

**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 28, 2025– 12:00 p.m.***

***Subcommittee Members Present***

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

## Agenda Item 1

### CALL TO ORDER AND ANNOUNCEMENTS

#### - Roll Call/Quorum

The meeting was called to order by Ms. Bradley at 12:08 p.m.

Ms. Bradley took a roll call and 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.

Jacqueline Nguyen from the Nevada State Medical Association (NSMA) presented with public comment. Regarding SB188. Ms. Nguyen stated that the NSMA was actively working with the Senator for an amendment that would help achieve the goal of the bill, which is to remove language barriers, while being sensitive to the costs and that the NSMA gave testimony on that bill. Ms. Nguyen further gave feedback on AB170 and stated that the NSMA is also actively working on amendments for this bill. She further stated that last week they did voice concerns regarding SB124 and AB170, that while these bills are well intended, they may have an unintended consequence of creating two different classes of physicians and thus two different standards of healthcare in our state. Ms. Nguyen further wanted to bring the Subcommittee's attention to an upcoming bill, AB186, which allows pharmacists to prescribe and treat certain health conditions, and the NSMA has concerns if this would constitute the practice of medicine and not the practice of pharmacy. Ms. Nguyen stated that NSMA is reviewing all of these bills to insure that while we are having the objective to shorten the physician work force shortage, we do not want to take shortcuts by creating two classes of medically trained physicians or expand the scope of practice of care that goes beyond the level of licensing training .

Ms. Bradley confirmed that there was no further public comment.

## Agenda Item 3

### SENATE AND ASSEMBLY BILLS

Dr. Frey indicated that, like in the previous meetings, he would like Ms. Bradley to state a synopsis of each bill and then the Subcommittee members, after discussion, will move to take a position on the bill either in support, in opposition, or take a neutral or no position for each bill.

#### a. SB189

Ms. Bradley stated that proposed bill SB189 creates a new licensure category that will be licensed by the Board for genetic counselors. Licensure requirements include a masters degree or higher in genetic counseling from an accredited program and the passing of an examination administered by the American Board of Genetic Counseling or American Board of Medical Genetics and Genomics, as well as being certified by the American Board of Genetic Counseling. This new licensure type would have the same biennium renewal cycle as there is for the Board's existing licensees. According to National Society of Genetic Counselors, 34 states license genetic

counselors already, 2 states have bills passed and are implementing licensure, and 12 states have legislation introduced that would license genetic counselors. Ms. Bradley further stated the definition and duties of a genetic counselor to the Subcommittee Members for reference of what this new license type would do.

Dr. Frey asked for clarification if this model language was adopted from language already existing from another state, Ms. Bradley replied that she was unaware of the source of the bill language. Dr. Frey indicated his support for the bill stating that he believes that it is necessary and growth in this field is needed.

Dr. Adashek asked if getting licensed by the Board, would it change anything about how genetic counselors are currently practicing. Ms. Bradley replied that nothing about their practices would change, they would just become licensed and regulated by the Board. Dr. Adashek then asked about the licensing timeframe, Ms. Bradley answered that on page 50 of the bill it states January 1, 2026. Ms. Bradley also noted that licensure within 6 months would be challenging on Board staff and perhaps the deadline for licensure could be pushed to a later date such as July 1, 2026, and noted that it is also off cycle from the Board's other licensee types.

Dr. Adashek further asked what the origins of the bill were and if it was related to misconduct in the field. Ms. Bradley answered she believed it might be for ease of insurance and billing. Dr. Frey added that this might be a preventative measure since the field is growing and may prevent people from presenting as qualified if they are not certified or qualified.

Mr. Sullivan stated that the intention is to recognize the field and to have it regulated and to have insurance to also be able to recognize it.

Dr. Spirtos added that more and more modern medicine is moving towards the direction of genetic counseling and having this type of licensure would be beneficial.

Mr. Farnsworth moved to support proposed bill SB189, Dr. Frey seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

b. SB188

Ms. Bradley explained that SB188 would require health facilities licensed pursuant to NRS 449.0303 and health care providers must take reasonable steps to ensure that language barriers do not prevent a person with limited English proficiency from obtaining necessary health care. Language assistance must be provided at no charge, be accurate, protect patient privacy. Health care facilities may not require patients to bring their own interpreter or pay for costs of interpreter, including bringing unqualified interpreters or use a child under 18 to translate. In emergency situations, facilities can use unqualified interpreters, if needed and use of remote interpreters are authorized under this bill. If a patient requests that unqualified adult be used to interpret, that request must be made to a qualified interpreter, agreed to by the adult who will interpret, documented in the patient's medical record, and deemed appropriate by the health care provider. Disciplinary action is authorized by the health care provider's licensing board against a health care provider who does not comply with these requirements.

Dr. Frey voiced concerns the NSMA may have as well, that the future is AI real time translation, and this bill does not memorialize what is currently already happening at hospital and health care facilities regarding providing translating services. He further stated that having an in-person

translator is not cost effective for them and he believes the bill should be amended with language for AI real time translations.

Ms. Beal stated that she likes the intent of the bill and believes it would alleviate language complaints, however she agrees with Dr. Frey regarding refinement of some of the language, as well as the section about what qualifies an interpreter should not be so long.

Ms. Arias-Petrel stated she believes that this bill is necessary, especially for the senior community, where it is still difficult for them to understand. Ms. Arias-Petrel stated she believes the Board should show support, but also agrees with Dr. Frey's statements regarding refinement of the language.

Dr. Spirtos stated this bill would be monetarily impossible to implement and would come to a great cost to the patient of at least \$50 per patient and this may affect patients covered under Medicaid and physicians not taking Medicaid patients with the need for a translator. He further stated that the community would need more than just Spanish translators and may be hard to find an in-person translator for other languages.

Dr. Frey suggested that the term "or best available" be added to give practitioners some leeway to what may be best available to them, whether an in-person translator or AI real time translating.

The Subcommittee members agreed to table decision for SB188 until an amendment of language was made.

c. SB186

Ms. Bradley stated that proposed bill SB186 would govern the use of AI in health care. A medical facility licensed pursuant to NRS 449 and health care providers licensed pursuant to NRS 629, may use generative AI to generate a written or verbal communication with a patient. Communication must include a disclaimer that communication was generated by generative AI, clear instructions how to contact provider of health care, employee of the medical facility, or other appropriate person who can provide assistance that the patient may need regarding the AI communication. Disclaimer must be at the beginning of the written communication, at the beginning and the end for verbal communications, or prominently displayed throughout for video communications. Requirements of this bill do not apply if the written communication is generated by AI and read and reviewed by health care provider prior to being provided to the patient.

Dr. Frey asked if SB186 should be combined with SB188 since they are both about communication and generation of medical records. Ms. Beal stated that she believed the two bills are from two different perspectives, one is translating, and the other is actual communication with the patient generated by AI, and making sure patients are informed and aware.

Mr. Farnsworth stated that this bill would be good, as the future is heading to AI generating communication and reading reports, however it is important that the patients know and understand that the communication was generated by AI. Dr. Spirtos added that he believes that AI communication is already being done with scans and imaging. Ms. Bradley clarified that this bill governs AI generated communication with patients rather than interpreting imaging and making sure the patient is aware that the communication is drafted by AI.

Dr. Frey stated that at urgent care systems AI is being used and generates the note in real time with a disclaimer that was generated by AI and that he has no opposition to it as long as there is a disclaimer. Ms. Arias-Petrel agreed with Dr. Frey's statement.

Dr. Spirtos moved to support proposed bill SB186, Mr. Olivarez seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

d. AB170

Ms. Bradley stated proposed bill AB170 provides for the licensure of associate physicians and associate osteopathic physicians. The Board may issue a limited license to practice medicine as an associate physician if the applicant received a medical doctor degree from a school located in the US or Canada approved by the Liaison Committee on Medical Education of the American Medical Association and Association of American Medical Colleges or is deemed equivalent by the Liaison Committee on Medical Education, passed USMLE step 1 and step 2 clinical knowledge, not completed a residency program as required by NRS 630.160(2)(c)(1)(I), has completed first year of postgraduate medical education as a resident or intern in as part of a program that is approved by the Accreditation Council for Graduate Medical Education (ACGME), conforms to the minimum standards for intern training established by the American Osteopathic Medicine Association. Ms. Bradley further listed all of the requirements that would be imposed on the associate physicians, including that the Board cannot discipline the supervising physician for an act done by the associate physician if that act is covered in the collaborative practice agreement and that act does not violate state or federal law. Ms. Bradley added that this would be confusing legally and she was not sure the purpose of this provision. Conduct would have to violate the law to be discipline-worthy and the bills also says that the supervising physician is responsible for all acts that the associate physician does, therefore it is unclear services below the standard of care would be addressed. The bill also includes geographic limitations and limitations regarding the prescribing of controlled substances by the associate physician and procedure supervising physician will use to evaluate the standard of care provided by the associate physician and back up supervision plan if supervising physician is unavailable. Associate physicians may have more than one supervising physician and may have more than one collaborative agreement. Agreement must be filed with the Board along with proof that the prescribing of the controlled substances listed in agreement are within the skill, training, and competence of the associate physician. Agreement may be terminated by either party at any time. Associate physicians must be registered with the Board of Pharmacy to prescribe and dispense the controlled substances included in the collaborative agreement. Associate physician license expires two years after it is issued and may be renewed upon proof that the associate physician actually practiced medicine in the preceding two years.

Dr. Frey asked what the intent of the bill was and what problem was trying to be solved. Ms. Bradley replied she believes it was to increase the number of providers. Mr. Sullivan stated he had no insight on the origins of the bill.

Ms. Beal stated she has spoken to the Assemblymember Nadeem and the intent is to increase the number of providers.

Dr. Frey stated that while this may increase the number of providers, how it is written the bill actually poses a limit to rural communities with limitations to counties only greater than 100,000 population and the requirement of onsite supervision. He further stated he does not have opposition to the bill but has concerns about the supervision language and limitation of the rural

communities. Ms. Beal added that she has a meeting March 12, 2025, with the Assemblymember that drafted the bill and perhaps Dr. Frey can aide in suggesting on how to refine the language, which Dr. Frey agreed to. Mr. Sullivan stated he would help facilitate the meeting.

Ms. Arias-Petrel voiced her support for the bill, but agreed that there should be amendments to the language.

The Subcommittee members agreed to table decision for AB170 until an amendment of language was made.

#### Agenda Item 4

#### REVIEW AND DISCUSSION OF AB56 INCLUDING POSSIBLE AMENDMENTS

Ms. Bradley stated AB56 was selected by the Governor on behalf of the Board. Currently the bill proposes an increase to the max biennium registration for physicians from \$800 to \$1200 and includes a possible amendment that would reduce the increase to \$1,000. Initially in the bill there was removal of several CMEs in specific subject areas and a lot of opposition was received by the Commerce and Labor Committee, so therefore the language was adjusted and believes this amendment should be successful. The amendment includes removing the requirement for CMEs related to bioterrorism and decreasing the frequency of the cultural competency CMEs (2 hours) for psychiatrists and PAs working with psychiatrists from every 2 years to once every 4 years and updating NRS 630.268 to include the complete changes to that statute approved by the Board in December, and some clarifying language as well.

Dr. Spirtos asked where in the bill was the language for the ability of the applicant to use primary source documentation. Ms. Bradley answered that it is in the bill on page 14, just above section 7.

Dr. Spirtos added that this was a good compromise to lower the \$1200 fee increase to \$1000 and noted that fees would not suddenly just jump to \$1000, it would just allow the Board the ability to eventually increase the amount as needed.

Dr. Frey agreed with Dr. Spirtos and stated this would be a slow increase through time and asked Dr. Adashek if membership through the NSMA is aware that it is a gradual increase or if they still oppose this bill. Dr. Adashek answered he will be having a discussion with them, as he believes this amendment is fair.

Dr. Frey moved to accept the amendment for AB56, Ms. Arias-Petrel seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

#### Agenda Item 5

#### PUBLIC COMMENT

Ms. Bradley asked whether there was anyone in attendance who would like to present public comment. There was no public comment in the Reno or Las Vegas Offices.

Agenda Item 6

ADJOURNMENT

Dr. Frey moved to adjourn the meeting, Mr. Olivarez seconded the motion, and it passed with all Subcommittee members voting in favor.

The meeting was adjourned at 1:17 p.m.

\* \* \* \* \*