deems proper.

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

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

3. The applicant has the burden of proving by clear and convincing evidence that the requirements for reinstatement of the license or certificate or removal of the limitation or suspension have been met.

4. The Board shall not reinstate a license or certificate unless it is satisfied that the applicant has complied with all of the terms and conditions set forth in the final order of the Board and that the applicant is capable of practicing homeopathic medicine *or naturopathic medicine* or practicing as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant ~~{}~~ *or naturopathic assistant*, as applicable, with reasonable skill and safety to patients.

5. In addition to any other requirements set forth in chapter 622A of NRS, to reinstate a license or certificate that has been revoked by the Board, a person must apply for a license or certificate and take an examination as though the person had never been licensed or certified under this chapter.

**Sec. 68.** NRS 630A.540 is hereby amended to read as follows:

630A.540 1. In addition to any other immunity provided by the provisions of chapter 622A of NRS:

(a) Any person who furnishes information to the Board, in good faith in accordance with the provisions of this chapter, concerning a person who is licensed or certified or applies for a license or certificate under this chapter is immune from civil liability for furnishing that information.



(b) The Board and its members, staff, counsel, investigators, experts, committees, panels, hearing officers and consultants are immune from civil liability for any decision or action taken in good faith in response to information received by the Board.

(c) The Board and any of its members are immune from civil liability for disseminating information concerning a person who is licensed or certified or applies for a license or certificate under this chapter to the Attorney General or any board or agency of the State, hospital, medical society, insurer, employer, patient or patient's family or law enforcement agency.

2. The Board shall not commence an investigation, impose any disciplinary action or take any other adverse action against a homeopathic physician *or naturopathic physician* for:

(a) Disclosing to a governmental entity a violation of any law, rule or regulation by an applicant for a license to practice homeopathic medicine *or naturopathic medicine* or by a homeopathic physician ~~or~~ *or naturopathic physician*; or

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

3. As used in this section, "governmental entity" includes, without limitation:

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

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

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

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

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

**Sec. 69.** NRS 630A.543 is hereby amended to read as follows:

630A.543 1. If the Board receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license ~~to practice homeopathic medicine~~ or a certificate ~~to practice as an advanced practitioner of homeopathy or as a homeopathic assistant,~~ *issued pursuant to this chapter*, the Board shall deem the license or certificate issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless



1 the Board receives a letter issued to the holder of the license or  
2 certificate by the district attorney or other public agency pursuant to  
3 NRS 425.550 stating that the holder of the license or certificate has  
4 complied with the subpoena or warrant or has satisfied the arrearage  
5 pursuant to NRS 425.560.

6 2. The Board shall reinstate a license ~~[to practice homeopathic~~  
7 ~~medicine]~~ or a certificate ~~[to practice as an advanced practitioner of~~  
8 ~~homeopathy or a homeopathic assistant]~~ that has been suspended by  
9 a district court pursuant to NRS 425.540 if:

10 (a) The Board receives a letter issued by the district attorney or  
11 other public agency pursuant to NRS 425.550 to the person whose  
12 license or certificate was suspended stating that the person whose  
13 license or certificate was suspended has complied with the subpoena  
14 or warrant or has satisfied the arrearage pursuant to NRS 425.560;  
15 and

16 (b) The person whose license or certificate was suspended pays  
17 the fee prescribed in NRS 630A.330 for the reinstatement of a  
18 suspended license or certificate.

19 **Sec. 70.** NRS 630A.550 is hereby amended to read as follows:

20 630A.550 The filing and review of a complaint, its dismissal  
21 without further action or its transmittal to the Attorney General, and  
22 any subsequent disposition by the Board, the Attorney General or  
23 any reviewing court do not preclude:

24 1. Any measure by a hospital or other institution or medical  
25 society to limit or terminate the privileges of a homeopathic  
26 physician, *naturopathic physician*, advanced practitioner of  
27 homeopathy, ~~[or]~~ homeopathic assistant *or naturopathic assistant*  
28 according to its rules or the custom of the profession. No civil  
29 liability attaches to any such action taken without malice even if the  
30 ultimate disposition of the complaint is in favor of the homeopathic  
31 physician, *naturopathic physician*, advanced practitioner of  
32 homeopathy, ~~[or]~~ homeopathic assistant ~~[ ]~~ *or naturopathic*  
33 *assistant*.

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

36 **Sec. 71.** NRS 630A.557 is hereby amended to read as follows:

37 630A.557 Any member or agent of the Board may enter any  
38 premises in this State where a person who holds a license or  
39 certificate issued pursuant to the provisions of this chapter practices  
40 homeopathic medicine *or naturopathic medicine* and inspect it to  
41 determine whether a violation of any provision of this chapter has  
42 occurred, including, without limitation, an inspection to determine  
43 whether any person at the premises is practicing homeopathic  
44 medicine *or naturopathic medicine* without the appropriate license  
45 or certificate issued pursuant to the provisions of this chapter.



**Sec. 72.** NRS 630A.565 is hereby amended to read as follows:  
630A.565 1. In addition to any other remedy provided by law, the Board, through its President or Secretary-Treasurer or the Attorney General, may apply to any court of competent jurisdiction to:

(a) Enjoin any prohibited act or other conduct of a homeopathic physician *or naturopathic physician* which is harmful to the public;

(b) Enjoin any person who is not licensed under this chapter from practicing homeopathic medicine ~~or~~ *or naturopathic medicine; or*

(c) Limit a homeopathic physician's *or naturopathic physician's* practice or suspend his or her license to practice homeopathic medicine ~~or~~ *or naturopathic medicine, as applicable.*

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

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

(b) Without relieving any person from criminal prosecution for engaging in the practice of homeopathic medicine *or naturopathic medicine* without a license; and

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

**Sec. 73.** NRS 630A.570 is hereby amended to read as follows:  
630A.570 1. The Board through its President or Secretary-Treasurer or the Attorney General may maintain in any court of competent jurisdiction a suit for an injunction against any person or persons practicing homeopathic medicine *or naturopathic medicine* without a license or practicing as an advanced practitioner of homeopathy , ~~or as a~~ homeopathic assistant *or naturopathic assistant* without the appropriate certificate.

2. Such an injunction:

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

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

**Sec. 74.** NRS 630A.580 is hereby amended to read as follows:  
630A.580 In seeking injunctive relief against any person for an alleged violation of this chapter by practicing homeopathic medicine *or naturopathic medicine* without a license or practicing as an advanced practitioner of homeopathy , ~~or as a~~ homeopathic assistant *or naturopathic assistant* without the appropriate certificate, it is sufficient to allege that the person did, upon a certain day, and in a certain county of this State, engage in the practice of homeopathic medicine *or naturopathic medicine* or in the practice of an advanced practitioner of homeopathy , ~~or of a~~ homeopathic assistant *or naturopathic assistant* without having the appropriate



license or certificate to do so, without alleging any further or more particular facts concerning the matter.

**Sec. 75.** NRS 630A.590 is hereby amended to read as follows:

630A.590 A person who:

1. Presents to the Board as his or her own the diploma, license, certificate or credentials of another;

2. Gives either false or forged evidence of any kind to the Board;

3. Practices homeopathic medicine *or naturopathic medicine* or practices as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant *or naturopathic assistant* under a false or assumed name; ~~{or}~~

4. *Represents that a school or college is an approved school of naturopathic medicine if the Board has not determined that the school or college is an approved school of naturopathic medicine; or*

5. Except as otherwise provided in NRS 629.091, or unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, practices homeopathic medicine *or naturopathic medicine* or practices as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant *or naturopathic assistant* without being appropriately licensed or certified under this chapter,

➤ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

**Sec. 76.** NRS 630A.600 is hereby amended to read as follows:

630A.600 1. Except as otherwise provided in NRS 629.091, a person who practices homeopathic medicine *or naturopathic medicine* or who practices as an advanced practitioner of homeopathy , ~~{or-as-a}~~ homeopathic assistant *or naturopathic assistant* without the appropriate license or certificate issued pursuant to this chapter is guilty of a category D felony and shall be punished as provided in NRS 193.130, unless a greater penalty is provided pursuant to NRS 200.830 or 200.840.

2. In addition to any other penalty prescribed by law, if the Board determines that a person is practicing homeopathic medicine *or naturopathic medicine* without a license or certificate issued pursuant to this chapter, the Board may:

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

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of



1 this paragraph. Each activity in which the person is engaged  
2 constitutes a separate offense for which a separate citation may be  
3 issued. To appeal a citation, the person must submit a written  
4 request for a hearing to the Board not later than 30 days after the  
5 date of issuance of the citation.

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

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

10 **Sec. 77.** NRS 633.171 is hereby amended to read as follows:

11 633.171 1. This chapter does not apply to:

12 (a) The practice of medicine or perfusion pursuant to chapter  
13 630 of NRS, *naturopathic medicine*, dentistry, chiropractic,  
14 naprapathy, podiatry, optometry, respiratory care, faith or Christian  
15 Science healing, nursing, veterinary medicine or fitting hearing aids.

16 (b) A medical officer of the Armed Forces or a medical officer  
17 of any division or department of the United States in the discharge  
18 of his or her official duties, including, without limitation, providing  
19 medical care in a hospital in accordance with an agreement entered  
20 into pursuant to NRS 449.2455.

21 (c) Osteopathic physicians who are called into this State, other  
22 than on a regular basis, for consultation or assistance to a physician  
23 licensed in this State, and who are legally qualified to practice in the  
24 state where they reside.

25 (d) Osteopathic physicians who are temporarily exempt from  
26 licensure pursuant to NRS 633.420 and are practicing osteopathic  
27 medicine within the scope of the exemption.

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

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

37 (g) Any person permitted to practice any other healing art under  
38 this title who does so within the scope of that authority.

39 2. This chapter does not repeal or affect any law of this State  
40 regulating or affecting any other healing art.

41 3. This chapter does not prohibit:

42 (a) Gratuitous services of a person in cases of emergency.

43 (b) The domestic administration of family remedies.





1     **Sec. 78.** NRS 634A.025 is hereby amended to read as follows:  
2     634A.025 1. This chapter does not apply to Oriental  
3     physicians who are:

4         (a) Called into this State for consultation; or

5         (b) Temporarily exempt from licensure pursuant to NRS  
6     634A.163 and are practicing Oriental medicine within the scope of  
7     the exemption.

8     2. This chapter does not apply to a practitioner of acupuncture:

9         (a) Who is employed by an accredited school of Oriental  
10     medicine located in this State;

11         (b) Who is licensed to practice acupuncture in another state or  
12     jurisdiction; and

13         (c) Whose practice of acupuncture in this State:

14             (1) Is limited to teaching, supervising or demonstrating the  
15     methods and practices of acupuncture to students in a clinical  
16     setting; and

17             (2) Does not involve the acceptance of payment from any  
18     patient for services relating to his or her practice of acupuncture.

19     3. This chapter does not apply to a physician who is licensed  
20     pursuant to chapter 630 or 633 of NRS ~~H~~ *or a naturopathic*  
21     *physician who is licensed pursuant to chapter 630A of NRS.*

22     4. This chapter does not prohibit:

23         (a) Gratuitous services of druggists or other persons in cases of  
24     emergency.

25         (b) The domestic administration of family remedies.

26         (c) Any person from assisting any person in the practice of the  
27     healing arts licensed under this chapter, except that such person may  
28     not insert needles into the skin or prescribe herbal medicine.

29     5. For the purposes of this section, "accredited school of  
30     Oriental medicine" means a school that has received at least  
31     candidacy status for institutional accreditation from the  
32     Accreditation Commission for Acupuncture and Oriental Medicine,  
33     or its successor organization.

34     **Sec. 79.** NRS 640.190 is hereby amended to read as follows:

35     640.190 This chapter does not authorize a physical therapist,  
36     whether licensed or not, to practice medicine, osteopathic medicine,  
37     naprapathy, homeopathic medicine, *naturopathic medicine*,  
38     chiropractic or any other form or method of healing.

39     **Sec. 80.** NRS 640B.085 is hereby amended to read as follows:

40     640B.085 "Physician" means:

41         1. A physician licensed pursuant to chapter 630 of NRS;

42         2. An osteopathic physician licensed pursuant to chapter 633 of  
43     NRS;

44         3. A homeopathic physician *or naturopathic physician*  
45     licensed pursuant to chapter 630A of NRS;



4. A chiropractic physician licensed pursuant to chapter 634 of NRS;

5. A naprapath licensed pursuant to chapter 634B of NRS; or

6. A podiatric physician licensed pursuant to chapter 635 of NRS.

**Sec. 81.** NRS 641C.130 is hereby amended to read as follows:

641C.130 The provisions of this chapter do not apply to:

1. A physician who is licensed pursuant to the provisions of chapter 630 or 633 of NRS ~~§~~ *or a naturopathic physician licensed pursuant to chapter 630A of NRS;*

2. A nurse who is licensed pursuant to the provisions of chapter 632 of NRS and is authorized by the State Board of Nursing to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling;

3. A psychologist who is licensed pursuant to the provisions of chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;

4. A clinical professional counselor or clinical professional counselor intern who is licensed pursuant to chapter 641A of NRS;

5. A marriage and family therapist or marriage and family therapist intern who is licensed pursuant to the provisions of chapter 641A of NRS and is authorized by the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling;

6. A person who is:

(a) Licensed as:

(1) A clinical social worker pursuant to the provisions of chapter 641B of NRS; or

(2) A master social worker or an independent social worker pursuant to the provisions of chapter 641B of NRS and is engaging in clinical social work as part of an internship program approved by the Board of Examiners for Social Workers; and

(b) Authorized by the Board of Examiners for Social Workers to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling; or

7. A person who provides or supervises the provision of peer recovery support services in accordance with NRS 433.622 to 433.641, inclusive.



**Sec. 82.** NRS 641C.430 is hereby amended to read as follows:  
641C.430 The Board may issue a certificate as a problem gambling counselor to:

1. A person who:

(a) Is not less than 21 years of age;  
(b) Has received a bachelor's degree, master's degree or a doctoral degree from an accredited college or university in a field of social science approved by the Board;

(c) Has completed not less than 60 hours of training specific to problem gambling approved by the Board;

(d) Has completed at least 2,000 hours of supervised counseling of persons with an addictive disorder related to gambling in a setting approved by the Board;

(e) Passes the written and oral examination prescribed by the Board pursuant to NRS 641C.290;

(f) Presents himself or herself when scheduled for an interview at a meeting of the Board;

(g) Pays the fees required pursuant to NRS 641C.470; and

(h) Submits all information required to complete an application for a certificate.

2. A person who:

(a) Is not less than 21 years of age;

(b) Is licensed as:

(1) A clinical social worker pursuant to chapter 641B of NRS;

(2) A clinical professional counselor pursuant to chapter 641A of NRS;

(3) A marriage and family therapist pursuant to chapter 641A of NRS;

(4) A physician pursuant to chapter 630 *or 633* of NRS ~~or~~ *a naturopathic physician licensed pursuant to chapter 630A of NRS;*

(5) A nurse pursuant to chapter 632 of NRS and has received a master's degree or a doctoral degree from an accredited college or university;

(6) A psychologist pursuant to chapter 641 of NRS;

(7) An alcohol and drug counselor pursuant to this chapter;

or

(8) A clinical alcohol and drug counselor pursuant to this chapter;

(c) Has completed not less than 60 hours of training specific to problem gambling approved by the Board;

(d) Has completed at least 1,000 hours of supervised counseling of persons with an addictive disorder related to gambling in a setting approved by the Board;



(e) Passes the written and oral examination prescribed by the Board pursuant to NRS 641C.290;

(f) Pays the fees required pursuant to NRS 641C.470; and

(g) Submits all information required to complete an application for a certificate.

**Sec. 83.** NRS 644A.150 is hereby amended to read as follows:

644A.150 1. The following persons are exempt from the provisions of this chapter:

(a) Except for those provisions relating to advanced estheticians, all persons authorized by the laws of this State to practice nursing, medicine, *naturopathic medicine*, dentistry, osteopathic medicine, chiropractic, naprapathy or podiatry.

(b) Commissioned medical officers of the Armed Forces of the United States when engaged in the actual performance of their official duties, and attendants attached to a unit in a branch of the Armed Forces of the United States that provides medical services.

(c) Barbers, insofar as their usual and ordinary vocation and profession is concerned, when engaged in any of the following practices:

(1) Cleansing or singeing the hair of any person.

(2) Massaging, cleansing, stimulating, exercising or similar work upon the scalp, face or neck of any person, with the hands or with mechanical or electrical apparatus or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams.

(d) Retailers, at a retail establishment, insofar as their usual and ordinary vocation and profession is concerned, when engaged in the demonstration of cosmetics if:

(1) The demonstration is without charge to the person to whom the demonstration is given; and

(2) The retailer does not advertise or provide a service relating to the practice of cosmetology except cosmetics and fragrances.

(e) Photographers or their employees, insofar as their usual and ordinary vocation and profession is concerned, if the photographer or his or her employee does not advertise cosmetological services or the practice of makeup artistry and provides cosmetics without charge to the customer.

2. Any school of cosmetology conducted as part of the vocational rehabilitation training program of the Department of Corrections or the Caliente Youth Center:

(a) Is exempt from the requirements of paragraph (c) of subsection 2 of NRS 644A.740.

(b) Notwithstanding the provisions of NRS 644A.735, shall maintain a staff of at least one licensed instructor.



3. Any health care professional, as defined in NRS 453C.030, is exempt from the provisions of this chapter relating to advanced estheticians.

**Sec. 84.** NRS 653.430 is hereby amended to read as follows:  
653.430 The provisions of this chapter do not apply to:

1. A physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS.

2. *A naturopathic physician licensed pursuant to chapter 630A of NRS.*

3. A dentist, dental hygienist, dental therapist or expanded function dental assistant licensed pursuant to chapter 631 of NRS or a dental assistant working within the scope of his or her employment under the direct supervision of:

(a) A dentist; or

(b) Where authorized by NRS 631.287, a dental hygienist who holds a special endorsement to practice public health dental hygiene.

~~[3-]~~ 4. A chiropractic physician or chiropractic assistant licensed pursuant to chapter 634 of NRS.

~~[4-]~~ 5. A person training to become a chiropractic assistant or a student practicing in the preceptor program established by the Chiropractic Physicians' Board of Nevada pursuant to NRS 634.1375.

~~[5-]~~ 6. A podiatric physician or podiatry hygienist licensed pursuant to chapter 635 of NRS, or a person training to be a podiatry hygienist.

~~[6-]~~ 7. A veterinarian or veterinary technician licensed pursuant to chapter 638 of NRS or any other person performing tasks under the supervision of a veterinarian or veterinary technician as authorized by regulation of the Nevada State Board of Veterinary Medical Examiners.

~~[7-]~~ 8. The performance of mammography in accordance with NRS 457.182 to 457.187, inclusive.

~~[8-]~~ 9. Any employee of the Armed Forces of the United States or any division or department of the United States who engages in radiologic imaging or radiation therapy in the discharge of his or her official duties, including, without limitation, while providing care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.

**Sec. 85.** NRS 0.040 is hereby amended to read as follows:

0.040 1. Except as otherwise provided in subsection 2, "physician" means a person who engages in the practice of medicine, including osteopathy , ~~[and]~~ homeopathy ~~[ ]~~ *and naturopathy.*

2. The terms "physician," "osteopathic physician," "homeopathic physician," *"naturopathic physician,"* "chiropractic



1 physician” and “podiatric physician” are used in chapters 630,  
2 630A, 633, 634 and 635 of NRS in the limited senses prescribed by  
3 those chapters respectively.

4 **Sec. 86.** NRS 7.095 is hereby amended to read as follows:

5 7.095 1. An attorney shall not contract for or collect a fee  
6 contingent on the amount of recovery for representing a person  
7 seeking damages in connection with an action for injury or death  
8 against a provider of health care based upon professional negligence  
9 in excess of 35 percent of the amount recovered.

10 2. The limitations set forth in subsection 1 apply to all forms of  
11 recovery, including, without limitation, settlement, arbitration and  
12 judgment.

13 3. For the purposes of this section, “recovered” means the net  
14 sum recovered by the plaintiff after deducting any disbursements or  
15 costs incurred in connection with the prosecution or settlement of  
16 the claim. Costs of medical care incurred by the plaintiff and general  
17 and administrative expenses incurred by the office of the attorney  
18 are not deductible disbursements or costs.

19 4. As used in this section:

20 (a) “Professional negligence” means a negligent act or omission  
21 to act by a provider of health care in the rendering of professional  
22 services, which act or omission is the proximate cause of a personal  
23 injury or wrongful death. The term does not include services that are  
24 outside the scope of services for which the provider of health care is  
25 licensed or services for which any restriction has been imposed by  
26 the applicable regulatory board or health care facility.

27 (b) “Provider of health care” means a physician licensed under  
28 chapter 630 or 633 of NRS, dentist, *naturopathic physician*  
29 *licensed under chapter 630A of NRS*, registered nurse, dispensing  
30 optician, optometrist, registered physical therapist, podiatric  
31 physician, licensed psychologist, chiropractic physician, naprapath,  
32 doctor of Oriental medicine, holder of a license or a limited license  
33 issued under the provisions of chapter 653 of NRS, medical  
34 laboratory director or technician, licensed dietitian or a licensed  
35 hospital and its employees.

36 **Sec. 87.** NRS 41.505 is hereby amended to read as follows:

37 41.505 1. Any person licensed under the provisions of  
38 chapter 630, 632 or 633 of NRS, *or licensed as a naturopathic*  
39 *physician under the provisions of chapter 630A of NRS*, and any  
40 person who holds an equivalent license issued by another state, who  
41 renders emergency care or assistance, including, without limitation,  
42 emergency obstetrical care or assistance, in an emergency,  
43 gratuitously and in good faith, is not liable for any civil damages as  
44 a result of any act or omission, not amounting to gross negligence,  
45 by that person in rendering the emergency care or assistance or as a



1 result of any failure to act, not amounting to gross negligence, to  
2 provide or arrange for further medical treatment for the injured or ill  
3 person. This section does not excuse a physician, physician  
4 assistant, anesthesiologist assistant or nurse from liability for  
5 damages resulting from that person's acts or omissions which occur  
6 in a licensed medical facility relative to any person with whom there  
7 is a preexisting relationship as a patient.

8 2. Any person licensed under the provisions of chapter 630,  
9 632 or 633 of NRS , *or licensed as a naturopathic physician under*  
10 *the provisions of chapter 630A of NRS*, and any person who holds  
11 an equivalent license issued by another state who:

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

14 (b) Gratuitously and in good faith, renders medical care within  
15 the scope of that person's license to an indigent person,  
16 ➔ is not liable for any civil damages as a result of any act or  
17 omission by that person, not amounting to gross negligence or  
18 reckless, willful or wanton conduct, in rendering that care.

19 3. Any person licensed to practice medicine under the  
20 provisions of chapter 630 or 633 of NRS , *or licensed to practice*  
21 *naturopathic medicine under the provisions of chapter 630A of*  
22 *NRS* or licensed to practice dentistry under the provisions of chapter  
23 631 of NRS who renders care or assistance to a patient for a  
24 governmental entity or a nonprofit organization is not liable for any  
25 civil damages as a result of any act or omission by that person in  
26 rendering that care or assistance if the care or assistance is rendered  
27 gratuitously, in good faith and in a manner not amounting to gross  
28 negligence or reckless, willful or wanton conduct.

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

31 **Sec. 88.** NRS 41.506 is hereby amended to read as follows:

32 41.506 1. Any person licensed under the provisions of  
33 chapter 630, 632 or 633 of NRS , *or any person licensed as a*  
34 *naturopathic physician under the provisions of chapter 630A of*  
35 *NRS*, and any person who holds an equivalent license issued by  
36 another state who renders emergency obstetrical care or assistance  
37 to a pregnant woman during labor or the delivery of the child is not  
38 liable for any civil damages as a result of any act or omission by that  
39 person in rendering that care or assistance if:

40 (a) The care or assistance is rendered in good faith and in a  
41 manner not amounting to gross negligence or reckless, willful or  
42 wanton conduct;

43 (b) The person has not previously provided prenatal or  
44 obstetrical care to the woman; and





(c) The damages are reasonably related to or primarily caused by a lack of prenatal care received by the woman.

2. A licensed medical facility in which such care or assistance is rendered is not liable for any civil damages as a result of any act or omission by the person in rendering that care or assistance if that person is not liable for any civil damages pursuant to subsection 1 and the actions of the medical facility relating to the rendering of that care or assistance do not amount to gross negligence or reckless, willful or wanton conduct.

**Sec. 89.** NRS 41A.017 is hereby amended to read as follows:

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

**Sec. 90.** NRS 41A.110 is hereby amended to read as follows:

41A.110 Except as otherwise provided in subsection 3 of NRS 442.253, a physician licensed to practice medicine under the provisions of chapter 630 or 633 of NRS, *a naturopathic physician licensed under the provisions of chapter 630A of NRS* or a dentist licensed to practice dentistry under the provisions of chapter 631 of NRS, has conclusively obtained the consent of a patient for a medical, surgical or dental procedure, as appropriate, if the physician or dentist has done the following:

1. Explained to the patient in general terms, without specific details, the procedure to be undertaken;

2. Explained to the patient alternative methods of treatment, if any, and their general nature;

3. Explained to the patient that there may be risks, together with the general nature and extent of the risks involved, without enumerating such risks; and

4. Obtained the signature of the patient to a statement containing an explanation of the procedure, alternative methods of treatment and risks involved, as provided in this section.

**Sec. 91.** NRS 42.021 is hereby amended to read as follows:

42.021 1. In an action for injury or death against a provider of health care based upon professional negligence, if the defendant so elects, the defendant may introduce evidence of any amount payable as a benefit to the plaintiff as a result of the injury or death



1 pursuant to the United States Social Security Act, any state or  
2 federal income disability or worker's compensation act, any health,  
3 sickness or income-disability insurance, accident insurance that  
4 provides health benefits or income-disability coverage, and any  
5 contract or agreement of any group, organization, partnership or  
6 corporation to provide, pay for or reimburse the cost of medical,  
7 hospital, dental or other health care services. If the defendant elects  
8 to introduce such evidence, the plaintiff may introduce evidence of  
9 any amount that the plaintiff has paid or contributed to secure the  
10 plaintiff's right to any insurance benefits concerning which the  
11 defendant has introduced evidence.

12 2. A source of collateral benefits introduced pursuant to  
13 subsection 1 may not:

14 (a) Recover any amount against the plaintiff; or

15 (b) Be subrogated to the rights of the plaintiff against a  
16 defendant.

17 3. In an action for injury or death against a provider of health  
18 care based upon professional negligence, a district court shall, at the  
19 request of either party, enter a judgment ordering that money  
20 damages or its equivalent for future damages of the judgment  
21 creditor be paid in whole or in part by periodic payments rather than  
22 by a lump-sum payment if the award equals or exceeds \$50,000 in  
23 future damages.

24 4. In entering a judgment ordering the payment of future  
25 damages by periodic payments pursuant to subsection 3, the court  
26 shall make a specific finding as to the dollar amount of periodic  
27 payments that will compensate the judgment creditor for such future  
28 damages. As a condition to authorizing periodic payments of future  
29 damages, the court shall require a judgment debtor who is not  
30 adequately insured to post security adequate to assure full payment  
31 of such damages awarded by the judgment. Upon termination of  
32 periodic payments of future damages, the court shall order the return  
33 of this security, or so much as remains, to the judgment debtor.

34 5. A judgment ordering the payment of future damages by  
35 periodic payments entered pursuant to subsection 3 must specify the  
36 recipient or recipients of the payments, the dollar amount of the  
37 payments, the interval between payments, and the number of  
38 payments or the period of time over which payments will be made.  
39 Such payments must only be subject to modification in the event of  
40 the death of the judgment creditor. Money damages awarded for loss  
41 of future earnings must not be reduced or payments terminated by  
42 reason of the death of the judgment creditor, but must be paid to  
43 persons to whom the judgment creditor owed a duty of support, as  
44 provided by law, immediately before the judgment creditor's death.  
45 In such cases, the court that rendered the original judgment may,



1 upon petition of any party in interest, modify the judgment to award  
2 and apportion the unpaid future damages in accordance with this  
3 subsection.

4 6. If the court finds that the judgment debtor has exhibited a  
5 continuing pattern of failing to make the periodic payments as  
6 specified pursuant to subsection 5, the court shall find the judgment  
7 debtor in contempt of court and, in addition to the required periodic  
8 payments, shall order the judgment debtor to pay the judgment  
9 creditor all damages caused by the failure to make such periodic  
10 payments, including, but not limited to, court costs and attorney's  
11 fees.

12 7. Following the occurrence or expiration of all obligations  
13 specified in the periodic payment judgment, any obligation of the  
14 judgment debtor to make further payments ceases and any security  
15 given pursuant to subsection 4 reverts to the judgment debtor.

16 8. As used in this section:

17 (a) "Future damages" includes damages for future medical  
18 treatment, care or custody, loss of future earnings, loss of bodily  
19 function, or future pain and suffering of the judgment creditor.

20 (b) "Periodic payments" means the payment of money or  
21 delivery of other property to the judgment creditor at regular  
22 intervals.

23 (c) "Professional negligence" means a negligent act or omission  
24 to act by a provider of health care in the rendering of professional  
25 services, which act or omission is the proximate cause of a personal  
26 injury or wrongful death. The term does not include services that are  
27 outside the scope of services for which the provider of health care is  
28 licensed or services for which any restriction has been imposed by  
29 the applicable regulatory board or health care facility.

30 (d) "Provider of health care" means a physician licensed under  
31 chapter 630 or 633 of NRS, *naturopathic physician*, dentist,  
32 licensed nurse, dispensing optician, optometrist, registered physical  
33 therapist, podiatric physician, naprapath, licensed psychologist,  
34 chiropractic physician, doctor of Oriental medicine, holder of a  
35 license or a limited license issued under the provisions of chapter  
36 653 of NRS, medical laboratory director or technician, licensed  
37 dietitian or a licensed hospital and its employees.

38 **Sec. 92.** NRS 49.215 is hereby amended to read as follows:

39 49.215 As used in NRS 49.215 to 49.245, inclusive:

40 1. A communication is "confidential" if it is not intended to be  
41 disclosed to third persons other than:

42 (a) Those present to further the interest of the patient in the  
43 consultation, examination or interview;

44 (b) Persons reasonably necessary for the transmission of the  
45 communication; or



(c) Persons who are participating in the diagnosis and treatment under the direction of the doctor, including members of the patient's family.

2. "Doctor" means a person licensed to practice medicine, *naturopathic medicine*, dentistry, ~~for~~ osteopathic medicine, chiropractic or naprapathy in any state or nation, or a person who is reasonably believed by the patient to be so licensed, and in addition includes a person employed by a public or private agency as a psychiatric social worker, or someone under his or her guidance, direction or control, while engaged in the examination, diagnosis or treatment of a patient for a mental condition.

3. "Patient" means a person who consults or is examined or interviewed by a doctor for purposes of diagnosis or treatment.

**Sec. 93.** NRS 89.050 is hereby amended to read as follows:

89.050 1. Except as otherwise provided in subsection 2, a professional entity may be organized only for the purpose of rendering one specific type of professional service and may not engage in any business other than rendering the professional service for which it was organized and services reasonably related thereto, except that a professional entity may own real and personal property appropriate to its business and may invest its money in any form of real property, securities or any other type of investment.

2. A professional entity may be organized to render a professional service relating to:

(a) Architecture, interior design, residential design, engineering and landscape architecture, or any combination thereof, and may be composed of persons:

(1) Engaged in the practice of architecture as provided in chapter 623 of NRS;

(2) Practicing as a registered interior designer as provided in chapter 623 of NRS;

(3) Engaged in the practice of residential design as provided in chapter 623 of NRS;

(4) Engaged in the practice of landscape architecture as provided in chapter 623A of NRS; and

(5) Engaged in the practice of professional engineering as provided in chapter 625 of NRS.

(b) Medicine, homeopathy, *naturopathic medicine*, osteopathy, naprapathy, chiropractic and psychology, or any combination thereof, and may be composed of persons engaged in the practice of:

(1) Medicine as provided in chapter 630 of NRS;

(2) Homeopathic medicine *or naturopathic medicine* as provided in chapter 630A of NRS;

(3) Osteopathic medicine as provided in chapter 633 of NRS;

(4) Chiropractic as provided in chapter 634 of NRS;



(5) Naprapathy as provided in chapter 634B of NRS; and  
(6) Psychology and licensed to provide services pursuant to chapter 641 of NRS.

➤ Such a professional entity may market and manage additional professional entities which are organized to render a professional service relating to medicine, homeopathy, osteopathy, naprapathy, chiropractic and psychology.

(c) Mental health services, and may be composed of the following persons, in any number and in any combination:

(1) Any psychologist who is licensed to practice in this State;

(2) Any social worker who holds a master's degree in social work and who is licensed by this State as a clinical social worker;

(3) Any registered nurse who is licensed to practice professional nursing in this State and who holds a master's degree in the field of psychiatric nursing;

(4) Any marriage and family therapist who is licensed by this State pursuant to chapter 641A of NRS; and

(5) Any clinical professional counselor who is licensed by this State pursuant to chapter 641A of NRS.

➤ Such a professional entity may market and manage additional professional entities which are organized to render a professional service relating to mental health services pursuant to this paragraph.

3. A professional entity may render a professional service only through its officers, managers and employees who are licensed or otherwise authorized by law to render the professional service.

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

200.471 1. As used in this section:

(a) "Assault" means:

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

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

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

(c) "Health care facility" means a facility licensed pursuant to chapter 449 of NRS, an office of a person listed in NRS 629.031, a clinic or any other location, other than a residence, where health care is provided.

(d) "Officer" means:

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

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

(3) A member of a volunteer fire department;



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

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

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

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

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

(I) Interact with the public;

(II) Perform tasks related to law enforcement; and

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

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

(I) Interact with the public;

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

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

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

(I) Interact with the public;

(II) Perform tasks related to code enforcement; and

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

(e) “Provider of health care” means:

(1) A physician, a medical student, a perfusionist, an anesthesiologist assistant or a physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, *a naturopathic physician*, an advanced practitioner of homeopathy, a homeopathic assistant, *a naturopathic assistant*, an osteopathic physician, a physician assistant or anesthesiologist assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractic physician, a chiropractic assistant, a naprapath, a doctor of Oriental



1 medicine, a nurse, a student nurse, a certified nursing assistant, a  
2 nursing assistant trainee, a medication aide - certified, a person who  
3 provides health care services in the home for compensation, a  
4 dentist, a dental student, a dental hygienist, a dental hygienist  
5 student, an expanded function dental assistant, an expanded function  
6 dental assistant student, a pharmacist, a pharmacy student, an intern  
7 pharmacist, an attendant on an ambulance or air ambulance, a  
8 psychologist, a social worker, a marriage and family therapist, a  
9 marriage and family therapist intern, a clinical professional  
10 counselor, a clinical professional counselor intern, a behavior  
11 analyst, an assistant behavior analyst, a registered behavior  
12 technician, a mental health technician, a licensed dietitian, the  
13 holder of a license or a limited license issued under the provisions of  
14 chapter 653 of NRS, a public safety officer at a health care facility,  
15 an emergency medical technician, an advanced emergency medical  
16 technician, a paramedic or a participant in a program of training to  
17 provide emergency medical services; or

18 (2) An employee of or volunteer for a health care facility  
19 who:

20 (I) Interacts with the public;

21 (II) Performs tasks related to providing health care; and

22 (III) Wears identification, clothing or a uniform that  
23 identifies the person as an employee or volunteer of the health care  
24 facility.

25 (f) "School employee" means a licensed or unlicensed person  
26 employed by a board of trustees of a school district pursuant to NRS  
27 391.100 or 391.281.

28 (g) "Sporting event" has the meaning ascribed to it in  
29 NRS 41.630.

30 (h) "Sports official" has the meaning ascribed to it in  
31 NRS 41.630.

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

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

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

36 (l) "Utility worker" means an employee of a public utility as  
37 defined in NRS 704.020 whose official duties require the employee  
38 to:

39 (1) Interact with the public;

40 (2) Perform tasks related to the operation of the public  
41 utility; and

42 (3) Wear identification, clothing or a uniform that identifies  
43 the employee as working for the public utility.

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





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

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

(c) If paragraph (d) does not apply to the circumstances of the crime and if the assault:

(1) Is committed upon:

(I) An officer, a school employee, a taxicab driver, a transit operator or a utility worker who is performing his or her duty;

(II) A provider of health care while the provider of health care is performing his or her duty or is on the premises where he or she performs that duty; or

(III) A sports official based on the performance of his or her duties at a sporting event; and

(2) The person charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator, a utility worker or a sports official,

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

(d) If the assault:

(1) Is committed by a probationer, a prisoner who is in lawful custody or confinement or a parolee upon:

(I) An officer, a school employee, a taxicab driver, a transit operator or a utility worker who is performing his or her duty;

(II) A provider of health care while the provider of health care is performing his or her duty or is on the premises where he or she performs that duty; or

(III) A sports official based on the performance of his or her duties at a sporting event; and

(2) The probationer, prisoner or parolee charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator, a utility worker or a sports official,



↪ for a category D felony as provided in NRS 193.130, unless the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

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

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

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

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

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

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

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

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

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

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

(a) Every physician, dentist, dental hygienist, expanded function dental assistant, chiropractic physician, naprapath, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, anesthesiologist assistant, *naturopathic assistant*, *homeopathic assistant*, perfusionist, psychiatrist,



1 psychologist, marriage and family therapist, clinical professional  
2 counselor, clinical alcohol and drug counselor, alcohol and drug  
3 counselor, music therapist, athletic trainer, driver of an ambulance,  
4 paramedic, licensed dietitian, holder of a license or a limited license  
5 issued under the provisions of chapter 653 of NRS, behavior  
6 analyst, assistant behavior analyst, registered behavior technician,  
7 peer recovery support specialist, as defined in NRS 433.627, peer  
8 recovery support specialist supervisor, as defined in NRS 433.629,  
9 or other person providing medical services licensed or certified to  
10 practice in this State, who examines, attends or treats an older  
11 person or vulnerable person who appears to have been abused,  
12 neglected, exploited, isolated or abandoned.

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

19 (c) A coroner.

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

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

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

27 (g) Any employee of the Department of Health and Human  
28 Services, except the State Long-Term Care Ombudsman appointed  
29 pursuant to NRS 427A.125 and any of his or her advocates or  
30 volunteers where prohibited from making such a report pursuant to  
31 45 C.F.R. § 1321.11.

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

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

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

43 (k) Every social worker.

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



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

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

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

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

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

(a) Aging and Disability Services Division;

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

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

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

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

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and



1 Prosecution of Crimes Against Older Persons or Vulnerable Persons  
2 in the Office of the Attorney General created pursuant to  
3 NRS 228.265.

4 **Sec. 96.** NRS 232.8415 is hereby amended to read as follows:

5 232.8415 1. The Office of Nevada Boards, Commissions and  
6 Councils Standards shall be responsible for:

7 (a) Centralized administration;

8 (b) A uniform set of standards for investigations, licensing  
9 and discipline, including, without limitation, separating the roles and  
10 responsibilities for occupational licensure from the roles and  
11 responsibilities for occupational discipline;

12 (c) A uniform set of standards for internal controls;

13 (d) A uniform set of standards for legal representation;

14 (e) A consistent set of structural standards for boards and  
15 commissions;

16 (f) Transparency and consumer protection; and

17 (g) Efficacy and efficiency.

18 2. To the extent permitted by the Nevada Constitution and  
19 federal law, all professional and occupational licensing boards  
20 created by the Legislature shall be under the purview of the Office,  
21 including, without limitation:

22 (a) The Nevada State Board of Accountancy created by  
23 NRS 628.035.

24 (b) The Board of Examiners for Alcohol, Drug and Gambling  
25 Counselors created by NRS 641C.150.

26 (c) The State Board of Architecture, Interior Design and  
27 Residential Design created by NRS 623.050.

28 (d) The Board of Athletic Trainers created by NRS 640B.170.

29 (e) The State Barbers' Health and Sanitation Board created by  
30 NRS 643.020.

31 (f) The Board of Applied Behavior Analysis created by  
32 NRS 641D.200.

33 (g) The Chiropractic Physicians' Board of Nevada created by  
34 NRS 634.020.

35 (h) The State Contractors' Board created by NRS 624.040.

36 (i) The Commission on Construction Education created by  
37 NRS 624.570.

38 (j) The State Board of Cosmetology created by NRS 644A.200.

39 (k) The Certified Court Reporters' Board of Nevada created by  
40 NRS 656.040.

41 (l) The Board of Dental Examiners of Nevada created by  
42 NRS 631.120.

43 (m) The Committee on Dental Hygiene and Dental Therapy  
44 created by NRS 631.205.



(n) The State Board of Professional Engineers and Land Surveyors created by NRS 625.100.

(o) The Nevada Funeral and Cemetery Services Board created by NRS 642.020.

(p) The Nevada Board of Homeopathic *and Naturopathic* Medical Examiners created pursuant to NRS 630A.100.

(q) The State Board of Landscape Architecture created by NRS 623A.080.

(r) The Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors created by NRS 641A.090.

(s) The Board of Massage Therapy created by NRS 640C.150.

(t) The Board of Medical Examiners created pursuant to NRS 630.050.

(u) The State Board of Nursing created by NRS 632.020.

(v) The Advisory Committee on Nursing Assistants and Medication Aides created by NRS 632.072.

(w) The Board of Occupational Therapy created by NRS 640A.080.

(x) The Board of Dispensing Opticians created by NRS 637.030.

(y) The Nevada State Board of Optometry created by NRS 636.030.

(z) The State Board of Oriental Medicine created by NRS 634A.030.

(aa) The State Board of Osteopathic Medicine created pursuant to NRS 633.181.

(bb) The Commission on Postsecondary Education created by NRS 394.383.

(cc) The State Board of Pharmacy created by NRS 639.020.

(dd) The Nevada Physical Therapy Board created by NRS 640.030.

(ee) The State Board of Podiatry created by NRS 635.020.

(ff) The Private Investigator's Licensing Board created by NRS 648.020.

(gg) The Board of Psychological Examiners created by NRS 641.030.

(hh) The Board of Environmental Health Specialists created by NRS 625A.030.

(ii) The Board of Examiners for Social Workers created pursuant to NRS 641B.100.

(jj) The Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board created by NRS 637B.100.

(kk) The Nevada State Board of Veterinary Medical Examiners created by NRS 638.020.



**Sec. 97.** NRS 287.020 is hereby amended to read as follows:

287.020 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may adopt and carry into effect a system of medical or hospital service, or a combination thereof, through nonprofit membership corporations defraying the cost of medical service or hospital care, or both, open to participation by all licentiates of the particular class, whether doctors of medicine, *doctors of naturopathic medicine*, doctors of osteopathy, doctors of naprapathy or doctors of chiropractic, offering services through such a nonprofit membership corporation, for the benefit of such of their officers and employees, and the dependents of such officers and employees, as may elect to accept membership in such nonprofit corporation and who have authorized the governing body to make deductions from their compensation for the payment of membership dues.

2. A part, not to exceed 50 percent, of the cost of such membership dues may be defrayed by such governing body by contribution. The money for such contributions must be budgeted for in accordance with the laws governing such county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

3. The power conferred in this section, with respect to the rendition of medical or hospital service, or a combination thereof, is coextensive with the power conferred in NRS 287.010 with respect to insurance companies.

4. If a school district offers coverage for medical service or hospital care, or both, to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the coverage. If the amount of the deductions from compensation required to pay for the coverage exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

**Sec. 98.** NRS 288.140 is hereby amended to read as follows:

288.140 1. It is the right of every local government employee, subject to the limitations provided in subsections 3, 4 and 5, to join any employee organization of the employee's choice or to refrain from joining any employee organization. A local government employer shall not discriminate in any way among its employees on account of membership or nonmembership in an employee organization.

2. The recognition of an employee organization for negotiation, pursuant to this chapter, does not preclude any local government





employee who is not a member of that employee organization from acting for himself or herself with respect to any condition of his or her employment, but any action taken on a request or in adjustment of a grievance shall be consistent with the terms of an applicable negotiated agreement, if any.

3. A police officer, sheriff, deputy sheriff or other law enforcement officer may be a member of an employee organization only if such employee organization is composed exclusively of law enforcement officers.

4. A civilian employee of a metropolitan police department which is organized pursuant to chapter 280 of NRS may be a member of an employee organization only if such employee organization is composed exclusively of civilian employees of a metropolitan police department which is organized pursuant to chapter 280 of NRS.

5. The following persons may not be a member of an employee organization:

(a) A supervisory employee described in paragraph (b) of subsection 1 of NRS 288.138, including but not limited to appointed officials and department heads who are primarily responsible for formulating and administering management, policy and programs.

(b) A doctor or physician who is employed by a local government employer.

(c) Except as otherwise provided in this paragraph, an attorney who is employed by a local government employer and who is assigned to a civil law division, department or agency. The provisions of this paragraph do not apply with respect to an attorney for the duration of a collective bargaining agreement to which the attorney is a party as of July 1, 2011.

6. As used in this section, “doctor or physician” means a doctor, physician, homeopathic physician, *naturopathic physician*, osteopathic physician, naprapath, chiropractic physician, practitioner of Oriental medicine, podiatric physician or practitioner of optometry, as those terms are defined or used, respectively, in NRS 630.014, 630A.050, 633.091, chapter 634 of NRS, chapter 634A of NRS, NRS 634B.050, chapter 635 of NRS or chapter 636 of NRS ~~and~~ *and section 12 of this act.*

**Sec. 99.** NRS 441A.110 is hereby amended to read as follows:

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



**Sec. 100.** NRS 441A.315 is hereby amended to read as follows:

441A.315 1. Except as otherwise provided in subsection 3, a physician, *naturopathic physician*, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

(b) If the patient wishes to be tested, conduct any test which is medically indicated for the patient or assist the patient with obtaining any such test, to the extent practicable for the physician, *naturopathic physician*, physician assistant, advanced practice registered nurse or midwife.

2. Except as otherwise provided in subsection 3, a hospital that provides emergency medical services or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Ensure that the patient is consulted to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

(b) If the patient wishes to be tested, ensure that any test which is medically indicated for the patient is conducted or that the patient is assisted with obtaining any such test, to the extent practicable for the hospital.

3. A physician, *naturopathic physician*, physician assistant, advanced practice registered nurse, midwife or hospital is not required to comply with the requirements of subsection 1 or 2 if the physician, *naturopathic physician*, physician assistant, advanced practice registered nurse or midwife or a provider of health care who provides emergency medical services or primary care to the patient at the hospital, as applicable, reasonably believes that the patient:

(a) Is being treated for a life-threatening emergency;

(b) Has recently been offered or has been the subject of a test for the human immunodeficiency virus or other sexually transmitted diseases; or

(c) Lacks capacity to consent to such testing.

4. The Board shall adopt regulations to ensure that:



(a) Any test which is administered to a patient or for which a patient is assisted in obtaining pursuant to this section is medically indicated for that patient; and

(b) Communications concerning testing pursuant to this section are made in a culturally competent manner and, to the extent practicable, in a language that is easily understood by the patient.

5. A physician, *naturopathic physician*, physician assistant, advanced practice registered nurse, midwife or hospital that fails to comply with the provisions of this section:

(a) Is not subject to a criminal penalty or an administrative fine pursuant to this chapter; and

(b) Is subject to disciplinary action, where applicable.

6. As used in this section:

(a) “Primary care” means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.

(b) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

**Sec. 101.** NRS 442.003 is hereby amended to read as follows:

442.003 As used in this chapter, unless the context requires otherwise:

1. “Advisory Board” means the Advisory Board on Maternal and Child Health.

2. “Department” means the Department of Health and Human Services.

3. “Director” means the Director of the Department.

4. “Division” means the Division of Public and Behavioral Health of the Department.

5. “Fetal alcohol spectrum disorder” has the meaning ascribed to it in NRS 432B.0655.

6. “Freestanding birthing center” has the meaning ascribed to it in NRS 449.0065.

7. “Laboratory” has the meaning ascribed to it in NRS 652.040.

8. “Midwife” means:

(a) A person certified as:

(1) A Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; or

(2) A Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; or

(b) Any other type of midwife.

9. “Provider of health care or other services” means:

(a) A clinical alcohol and drug counselor who is licensed, or an alcohol and drug counselor who is licensed or certified, pursuant to chapter 641C of NRS;



(b) A physician or a physician assistant who is licensed pursuant to chapter 630 or 633 of NRS and who practices in the area of obstetrics and gynecology, family practice, internal medicine, pediatrics or psychiatry;

(c) *A naturopathic physician;*

(d) A licensed nurse;

~~((d))~~ (e) A licensed psychologist;

~~((e))~~ (f) A licensed marriage and family therapist;

~~((f))~~ (g) A licensed clinical professional counselor;

~~((g))~~ (h) A licensed social worker;

~~((h))~~ (i) A licensed dietitian; or

~~((i))~~ (j) The holder of a certificate of registration as a pharmacist.

**Sec. 102.** NRS 453C.030 is hereby amended to read as follows:

453C.030 1. “Health care professional” means a physician, a physician assistant or an advanced practice registered nurse.

2. As used in this section:

(a) “Advanced practice registered nurse” has the meaning ascribed to it in NRS 632.012.

(b) “Physician” means a physician licensed pursuant to chapter 630 or 633 of NRS ~~(( ))~~ *or a naturopathic physician licensed pursuant to chapter 630A of NRS.*

(c) “Physician assistant” means a physician assistant licensed pursuant to chapter 630 or 633 of NRS.

**Sec. 103.** NRS 454.361 is hereby amended to read as follows:

454.361 A conviction of the violation of any of the provisions of NRS 454.181 to 454.371, inclusive, constitutes grounds for the suspension or revocation of any license issued to such person pursuant to the provisions of chapters 630, *630A*, 631, 633, 635, 636, 638, 639 or 653 of NRS.

**Sec. 104.** NRS 457.301 is hereby amended to read as follows:

457.301 1. A primary care provider shall:

(a) Attempt to determine whether each adult woman to whom he or she provides care has a personal or family history of breast, ovarian, tubal or peritoneal cancer or an ancestry associated with a harmful mutation in the BRCA gene or meets any other criteria under which the United States Preventive Services Task Force has recommended screening for a risk of such a mutation; and

(b) If the primary care provider determines that an adult woman to whom he or she provides care meets the criteria described in paragraph (a) and has not previously undergone genetic testing for a harmful mutation in the BRCA gene, use an appropriate brief familial risk assessment tool to screen for a risk of such a mutation.



2. If such a screening indicates that a woman is at risk of a harmful mutation in the BRCA gene, the primary care provider must:

(a) Provide the woman with written notice of the need to discuss genetic counseling and testing with the provider;

(b) Provide genetic counseling to the woman or ensure that the woman is referred for genetic counseling; and

(c) If a genetic test for harmful mutations in the BRCA gene is clinically indicated as a result of the genetic counseling, administer such a test to the woman or ensure that the woman is referred for such testing.

3. A primary care provider who fails to comply with this section is not subject to criminal penalties or professional discipline for such failure to comply.

4. As used in this section, “primary care provider” means:

(a) A physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, *a naturopathic physician licensed pursuant to chapter 630A of NRS*, or advanced practice registered nurse who specializes in primary care, family medicine, internal medicine or obstetrics and gynecology; or

(b) A midwife.

**Sec. 105.** NRS 686B.040 is hereby amended to read as follows:

686B.040 1. Except as otherwise provided in subsection 2, the Commissioner may by rule exempt any person or class of persons or any market segment from any or all of the provisions of NRS 686B.010 to 686B.1799, inclusive, if and to the extent that the Commissioner finds their application unnecessary to achieve the purposes of those sections.

2. The Commissioner may not, by rule or otherwise, exempt an insurer from the provisions of NRS 686B.010 to 686B.1799, inclusive, with regard to insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* for a breach of the practitioner’s professional duty toward a patient.

**Sec. 106.** NRS 686B.070 is hereby amended to read as follows:

686B.070 1. Every authorized insurer and every rate service organization licensed under NRS 686B.140 which has been designated by any insurer for the filing of rates under subsection 2 of NRS 686B.090 shall file with the Commissioner all:

(a) Rates and proposed increases thereto;

(b) Forms of policies to which the rates apply;

(c) Supplementary rate information; and



(d) Changes and amendments thereof,  
➔ made by it for use in this state.

2. A filing made pursuant to this section must include a proposed effective date and must be filed not less than 30 days before that proposed effective date, except that a filing for a proposed increase or decrease in a rate may include a request that the Commissioner authorize an effective date that is earlier than the proposed effective date.

3. If an insurer makes a filing for a proposed increase in a rate for insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* for a breach of the practitioner's professional duty toward a patient, the insurer shall not include in the filing any component that is directly or indirectly related to the following:

(a) Capital losses, diminished cash flow from any dividends, interest or other investment returns, or any other financial loss that is materially outside of the claims experience of the professional liability insurance industry, as determined by the Commissioner.

(b) Losses that are the result of any criminal or fraudulent activities of a director, officer or employee of the insurer.

➔ If the Commissioner determines that a filing includes any such component, the Commissioner shall, pursuant to NRS 686B.110, disapprove the proposed increase, in whole or in part, to the extent that the proposed increase relies upon such a component.

4. If an insurer makes a filing for a proposed increase in a rate for a health benefit plan, as that term is defined in NRS 687B.470, the filing must include a unified rate review template, a written description justifying the rate increase and any rate filing documentation.

5. As used in this section, "rate filing documentation," "unified rate review template" and "written description justifying the rate increase" have the meanings ascribed in 45 C.F.R. § 154.215.

**Sec. 107.** NRS 686B.115 is hereby amended to read as follows:

686B.115 1. Any hearing held by the Commissioner to determine whether rates comply with the provisions of NRS 686B.010 to 686B.1799, inclusive, must be open to members of the public.

2. All costs for transcripts prepared pursuant to such a hearing must be paid by the insurer requesting the hearing.

3. At any hearing which is held by the Commissioner to determine whether rates comply with the provisions of NRS 686B.010 to 686B.1799, inclusive, and which involves rates for insurance covering the liability of a practitioner licensed pursuant to



chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* for a breach of the practitioner's professional duty toward a patient, if a person is not otherwise authorized pursuant to this title to become a party to the hearing by intervention, the person is entitled to provide testimony at the hearing if, not later than 2 days before the date set for the hearing, the person files with the Commissioner a written statement which states:

- (a) The name and title of the person;
- (b) The interest of the person in the hearing; and
- (c) A brief summary describing the purpose of the testimony the person will offer at the hearing.

4. If a person provides testimony at a hearing in accordance with subsection 3:

(a) The Commissioner may, if the Commissioner finds it necessary to preserve order, prevent inordinate delay or protect the rights of the parties at the hearing, place reasonable limitations on the duration of the testimony and prohibit the person from providing testimony that is not relevant to the issues raised at the hearing.

(b) The Commissioner shall consider all relevant testimony provided by the person at the hearing in determining whether the rates comply with the provisions of NRS 686B.010 to 686B.1799, inclusive.

**Sec. 108.** NRS 686B.117 is hereby amended to read as follows:

686B.117 If a filing made with the Commissioner pursuant to paragraph (a) of subsection 1 of NRS 686B.070 pertains to insurance covering the liability of a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* for a breach of the practitioner's professional duty toward a patient, any interested person, and any association of persons or organization whose members may be affected, may intervene as a matter of right in any hearing or other proceeding conducted to determine whether the applicable rate or proposed increase thereto:

1. Complies with the standards set forth in NRS 686B.050 and subsection 3 of NRS 686B.070.

2. Should be approved or disapproved.

**Sec. 109.** NRS 689A.035 is hereby amended to read as follows:

689A.035 1. An insurer shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form





prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~or~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 110.** NRS 689A.04033 is hereby amended to read as follows:

689A.04033 1. A policy of health insurance must provide coverage for medical treatment which a policyholder or subscriber receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;



- 1 (4) The United States Department of Veterans Affairs; or
- 2 (5) The United States Department of Defense;

3 (c) In the case of:

4 (1) A Phase I clinical trial or study for the treatment of  
5 cancer, the medical treatment is provided at a facility authorized to  
6 conduct Phase I clinical trials or studies for the treatment of cancer;  
7 or

8 (2) A Phase II, Phase III or Phase IV study or clinical trial  
9 for the treatment of cancer or chronic fatigue syndrome, the medical  
10 treatment is provided by a provider of health care and the facility  
11 and personnel for the clinical trial or study have the experience and  
12 training to provide the treatment in a capable manner;

13 (d) There is no medical treatment available which is considered  
14 a more appropriate alternative medical treatment than the medical  
15 treatment provided in the clinical trial or study;

16 (e) There is a reasonable expectation based on clinical data that  
17 the medical treatment provided in the clinical trial or study will be at  
18 least as effective as any other medical treatment;

19 (f) The clinical trial or study is conducted in this State; and

20 (g) The policyholder or subscriber has signed, before  
21 participating in the clinical trial or study, a statement of consent  
22 indicating that the policyholder or subscriber has been informed of,  
23 without limitation:

24 (1) The procedure to be undertaken;

25 (2) Alternative methods of treatment; and

26 (3) The risks associated with participation in the clinical trial  
27 or study, including, without limitation, the general nature and extent  
28 of such risks.

29 2. Except as otherwise provided in subsection 3, the coverage  
30 for medical treatment required by this section is limited to:

31 (a) Coverage for any drug or device that is approved for sale by  
32 the Food and Drug Administration without regard to whether the  
33 approved drug or device has been approved for use in the medical  
34 treatment of the policyholder or subscriber.

35 (b) The cost of any reasonably necessary health care services  
36 that are required as a result of the medical treatment provided in a  
37 Phase II, Phase III or Phase IV clinical trial or study or as a result of  
38 any complication arising out of the medical treatment provided in a  
39 Phase II, Phase III or Phase IV clinical trial or study, to the extent  
40 that such health care services would otherwise be covered under the  
41 policy of health insurance.

42 (c) The cost of any routine health care services that would  
43 otherwise be covered under the policy of health insurance for a  
44 policyholder or subscriber participating in a Phase I clinical trial or  
45 study.



(d) The initial consultation to determine whether the policyholder or subscriber is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the policyholder or subscriber during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the policyholder or subscriber during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 689A.04036, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the insurer has contracted for such services. If the insurer has not contracted for the provision of such services, the insurer shall pay the provider the rate of reimbursement that is paid to other providers with whom the insurer has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to a policyholder or subscriber is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the policyholder or subscriber.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the policyholder's or subscriber's policy of health insurance, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the policyholder or subscriber during the clinical trial or study.



(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the policyholder or subscriber.

(h) Any costs for the management of research relating to the clinical trial or study.

5. An insurer who delivers or issues for delivery a policy of health insurance specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the policyholder or subscriber, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. An insurer who delivers or issues for delivery a policy specified in subsection 1 shall:

(a) Include in any disclosure of the coverage provided by the policy notice to each policyholder and subscriber under the policy of the availability of the benefits required by this section.

(b) Provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

7. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~[2006,]~~ 2026, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

8. An insurer who delivers or issues for delivery a policy specified in subsection 1 is immune from liability for:

(a) Any injury to a policyholder or subscriber caused by:

(1) Any medical treatment provided to the policyholder or subscriber in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the policyholder or subscriber in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of a policyholder's or subscriber's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.



(b) “Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer” means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the “Policies and Guidelines Relating to the Cancer Center Support Grant” published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) “Provider of health care” means:

(1) A hospital; or

(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~or~~ *or a naturopathic physician licensed pursuant to chapter 630A of NRS.*

**Sec. 111.** NRS 689B.015 is hereby amended to read as follows:

689B.015 1. An insurer that issues a policy of group health insurance shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer specified in subsection 1 and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.



(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer specified in subsection 1 contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~[-]~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 112.** NRS 689B.0306 is hereby amended to read as follows:

689B.0306 1. A policy of group health insurance must provide coverage for medical treatment which a person insured under the group policy receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to



conduct Phase I clinical trials or studies for the treatment of cancer;  
or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The insured has signed, before participating in the clinical trial or study, a statement of consent indicating that the insured has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and

(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the insured person.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the policy of group health insurance.

(c) The cost of any routine health care services that would otherwise be covered under the policy of group health insurance for an insured participating in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the insured is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the insured during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the insured during a Phase I clinical trial





1 or study and which are not directly related to the clinical trial or  
2 study.

3 ➤ Except as otherwise provided in NRS 689B.0303, the services  
4 provided pursuant to paragraphs (b), (c), (e) and (f) must be covered  
5 only if the services are provided by a provider with whom the  
6 insurer has contracted for such services. If the insurer has not  
7 contracted for the provision of such services, the insurer shall pay  
8 the provider the rate of reimbursement that is paid to other providers  
9 with whom the insurer has contracted for similar services and the  
10 provider shall accept that rate of reimbursement as payment in full.

11 3. Particular medical treatment described in subsection 2 and  
12 provided to a person insured under the group policy is not required  
13 to be covered pursuant to this section if that particular medical  
14 treatment is provided by the sponsor of the clinical trial or study free  
15 of charge to the person insured under the group policy.

16 4. The coverage for medical treatment required by this section  
17 does not include:

18 (a) Any portion of the clinical trial or study that is customarily  
19 paid for by a government or a biotechnical, pharmaceutical or  
20 medical industry.

21 (b) Coverage for a drug or device described in paragraph (a) of  
22 subsection 2 which is paid for by the manufacturer, distributor or  
23 provider of the drug or device.

24 (c) Health care services that are specifically excluded from  
25 coverage under the insured's policy of group health insurance,  
26 regardless of whether such services are provided under the clinical  
27 trial or study.

28 (d) Health care services that are customarily provided by the  
29 sponsors of the clinical trial or study free of charge to the  
30 participants in the trial or study.

31 (e) Extraneous expenses related to participation in the clinical  
32 trial or study, including, without limitation, travel, housing and  
33 other expenses that a participant may incur.

34 (f) Any expenses incurred by a person who accompanies the  
35 insured during the clinical trial or study.

36 (g) Any item or service that is provided solely to satisfy a need  
37 or desire for data collection or analysis that is not directly related to  
38 the clinical management of the insured.

39 (h) Any costs for the management of research relating to the  
40 clinical trial or study.

41 5. An insurer who delivers or issues for delivery a policy of  
42 group health insurance specified in subsection 1 may require copies  
43 of the approval or certification issued pursuant to paragraph (b) of  
44 subsection 1, the statement of consent signed by the insured,  
45 protocols for the clinical trial or study and any other materials



1 related to the scope of the clinical trial or study relevant to the  
2 coverage of medical treatment pursuant to this section.

3 6. An insurer who delivers or issues for delivery a policy of  
4 group health insurance specified in subsection 1 shall:

5 (a) Include in any disclosure of the coverage provided by the  
6 policy notice to each group policyholder of the availability of the  
7 benefits required by this section.

8 (b) Provide the coverage required by this section subject to the  
9 same deductible, copayment, coinsurance and other such conditions  
10 for coverage that are required under the policy.

11 7. A policy of group health insurance subject to the provisions  
12 of this chapter that is delivered, issued for delivery or renewed on or  
13 after January 1, ~~2006,~~ 2026, has the legal effect of including the  
14 coverage required by this section, and any provision of the policy  
15 that conflicts with this section is void.

16 8. An insurer who delivers or issues for delivery a policy of  
17 group health insurance specified in subsection 1 is immune from  
18 liability for:

19 (a) Any injury to the insured caused by:

20 (1) Any medical treatment provided to the insured in  
21 connection with his or her participation in a clinical trial or study  
22 described in this section; or

23 (2) An act or omission by a provider of health care who  
24 provides medical treatment or supervises the provision of medical  
25 treatment to the insured in connection with his or her participation in  
26 a clinical trial or study described in this section.

27 (b) Any adverse or unanticipated outcome arising out of an  
28 insured's participation in a clinical trial or study described in this  
29 section.

30 9. As used in this section:

31 (a) "Cooperative group" means a network of facilities that  
32 collaborate on research projects and has established a peer review  
33 program approved by the National Institutes of Health. The term  
34 includes:

35 (1) The Clinical Trials Cooperative Group Program; and

36 (2) The Community Clinical Oncology Program.

37 (b) "Facility authorized to conduct Phase I clinical trials or  
38 studies for the treatment of cancer" means a facility or an affiliate of  
39 a facility that:

40 (1) Has in place a Phase I program which permits only  
41 selective participation in the program and which uses clear-cut  
42 criteria to determine eligibility for participation in the program;

43 (2) Operates a protocol review and monitoring system which  
44 conforms to the standards set forth in the "Policies and Guidelines



1 Relating to the Cancer Center Support Grant” published by the  
2 Cancer Centers Branch of the National Cancer Institute;

3 (3) Employs at least two researchers and at least one of those  
4 researchers receives funding from a federal grant;

5 (4) Employs at least three clinical investigators who have  
6 experience working in Phase I clinical trials or studies conducted at  
7 a facility designated as a comprehensive cancer center by the  
8 National Cancer Institute;

9 (5) Possesses specialized resources for use in Phase I clinical  
10 trials or studies, including, without limitation, equipment that  
11 facilitates research and analysis in proteomics, genomics and  
12 pharmacokinetics;

13 (6) Is capable of gathering, maintaining and reporting  
14 electronic data; and

15 (7) Is capable of responding to audits instituted by federal  
16 and state agencies.

17 (c) “Provider of health care” means:

18 (1) A hospital; or

19 (2) A person licensed pursuant to chapter 630, 631 or 633 of  
20 NRS ~~H~~ *or a naturopathic physician who is licensed pursuant to*  
21 *chapter 630A of NRS.*

22 **Sec. 113.** NRS 689C.131 is hereby amended to read as  
23 follows:

24 689C.131 1. A carrier serving small employers and a carrier  
25 that offers a contract to a voluntary purchasing group shall not  
26 charge a provider of health care a fee to include the name of the  
27 provider on a list of providers of health care given by the carrier to  
28 its insureds.

29 2. A carrier specified in subsection 1 shall not contract with a  
30 provider of health care to provide health care to an insured unless  
31 the carrier uses the form prescribed by the Commissioner pursuant  
32 to NRS 629.095 to obtain any information related to the credentials  
33 of the provider of health care.

34 3. A contract between a carrier specified in subsection 1 and a  
35 provider of health care may be modified:

36 (a) At any time pursuant to a written agreement executed by  
37 both parties.

38 (b) Except as otherwise provided in this paragraph, by the  
39 carrier upon giving to the provider 45 days’ written notice of the  
40 modification of the carrier’s schedule of payments, including any  
41 changes to the fee schedule applicable to the provider’s practice. If  
42 the provider fails to object in writing to the modification within the  
43 45 day period, the modification becomes effective at the end of that  
44 period. If the provider objects in writing to the modification within



1 the 45 day period, the modification must not become effective  
2 unless agreed to by both parties as described in paragraph (a).

3 4. If a carrier specified in subsection 1 contracts with a  
4 provider of health care to provide health care to an insured, the  
5 carrier shall:

6 (a) If requested by the provider of health care at the time the  
7 contract is made, submit to the provider of health care the schedule  
8 of payments applicable to the provider of health care; or

9 (b) If requested by the provider of health care at any other time,  
10 submit to the provider of health care the schedule of payments,  
11 including any changes to the fee schedule applicable to the  
12 provider's practice, specified in paragraph (a) within 7 days after  
13 receiving the request.

14 5. As used in this section, "provider of health care" means a  
15 provider of health care who is licensed pursuant to chapter 630, 631,  
16 632 or 633 of NRS ~~§~~ *or as a naturopathic physician who is licensed*  
17 *pursuant to chapter 630A of NRS.*

18 **Sec. 114.** NRS 690B.270 is hereby amended to read as  
19 follows:

20 690B.270 If an insurer declines to issue to a practitioner  
21 licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a*  
22 *naturopathic physician licensed pursuant to chapter 630A of NRS*  
23 a policy of professional liability insurance, the insurer shall, upon  
24 the request of the practitioner, disclose to the practitioner the  
25 reasons the insurer declined to issue the policy.

26 **Sec. 115.** NRS 690B.280 is hereby amended to read as  
27 follows:

28 690B.280 If an insurer, for a policy of professional liability  
29 insurance for a practitioner licensed pursuant to chapter 630, 631,  
30 632 or 633 of NRS ~~§~~ *or as a naturopathic physician licensed*  
31 *pursuant to chapter 630A of NRS,* sets the premium for the policy  
32 for the practitioner at a rate that is higher than the standard rate of  
33 the insurer for the applicable type of policy and specialty of the  
34 practitioner, the insurer shall, upon the request of the practitioner,  
35 disclose the reasons the insurer set the premium for the policy at the  
36 higher rate.

37 **Sec. 116.** NRS 690B.290 is hereby amended to read as  
38 follows:

39 690B.290 If an insurer offers to issue a claims-made policy to a  
40 practitioner licensed pursuant to chapter 630, 631, 632 or 633 of  
41 NRS ~~§~~ *or as a naturopathic physician licensed pursuant to*  
42 *chapter 630A of NRS,* the insurer shall:

43 1. Offer to issue an extended reporting endorsement to the  
44 practitioner; and



2. Disclose to the practitioner the cost formula that the insurer uses to determine the premium for the extended reporting endorsement. The cost formula must be based on:

(a) An amount that is not more than twice the amount of the premium for the claims-made policy at the time of the termination of that policy; and

(b) The rates filed by the insurer and approved by the Commissioner.

**Sec. 117.** NRS 690B.300 is hereby amended to read as follows:

690B.300 1. Except as otherwise provided in this section, if an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* who delivers one or more babies per year, the insurer shall not set the premium for the policy at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* who delivers one or more babies per year if the difference in rates is based in whole or in part upon the number of babies delivered per year by the practitioner.

2. If an insurer issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* who delivers one or more babies per year, the insurer may set the premium for the policy at a rate that is different, based in whole or in part upon the number of babies delivered per year by the practitioner, from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* who delivers one or more babies per year if the insurer:

(a) Bases the difference upon actuarial and loss experience data available to the insurer; and

(b) Obtains the approval of the Commissioner for the difference in rates.

3. The provisions of this section do not prohibit an insurer from setting the premium for a policy of professional liability insurance issued to a practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* who delivers one or more babies per year at a rate that is different from the rate set for such a policy issued by the insurer to any other practitioner licensed pursuant to chapter 630, 632 or 633 of NRS *or as a naturopathic physician licensed*



*pursuant to chapter 630A of NRS* who delivers one or more babies per year if the difference in rates is based solely upon factors other than the number of babies delivered per year by the practitioner.

**Sec. 118.** NRS 690B.310 is hereby amended to read as follows:

690B.310 1. If an agreement settles a claim or action against a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* for a breach of his or her professional duty toward a patient, the following terms of the agreement must not be made confidential:

- (a) The names of the parties;
  - (b) The date of the incidents or events giving rise to the claim or action;
  - (c) The nature of the claim or action as set forth in the complaint and the answer that is filed with the district court; and
  - (d) The effective date of the agreement.
2. Any provision of an agreement to settle a claim or action that conflicts with this section is void.

**Sec. 119.** NRS 690B.330 is hereby amended to read as follows:

690B.330 1. In each rating plan of an insurer that issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS*, the insurer shall provide for a reduction in the premium for the policy if the practitioner implements a qualified risk management system. The amount of the reduction in the premium must be determined by the Commissioner in accordance with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive.

2. A qualified risk management system must comply with all requirements established by the Commissioner.

3. The Commissioner shall adopt regulations to:

- (a) Establish the requirements for a qualified risk management system; and
- (b) Carry out the provisions of this section.

4. The provisions of this section apply to all rating plans which an insurer that issues a policy of professional liability insurance to a practitioner licensed pursuant to chapter 630 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* files with the Commissioner on and after the effective date of the regulations adopted by the Commissioner pursuant to this section.



1     **Sec. 120.** NRS 690B.350 is hereby amended to read as  
2 follows:

3     690B.350 1. The requirements of this section apply only if,  
4 after a hearing convened at the discretion of the Commissioner, the  
5 Commissioner determines that the market for professional liability  
6 insurance issued to any class, type or specialty of practitioner  
7 licensed pursuant to chapter 630, 631 or 633 of NRS *or as a*  
8 *naturopathic physician licensed pursuant to chapter 630A of NRS*  
9 is not competitive and that such insurance is unavailable or  
10 unaffordable for a substantial number of such practitioners.

11     2. If the Commissioner convenes a hearing pursuant to  
12 subsection 1 and issues a finding that the market for professional  
13 liability insurance issued to any class, type or specialty of  
14 practitioner licensed pursuant to chapter 630, 631 or 633 of NRS *or*  
15 *as a naturopathic physician licensed pursuant to chapter 630A of*  
16 *NRS* is not competitive, the Commissioner may designate that class,  
17 type or specialty of practitioner to be an essential medical specialty.

18     3. Except as otherwise provided in this section, if an insurer  
19 intends to cancel, terminate or otherwise not renew all policies of  
20 professional liability insurance that it has issued to any class, type or  
21 specialty of practitioner licensed pursuant to chapter 630, 631 or 633  
22 of NRS ~~§~~ *or as a naturopathic physician licensed pursuant to*  
23 *chapter 630A of NRS*, the insurer must provide 120 days' notice of  
24 its intended action to the Commissioner and the practitioners before  
25 its intended action becomes effective.

26     4. If an insurer intends to cancel, terminate or otherwise not  
27 renew a specific policy of professional liability insurance that it has  
28 issued to a practitioner who is practicing in one or more of the  
29 essential medical specialties designated by the Commissioner:

30     (a) The insurer must provide 120 days' notice to the practitioner  
31 before its intended action becomes effective; and

32     (b) The Commissioner may require the insurer to delay its  
33 intended action for a period of not more than 60 days if the  
34 Commissioner determines that a replacement policy is not readily  
35 available to the practitioner.

36     5. If an insurer intends to cancel, terminate or otherwise not  
37 renew all policies of professional liability insurance that it has  
38 issued to practitioners who are practicing in one or more of the  
39 essential medical specialties designated by the Commissioner:

40     (a) The insurer must provide 120 days' notice of its intended  
41 action to the Commissioner and the practitioners before its intended  
42 action becomes effective; and

43     (b) The Commissioner may require the insurer to delay its  
44 intended action for a period of not more than 60 days if the



Commissioner determines that replacement policies are not readily available to the practitioners.

6. The Commissioner may adopt any regulations that are necessary to carry out the provisions of this section.

**Sec. 121.** NRS 690B.360 is hereby amended to read as follows:

690B.360 1. The Commissioner may collect all information which is pertinent to monitoring whether an insurer that issues professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* is complying with the applicable standards for rates established in NRS 686B.010 to 686B.1799, inclusive. Such information may include, without limitation:

(a) The amount of gross premiums collected with regard to each medical specialty;

(b) Information relating to loss ratios; and

(c) Information reported pursuant to NRS 679B.430 and 679B.440.

2. In addition to the information collected pursuant to subsection 1, the Commissioner may request any additional information from an insurer:

(a) Whose rates and credit utilization are materially different from other insurers in the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* in this State;

(b) Whose credit utilization shows a substantial change from the previous year; or

(c) Whose information collected pursuant to subsection 1 indicates a potentially adverse trend.

3. If the Commissioner requests additional information from an insurer pursuant to subsection 2, the Commissioner may:

(a) Determine whether the additional information offers a reasonable explanation for the results described in paragraph (a), (b) or (c) of subsection 2; and

(b) Take any steps permitted by law that are necessary and appropriate to assure the ongoing stability of the market for professional liability insurance for a practitioner licensed pursuant to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic physician licensed pursuant to chapter 630A of NRS* in this State.

4. On an ongoing basis, the Commissioner may analyze and evaluate the information collected pursuant to this section to determine trends in and measure the health of the market for professional liability insurance for a practitioner licensed pursuant





1 to chapter 630, 631, 632 or 633 of NRS *or as a naturopathic*  
2 *physician licensed pursuant to chapter 630A of NRS* in this State.

3 5. If the Commissioner convenes a hearing pursuant to  
4 subsection 1 of NRS 690B.350 and determines that the market for  
5 professional liability insurance issued to any class, type or specialty  
6 of practitioner licensed pursuant to chapter 630, 631 or 633 of NRS  
7 *or as a naturopathic physician licensed pursuant to chapter 630A*  
8 *of NRS* is not competitive and that such insurance is unavailable or  
9 unaffordable for a substantial number of such practitioners, the  
10 Commissioner shall prepare and submit a report of the  
11 Commissioner's findings and recommendations to the Director of  
12 the Legislative Counsel Bureau for transmittal to members of the  
13 Legislature.

14 **Sec. 122.** NRS 695A.095 is hereby amended to read as  
15 follows:

16 695A.095 1. A society shall not charge a provider of health  
17 care a fee to include the name of the provider on a list of providers  
18 of health care given by the society to its insureds.

19 2. A society shall not contract with a provider of health care to  
20 provide health care to an insured unless the society uses the form  
21 prescribed by the Commissioner pursuant to NRS 629.095 to obtain  
22 any information related to the credentials of the provider of health  
23 care.

24 3. A contract between a society and a provider of health care  
25 may be modified:

26 (a) At any time pursuant to a written agreement executed by  
27 both parties.

28 (b) Except as otherwise provided in this paragraph, by the  
29 society upon giving to the provider 45 days' written notice of the  
30 modification of the society's schedule of payments, including any  
31 changes to the fee schedule applicable to the provider's practice. If  
32 the provider fails to object in writing to the modification within the  
33 45-day period, the modification becomes effective at the end of that  
34 period. If the provider objects in writing to the modification within  
35 the 45-day period, the modification must not become effective  
36 unless agreed to by both parties as described in paragraph (a).

37 4. If a society contracts with a provider of health care to  
38 provide health care to an insured, the society shall:

39 (a) If requested by the provider of health care at the time the  
40 contract is made, submit to the provider of health care the schedule  
41 of payments applicable to the provider of health care; or

42 (b) If requested by the provider of health care at any other time,  
43 submit to the provider of health care the schedule of payments,  
44 including any changes to the fee schedule applicable to the



1 provider's practice, specified in paragraph (a) within 7 days after  
2 receiving the request.

3 5. As used in this section, "provider of health care" means a  
4 provider of health care who is licensed pursuant to chapter 630, 631,  
5 632 or 633 of NRS ~~[-]~~ *or a naturopathic physician who is licensed*  
6 *pursuant to chapter 630A of NRS.*

7 **Sec. 123.** NRS 695B.035 is hereby amended to read as  
8 follows:

9 695B.035 1. A corporation subject to the provisions of this  
10 chapter shall not charge a provider of health care a fee to include the  
11 name of the provider on a list of providers of health care given by  
12 the corporation to its insureds.

13 2. A corporation specified in subsection 1 shall not contract  
14 with a provider of health care to provide health care to an insured  
15 unless the corporation uses the form prescribed by the  
16 Commissioner pursuant to NRS 629.095 to obtain any information  
17 related to the credentials of the provider of health care.

18 3. A contract between a corporation specified in subsection 1  
19 and a provider of health care may be modified:

20 (a) At any time pursuant to a written agreement executed by  
21 both parties.

22 (b) Except as otherwise provided in this paragraph, by the  
23 corporation upon giving to the provider 45 days' written notice of  
24 the modification of the corporation's schedule of payments,  
25 including any changes to the fee schedule applicable to the  
26 provider's practice. If the provider fails to object in writing to the  
27 modification within the 45-day period, the modification becomes  
28 effective at the end of that period. If the provider objects in writing  
29 to the modification within the 45-day period, the modification must  
30 not become effective unless agreed to by both parties as described in  
31 paragraph (a).

32 4. If a corporation specified in subsection 1 contracts with a  
33 provider of health care to provide health care to an insured, the  
34 corporation shall:

35 (a) If requested by the provider of health care at the time the  
36 contract is made, submit to the provider of health care the schedule  
37 of payments applicable to the provider of health care; or

38 (b) If requested by the provider of health care at any other time,  
39 submit to the provider of health care the schedule of payments,  
40 including any changes to the fee schedule applicable to the  
41 provider's practice, specified in paragraph (a) within 7 days after  
42 receiving the request.

43 5. As used in this section, "provider of health care" means a  
44 provider of health care who is licensed pursuant to chapter 630, 631,



632 or 633 of NRS ~~§~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 124.** NRS 695B.1903 is hereby amended to read as follows:

695B.1903 1. A policy of health insurance issued by a medical services corporation must provide coverage for medical treatment which a person insured under the policy receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The insured has signed, before participating in the clinical trial or study, a statement of consent indicating that the insured has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and

(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.



2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the insured person.

(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the policy of health insurance.

(c) The cost of any routine health care services that would otherwise be covered under the policy of health insurance for an insured participating in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the insured is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the insured during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the insured during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

↪ Except as otherwise provided in NRS 695B.1901, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the medical services corporation has contracted for such services. If the medical services corporation has not contracted for the provision of such services, the medical services corporation shall pay the provider the rate of reimbursement that is paid to other providers with whom the medical services corporation has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to a person insured under the policy is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the person insured under the policy.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.



(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the insured's policy of health insurance, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study, including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the insured during the trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the insured.

(h) Any costs for the management of research relating to the clinical trial or study.

5. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the insured, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 shall:

(a) Include in any disclosure of the coverage provided by the policy notice to each person insured under the policy of the availability of the benefits required by this section.

(b) Provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the policy.

7. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2006,~~ 2026, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

8. A medical services corporation that delivers or issues for delivery a policy of health insurance specified in subsection 1 is immune from liability for:

(a) Any injury to the insured caused by:



(1) Any medical treatment provided to the insured in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the insured in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an insured's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the "Policies and Guidelines Relating to the Cancer Center Support Grant" published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) "Provider of health care" means:

(1) A hospital; or



(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~§~~ *or a naturopathic physician licensed pursuant to chapter 630A of NRS.*

**Sec. 125.** NRS 695C.125 is hereby amended to read as follows:

695C.125 1. A health maintenance organization shall not contract with a provider of health care to provide health care to an insured unless the health maintenance organization uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

2. A contract between a health maintenance organization and a provider of health care may be modified:

(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the health maintenance organization upon giving to the provider 45 days' written notice of the modification of the health maintenance organization's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

3. If a health maintenance organization contracts with a provider of health care to provide health care to an enrollee, the health maintenance organization shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

4. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~§~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 126.** NRS 695C.1693 is hereby amended to read as follows:

695C.1693 1. Except as otherwise provided in NRS 695C.050, a health care plan issued by a health maintenance



organization must provide coverage for medical treatment which an enrollee receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or

(5) The United States Department of Defense;

(c) In the case of:

(1) A Phase I clinical trial or study for the treatment of cancer, the medical treatment is provided at a facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer; or

(2) A Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or chronic fatigue syndrome, the medical treatment is provided by a provider of health care and the facility and personnel for the clinical trial or study have the experience and training to provide the treatment in a capable manner;

(d) There is no medical treatment available which is considered a more appropriate alternative medical treatment than the medical treatment provided in the clinical trial or study;

(e) There is a reasonable expectation based on clinical data that the medical treatment provided in the clinical trial or study will be at least as effective as any other medical treatment;

(f) The clinical trial or study is conducted in this State; and

(g) The enrollee has signed, before participating in the clinical trial or study, a statement of consent indicating that the enrollee has been informed of, without limitation:

(1) The procedure to be undertaken;

(2) Alternative methods of treatment; and

(3) The risks associated with participation in the clinical trial or study, including, without limitation, the general nature and extent of such risks.

2. Except as otherwise provided in subsection 3, the coverage for medical treatment required by this section is limited to:

(a) Coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the enrollee.





(b) The cost of any reasonably necessary health care services that are required as a result of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study or as a result of any complication arising out of the medical treatment provided in a Phase II, Phase III or Phase IV clinical trial or study, to the extent that such health care services would otherwise be covered under the health care plan.

(c) The cost of any routine health care services that would otherwise be covered under the health care plan for an enrollee in a Phase I clinical trial or study.

(d) The initial consultation to determine whether the enrollee is eligible to participate in the clinical trial or study.

(e) Health care services required for the clinically appropriate monitoring of the enrollee during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the enrollee during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 695C.1691, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the health maintenance organization has contracted for such services. If the health maintenance organization has not contracted for the provision of such services, the health maintenance organization shall pay the provider the rate of reimbursement that is paid to other providers with whom the health maintenance organization has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to an enrollee is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the enrollee.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the enrollee's health care plan, regardless of whether such services are provided under the clinical trial or study.



(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study, including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the enrollee during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the enrollee.

(h) Any costs for the management of research relating to the clinical trial or study.

5. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the enrollee, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 shall provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the plan.

7. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2006,~~ 2026, has the legal effect of including the coverage required by this section, and any provision of the plan that conflicts with this section is void.

8. A health maintenance organization that delivers or issues for delivery a health care plan specified in subsection 1 is immune from liability for:

(a) Any injury to an enrollee caused by:

(1) Any medical treatment provided to the enrollee in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the enrollee in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an enrollee's participation in a clinical trial or study described in this section.

9. As used in this section:



(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

- (1) The Clinical Trials Cooperative Group Program; and
- (2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:

(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the "Policies and Guidelines Relating to the Cancer Center Support Grant" published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) "Provider of health care" means:

(1) A hospital; or

(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~H~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 127.** NRS 695G.127 is hereby amended to read as follows:

695G.127 1. A managed care organization shall not contract with a provider of health care to provide health care to an insured unless the managed care organization uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

2. A contract between a managed care organization and a provider of health care may be modified:



(a) At any time pursuant to a written agreement executed by both parties.

(b) Except as otherwise provided in this paragraph, by the managed care organization upon giving to the provider 45 days' written notice of the modification of the managed care organization's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

3. If a managed care organization contracts with a provider of health care to provide health care services pursuant to chapter 689A, 689B, 689C, 695A, 695B or 695C of NRS, the managed care organization shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

(b) If requested by the provider of health care at any other time, submit to the provider of health care the schedule of payments, including any changes to the fee schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

4. As used in this section, "provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS ~~or~~ *or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.*

**Sec. 128.** NRS 695G.173 is hereby amended to read as follows:

695G.173 1. A health care plan issued by a managed care organization must provide coverage for medical treatment which a person insured under the plan receives as part of a clinical trial or study if:

(a) The medical treatment is provided in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome;

(b) The clinical trial or study is approved by:

(1) An agency of the National Institutes of Health as set forth in 42 U.S.C. § 281(b);

(2) A cooperative group;

(3) The Food and Drug Administration as an application for a new investigational drug;

(4) The United States Department of Veterans Affairs; or



1 (5) The United States Department of Defense;

2 (c) In the case of:

3 (1) A Phase I clinical trial or study for the treatment of  
4 cancer, the medical treatment is provided at a facility authorized to  
5 conduct Phase I clinical trials or studies for the treatment of cancer;  
6 or

7 (2) A Phase II, Phase III or Phase IV study or clinical trial  
8 for the treatment of cancer or chronic fatigue syndrome, the medical  
9 treatment is provided by a provider of health care and the facility  
10 and personnel for the clinical trial or study have the experience and  
11 training to provide the treatment in a capable manner;

12 (d) There is no medical treatment available which is considered  
13 a more appropriate alternative medical treatment than the medical  
14 treatment provided in the clinical trial or study;

15 (e) There is a reasonable expectation based on clinical data that  
16 the medical treatment provided in the clinical trial or study will be at  
17 least as effective as any other medical treatment;

18 (f) The clinical trial or study is conducted in this State; and

19 (g) The insured has signed, before participating in the clinical  
20 trial or study, a statement of consent indicating that the insured has  
21 been informed of, without limitation:

22 (1) The procedure to be undertaken;

23 (2) Alternative methods of treatment; and

24 (3) The risks associated with participation in the clinical trial  
25 or study, including, without limitation, the general nature and extent  
26 of such risks.

27 2. Except as otherwise provided in subsection 3, the coverage  
28 for medical treatment required by this section is limited to:

29 (a) Coverage for any drug or device that is approved for sale by  
30 the Food and Drug Administration without regard to whether the  
31 approved drug or device has been approved for use in the medical  
32 treatment of the insured.

33 (b) The cost of any reasonably necessary health care services  
34 that are required as a result of the medical treatment provided in a  
35 Phase II, Phase III or Phase IV clinical trial or study or as a result of  
36 any complication arising out of the medical treatment provided in a  
37 Phase II, Phase III or Phase IV clinical trial or study, to the extent  
38 that such health care services would otherwise be covered under the  
39 health care plan.

40 (c) The cost of any routine health care services that would  
41 otherwise be covered under the health care plan for an insured in a  
42 Phase I clinical trial or study.

43 (d) The initial consultation to determine whether the insured is  
44 eligible to participate in the clinical trial or study.



(e) Health care services required for the clinically appropriate monitoring of the insured during a Phase II, Phase III or Phase IV clinical trial or study.

(f) Health care services which are required for the clinically appropriate monitoring of the insured during a Phase I clinical trial or study and which are not directly related to the clinical trial or study.

➤ Except as otherwise provided in NRS 695G.164, the services provided pursuant to paragraphs (b), (c), (e) and (f) must be covered only if the services are provided by a provider with whom the managed care organization has contracted for such services. If the managed care organization has not contracted for the provision of such services, the managed care organization shall pay the provider the rate of reimbursement that is paid to other providers with whom the managed care organization has contracted for similar services and the provider shall accept that rate of reimbursement as payment in full.

3. Particular medical treatment described in subsection 2 and provided to a person insured under the plan is not required to be covered pursuant to this section if that particular medical treatment is provided by the sponsor of the clinical trial or study free of charge to the person insured under the plan.

4. The coverage for medical treatment required by this section does not include:

(a) Any portion of the clinical trial or study that is customarily paid for by a government or a biotechnical, pharmaceutical or medical industry.

(b) Coverage for a drug or device described in paragraph (a) of subsection 2 which is paid for by the manufacturer, distributor or provider of the drug or device.

(c) Health care services that are specifically excluded from coverage under the insured's health care plan, regardless of whether such services are provided under the clinical trial or study.

(d) Health care services that are customarily provided by the sponsors of the clinical trial or study free of charge to the participants in the trial or study.

(e) Extraneous expenses related to participation in the clinical trial or study, including, without limitation, travel, housing and other expenses that a participant may incur.

(f) Any expenses incurred by a person who accompanies the insured during the clinical trial or study.

(g) Any item or service that is provided solely to satisfy a need or desire for data collection or analysis that is not directly related to the clinical management of the insured.



(h) Any costs for the management of research relating to the clinical trial or study.

5. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 may require copies of the approval or certification issued pursuant to paragraph (b) of subsection 1, the statement of consent signed by the insured, protocols for the clinical trial or study and any other materials related to the scope of the clinical trial or study relevant to the coverage of medical treatment pursuant to this section.

6. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 shall provide the coverage required by this section subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required under the plan.

7. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, ~~2006,~~ 2026, has the legal effect of including the coverage required by this section, and any provision of the plan that conflicts with this section is void.

8. A managed care organization that delivers or issues for delivery a health care plan specified in subsection 1 is immune from liability for:

(a) Any injury to an insured caused by:

(1) Any medical treatment provided to the insured in connection with his or her participation in a clinical trial or study described in this section; or

(2) An act or omission by a provider of health care who provides medical treatment or supervises the provision of medical treatment to the insured in connection with his or her participation in a clinical trial or study described in this section.

(b) Any adverse or unanticipated outcome arising out of an insured's participation in a clinical trial or study described in this section.

9. As used in this section:

(a) "Cooperative group" means a network of facilities that collaborate on research projects and has established a peer review program approved by the National Institutes of Health. The term includes:

(1) The Clinical Trials Cooperative Group Program; and

(2) The Community Clinical Oncology Program.

(b) "Facility authorized to conduct Phase I clinical trials or studies for the treatment of cancer" means a facility or an affiliate of a facility that:



(1) Has in place a Phase I program which permits only selective participation in the program and which uses clear-cut criteria to determine eligibility for participation in the program;

(2) Operates a protocol review and monitoring system which conforms to the standards set forth in the “Policies and Guidelines Relating to the Cancer Center Support Grant” published by the Cancer Centers Branch of the National Cancer Institute;

(3) Employs at least two researchers and at least one of those researchers receives funding from a federal grant;

(4) Employs at least three clinical investigators who have experience working in Phase I clinical trials or studies conducted at a facility designated as a comprehensive cancer center by the National Cancer Institute;

(5) Possesses specialized resources for use in Phase I clinical trials or studies, including, without limitation, equipment that facilitates research and analysis in proteomics, genomics and pharmacokinetics;

(6) Is capable of gathering, maintaining and reporting electronic data; and

(7) Is capable of responding to audits instituted by federal and state agencies.

(c) “Provider of health care” means:

(1) A hospital; or

(2) A person licensed pursuant to chapter 630, 631 or 633 of NRS ~~or a naturopathic physician who is licensed pursuant to chapter 630A of NRS.~~

**Sec. 129.** 1. As soon as practicable on or after July 1, 2025, the Governor shall appoint to the Nevada Board of Homeopathic and Naturopathic Medical Examiners created by NRS 630A.100, as amended by section 40 of this act:

(a) One new member described in subsection 2 of NRS 630A.110, as amended by section 41 of this act, to an initial term that expires on June 30, 2027; and

(b) One new member described in subsection 2 of NRS 630A.110, as amended by section 41 of this act, to an initial term that expires on June 30, 2029.

2. Notwithstanding the provisions of subsection 2 of NRS 630A.110, as amended by section 41 of this act, the initial members described in that subsection who are appointed to the Nevada Board of Homeopathic and Naturopathic Medical Examiners pursuant to subsection 1 may be persons who are licensed to practice naturopathic medicine in the District of Columbia or any state or territory of the United States, have been engaged in the practice of naturopathic medicine in that jurisdiction for a period of more than





1 2 years preceding their respective appointments and are actually  
2 engaged in the practice of naturopathic medicine.

3 **Sec. 130.** 1. This section becomes effective upon passage  
4 and approval.

5 2. Sections 33, 40, 41, 96 and 129 of this act become effective  
6 on July 1, 2025.

7 3. Sections 1 to 32, inclusive, 34 to 39, inclusive, 42 to 95,  
8 inclusive, and 97 to 128, inclusive, of this act become effective:

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

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



