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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, March 14, 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
Bret W. Frey, M.D.
Mr. Joseph Olivarez, P.A.-C

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*

Agenda Item 1
CALL TO ORDER AND ANNOUNCEMENTS
- Roll Call/Quorum

The meeting was called to order by Ms. Bradley at 12:06 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.

Dr. Havins stated he would like permission to comment or question on bills as they are heard, rather than strictly in the Public Comment period, in order to save time. Dr. Spirtos responded that if no one else had an objection, he did not object either, however, there are a lot of items on the Agenda, so if time is not an issue, he can comment as items are raised.

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

Agenda Item 3
REVIEW AND APPROVAL OF PRIOR MEETING MINUTES

Dr. Spirtos asked the Committee members if they had reviewed the minutes prior to the meeting and everyone responded that they had and there were no changes to be made.

There was no discussion regarding the minutes.

Dr. Frey moved to approve the minutes for the meetings of February 21, 2025 and February 28, 2025, Ms. Arias-Petrel seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

Agenda Item 4
REVIEW AND DISCUSSION OF BILLS

Dr. Spirtos indicated that similar to previous meetings, he would like Ms. Bradley to state a summary of each bill, and 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. Dr. Spirtos also suggested that for efficiency of future meetings, the Subcommittee members could proceed like the Board meetings and have each member take one of the bills and lead the discussion on that bill.

a. AB161

Ms. Bradley stated that proposed bill SB161 updates requirements for hospice care in Nevada, specifically Sections 5 and 14, specifying duties of the medical director for a hospice program. There is an interdisciplinary team that is referenced in this bill, which includes a variety of people working together to meet the special needs of the terminally ill patient and their families. They

are required to arrange a visit at least once per week, more frequently if required by the plan of care. It adds additional training requirements for hospice staff, including in ethics.

Dr. Frey commented that the bill is a decent bill with respect to intent, as the problem it is trying to solve is the few hospice outfits that do not take Medicare and are looking to take the better patients/products in the market, which is a problem. Mandating them to be participants is sensible, however, he does not agree with some of the onerous time prescriptive elements, especially Section 14 where it states an administrator is required to have five (5) years of experience in hospice or palliative care. Dr. Frey sees those as very prescriptive things that are going to impair the bill, not help it, adding that it is fine to require some experience, but five (5) years seems unsensible.

Ms. Beal agreed stated that she agreed with some of Dr. Frey's comments and does think SB161 is needed in Nevada, explaining that Nevada has over 300 to 700 licensed hospice facilities, and a lot of them bypass Medicare so they do not have to meet the requirements. This bill requires that the facility include Medicare if they want to get reimbursed for hospice. Ms. Beal mentioned that Medicare does require the administrator to have a specific amount of experience. For the physician, she is not sure if they require the physician to be an employee, but she does know they can be contracted. Ms. Beal sees this as the only possible negative factor in this bill.

Mr. Farnsworth agreed with the comments of Dr. Frey and Ms. Beal. He stated that the bill is too restrictive and unrealistic for the hospice environment in Nevada, adding that he disagrees with the administrator experience, stating it is too restrictive. It should match CMS and Joint Commission guidelines for home health administrators, which states one (1) year of hospice and home health related healthcare experience. Similarly, the medical director experience requirement dramatically restricts the field of candidates that can fill these roles in Nevada, where it is already very challenging to recruit and hire these practitioners. In addition, required visits by nurses and physicians at least once each week is far too restrictive, due to the variation in acuity of patients and the length of time they are in hospice. Lastly, the physician on call 24/7 is too restrictive. and should include Nurse Practitioners (APRNs) or physician assistants (PAs). There simply are not enough hospice physicians in Nevada to make this feasible and it would significantly impact the hospice service lines throughout the state.

Ms. Arias-Petrel echoed her colleagues and stated that the bill should include APRNs and PAs as being on-call. Due to the high acuity of hospice patients, she fears the bill as is may have a negative effect on patient care.

Dr. Spirtos agreed that the requirements should correspond with CMS. In terms of twenty-four (24) hours on call, it will be difficult to find physician coverage. He added that it should be a requirement for a physician to examine the patient at least one time during their hospice care and there is currently nothing in this bill mandating a physician to visit the hospice patient at least once, even if it is to establish a baseline.

Dr. Frey concurred, stating that this Bill would be helpful if was mandated to accept CMSPMS Medicare and all the requirements imposed of that program, nothing more.

Dr. Spirtos asked if everyone agreed, and Ms. Maggie Arias-Petrel confirmed. Dr. Spirtos then asked Ms. Bradley if she could put this into language for the Board. Ms. Bradley confirmed that the issues they would like to address are 1) the Bill should mandate all hospice providers accept

CMS and follow all CMS requirements, and 2) a physician should examine the patient at least one time. Dr. Spirtos confirmed, adding that while it is unrealistic for a physician to be on call 24/7, they do need to see the patient at least one time. In addition, the on-call team should include PAs and APRNs, as long as someone is available 24/7. Ms. Beal added that weekly or regular meetings with the care team and at least one visit with the physician is part of the CMS guidelines.

Mr. Farnsworth then added that he operated as an administrator for five (5) years, and the comment regarding offices in the state of Nevada being required to follow the Joint Commission standards does hit the mark and addresses many of the concerns that were raised. In addition, the input from Dr. Spirtos could definitely help to improve the situation that patients/families have encountered.

After Dr. Frey confirmed that they would like to see the bill edited so that it requires all state operators adopt CMS Responsibilities Guidelines and Participation, other Board members confirmed. Ms. Bradley then said she would have Mr. Sullivan relay this information to Assemblymember Edgworth. Mr. Sullivan then stated that the Assembly just had a hearing and talked about a lot of bills which could have included this one, so we may want to look at the hearing.

Dr. Spirtos then commented that it seems that the Board members are in favor of the Bill, but the CMS standards need to be adopted. Dr. Frey motioned to that effect. Ms. Beal seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

b. AB235

Ms. Bradley explained that AB235 allows any provider of healthcare who practices in reproductive health or provides gender affirming care to request their personal information in the records of both the county recorder or county assessor be kept confidential.

Dr. Frey commented that he agreed with this Bill and wishes it was expanded to providers that have been threatened in a healthcare setting, because many doctors have received direct threats that have not been appropriately acted on or responded to by the legal system. Caregivers are often the least protected and most vulnerable and he wishes the scope for this bill was greater. Dr. Spirtos concurred.

Mr. Farnsworth motioned to support AB235, Dr. Frey seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

c. AB264

Ms. Bradley stated that proposed bill AB264 could be problematic. She then explained that the first part of the bill, providing written notice to an applicant of why their application for licensing was denied, is already in practice. However, the following section adds that an applicant may seek judicial review of the decision in the district court, which is not current procedure. Currently, a license denial is not considered a contested case, and an appeal goes back to the Board to reconsider it, not to the district court. This bill requires the court to have a hearing on that petition, a hearing is mandated, and the burden of proof is on the Board to show by clear and convincing evidence that applicant should not be licensed. That is a higher burden than is required for disciplinary matters. Disciplinary matters have a preponderance of evidence

standard; this has requires more proof than that to show that this person is a danger and should not be licensed. While the Board issues very few denials, the legal standard they are requiring and the process they are requiring with the district court (allowing an evidentiary hearing) is more than what is required in a disciplinary matter, and that does not seem fair when this person does not even have a license yet. Ms. Bradley then added that it is a privilege to get a license, not a right. A licensee does have a right to their continued license, unless we show a reason why they should not have it, but to make us work harder on applications than matters regarding license holders seems unfair.

Ms. Beal then said she does not support this bill and asked who sponsored it. Dr. Frey answered that it was Assembly member Miller.

Dr. Frey then added that this bill would invite every nefarious character to apply for a license in Nevada because they would have this route afforded them and Dr. Spirtos agreed.

Dr. Spirtos commented that this idea would pose an unnecessary risk to public health and safety. All of the people who have criminal activity and Medicare fraud, that we think are not the character of the physician or care provider we want in Nevada. It is not worth the risk to public health. He added that the language is horrific.

Mr. Farnsworth then added that he agreed with all of the previous statements, adding that this bill is contrary to what we are in place to do, which is to protect the public from people with serious criminal history and other public safety issues and this bill significantly prevents us from doing that work well.

Mr. Farnsworth motioned to oppose the bill. Ms. Arias-Petrel seconded the motion, and it passed with all Subcommittee members voting in favor of opposing this bill.

d. AB305

Ms. Bradley stated proposed bill AB305 amends NRS Chapter 629 and provides that health care providers cannot charge more than $10 to fill out FMLA certification paperwork.

Dr. Frey commented that this has come up many times before and is not a new bill, just a new number. Ten dollars is an absolutely insufficient dollar figure to memorialize a caregiver's time because we are mandated to utilize M.D.s, D.O.s, NPs, and PAs to fill this paperwork out and a lot of providers will just stop doing it.

Ms. Beal agreed, adding that provider offices, especially smaller ones, have to have a front desk person that fills out the paperwork and does the scheduling, and some of the bigger practices may even have a person that does just FMLA full time, and $10 does not cover it and does not even come close to the value of the time it takes to get the paperwork ready and have the physician complete it.

Ms. Arias-Petrel stated that this bill does not make sense. It takes an enormous amount of time; it does not even take into account the patients that need assistance in another language. Timewise, it takes a lot of time from the staff to assist the physician, then the physician has to take the time to review everything; $10 is not acceptable.

Dr. Spirtos then commented this bill does not make sense. Unfunded mandates that the Legislature complains about constantly, yet they seem to want to give us unfunded mandates as well and that is what this bill would come under.

Dr. Frey motioned to oppose the bill. Ms. Beal seconded the motion. Dr. Spirtos then asked if there was any other discussion.

Ms. Nguyen commented that this bill has come up before and thinks they have published the wrong bill. They amended it and passed it out last session where it brought it to $25, and there was a difference between whether the forms were for a new or established patient. The Nevada State Medical Association (NSMA) is working with the bill sponsor and there is a possibility that we might be able to get to either neutral or support on this. The NSMA is asking that it be a maximum of $30 for FMLA forms, with an annual cost-of-living adjustment. Some doctors in Nevada are not charging anything, some are charging $25 to $30, the national average is $25 to $30, but what they are trying to do with this bill is get rid of the bad actors who charge $120 to $150, in cash.

Dr. Frey responded that he could support $30 with a cost-of-living adjustment, but $10 is a no go. Dr. Spirtos concurred. Ms. Nguyen responded that she would keep Ms. Bradley apprised of the progress of this bill as it moves forward.

Dr. Frey withdrew his first motion and motioned to support the bill with the condition that it be amended to $30 with a cost-of-living adjustment to be made annually. Ms. Arias-Petrel seconded the motion, with all Subcommittee members voting in favor of supporting the bill with said amendments.

e. AB319

Ms. Bradley stated that proposed bill AB319 is mostly the Board's bill with language that was approved by the Board at the December Board meeting, however Dr. Orentlicher added some items to the bill, which included updating equivalent foreign country. Ms. Bradley explained that as of now, Canada is not considered foreign and Dr. Orentlicher wants to expand that to include the United Kingdom, Australia, New Zealand, and any other country designated by the Board as equivalent in regulation. He also adds that when a physician or physician assistant does a physical examination of a person aged 19 and under, they must ask specified questions related to heart disease in young people. He is adding it three times in the bill – once to our chapter, once to the Board of Osteopathic medicine, and once to the nursing board. This bill also updates the practice of respiratory care to include the performance of laboratory testing authorized by NRS 652.210, and there is a corresponding amendment toward the end of the bill to NRS 652, in Section 82 of the bill, to clarify that respiratory therapists can do testing without that second license. This would make things easier for respiratory therapists, instead of the current requirement of each respiratory therapist holding two licenses (one with our Board and one with DPBH). Those are the big changes added by Dr. Orentlicher. LCB added additional changes to make things consistent throughout NRS 630, as well as NRS 633. The Board previously approved language regarding simultaneous licensure for Anesthesiologist Assistants (AAs) and PAs and the ability for the Board to recoup the money they did not pay when they stated they were going to be simultaneous but ended up not being simultaneous. LCB added changes to our chapter and to the Osteopathic medicine chapter about the sharing of information to facilitate this new provision. Section 65 of the Bill updates NRS 630.373 to allow the Board to make regulations regarding the

use of anesthesia in non-permitted locations, specifically tumescent anesthesia. As of now, offices utilizing anesthesia, excluding tumescent, are required to have a permit from the Division of Public and Behavioral Health. Due to this loophole, tumescent anesthesia is being utilized without a permit and is less regulated. Our intent with this provision was to say, you can do tumescent in offices and places where you have a permit issued pursuant to NRS 449, but if you are doing it in a place or office where you do not have a permit, then you must get permission from the Board via regulations that the Board will draft. We were trying to close the loophole and make things safer, especially in medi-spas. However, the way it is written, it currently says PAs and AAs can supervise anesthesia. Ms. Bradley thinks the original language in the statute was just physician, and AAs are only allowed to supervise anesthesiologist assistant students in a school program. Ms. Bradley added that she thinks PAs are allowed to do tumescent anesthesia now, so maybe we do want that in. Ms. Bradley asked the Board to review this language carefully to ensure that it meets their intent and comports with public safety. The Nevada Association of Nurse Anesthetists through their lobbyist has indicated that they want both AAs and PAs stricken from this provision. Ms. Bradley is concerned that they may oppose the bill if it goes through as it is currently written.

Mr. Olivarez inquired if the largest use of tumescent anesthesia is liposuction, and Dr. Spirtos confirmed. Mr. Olivarez then added that he is not sure where PAs would be doing tumescent anesthesia. Definitely not in a hospital, so most likely medi-spas. Dr. Frey commented that independent nurse practitioners have been doing this, and it has become a real problem. He then added that in a free-standing clinic, it would not be a good idea for a PA to administer tumescent anesthesia. Ms. Bradley then explained that we are trying to say you cannot do it unless it is permitted, and the Board would give permission in the other situations. It is the certified nurse anesthetists, which are RNs that are trained in anesthesia, who are the ones saying they do not want PAs or AAs listed in the bill. Not sure why exactly. Staff wants to make sure that it reads clearly and according to the Board's intent. Right now it says, "A physician, physician assistant, or anesthesiologist assistant shall not administer or supervise directly the administration of anesthesia." Ms. Bradley commented that adding PA and AA there maybe broadens it more than intended. An AA can only do it under the direction of a supervising anesthesiologist, so an AA is not supervising, unless it is a student in a program, so the administer part may work, but not the supervise.

Dr. Spirtos commented that if the physician and the physician assistant are working together cooperatively and under supervision, what all of us want is knowledge these spas are opened and that they are doing it, so we are aware when the first complication occurs.

Ms. Bradley then clarified that, as written, licensees could do tumescent anesthesia according to the permit they hold, and the licensees authorized by the permit can do it. If they are doing tumescent anesthesia in an unpermitted facility, they can only do that according to regulations the Board adopts and the Board could adopt a regulation stating that only a physician or physician assistant with direct supervision by a physician can do it, so we could really limit it in our regulations.

Ms. Arias-Petrel commented that rules like these need to be in place, and she wishes they would do something for the nurse practitioners that are opening practices on their own and even attempting to do esthetics and medi-spas without much regulation or supervision. They do have doctors that are signed up as medical directors, but many are not present.

Dr. Frey stated that he completely supports the tumescent anesthesia component of AB319, but he completely opposes the 14-point evaluation part for heart disease in young people as it has been debunked. An EKG as a screening tool prior to participation in sports for a young person is far more accurate than the 14-point screening evaluation. Plus, the bill does not include a reasonable age range, so are we supposed to do evaluations on two-year-olds that are not even playing sports? Dr. Frey does not like this language and state that physicians are using generally good guidelines in pediatric practices and this would be quite onerous to the pediatric practitioner population in the State of Nevada.

Ms. Bradley responded that she and Mr. Sullivan, and maybe Dr. Frey, need to schedule a meeting with Dr. Orentlicher to discuss the 14-point evaluation. Mr. Sullivan added that the bill is supposed to be introduced on Monday and Ms. Bradley state that she was asked to introduce the Bill on Monday with Assemblymember Orentlicher.

Ms. Bradley added that we also have a proposed amendment to this bill, explaining there were a few issues found in the bill as written. Specifically, where the bill states progressive for post graduate training progressive, it currently defines progressive as a one school year break, which is too much and should be changed to four weeks. We also want to change "enrolled in and completed a program that is closely related" because we do allow people to switch from something like internal to family medicine, so we want to make sure "completed" is there. For people who have passed the USMLE exams, applicants who are certified by an American Board of Medical Specialties (ABMS) should have the option to pass the USMLE exams without the time limits. If someone is Board certified, the Board generally licenses them under ABMS, not under passing of exams. We wanted to update the physician assistant simultaneous application fee, because right now it just says registration and not application.

Dr. Spirtos stated that regarding the one year, a number of residencies have one or two years of research and that is a year that is not ABMS or a certified year, so in a five-year program, there is no continuity. Ms. Bradley then explained that as currently written, it states, "The Board shall deem a program of post graduate education or training approved by the ACGME, including without limitation such a program that includes one year or more of scientific or clinical research, to be progressive if the person who completes the program does it in the format that was approved by the ACGME." Dr. Spirtos replied that he is not sure if the ACGME approves their research years, but they approve the overall program. He asked Ms. Bradley to give him until Monday to confirm the language. He then explained that his daughter had a four-year fellowship with two of those years in the lab, and similarly, General Surgery at UMC has a year or two of research, so the residents often come out without three progressive years. Dr. Spirtos said he would ask the Chair of Surgery at UMC to confirm whether the program is ACGME approved of those research years.

Dr. Spirtos then asked if anyone had any comments about the four weeks, asking if it was too restrictive. Ms. Bradley then explained that it is usually time they do not have to make up, but if they do need more time off due to sickness, pregnancy, family emergencies, etc., then they do have to make up that time. Dr. Spirtos explained that it is usually up to the program director, adding that women usually take twelve weeks off post-delivery. Ms. Bradley explained that they did look at that and the ACGME rules, and they do allow twelve weeks off for a medical condition but it seemed like that time must be made up. Dr. Spirtos then explained that they can take *up to* three weeks, so nine weeks post-pregnancy, for example, would not have to be made up, but once it is at three months/twelve weeks it must be made up.

Mr. Oliveras then asked if a physician is out for maternity leave during a residency, would that be something that comes up for their application for a license, or would it not come up at all. Dr. Spirtos then clarified that if it was under 12 weeks, it should not come up at all and they would not have to make an appearance. Ms. Bradley then confirmed that if it is twelve weeks or longer, they would then have to make an appearance.

Dr. Spirtos then commented on Section 51, saying that we are struggling with the language regarding the requirements for a quorum. Ms. Bradley clarified that Section 51 is stating that the Investigative Committee reviews complaints that are within the Board's jurisdiction, the Committee has to be composed of three members, one of whom is not a physician, and two out of three is sufficient to satisfy a quorum. Dr. Spirtos's next question was regarding page 51 where they speak of the composition for a hearing. He asked which Board member is at the hearings now? Ms. Bradley explained that there are no Board members in the hearings because we have a Hearing Officer which is why this section of the bill is being stricken. Ms. Bradley then explained that it is addressed in Chapter 622A, which applies to all Boards, stating that a Hearing Officer can conduct hearings and since we have opted to utilize Hearing Officers, the Hearing Officer makes the record, and the Board members make the decision at the Board meeting. Dr. Spirtos then asked if we have been operating outside of regulation, and Ms. Bradley answered no, explaining that due to other statutory references and this one being prior to 622A, we will remove this from the regulations.

Dr. Spirtos referenced page 44 regarding record retention for complaints. Ms. Bradley clarified the record retention schedule, explaining that all state Boards are required by statute to retain records for ten years, including those we do not act on. If no action is taken on a complaint, that record is then destroyed after ten years. If action is taken on a complaint, then we retain said record for the time the practitioner is licensed in Nevada, plus thirty years.

Mr. Olivarez then inquired about Section 39, page 33, item 7. Ms. Bradley explained that the Board approved this change in December and this change would only remove the restriction on the Board requiring certification for renewal. This change would not automatically require certification for renewals. Most PAs maintain certification. Dr. Spirtos then asked what Mr. Olivarez's thoughts are regarding certification. Mr. Olivarez explained that the majority of PAs are certified..

Dr. Frey motioned to approve this bill, with the exception of the 14-point evaluation. Mr. Olivarez seconded the motion; all were in favor.

f. AB52

Ms. Bradley stated that proposed bill AB52 requires the Division of Insurance to develop a campaign to inform providers of healthcare and insureds of the law regarding insurance. The campaign must include additional support and resources for providers of healthcare who operate small healthcare practices, or who are new to operating a healthcare practice, in navigating the process for seeking reimbursement from insurers, and ensuring they comply with the insurance billing requirements. It also requires that health insurance companies pay approved claims within 15 days if it was submitted electronically; if not submitted electronically, then 30 days from the date received. Denied claims must include notification to the claimant in writing of the denial within 30 working days and must include all reasons for denying and the process to challenge. Insurance companies would have to give insurance to healthcare provider on claims not paid

within the specified time period. And finally, there is a time limit on claims that require additional information.

Ms. Arias-Petrel stated that this bill should be supported, explaining that a lot of medical providers have to wait unreasonable amounts of time to get paid and constantly have to make repeated calls to the insurance companies, even for procedures that were approved. The insurance companies constantly say that claims were lost or did not make into their system, which is why we have accounts receivable that go into 90 to 120 days. These doctors are running a business just like the insurance companies and want to make sure they get paid in a timely manner for their services rendered.

Dr. Frey agreed with Ms. Arias-Petrel, adding that he tracks the turnaround times of commercial versus government payers, and the government payers are better by a substantial margin, because the commercial insurers strategically hold payment to make money on that money and this practice needs to be stopped.

Dr. Spirtos concurred, however he added that the issue he has regarding this bill is with preauthorized care, such as chemotherapy, where the provider gives the chemotherapy, only to later have the claim denied, and then given the deadlines in this bill, possibly withhold the prompt and necessary care the patient is needing due to the wait time for insurance approval. This process could possibly take months, while the care the patient needs is emergent and continuous. Furthermore, the care given costs money up front, sometimes thousands of dollars, while the provider then has to wait for a possible denial of reimbursement.

Ms. Beal inquired how the requirements listed in this bill will be monitored, and what the consequences would be for not reimbursing the provider in a timely manner as outlined in the bill. Ms. Bradley answered that the provider can file a complaint with the Division of Insurance. Ms. Beal responded that the providers can already file a complaint with the Department of Health and Human Services, but now we have a bill for prompt payment, but is it going to make a difference? Ms. Bradley then read where the bill states, in summary, that if an insurance carrier is non-compliant and has failed to approve or deny a claim within 60 working days, the commissioner may require carrier to pay an administrative fine. Upon a second or subsequent determination that a carrier is not in compliance or has failed to approve or deny within 60 days, the commissioner can suspend or revoke the certificate of authority for the carrier. It also mandates the carrier to submit a compliance report on February 1st of each year. They also have to report the times they failed to comply and the amount of interest paid.

Dr. Spirtos then added that even with this, the insurance company can deny or delay the reimbursement from the insurance company and the provider can be out thousands of dollars in the meantime. Ms. Nguyen responded that this bill was already presented at the hearing, and while they did state that there will be some amendments to the bill, they are not to the extent that Dr. Spirtos has expressed. As a result, she stated that Dr. Spirtos needs to communicate these issues to the writers of the bill promptly.

Dr. Frey commented that prior to the No Surprises Act, Nevada enacted a Ban on Balanced Billing with an arbitration process, and he says these bills need to be aligned.

Ms. Nguyen then asked Ms. Bradley if she could capture these thoughts and share them with Ms. Nguyen and she can present them to the specialty provider groups, such as oncology and hopefully make this bill more aligned to provider needs.

After more discussion regarding the issues previously mentioned by Ms. Arias-Petrel, Dr. Spirtos liked her use of "life-threatening conditions" and agreed that the words "life threatening" help to decipher the issues he mentioned. Dr. Frey agreed that if they inserted the "life threatening" language, he too would be in support of this bill.

Ms. Arias-Petrel then made a motion to support AB52, with the addition of language for life-threatening care and treatment. Dr. Spirtos seconded the motion, and it passed with all subcommittee members, minus Ms. Beal, in agreement with proposed changes. Ms. Beal voted against the motion.

Ms. Bradley said she would draft something to capture the wording regarding life-threatening care and treatment.

g. SB128

Ms. Bradley stated proposed bill SB128 is regarding an insurance company requiring prior authorization for medical care. It states they cannot use AI or an automated decision tool to deny or modify the request; or terminate, reduce, or modify if previously approved. If they are going to deny or modify the request for prior authorization that is not medically necessary or is experimental or investigational, they cannot deny it without a licensed healthcare professional with the education, training, and experience necessary to evaluate the clinical issues relevant to the request. That person would then determine that the treatment is not medically necessary or is experimental, and that would be after evaluating all available medical documentation, notes of insureds or member's provider of healthcare, test results, and other relevant medical records. An AI or automatic decision tool can be used to automatically approve a request for prior authorization. These same requirements would apply to public employer, local government insurance programs, Medicaid, and children's health insurance programs. There is an addition to our chapter that states if a physician or physician assistant diagnoses a patient with arthritis, osteoarthritis, or any other condition regularly treated using stem cell therapy, the physician or physician assistant shall discuss with the patient the potential use of stem cell therapy to treat the condition and the opportunity for the patient to donate, bank, or store stem cells for future use by the patient or donee.

Dr. Frey stated that he generally supports this bill and added that the use of artificial intelligence systems, now and in the future, is problematic with claims denied. We should always have a human being involved in the process but also agree that if there is automation that can be afforded for commercial and government insurers alike to approve claims in a timely fashion, that is equally useful. His concern is in regard to what the future holds for use of AI in the insurance world, and what else can we anticipate needing that this language may restrict us to. Other than that, he thinks it is a decent bill.

Ms. Arias-Petrel agreed with Dr. Frey, stating that it is a good bill overall, and most of us have experienced the need to call to get approval for treatment that was originally denied due to the use of AI for approval.

Dr. Spirtos had a question regarding stem cells and whether they are used for arthritis on a regular basis. Dr. Frey and Mr. Olivares both commented on different types of treatment for arthritis, but they were not aware of treatment using stem cells.

Dr. Frey stated that one of his concerns was the self-funded plans being under the federal rules. Will there be an opt-in/opt-out provision in this bill or similar bills regarding that, because much like the ban on balanced billing, the self-funded plan essentially pushed forward the bill, but then did not participate. Ms. Bradley confirmed that the governing body of any county, school district, municipal corporation, political subdivision, public corporation, or other local government agency in the state of Nevada that provides health insurance through a plan of self-insurance, has to follow the same rules and cannot utilize the AI and has the same rules regarding someone having to review it. Not sure that this applies to the state of Nevada public employees benefits program, but it applies to the local government and Medicaid.

Ms. Beal then asked if we would want to keep the stem-cell language in the bill, since it seems out of place.

Ms. Arias-Petrel agreed with Ms. Beal stating that the stem-cell language seems out of place. She then asked who was sponsoring this bill, and Ms. Bradley responded that it was Senator Neal. Dr. Frey then stated that usually for experimental therapies like this insurance companies will not cover it, so it should not matter who is sponsoring the bill.

Dr. Spirtos responded that as of now, stem cells are only approved for hematopoietic diseases and some cancers, which are not routine use, so he is unsure why they are pushing this specific therapy when it is not even approved. Dr. Spirtos said he would be supportive of the bill if the mandatory stem cells section was removed. Dr. Frey supported that as well.

Dr. Spirtos then made a motion to support SB128, with the removal of the stem cell section. Mr. Farnsworth seconded the motion, and it passed with all subcommittee members.

h. SB192

Ms. Bradley stated proposed bill SB192 is in regard to birth centers and giving birth in hospitals. Section 29 amends the Board's chapter and requires that we, in consultation with the Nursing Board and the Board of Osteopathic medicine, adopt regulations concerning the use of race-based health formulas and race-based care standards by physician and physician assistants. Our regulations have to list specific race-based health formulas and race-based care standards that physicians and physician assistants are authorized to use. They would not be able to use a race-based formula or care standard if there is a race neutral one available that is scientifically validated as being at least as effective and we have to monitor scientific research on this. Only the ones that are included in our list of regulations can be used by physicians and physician assistants. Additionally, this bill has that exact same language regarding stem-cells with the diagnosis of arthritis, osteoarthritis, etc.

Dr. Frey stated that this bill is an insult to the practice of medicine. We do not use these formulas, he has never even heard of these, and has never seen them used in any practice that he is aware of. Dr. Spirtos stated that he agreed with Dr. Frey, as did Ms. Beal.

Dr. Spirtos added that there was a New England Journal article that outlined race as it relates to diseases, but he did not interpret it as a basis for treatment. He then mentioned a few examples of health issues that affect different races differently, but he did not interpret it as information to deny treatment, he interpreted it as bringing about awareness.

Ms. Beal then replied that she is aware of the health disparity for minorities, especially with certain diseases or health issues. Dr. Spirtos concurred.

Ms. Arias-Petrel then made a motion to oppose SB192. Ms. Beal seconded that motion, and all were in favor of opposing this bill.

i. SB86

Ms. Bradley stated proposed bill SB86 gives immunity from civil damages to providers of healthcare who in good faith perform a forensic medical examination or strangulation medical examination.

Dr. Frey made a motion to support SB86. Dr. Spirtos seconded the motion, and all were in favor of supporting this bill.

j. SB 294

Ms. Bradley stated proposed bill SB 294 would give physician assistants less supervision in their practice. This bill essentially lists the types of things a PA can do and the locations where they can practice. It states that if a PA has less than 4,000 hours they would have to have a collaborative agreement with a physician. Agreements are only provided to the Board upon request. If the PA changes the area of practice, the Board could require a written collaborative agreement in the new field of medicine for the amount of time prescribed by the Board. It removes the requirements for the PA to be supervised if they have completed the 4,000 hours and practicing in the same specialty where they received the 4,000 hours of collaboration with a physician. A patient has to give informed consent when a PA is providing care, they can only perform services within the scope of practice of the PA in which they have necessary education, training, and experience to competently perform. Ms. Bradley's only legal concern is that this can be harder to pinpoint for a PA, since the only thing to look at is the Collaborative Agreement and see the specialty of the physician they are collaborating with and lists the services that a PA may perform. Section 9 removes the ability of the Board to prescribe tests or examinations for PA applicants by regulation. Also, the services that a PA may perform by regulation are being removed. Section 10 makes changes to NRS 630.415, which we are also amending in AB319 to include all license types; not sure how these changes will all fit together.

Mr. Olivarez stated that this bill is long and has a lot of things that need to be taken out. While he understands the Board will not likely support this bill, his request is for the Board to review it and look for where helpful changes could be made. Mr. Olivarez understands that a newly graduated PA should not be allowed to practice autonomously, however, for someone with almost thirty years of experience this would not change his day-to-day practice. It would only change the requirement of needing a supervising physician. The big take home is Section 4 on page 10, outlining where PAs can work because those things all have limitations in place, as in the privileges allowed at the hospital which states what their scope is.

Dr. Spirtos commented that his issue is in Section 15, which states that "a PA may practice only in the following settings: a medical facility, any facility licensed pursuant to this, any facility that has established a system for evaluating the credentials of and granting practice privileges to PAs." So, PAs can get together and build a surgical center and set up a privileges list, and then surgeries will be performed with no physician on site. This bill does not define "medical facility," which could be even more of a problem.

Mr. Olivarez commented that with or without this bill, there are situations that can arise. He asked the doctors of the subcommittee and the Medical Board to give feedback on this bill, suggesting any necessary changes. He also explained that with the new bill, PAs would not be able to practice in their own clinic; they only could practice in physician-owned clinics. Ms. Bradley confirmed that was her understanding, as well.

Dr. Frey added that his issue with this bill is the time component of 4,000 hours, saying that time is no substitute for competency and they should never be conflated. The bill should not conflate those, the Board should not conflate those, and the public should not be given a lower bar and accidentally conflate those. His question is, how can we give independent practice to a group that is demonstrating that they have done 4,000 hours in a specialty, i.e. emergency medicine, and yet, after he himself completed 12,000 hours as a medical student, and another 4,000-5,000 hours as an intern. Why can't he himself hang a shingle after that first year of residency, and he thinks there are a number of reasons for why he cannot do that in this state currently, so why would we allow a subset of people currently under the Board's purview to have it one way, and another group to not.

Ms. Arias-Petrel stated that PAs see advanced practice registered nurses (APRNs) as having more leeway in relation to practice than PAs. Then there are PAs that have been practicing for many years and there are many PAs that have been operating by the book and are good providers but are not given the same freedom as the APRNs. How would we get to the happy medium so it is fair for both APRNs and PAs? She even suggested that maybe PAs could provide primary care in rural areas, rather than practice any high risk or specialized care. Mr. Olivarez agreed with Ms. Arias-Petrel to find a happy medium.

Dr. Spirtos commented that this bill would have been better if the Nevada Academy of PAs (NAPA) had come to the Board and had a discussion or a few working sessions. Instead, he feels ambushed and the way the language is written does not allow for separation of practices like surgery. 4,000 hours is not sufficient; there should be a prescribed course of education for someone to take a knife and start invading another person's body. Both Mr. Olivarez and Ms. Beal agreed, and Ms. Arias-Petrel agreed with Dr. Spirtos that a working session with NAPA would be helpful in finding a happy medium.

Ms. Bradley stated that the lobbyist for NAPA had reached out to her wanting to talk about this bill after it dropped. She said she could arrange a meeting with Mr. Sullivan, Dr. Spirtos, and NAPAto go over the bill. Dr. Frey added that he would also like to be included because he sees too many problems with this bill, especially regarding competency as it only addresses hours. Mr. Olivarez agreed that if we could come up with a way to define what the Board would be happy with to address competency, he would support that. Dr. Frey stated that as a resident physician, the physician has completed many hours of training and practice, yet they cannot open a business until they receive their unrestricted license after completing residency. Mr. Olivarez agreed and then asked how we would define that competency. Dr. Frey said testing would be the one litmus

test that we know for sure is applicable to all providers. Mr. Olivarez then asked if maintaining certification would be adequate. Dr. Frey responded that there is currently no certification needed in relation to the specialties, and that is his issue. He would be a lot more supportive of this venture if there were specialty certifications. Mr. Olivarez concurred.

Ms. Arias-Petrel asked Ms. Bradley if she could invite the Subcommittee members to the meeting with the lobbyist and NAPA so they could work on this bill together and hopefully come to a happy medium, adding that we need more providers for primary care specifically and we need to specify the bill to fit this.

Dr. Frey stated that he agreed with Ms. Arias-Petrel's statement regarding the fact that PAs are seeing the freedom that APRNs are given, and they want the same freedom after a set number of hours of practice–yet there are not any competency assessments in the process which is a problem in any aspect of medicine. He added that if the PAs truly want independent practice nationally, they should have been developing competency assessments in the specialty they want to practice in. Ms. Arias-Petrel concurred.

Dr. Spirtos stated that Mr. Olivarez has been a PA practicing in orthopedic spine surgery for 25 years, but no matter the number of hours, it does not make him a spine surgeon. Ms. Arias-Petrel agreed, adding that she is leery of anyone who would be putting patients under, adding that PAs should be practicing under a physician for any specialized care. Specific rules need to be created for PAs to practice independently. Dr. Spirtos agreed, adding that malpractice insurance is another factor to consider.

Dr. Frey made a motion to oppose this bill, for several reasons. He is not opposed to having a conversation with NAPA, but he does believe it is dangerous for the State of Nevada. Dr. Spirtos seconded the motion, asking if there was any further comment.

Ms. Nguyen spoke for the NSMA stating that they did meet with a lobbyist and one of the concerns the NSMA had was even with completion of 4,000 hours, it does not state that a collaborative or supervision agreement needs to be in place, so it truly is independent practice. In response to the earlier comments regarding access to care and the need for primary care, the NSMA truly believes in patient care. There are studies that show that mid-level primary care can increase costs for patients because more tests are not ordered, and they do not have the confidence necessarily to give the level of care of a physician. The NSMA has major concerns about this bill but is open to discussion regarding access to care in Nevada, but it cannot compromise patient safety.

Dr. Spirtos then called for a vote and all subcommittee members were in favor of opposing SB294.

Agenda Item 4
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. Spirtos moved to adjourn the meeting, Ms. Arias-Petrel seconded the motion, and it passed with all Subcommittee members voting in favor.

The meeting was adjourned at 2:26 p.m.

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