

NEVADA STATE BOARD OF MEDICAL EXAMINERS  
9600 Gateway Drive  
Reno, NV 89521

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

Edward O. Cousineau, J.D.  
Executive Director



\* \* \* MINUTES \* \* \*

REGULATION WORKSHOP ON R068-23

Held in the Conference Room at the Offices of the  
Nevada State Board of Medical Examiners  
9600 Gateway Drive, Reno, Nevada 89521

and Video-Conferenced to

The Conference Room at the Offices of the  
Nevada State Board of Medical Examiners  
325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119

*WEDNESDAY, April 3, 2024 – 1:30 p.m.*

*Staff Present*

Sarah A. Bradley, J.D., MBA, Deputy Executive Director  
Valerie Jenkins, Legal Assistant

*Public Present*

Victoria Supple  
Daniel Rodriguez  
Ashley Eiferle

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 1:37 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R068-23.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated there were a couple members of the public present in the Las Vegas Board Office, and one member of the public present in the Reno Office.

Victoria Supple from the Nevada Academy of Physician's Assistants expressed concerns about the regulation, specifically Sections 7 and 22. Section 7 regarding informed consent and the administrative burdens for any care they provide created by this regulation, and Section 22 regarding putting power in the hands of the Executive Director of the Board of Medical Examiners. Ms. Supple also had a document regarding these issues that she gave to Ms. Bradley.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R068-23

Ms. Bradley stated that this was a cleanup draft to clarify the requirements for licensure for Physician's Assistants.

**Section 2:** Defines what good standing means since any supervising physician is required to be in good standing. There was no discussion on this provision.

**Section 3:** Adding this requirement for physicians so it would be consistent with all different licenses (i.e., physicians, physician's assistants, respiratory tech, anesthesiology assistant, and perfusionists).

**Sections 4, 5, & 6:** Drafts from LCB regarding continuing education requirements.

**Section 7:** Informed consent is being added due to concerns of patients not always knowing the qualifications of the person providing care to them.

**Sections 8 & 9:** CME requirements that are being incorporated into the regulations from NRS.

**Section 10:** Adding the opportunity for Physician's Assistants to obtain continuing medical education (CME) credit when completing a peer review for the Board.

**Section 11:** Fees and mileage in Hearings and other proceedings.

**Section 12:** Added by LCB regarding denial of an application.

**Section 13:** Adding clarification for special event licenses, specifically when assisting or doing a demonstration.

**Section 14:** Updating CME requirements to be consistent with changes to NRS 630.

**Section 15:** Clarifying that fees paid for a renewal application for a Resident are not refundable.

**Section 16:** Updating wording in regulation regarding applications that sit for 6 months. Right now, the regulation says the application will be rejected. It is changing to "may be closed" and it may stay open if working with applicant.

**Section 17:** Addresses issue of providers telling patients they will not see them unless they waive their right to file a complaint with the Board, which is obviously a violation of public policy.

**Section 18:** Clarifies requirements for licensure. Gets rid of the need to prove high school education, etc., and changes it to only needing to prove postsecondary education related to profession they are applying for.

**Section 19:** To simplify the process for Physician's Assistant applicants, only requiring post-secondary education and the last 5 years of employment; clarifying questions asked regarding background, etc. Ms. Bradley also mentions that Section 1. i. regarding prescription drugs should be removed from this regulation as it is not relevant to Physician's Assistants. Ms. Bradley plans to ask the Board to remove section i., but they will make the final decision. Lastly, the address part of section 19 will be revised to only include the applicant's public and mailing address(es), which can be the same.

**Section 20:** Clarifying renewal instructions... updating it to include last known electronic address. In addition, to stay consistent with the requirements for physicians, the expiration of a license will be shared with the entities that would want or need to know about it.

**Section 21:** The incorporation of requirements for CMEs for SBIRT; must be done within 2 years of initial licensure.

**Section 22:** Ms. Bradley states that she heard there were concerns about this section. She goes on to say that it is already required that if a person has been disciplined, they must be approved by the Board before a Physician can supervise them. That is existing law, but it is now being clarified what that specifically means. As it is currently written, NAC 630.410 is currently being repealed and NRS 630.352 is the provision that the Board will rely on for discipline for physician assistants, not the NAC, which is why it is being repealed. Currently, a physician assistant with disciplinary history cannot be supervised by a physician unless that supervision is approved by the Board. It does not specify by whom and how that approval is to be obtained. This section is to add more clarification and add to the process. Plan of Supervision needs to be submitted to the Board as part of the regular approval process for supervision of physician assistants.

**Section 23:** Goes along with the changes made for the witness fees, updating the subpoena regulation to be consistent; also adding the service time, wording it as 5 days rather than 120 hours.

**Section 24:** Adding the same specific requirements to the process for APRNs as Physician Assistants, especially regarding discipline. This gives the Collaborating Physicians 72 hours to notify the Board of a Collaboration Agreement as it currently does not have a specific time. In addition, APRNs are not able to prescribe medications that their supervising physician is not able to prescribe.

**Section 25:** Amendment to current section regarding collaborations; specifying the max number of collaborations, the process to petition the Board for approval to supervise or collaborate with more than 3 PAs or APRNs.

**Section 26:** Clarifies requirements for licensing of RTs, same as those for PAs. Only need date of birth, birthplace, sex, public and mailing address. Gets rid of the need to prove high school education, etc., and changes it to only needing to prove postsecondary education related to profession they are applying for; only need the last 5 years of employment. Want to get rid of section RE Rx drugs, just like with the PA section.

**Section 27:** Same changes regarding endorsement. Remove Rx reference. Delete last sentence.

**Section 28:** Delete hours of contact, update the renewal part to be the same as Physician Assistant. Get rid of contact hours again.

**Section 29:** Grounds for disciplinary action; indicating presence when they were not there, etc. Consistency

**Section 30:** Perfusionists, same situation with education and work history as PAs and APRNs. Request j. item be deleted in this section also.

**Section 31:** Endorsements for Perfusionists... keep it consistent with RTs.

**Section 32:** Consider removing this section as perfusionist may work at multiple locations at a time and it could be inconvenient to have to update this information frequently. No other licensing specialty has this requirement, so does it need to be there?

Per Daniel Rodriguez, it should not be a requirement because a lot of perfusionists work at multiple clinics. Ms. Bradley commented that this could be repealed if it is an unnecessary requirement, especially since it is not required for any other license types issued by the Board, so why for Perfusionists? Recommendation for Removal.

**Section 33:** Regarding falsifying of records.

Repealed provisions in the NAC: NAC 630.410 is being repealed because it is unnecessary since NRS 630.052 has always been sufficient. 630.555 is also being repealed because it is unnecessary with NRS 630.052.

Agenda Item 4

#### **QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R068-23**

Ms. Bradley stated that this was the period that members of the public were invited to ask questions about the proposed regulation. Daniel Rodriguez, representing perfusionists, spoke of an issue with an experienced perfusionist applying for a license in Nevada and that it was delayed. Why should it be delayed for someone who has experience, while a new applicant that has no experience is given a break with a temporary license? Ms. Bradley responded that there is an endorsement license that an experienced applicant could apply for, but maybe a temporary license would be helpful. She stated it could be brought up before the Board. Ashley Eiferle from NAPA asked about Section 22. Is it aligning with the supervising agreement, not just part of disciplinary action? Ms. Bradley responded, yes, we are putting in writing what is already occurring. Then Ms. Eiferle asked about Section 7: What is the goal? Ms. Bradley responded it is related to informed consent; probably more procedure related than day-to-day visits. She also explained that it is mainly related to practitioners performing a procedure outside of their scope of practice. Ms. Bradley also explained that Section 7 is more geared for physicians than physician assistants. Ms. Eiferle then explained that the wording for Section 7 is very arbitrary and can create issues. Ms. Bradley then explained that if they have suggestions for better wording for the Regulation, to share those with her so they can revise and improve the regulation.

Agenda Item 5

#### **PUBLIC COMMENT FOR PROPOSED REGULATION R068-23**

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide comments on this regulation. There were no comments from the Las Vegas office. Ms. Supple said she would send the letter regarding Section 22 that she has from the organization to Ms. Bradley. Ms. Bradley also explained that the new revised Section 22 is the current rule, but it will now be written rule. Ms. Supple also mentioned that Section 7 is the larger problem. Ms. Bradley responded that they could specify that it is more for procedural care. She then mentioned that Ms. Supple and Ms. Eiferle could possibly get together to work on the re-wording together. The intent is to ensure that physicians and physician assistants are complying with NRS 629.076 as it could be applied to informed consent.

Agenda Item 6

#### **PUBLIC COMMENT**

Ms. Bradley asked for any public comment in the Las Vegas and Reno offices. There was no public comment in the Reno office. Daniel Rodriguez from the Vegas office asked a question about harvesting organs from donors and maintaining those organs for transplant (Normothermic Regional Perfusion (NRP)). Ms. Bradley suggested that he send something in writing about that so that the Board can address it at a future meeting.

Agenda Item 7  
ADJOURNMENT

Ms. Bradley adjourned the meeting at 2:30 p.m.

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