

# 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 \* \* \*

### LEGISLATIVE SUBCOMMITTEE MEETING

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

and teleconferenced 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

*FRIDAY, February 21, 2025– 12:00 p.m.*

#### *Subcommittee Members Present*

Nicola (Nick) M. Spirtos, M.D., F.A.C.O.G.  
Ms. Maggie Arias-Petrel  
Pam Beal  
Jason Farnsworth, RRT, MBA  
Col. Eric D. Wade, USAF (Ret.)  
Mr. Joseph Olivarez, P.A.-C

#### *Subcommittee Members Absent*

Bret W. Frey, M.D.

#### *Staff/Others Present*

Sarah A. Bradley, J.D., MBA, Deputy Executive Director  
Valerie Jenkins, Legal Assistant  
Mike Sullivan, Lobbyist  
Henna Rasul, Senior Deputy Attorney General  
Jacqueline Nguyen, J.D., NSMA

#### Agenda Item 1

#### CALL TO ORDER AND ANNOUNCEMENTS

##### - Roll Call/Quorum

The meeting was called to order by Ms. Bradley at 12:05 p.m.

Ms. Bradley took roll call, and six Subcommittee members were present. Ms. Bradley announced there was a quorum.

#### Agenda Item 2

#### PUBLIC COMMENT

Ms. Bradley asked whether there was anyone in attendance who would like to present public comment.

Ms. Bradley stated that there were zero members of the public in attendance in the Reno office.

Ms. Bradley stated there was one member of the public in attendance in the Vegas office and that person wanted to make public comment.

Jacqueline Nguyen, J.D., from the Nevada State Medical Association presented with public comment regarding AB56, SB124, and AB170. Ms. Nguyen mentioned that Amendments are expected for AB56 as it had elicited a lot of reaction and discussion. Regarding SB124, Ms. Nguyen summarized the bill and mentioned that as they are currently written, the requirements for applicants from foreign countries could create issues of imbalance in relation to the requirements for doctors applying from the United States. Ms. Nguyen added that although AB170 is not being covered today (February 21, 2025), similar issues apply to this Bill.

Ms. Bradley confirmed that there was no further comment in the Vegas Office.

#### Agenda Item 3

#### ELECTION OF SUBCOMMITTEE CHAIR

The Legislative Subcommittee elected Dr. Spirtos as Chair.

#### Agenda Item 4

#### REVIEW AND DISCUSSION OF BILLS

Ms. Bradley explained that she would give a synopsis of each bill and that after discussion, the Subcommittee members will move to take a position on the bill either in support, in opposition, or take a neutral or no position, on each bill.

##### a. SB78

Ms. Bradley stated that proposed bill SB78 is a Bill that is presenting a lot of change, is only in “skeleton form” at this point, but the basics are an abolition of our Board (and the Board of Osteopathic Medicine) and combines the two, creating a new Board called “Nevada Medical Board.”

The Subcommittee members engaged in discussion regarding this bill, including that it may negatively impact the regulation of medicine in Nevada. The Subcommittee heard from Mr. Sullivan that amendments were forthcoming to the bill and discussed waiting to take a position on it until more information is received.

Dr. Spirtos moved to table taking a position on the proposed bill, SB78, Ms. Beal seconded the motion, and it passed with all Subcommittee members voting in favor of the motion. Dr. Spirtos added that if there are any comments or feedback, email them to Ms. Bradley.

b. SB34

Ms. Bradley stated that proposed bill SB34 enacts a Compact for Physician Assistants (PA) in Nevada. Thirteen (13) states already have a PA Compact, and thirteen (13) more states, including Nevada, have legislation filed. The requirements in the Compact are substantially similar to current requirements for PA licensure. The difference is in regard to disciplinary history. There is some confusion about discipline, but Ms. Bradley explains that the Board would look at it on a case-by-case basis. Another difference is that a traditional license application allows educational programs accredited by three (3) different entities, but the Compact only allows programs accredited by the Accreditation Review Commission on Education for the Physician Assistant, or something else authorized by Compact Rule, Inc., or other programs authorized by the Commission Rule. This may create the need to assign one FTE staff member to process these applications, depending on the increase that may result.

Mr. Farnsworth inquired whether this would be an addition to the existing applicant workload and not negate the existing PA workload. Ms. Bradley explained it may create a shift in the way applicants choose to apply, but it would not decrease the number of applicants.

Mr. Olivarez then asked what the percentage is of physicians applying through the Compact and Ms. Bradley confirmed that about half of the current physician applications are received through the Compact, and this Compact could eventually have the same result.

Ms. Bradley confirmed the applicant must be free of discipline, at least within the last two years, in order to be in the Compact and explained that generally speaking, Compacts allow people licensed in good standing, with no disciplinary history, a more ease of access into a different state. The educational requirements are the same as ours, they're still required to complete fingerprints, etc.

Mr. Farnsworth then added that he is in favor of an expedited licensing process and added that it would also be helpful for respiratory therapists if that were to come up in the future.

Dr. Spirtos added that, while there may be questions in consistency, he is in favor of the Compact and moved to support the proposed bill, SB34, Mr. Farnsworth seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

c. SB40

Ms. Bradley stated that proposed bill SB40 creates a Medicaid Health Care Workforce Account in the State General Fund. Money in the account must be used to expand the health care workforce of this State for which federal financial participation is available under Title XIX of the Social Security Act, which may include programs to provide graduate medical education, programs to pay indirect costs of medical education, fellowship and apprenticeship programs for

providers of health care, and programs to assist with repayment of student loans for providers of health care. This would help healthcare providers and maybe bring people to Nevada due to this funding.

Ms. Beal inquired where the funding is sourced. Ms. Bradley answered that it's a Medicaid Health Care Workforce Account, so most likely, Title XIX of the Social Security Act, which is federal funding. Ms. Bradley then responded that the account itself is going to be managed by the Director of Health and Human Services.

Dr. Spirtos moved to support the proposed bill, SB40. Mr. Olivarez seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

d. SB124

Ms. Bradley stated that proposed bill SB124 is the one Ms. Nguyen was discussing in public comment. This Bill would create a new limited license to practice medicine to applicants who have a valid and unrestricted license to practice medicine in a foreign country other than Canada, and they have completed a residency program in that foreign country within five years immediately preceding the date they apply to our Board for the limited license. Or, they must have worked three (3) of the five (5) years immediately preceding as a physician in that foreign country. They must have received an offer for employment as a physician at a facility in this state which has a residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), which is what we use to accredit residency programs for all our applicants. The person must be a graduate of a foreign medical school whose curriculum is judged to be acceptable by the Board. Ms. Bradley added that she is not sure how we will vet those foreign medical schools since there are no specific criteria for this, just that the Board deems it acceptable. Not sure how this would be accomplished; possibly review the curriculum, which could be difficult since it would be in a foreign language. Additional requirements would be basic English fluency, good moral character and reputation, in good standing with the foreign regulatory body where they are licensed, passed all steps of the USMLE, and can only practice at the facility with the ACGME residency program. The Board shall issue an unrestricted license after having the limited license and completing two (2) years of practicing full time without any discipline, we would be required to issue an unrestricted license. Not sure when, but amendments to this Bill are expected.

Ms. Beal asked if the USMLE obtains information about foreign medical schools that they may deem equivalent. Ms. Bradley answered that the USMLE issues the examination, but she is not sure if they have a list of schools that they deem equivalent or acceptable. The ACGME accredits residency programs in the United States and Canada, so not sure if they know about foreign residency programs. There is a worldwide directory of medical schools that can be utilized, and if a school is listed, we already deem them eligible for licensure. Other than that, it is uncertain how the schools would be vetted.

Ms. Arias-Petrel added that Dr. Spirtos, Dr. Aury Nagy, Ms. Beal, and herself went to a summit the Federation had in Washington, D.C., and connected with states like California, and the Cicero group which works out of Washington, D.C., and they have been helping the state find a pathway to make this a reality due to the disparities in healthcare, especially for minorities and underserved due to shortage of medical providers that may be culturally competent to attend to this population. Senator Donate wrote this Bill with good intentions, but there are a lot of holes in the way it is currently written, and she doubts that it will pass. This Bill was intended for frontline medical providers, meaning primary care, pediatricians, OB/GYNS, etc., but this is not specified

in the Bill. Thus, SB124 still needs some work. Ms. Arias-Petrel stated that she has reached out to Senator Donate but has not been able to speak with him yet.

Ms. Bradley replied that she had just been informed of amendments that were introduced that morning but had not been added online yet. Once accessible, she would send those Amendments to the Board members.

Dr. Spirtos commented that his biggest concern is how the schools would be verified. He went on to explain that the major medical schools in Mexico, India, are top notch schools that are extremely difficult to get into, however, in the smaller provinces and towns, the schools are much more questionable. He added that, yes, they do have to use the USMLE, but how are these schools supposed to be vetted? Ms. Bradley responded that we could potentially work on regulations and, perhaps specify schools that are included in the worldwide directory.

Mr. Sullivan commented that as soon as the Amendments are posted, he would send them to Ms. Bradley and she could then send them to the members of the Legislative Subcommittee.

Ms. Arias-Petrel added that she was unsure of whether Senator Donate talked to the Medical Board and asked questions regarding this Bill to see what would be most beneficial and what the concerns may be. Dr. Spirtos said he would talk to Senator Donate regarding issues with SB124.

Dr. Spirtos moved to table taking a position on proposed bill SB124, Mr. Olivarez seconded the motion, and all Subcommittee members voted in favor of the motion.

e. SB129

Ms. Bradley stated that proposed bill SB129 is a straight reciprocity bill. It adds reciprocity for all licensure categories to NRS Chapter 622, which is a general chapter that applies to all Boards. It is basically a license for a license, no vetting of schooling or training. The applicant must have had a license to practice in the other state for at least one year. All other state licenses must be in good standing and cannot have any discipline or pending discipline in any state or territory where they hold a license, no civil or criminal liability in any state or territory and cannot have surrendered a license while facing discipline in that state or territory. This bill gives fast licensure times: it is required that we would license sixty (60) days after receiving the application or fifteen (15) days after receiving the criminal history report based on fingerprints.

Dr. Spirtos asked if this would supersede, or be in addition to the Compact? Ms. Bradley answered that it would be straight reciprocity for all of our categories, including M.D.s.

Mr. Sullivan then added that a big amendment was coming for this Bill too.

Dr. Spirtos then asked how many states are currently in the Compact and Ms. Bradley responded it is currently 35 or more states. Dr. Spirtos added it would be likely that another fifteen (15) or so states would be added to the Compact.

Mr. Farnsworth commented that the reason for the Compact is because each state is required to have similar legislation and similar language associated with the licensure requirements, which is the benefit of the Compact. He stated that this bill undermines that and creates a scenario where having less requirements in one state to license a particular discipline, most candidates will license in that state, due to a specific issue they don't want to come to light. As a result, Mr.

Farnsworth stated he is not in favor of this SB129. He sees potential problems resulting from this Bill. Ms. Bradley then added that it looks like more than 40 states are now in the Compact.

Mr. Olivarez then added that he echoes Mr. Farnsworth's statement, and added that if there is a large potential change coming to this, we should wait and see what that is.

Dr. Spirtos moved to table taking a position on proposed bill SB129, Mr. Olivarez seconded the motion, and all Subcommittee members voted in favor of the motion.

f. AB101

Ms. Bradley stated that proposed bill AB101 amends one provision in our chapter, NRS 630.130 and provides that the Board may adopt regulations regarding the prescribing, dispensing, or administering of a medication to stop or reverse an abortion if the Board determines that doing so is part of a generally accepted standard of the practice of medicine. Regulations have to specify each medication that the physician or physician assistant may prescribe and the required procedures for prescribing, dispensing, or administering the medication. Ms. Bradley explained that she is not sure why this Bill was introduced, but that it amends the one specified provision.

Mr. Olivarez then asked what the point of this bill is, where does the problem lie? He added that this Bill is pointed at something, but it is vague. Ms. Bradley agreed that it is vague, then explained that it is on our radar since it is amending a portion of our chapter. She explained that we are not *required* to make the regulations, but we *may*, so arguably if it passes, we have an optional duty but not a required duty. Ms. Bradley then stated that we could table this Bill if needed and that she could contact Assemblymember, Dr. Orentlicher, the Bill sponsor. Mr. Olivarez then asked Ms. Bradley if she could get more information from Dr. Orentlicher regarding this bill.

Dr. Spirtos moved to table taking a position on proposed bill AB101, Mr. Olivarez seconded the motion, and all Subcommittee members voted in favor of the motion.

g. AB64

This Bill amends the Open Meeting Law, which the Board has to follow. It is a Bill on behalf of the Attorney General's office. Ms. Bradley participated in the Task Force that discussed some of these changes. The change that is important for us as a Board is that we can refuse to accept public comment related to pending matters until they are adjudicated or final. This is helpful because we want the Board to make decisions based on evidence properly presented before it and not have people making public comment about pending matters until after the Board decides them.

Dr. Spirtos moved to support proposed bill AB64, Ms. Arias-Petrel seconded the motion, and all Subcommittee members voted in favor of supporting AB64.

h. AB56

Ms. Bradley stated that proposed bill AB56 will be coming back on the agenda for next week (February 28, 2025). This Bill was heard by the Assembly on February 10, 2025 and was selected by the Governor on behalf of the Board. It contains some of the changes approved by the Board at the December Board meeting, including streamlining CME requirements, omitting outdated CME requirements, and encouraging CMEs in specified areas (suicide prevention and awareness, SBIRT, prescribing of opioids, care for persons with an addictive disorder). The Board is already required to encourage CMEs in geriatrics and gerontology, managing medications, and diagnosis and treatment of rare diseases, so this adds these other categories as encouraged. This Bill removes

an exemption from paying a fee for physician assistants who request to be moved to inactive status. In 2023, legislation passed that said a physician assistant could go on inactive status, but there was no fee for that. Physicians pay half of the registration fee for the biennium when they are inactive, so this would be consistent with what inactive physicians pay and require inactive physician assistants to pay half of the active license registration fee. This also increases the max fee for biennium registration of a physician from \$800 to \$1,200; this max has not increased since 1997. It increases the max for inactive physician from \$400 to \$600, because the inactive fee is half of the active fee. It also adds the fee for inactive PAs, which is \$400 - half of the fee that active PAs pay, again, for consistency.

Importantly, this adds a provision to NRS 630.336 that allows the Board to share licensing verifications with employers and other entities credentialing physicians and this should speed up the process for credentialing providers after they are licensed.

This Bill had a very negative hearing and will be needing more work. The Nevada State Medical Association is hoping that the Board may be willing to compromise on the fee increase. Ms. Bradley says it is on the Legislative Subcommittee's agenda for next week to specifically talk about proposed amendments and hopefully come up with a compromise.

Mr. Sullivan confirmed and explained that the bill requiring cultural competency CMEs was introduced in 2021, and in our draft, it was eradicated in one sweep, so the legislators that brought the initial bill in 2021 were very upset with these proposed changes as written. As such, Mr. Sullivan is not expecting a lot of compromise on this Bill. Mr. Sullivan explained that if you go to the NELIS or Legislation page, you can go to other Sessions and look at the Hearing for the 2021 Session where they approved this Bill with zero opposition. It was approved in both the House and the Senate with minimal opposition. The reason for the negative reaction was that the CMEs were pretty much eradicated without any consultation.

Dr. Spirtos moved to table proposed bill AB56, Ms. Arias-Petrel seconded the motion, and all Subcommittee members were in favor of tabling AB56 for now.

Dr. Spirtos then added that he encourages everyone to listen to the hearing on February 10, 2025 referenced by Ms. Bradley, and the 2021 Session meeting mentioned by Mr. Sullivan, as it would give everyone clarity on where the Subcommittee needs to move on this bill. Mr. Sullivan agreed to send the links to the Session meetings to Ms. Bradley and she would send them out to the members of the Subcommittee.

#### Agenda Item 5

#### PUBLIC COMMENT

Dr. Spirtos asked whether there was anyone in attendance who would like to present public comment.

Ms. Bradley stated that there was no public comment in the Reno office.

Ms. Nguyen, in the southern office, wanted to comment that there have been significant Amendments regarding the IMG Bill, so she would encourage everyone to watch the hearing from today (February 21, 2025). She believes it will move beyond the scope of what is written, even beyond the scope of the conceptual Amendments and believes the hearing will be very telling. In regard to the cultural competency CMEs, she commented that Mr. Sullivan was spot on. It was AB327 in 2021 and that hearing

is very instructive, along with the original hearing; SB470 in 2019 was the origination of cultural competency and she encouraged everyone to watch those three.

There was no further public comment in the Board's Las Vegas Office.

Agenda Item 6

ADJOURNMENT

Dr. Spirtos moved to adjourn the meeting, Mr. Olivarez seconded the motion, and it passed with all Subcommittee members voting in favor. Ms. Bradley thanked all the Subcommittee members for attending and participating in the meeting.

The meeting was adjourned at 1:47 p.m.

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