

# NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE NEWSLETTER

Nevada State Board of Osteopathic Medicine, 2275 Corporate Circle, Suite 210, Henderson, NV 89074

July 2021 Volume 22

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##### BOARD OFFICE OPENS

PER GOVERNOR SISOLAK'S [DIRECTIVE 44, SECTION 17](#), THE BOARD OFFICE OPENED TO THE PUBLIC ON JUNE 1, 2021. Our office is now staffed and open to the public Mondays through Fridays from 8:00 a.m. to 5:00 p.m.

**CHANGES TO THE OPEN MEETING LAW:** [AB 253](#) now allows public bodies, including this Board, to conduct meetings entirely using teleconference or videoconference means. Previously, the Open Meeting Law defined the definition of a "meeting" to include a gathering of members of a public body at which a quorum is present, whether in person or electronic communication. The Board may discuss in the future if it will revise how it intends to hold its meetings pursuant to what is now allowed by AB 253.

##### Licensee Contact Information

**Licensees:** Please provide the appropriate contact information (email, US mail or telephone) to the Board when updating mailing, home and practice addresses. This will ensure the Board can reach you when needed.

**Note:** The ONLY acceptable mailing address provided to the Board will be either a home (residence) address or a regularly checked PO Box. We have found that practice or license verification company addresses do not guarantee that mail sent by the Board will be received.

##### Physician Assistant Precautionary Note!

Physician Assistants licensed in the State of Nevada, as well as most other states, are **NOT** legally allowed to use the new title "Physician Associate" that is currently approved/adopted for discussion and research by the American Academy of Physician Assistants. According to AAPC, ARC-PA and other PA organizations, it is not recommended that this title be used by the PA until it has been officially adopted through studies and state regulation changes. The AAPC goes on to say that this process is expected to take up to 5 years to move forward. Utilizing the title of Physician Associate is a violation of State statute and could subject the PA that officially utilizes this title in their practice to disciplinary action by the Board for misrepresentation to patients.

##### BOARD/STAFF NEWS

**Board:** Current Board members Samir Pancholi, D.O., and Swadeep Nigam, MSc, MBA, have been approved for Board reappointment by the Governor's office to serve an additional four-year term on the Board. Congratulations to both!

**Staff:** We made it through another legislative session. Thank you to the staff for all of your assistance!



##### NSBOM BOARD MEMBERS

Ronald Hedger, D.O.

*President;*

Ricardo Almaguer, D.O.

*Vice President*

Swadeep Nigam, MSc, MBA

*Secretary/Treasurer;*

Paul Mausling, D.O.

C. Dean Milne, D.O.

Samir Pancholi, D.O.

Carla Perlotto, Ph.D.

##### ■STAFF

Sandra Reed

*Executive Director*

Clayton Bailey

*Complaint Specialist/Investigator*

Nikki Montano

*Licensing Specialist*

Kortney Kinzer

*Administrative/Licensing Assistant*

**Mission:** The Nevada State Board of Osteopathic Medicine's mission is to protect and safeguard the public by licensing and disciplining well-educated and competent Doctors of Osteopathy and Physician Assistants.

## 2021 BOARD MEETINGS

August 10  
September 14  
October 12  
November 09  
December 14

As of June 1, 2021, Board meetings will be held in person at 5:30 p.m. The public may also call in to meetings telephonically.

## License Application Numbers

### January- June 2021

DO - 148  
PA - 26  
Residents - 129  
Other Special - 0  
Compact (IMLC) - 23  
Members & 5 SPL  
**Total licensees - 2344**

## Enforcement Stats: Jan - June 2021

Complaints Reviewed/Investigated  
39  
Settlement/Remediation Agreements  
0  
Complaints resulting in a Letter of Caution  
4  
Complaints Authorized for Closure  
26  
Fulfilled (Completed) Agreements  
1

## Complaint Types\*: Jan - June 2021

Medical Malpractice - 4  
Prescribing - 1  
Standard of Care - 24  
Unprofessional Conduct General - 8  
    Medical Records - 2  
    Death Certificate Signing - 0  
    Terminating a patient - 0  
Non - Reporting - 0  
Other - 1

\*Some types of complaints overlap

## BOARD LICENSE/RENEWAL FEES

INITIAL LICENSE FEE: DO-\$500\*; PA-\$300\* [Dual-licensed PA fees will change 1/1/22]

MILITARY DISCOUNT: 50%- DO-\$250; PA-\$150 (INCLUDES SPOUSES)

RENEWAL FEE: DO-\$350; PA-\$150

ACTIVE MILITARY RENEWAL FEE: \$0 (NO COST)

\*Fingerprint/background fees are an additional \$50.

**2021 RENEWALS--DECEMBER 31 IS A HOLIDAY AND THE BOARD OFFICE CLOSED; YOU MAY RENEW ONLINE, BUT NO STAFF WILL BE AVAILABLE TO ASSIST YOU ON DECEMBER 31, 2021. BEST TO RENEW BY NOVEMBER 30 EVERY YEAR FOR TIMELY VERIFICATION OF YOUR LICENSE RENEWAL WITH YOUR JOB.\*NV Statute requires DO and PA licensees to renew licenses by 12/31 annually.\***

## CME Requirements Refresher (DO and PA)

**DO:** -Ten (10) AOA 1A or AMA credits **which includes two (2) credits in abuse of controlled substances, opioid prescribing or addiction**

- Suicide Prevention: DOs must obtain two (2) credits in suicide prevention within two (2) years of being licensed, and repeat every four (4) years.

- Even years: two (2) credits of one of the following: ethics, pain management, addiction

**Note:** The annual NOMA conference does not fulfill the CME credit requirement if a total of **35 credits** are not earned for that conference.

- **Preceptorship credits may be applied to the required 35 annual CME credits.**

**PA:** Included in the completion of **20 hours** (credits) of annual continuing medical education completion of at least **two (2) hours** (credits) in the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

**NOTE: The COVID-19 emergency does NOT exempt the annual CME requirements. All credits may be earned via online courses. Several sources are available on the Board website.**

## CURRENT MEMBER LIST- INTERSTATE MEDICAL LICENSURE COMPACT (IMLC)

- NEVADA
- ALABAMA
- ARIZONA
- COLORADO
- DELAWARE
- DISTRICT OF COLUMBIA
- GEORGIA
- U.S. Territory of GUAM
- IDAHO
- ILLINOIS
- IOWA
- KANSAS
- KENTUCKY
- MAINE
- MARYLAND
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MONTANA
- NEBRASKA
- NEW HAMPSHIRE
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- SOUTH DAKOTA
- TENNESSEE
- UTAH
- VERMONT
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING

For more info go to:

<http://nsbom.org/LicensingPublic/licensurecompact.jsp>;

To apply for an interstate medical license (DOs only), go to:

<http://www.imlcc.org/>

## Closing your practice?

The statute requires practitioners to notify the Board in writing **30 days** before closing your practice. See NRS 633.291; NAC 633.260(1)(2) for full details.

## Notify patients:

Per NRS 633.511(1)(n), it is best practices to give similar adequate notice to patients when closing or changing your practice.

## SUMMARY OF THE 2021(81<sup>ST</sup>) NEVADA LEGISLATIVE SESSION

Nevada is one of only six states with biennial legislative sessions, and our legislature is constitutionally limited to 120 days. After the completion of this recent session, there may be two special sessions, likely in the summer and fall. One session will determine the allocation and distribution of American Rescue Plan COVID-19 relief funds; and, the other session will redraw the state's electoral district boundaries.

**The bills summarized below were passed, and are interest to both licensees and licensing Boards.**

### **AB 278 – Provides for the collection of certain information from physicians**

Requires the Department of Health and Human Services (DHHS) to develop a data request to be used by the Board of Osteopathic Medicine and Board of Medical Examiners to be administered upon initial licensure or license renewal. Information requested is as follows:

- Employment – is applicant employed by a hospital, a health system or an entity owned by a health system, or, does applicant practice independently.
- If applicant is employed by a hospital, health system or entity owned by a health system, list the name of hospital, or entity ownership.
- If applicant is employed by an entity other than hospital, health system or entity owning a health system, list name of the legal entity which owns the practice and any assumed or fictitious name of the entity.
- If independent practice, name of practice.
- It must be noted that the data will not be provided to, seen by, or held by the Board and that, instead, it will be provided confidentially solely and only to the Department of Health and Human Services. There is no penalty for a failure to provide the requested data.

The information collected shall remain confidential and any reporting by DHHs will not reveal any personal data or identity of physician. The aggregated information will be posted to the Department's website and is intended to analyze trends in employment and practices of physicians in Nevada.

*Section 5 effective May 27, 2021. Sections 1 to 4, inclusive, of this act effective: (a) May 27, 2021, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and (b) On October 1, 2021, for all other purposes.*

### **SB 109 – Data request – sexual orientation, gender identity and race**

Requires agencies and regulatory boards that collect demographic data on licensees, to also request information on a licensee's sexual orientation, gender identity or expression and race or ethnicity. *The Board of Osteopathic Medicine does not request such data; therefore, this will not impact licensees.*

*Effective date October 1, 2021.*

### **SB329 – Reporting mergers and acquisitions**

Requires hospitals and certain physician groups to notify DHHS of any merger, acquisition, or similar transaction within hospital or practice. The bill also prohibits a third-party insurer from steering insured people to certain health care providers.

*Sections 1 to 21, inclusive, effective June 8, 2021, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and October 1, 2021, for all other purposes.*

### **SB 379 – Demographic and practice data request**

Requires licensing boards to request that licensees provide data from licensees to the Department of Health and Human Services relating to the licensees' demographic and practice information; i.e., location in the state of practice, hours worked, number of providers in practice, etc. It must be noted that the data will not be provided to, seen by, or held by the Board and that, instead, it will be provided confidentially solely and only to the Department of Health and Human Services. There is no penalty for a failure to provide the requested data.

*Sections 1 to 39, inclusive, effective May 27, 2021 and July 1, 2021, for all other purposes.*

### **AB 178 – Prescription dispensing during declared disasters**

Requires insurers, including Medicaid, Public Employees' Benefits Program and local governments that provide employee coverage to:

- Waive restrictions for prescription refills for insured people when a state of emergency or disaster declaration applies.
- Authorizes payment for a supply of a covered prescription drug for up to 30 days for any insured who requests a refill under those conditions.
- Allows a pharmacist to fill or refill a prescription in an amount greater than the amount authorized by prescribing provider, but does not exceed a 30-day supply of the drug if;
  - The drug is not a controlled substance listed in Schedule II;
  - The patient resided in an area where a state of emergency or declared disaster applies;
  - A pharmacist who dispenses a drug under these conditions must issue and maintain a written order for dispensing the drug and notify the provider.

*Effective July 1, 2021.*

### **AB 327 – Requires mental health professionals to complete CME concerning cultural competency and diversity, equity and inclusion.**

Psychiatrists and Physician Assistants (PAs) who are supervised by psychiatrists must provide two hours of CME related to cultural competency and sensitivity. A health care provider who receives cultural competency training as part of his or her employment at a health care facility may use that training to satisfy his or her continuing education requirement. The curriculum must address persons who have different cultural backgrounds, including, without limitation, those who are:

- From various gender, racial and ethnic backgrounds
- From various religious backgrounds
- Lesbian, gay, bisexual, transgender or questioning persons
- Children or senior citizens
- Veterans
- Persons with a mental illness
- Persons with an intellectual disability, developmental disability or physical disability, or,
- Part of any other population that the applicable licensees or certificate holders may need to better understand, as determined by the Board.

*Section 8 effective May 28, 2021. Sections 1 to 7.5, inclusive, of this act effective: (a) May 28, 2021, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and (b) On January 1, 2022, for all other purposes.*

### **AB 442 – Healthcare provider training on substance use disorder**

Requires providers who are authorized to prescribe controlled substances to complete at least two (2) hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within two (2) years after initial licensure.

*Effective May 25, 2021.*

### **AB 471 – Reporting information relating to cancer and other neoplasms**

Prior law required health care providers who diagnose or treat cancer or other neoplasms to report information to the State Chief Medical officer unless it had already been reported. AB 471 now requires each segment of the health care process to be reported.

*Effective July 1, 2021.*

### **SB 5 – Telehealth**

Clarifies the definition of telehealth to include both synchronous and asynchronous interactions and adds audio-only interaction to the definition of telehealth, with the exception as it relates to industrial insurance. **Note:** insurance reimbursement rates may differ if providing telehealth services via ONLY the telephone, rather than providing services via video, webinar or telephone AND another medium, such as emails. *Dates of effectiveness vary. See below:*

*Sections 1 to 4, inclusive, 5 to 9, inclusive, 10, 11, 12, 13, 14, 15, 16 and 16.5 of this act become effective June 4, 2021 for the purpose of performing any preparatory administrative tasks that are necessary to carry out the provisions of this act and on October 1, 2021, for all other purposes. Sections 4.3, 9.3, 10.3, 11.3, 12.3, 13.3, 14.3 and 16.1 of this act become effective 1 year after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, only if the*

Governor terminates that emergency before July 1, 2022. Sections 4.6, 9.6, 10.6, 11.6, 12.6, 13.6, 14.6 and 16.2 of this act become effective on July 1, 2023, only if the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, before July 1, 2022. Sections 4.9, 9.9, 10.9, 11.9, 12.9, 13.9, 14.9 and 16.3 of this act become effective on June 30, 2023, only if the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, on or after July 1, 2022. Section 15.5 of this act becomes effective on June 30, 2023, or 1 year after the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, whichever is earlier.

#### **SB 184 – Physician Assistant Licensure**

The bill makes various changes relating to the licensure and regulation of physician assistants (PA) by the Board of Medical Examiners and the State Board of Osteopathic Medicine, including:

- Prohibits the boards from requiring that a PA receive or maintain certification by the National Commission on Certification of Physician Assistants to satisfy any continuing education requirements for the renewal of a license;
- Provides that provisions governing allopathic and osteopathic medicine do not apply to the performance of medical services by a student enrolled in an accredited PA educational program or a PA performing his or her official duties as part of any division or department of the United States unless licensure by a state is required by such division or department;
- Allows a PA to obtain a simultaneous license from the licensing boards of allopathic and osteopathic medicine and requires the fees for a simultaneous license to be half the fee each board would charge for a person licensed by only one board; and
- Requires the respective osteopathic and allopathic boards to provide to each other a list at least each quarter of PAs who are licensed by the respective boards.

*This section effective May 27, 2021, and sections 1 to 46, inclusive for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act. Effective January 1, 2022, for all other purposes.*

#### **SB 190 – Provides for the dispensing of self-administered hormonal contraceptives**

Senate Bill 190 requires the state's chief medical officer to issue a standing order allowing a pharmacist to dispense self-administered hormonal contraceptives in accordance with a protocol established by the State Board of Health. In order to dispense the contraceptives, a pharmacist must provide a risk assessment questionnaire to the person requesting such contraceptive, create a record, provide the patient with certain information, and comply with relevant regulations and guidelines. The State Board of Pharmacy may suspend or revoke the certificate of a pharmacist who does not comply with these requirements.

*Sections 1 to 16, inclusive, of this act become effective June 8, 2021 for the purposes of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2022, for all other purposes.*

#### **SB 196 – Pelvic Exams**

Prohibits the performance or supervision of a pelvic exam on an anesthetized or unconscious patient without first obtaining informed consent, except under certain circumstances.

*Effective July 1, 2021.*

#### **SB 372 – Report of injuries relating to fire**

Limits reporting to State Fire Marshal of burn injuries to those caused by open flame, explosion or flash fires. Also extends the time to submit the information from three (3) to seven (7) days.

*Effective October 1, 2021.*

#### **SB 420 – Public Option health insurance**

Requires health providers who participate in Medicaid, PEBP or Worker's Comp to enroll as participating providers in the Public Option. Reimbursement rates to be tied to Medicare.

*The bill is effective June 9, 2021 for purposes of procurement and preparatory administrative tasks **but does not go into full effect until January 1, 2026.***

*Prepared by Susan Fisher, SVP Government Affairs & Advocacy, McDonald Carano LLP*

# # #

## ***BOARD APPROVES UPDATED POLICY ON CONTINUING MEDICAL EDUCATION AUDITS***

At the April 13, 2021, Board Meeting, the Board approved an updated Continuing Medical Education (CME) Policy, including how audits are addressed. The policy update includes the following: 1) CME audits will remain random, but the goal is to ensure all licensees will now be audited at least once every five (5) years; 2) Some licensees may be audited more than once within the five year timeframe; 3) CME fines for those short of credits will be assessed at \$50 per credit for the first year of deficiency; \$100 per credit for the second year of deficiency; and, receive possible discipline for the third year of deficiency. See approved CME policy [here](#).

### **Participating in the CDC Vaccination Program**

**COVID-19 vaccination providers participating in the CDC COVID-19 Vaccination Program are required to sign a CDC COVID-19 Vaccination Program Provider Agreement. Providers are responsible for adhering to all requirements outlined in the agreement.**

**For further information on participating in the CDC Vaccination Program  
go to:**

**<https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>**

# # #

### **IMPORTANT REMINDERS**

**SUPERVISION OF PHYSICIAN ASSISTANTS: NOTE: ALL physician assistants MUST be supervised IN PERSON for the first 30 days of working with every new doctor of osteopath who they have a cooperating agreement with. The statute, NRS 633.469(3) states: *A supervising osteopathic physician shall provide supervision to his or her physician assistant in person at all times during the first 30 days that the supervising osteopathic physician supervises the physician assistant. The provisions of this subsection do not apply to a federally qualified health center. Regulation NAC 633.289(3)(a) states: Except as otherwise provided in NRS 633.469, shall provide supervision in person at least once each month to the physician assistant.***

### **VETERANS SERVICES**

***AB 300 (2019 NV Legislative Session) provides for the outreach, education and expansion of information to veterans for service-connected disabilities and diseases, along with providing a statewide information and referral information system to the public. The information below is also available on the Board's web site under "Veterans Services."***

***Understanding Presumptive Conditions:***

**<http://nsbom.org/LicensingPublic/docs/Presumptive%20Conditions%20-%20Veterans%20Services.pdf>**

***Types of Presumptive Conditions and Resources:***

**<http://nsbom.org/LicensingPublic/docs/Types%20of%20Presumptive%20Conditions.pdf>**

## Reporting Disciplinary/Malpractice Actions

**Please Note:** NRS 633.527 states all licensees are **required** to report **all** actions **within 45 days** of the action in which they are named. Note: Criminal actions must be reported **within 30 days**. This includes disciplinary, malpractice, fulfillment and removal. The National Practitioner Data Bank (NPDB) reports to the Board all disciplinary, malpractice and positive settlement fulfillments and disciplinary action removals. Malpractice settlements involving minors (under 18 years old), must be approved by the courts. However, note the NPDB may receive settlement notification by an insurance carrier prior to court approval, starting the reporting timeline in our statute. *Please communicate with your insurance company to comply with the reporting requirements.*

### CONTROLLED SUBSTANCE PRESCRIBING REQUIREMENTS AB 474 AND REVISION (AB 239)

- **AB 239 Revises AB 474 (2019):** [http://nsbom.org/LicensingPublic/docs/AB239\\_EN.pdf](http://nsbom.org/LicensingPublic/docs/AB239_EN.pdf)
- **AB 474 Webinar Recording for 12/18/17:**  
[http://www.nsbom.org/LicensingPublic/docs/WEBINARAB474\(121817\).mp4](http://www.nsbom.org/LicensingPublic/docs/WEBINARAB474(121817).mp4)
- **Link to AB 474 law on BOM website at:** <http://nsbom.org>
- **Nevada State Medical Association:** [www.nvdoctors.org](http://www.nvdoctors.org)
- **Nevada Division of Public and Behavioral Health web page, info on AB 474 and Requirement for Reporting an Overdose:**  
[http://dpbh.nv.gov/Resources/opioids/Prescription\\_Drug\\_Abuse\\_Prevention/](http://dpbh.nv.gov/Resources/opioids/Prescription_Drug_Abuse_Prevention/)

### OCCUPATIONAL RESOURCES

#### Nevada Osteopathic Medical Association (NOMA)

2255 Springdale Court, Reno, NV 89523  
(702) 434-7112

[www.nevadaosteopathic.org](http://www.nevadaosteopathic.org)

#### Federation of State Medical Boards (FSMB)

[www.fsmb.org](http://www.fsmb.org)

#### NEW! Opioid and Pain Management Resource Web Page

<http://www.fsmb.org/opioids/>

#### American Osteopathic Association

<https://www.osteopathic.org/Pages/default.aspx>

**DO YOU HAVE NEWSLETTER TOPIC SUGGESTIONS?**

Please email Sandy Reed at: [sreed@bom.nv.gov](mailto:sreed@bom.nv.gov)

**PLEASE NOTE:** The contents of this newsletter constitute official notice from the Board to its licensees. All licensees are responsible to read and understand the contents of this newsletter.