

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, April 18, 2025– 12:00 p.m.

Subcommittee Members Present

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

Dr. Bret Frey, M.D.

Ms. Maggie Arias-Petrel

Ms. Pam Beal

Jason Farnsworth, RRT, MBA

Joseph Olivarez, P.A.-C

Staff/Others Present

Sarah A. Bradley, J.D., MBA, *Deputy Executive Director*

Henna Rasul, Senior Deputy Attorney General

Valerie Jenkins, *Legal Assistant*

Mike Sullivan, *Lobbyist*

Weldon Havins, M.D., *Public Attendee*

Joseph Adashek, M.D., *Public Attendee*

Jacqueline Nguyen, J.D., *Public Attendee*

Agenda Item 1

CALL TO ORDER AND ANNOUNCEMENTS

- Roll Call/Quorum

The meeting was called to order by Ms. Bradley at 12:05 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. There was no public comment from either the Reno or Las Vegas locations.

Agenda Item 3

REVIEW AND APPROVAL OF PRIOR MEETING MINUTES

Dr. Spirtos asked the Subcommittee 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 meeting of March 14, 2025, March 21, 2025, and April 4, 2025, Dr. Spirtos seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

Agenda Item 4

Review and Discussion of Bills

- a. Previously Agendized
 1. AB170 did not pass the deadline.
 2. SB34 did not pass the deadline.
 3. AB56

Ms. Bradley stated that the bill has been amended and passed out of the Committee and is on its way to hopefully being passed. Some of the amendments include the removal of the bioterrorism requirement for CMEs but leaves other CME requirements intact. It also contains a provision allowing the Board to share licensing information with other credentialing entities and employers to help quicken the process of obtaining a license. It also has other cleanup language and changes that the D.O. Board needed.

Dr. Frey asked if this bill changes the composition of the Board and Ms. Bradley answered that it does not.

4. AB319

Ms. Bradley stated that this is the bill Dr. Orentlicher is bringing on the Board's behalf and has been amended, including the concerns Dr. Frey identified regarding the cardiac screening language in the initial bill draft. Ms. Bradley has not seen the amendment language as it is a conceptual amendment. It does update the ages for the screening, but does not specifically say "best practices." It has been passed out of Committee after a work session, and should be on its way to hopefully getting passed in the Assembly, and then moving to the Senate.

5. SB78

Dr. Spirtos stated that he had a call with Director of Business and Industry, Kris Sanchez, Ph.D. to talk about the bill. Dr. Spirtos specified that Dr. Sanchez said that the our Board will stay intact, and the bill will add the other Boards to the our Board. The composition of our Board will be 5 M.D.s, 2 D.O.s, 1 chiropractor, 1 podiatrist, 1 physician assistant, 1 practitioner of respiratory care, and 2 members of the public, 13 total members, and all those license types come under the Medical Board. Dr. Spirtos mentioned that we would have one website, and the Department of Business and Industry does not screen what we put on the website. The model website is the Iowa Medical Board. Dr. Spirtos added that he explained to Dr. Sanchez the issues that would arise with the way the bill was initially worded, with the Board essentially becoming an advisory body, because the Executive Director would be appointed by the Deputy Director of Business and Industry and report to that person and not the Board. Dr. Spirtos stated that would not work. Dr. Sanchez said that we should expect a significant rewrite in 7 to 10 days along the lines of the draft proposed amendment that he had provided to Dr. Spirtos. Dr. Spirtos expressed concern about the control of the Board's budget and wanted to be sure that all of the day-to-day issues with running the Board, were accounted for correctly. Dr. Spirtos added that there was some discussion regarding the status of Board employees in the new amendments.

Ms. Bradley explained that as of now, all Board employees are in the unclassified service of the State. If the plan is to transition Board employees to be paid through the General Fund, it is uncertain how that could be accomplished. There would also be issues with vacation and sick leave accruals if there was a transition of the positions, as well as potential downsides in not having a person in our office that handles our HR issues and questions if we had to contact Central Payroll or the Human Resources Management Division for those issues.

Dr. Frey stated that if we assimilated some Boards, but preserved our Board's autonomy so that we would not fall under another realm and then have to reclassify everybody, that would make the most sense and would give the Governor a win and give us a win. There would obviously be growing pains, but it would make the most sense.

Dr. Spirtos added that he has faith in Governor Lombardo, and he has concerns about a large amount of power this bill may give to an unelected official. This has happened in some other states.

Ms. Arias-Petrel stated that she fully agrees with Dr. Spirtos. She also agrees with the concerns of Ms. Bradley and Dr. Frey, stating that we should still be kept independent because the Board has done a phenomenal job, both in serving the providers and financially speaking.

6. AB186

As the pharmacy bill, Dr. Spirtos inquired whether there has been any movement on this bill and Ms. Bradley stated that she has not heard any updates. She did say when it was heard, there were a lot of positive comments.

Dr. Frey stated that he thinks this bill is very misunderstood. The way the language reads is so broad that it basically says anyone previously diagnosed with a condition can then be managed by a pharmacist over time. Dr. Frey sees this as being dangerous for patients and does not think that the sponsors understood this.

Ms. Bradley added that the bill is very open, as Dr. Frey stated, and it gives the Board of Pharmacy a lot of leeway to make regulations that might clarify the scope of the bill and possibly minimize Dr. Frey's concerns, but we do not know what those might be until we see them.

Dr. Adashek stated that the Nevada State Medical Association (NSMA) is strongly against this bill and could not figure out a way to make it better, except to make it nonexistent.

Mr. Farnsworth stated that he provided a letter of support for AB186 from area pharmacies that Ms. Bradley shared with the Subcommittee. He is very much in favor of the bill. He thinks it can shore up numerous gaps both in the rural communities and various workflows that he is close to in his current role.

Dr. Spirtos stated that, with the strong negative feelings about this bill by the other Board members, his own concern of the consistency of treating pharmacists at locations like Walgreen's and CVS, wherein pharmacists rotate regularly in and out of stores, he would like to hear more from Mr. Farnsworth about how this bill may be helpful to Nevada citizens and patients.

Mr. Farnsworth stated that under existing law, pharmacists in Nevada are authorized to dispense medications, provide immunizations, dispense self-administering hormone contraceptives, prescribe and dispense HIV prevention medications, and do blood/gas testing. This bill expands on these areas to allow pharmacists to intervene in emergency situations and treat patients who are already diagnosed, have self-limiting conditions, and, after the performance of laboratory tests or point of care analysis, to treat certain conditions. Thus, he does not see this as over broadening their scope but allowing them to do a little more in the rural communities. Mr. Farnsworth commented that the way this bill would help him specifically is that we have a high number of patients in Northern Nevada who are chronic abusers of tobacco, and this bill allows pharmacists to assist with smoking cessation, education, and prevention through prescribing medications to help patients stop using tobacco products. This would be a profound help in both public health, mitigation, and his general operations.

Ms. Beal stated that she is not in favor of this bill if it is not specific to rural communities and is generalized to allow pharmacies to have expanded authority. She is aware it is a growing trend, and some states are moving towards this, but usually this expansion of care by pharmacists is limited to rural communities where pharmacists play a bigger role.

Dr. Spirtos echoed both Dr. Frey and Ms. Beal stating that the lack of definition in terms of previously prescribed medications and self-limited diagnosis is a problem. Ms. Bradley stated “self-limited diagnosis” is defined as a health condition that generally persists for a limited period of time,” which Dr. Spirtos and Dr. Frey both agreed was very vague.

Ms. Bradley stated that the amendment better defines what is considered an emergency, and says a pharmacist is authorized to provide a one-time refill for existing prescriptions when in the pharmacist’s professional judgment, the patient’s health would be at risk without continued access. However, Dr. Frey points out that a patient can go from pharmacy to pharmacy, and they are not aware of all of these “one-time emergencies” at multiple pharmacies.

Dr. Frey stated that he is not entirely opposed to strategic scope increases for the pharmacist. The issue he is concerned about is the current language, which broadens their scope tremendously. The smarter thing would be for the pharmacists to get very strategic and specify which gaps they need to fill and list them specifically, but take out the language that is too general and broad.

Ms. Arias-Petrel concurred, stating that it is in the rural areas where there is a lack of primary care providers and patients are more reliant on the pharmacists. She would support this bill if it was better defined, and the language was more restrictive.

Dr. Spirtos added that the main concern he and some of the some of the Subcommittee members have is related to patient care, specifically ensuring the patients receive a high level of care.

Ms. Beal commented that even if this bill does not pass, she foresees this issue coming back in future legislative sessions.

Dr. Spirtos also stated that he is concerned how pharmacists will be able to take on a wider scope of practice when many seem overwhelmed and understaffed currently.

Dr. Frey stated that he is concerned with the origin of this bill, stating that retail pharmacies stands to benefit in a big corporate way from expanded scope for pharmacists. He is concerned that this bill may be a power and money grab by retail pharmacies that could create a lot of problems, and he does not support it as written.

Dr. Frey moved to oppose proposed bill AB186 as written, Ms. Beal seconded the motion, and it passed with the majority of members voting in favor of the motion.

7. AB290

Dr. Spirtos requested that Dr. Adashek update the Subcommittee members on AB290.

Dr. Adashek stated that AB463 was the NSMA prior authorization bill that modeled after the AMA legislation, and AB290 supplemented that. AB463 discusses exceptions to prior authorizations, such as care from a psychiatrist that is Board certified, Accu-Chek strips, chronic diseases, etc. Also, if a prior authorization is denied, the insurance carrier must notify the patient right away, and if approved, the insurer must pay it; so no longer the comment of “authorization does not guarantee payment.” Additionally, the insurer cannot take back

money given to physicians for performing the procedure. Currently, insurance companies can decide six months later that the prior authorization form was filled out incorrectly and take the money back. Also, if a procedure performed in office, or a prescription, has historically been approved more than 80% of the time in the past twenty-four months, then that procedure or prescription is no longer required to obtain prior authorization.

Dr. Adashek continued, stating that AB290 goes over how long it would take to get prior authorizations and changes in the definition of peer-to-peer reviews. Dr. Adashek also mentioned that the Governor is expected to come out with a health care bill that deals with prior authorizations.

Dr. Adashek then explained that AB463 is more comprehensive than AB290. Originally, NSMA did not fully agree with AB290 which is why AB463 was created. They are hoping to meet with a legislator and make the two bills into one.

Dr. Frey moved to support AB290 specifically, Mr. Farnsworth seconded the motion, and it passed with all Subcommittee members voting in favor of the motion.

8. SB294

Ms. Bradley stated that this bill came out of work session with a lot of changes, and it no longer allows independent practice for physician assistants. Instead, all the bill does now is direct the Board to change the supervision ratio for physician assistants from 3:1 to 6:1. Currently, the ratio is 3:1, and physicians may request permission to supervise additional physician assistants. This would remove that and make the 6:1 ratio universal.

Dr. Frey stated that he agrees with this ratio change and if this is all the bill does now, he fully supports it because in a lot of systems, especially trauma systems, rely on mid-levels and the 3:1 ratio is too restrictive.

Ms. Arias-Petrel stated that she also supports the change in ratio, from 3:1 to 6:1.

Mr. Olivarez stated that he agrees with the 6:1 ratio and added that it does not really change the current day-to-day workings for most physician assistants. He also commented that like AB186, a bill regarding independent physician assistant practice will likely keep coming back each legislative session, with slightly different variations.

Ms. Arias-Petrel stated that she recently met the President of the Nevada Academy of Physician Assistants (NAPA) at a meeting for one of the Latin Chambers in Las Vegas and urged her to meet with our Board, but that did not happen. Ms. Arias-Petrel added that there needs to be some corroboration between our Board and NAPA regarding independent practice of physician assistants.

Mr. Olivarez moved to support the SB294 and changing the supervision ratio for physician assistants from 3:1 to 6:1, Ms. Arias-Petrel seconded the motion, and the motion passed with all Subcommittee members voting in favor.

9. SB337

Dr. Frey stated that SB 337 is a bill that creates excess paperwork regarding prescriptions for opiates, explaining that in situations like a fracture, this bill would require him to jump through a bunch of hoops and then trial non-opiates for fracture care. Fracture care and cancer care are two situations where the prescription of opiates should not be questioned. He is concerned that this bill would create a lot of unnecessary excess work for health care providers. AB474 has been successful since 2017 in reducing pill count and lowering the number of people addicted to prescription drugs; SB337 is unnecessary.

The Board previously voted to oppose this bill. Dr. Spirtos requested that Mr. Sullivan set up a meeting with the sponsor of SB337, which is Senator Lange, and requested that Dr. Frey be included.

10. SB124

Dr. Frey stated that SB124 is the limited license bill, and it has had a lot of revisions since the last meeting. Dr. Frey explained that they talked with Senator Doñate and told him that with the changes requested by the Board, the Board could support the bill. Those changes included requiring the passage of USMLE step 3 before the applicant can apply for the limited license, and it would change the verbiage from “will grant a license” to “may grant a license” after the 2-year period is completed, which gives the Board the latitude to say no to a license and have them reapply at a future date.

Ms. Bradley added that Senator Doñate added extensive regulation authority for the Board to make regulations regarding competency assessment prior to full licensure, in addition to setting fees.

Dr. Spirtos concurred, adding that he does not believe the number of limited license applicants is going to create a mass influx.

Ms. Arias-Petrel stated that she will continue working with Brian Sandoval at the University of Nevada Reno (UNR) in international collaborations and programs that would allow us to bring those doctors through UNR, which will be more appropriate.

Dr. Frey stated that one other issue that has come up this session is the concept of how to bring in foreign medical graduates (FMGs) that are physicians of eminence internationally, but do not check the boxes required for any current licensure pathway. Maybe we can work with stakeholders to modify current legislation or bring new legislation to modify NRS Chapter 630 and accommodate physicians on a case-by-case basis and bring in talent internationally.

Ms. Arias-Petrel commented that there are universities in Latin America that use a curriculum very similar to a U.S. medical school, those graduates are bilingual and bicultural, and future statute changes that would allow these physicians to be licensed in Nevada could help bring more needed physicians to our communities.

Dr. Adashek spoke for NSMA, stating that they supported the changes previously mentioned by Dr. Frey.

Ms. Bradley stated that April 22, 2025 is the deadline for bills being passed from the house of origination, unless they are exempt.

Ms. Nguyen stated that regarding SB294, even with the “gut and replace changes” of the bill to just the ratios, the NSMA did submit concerns. She specified that a physician did reach out to NSMA letting them know that they were trying to limit the number of physician assistants that they were supervising, but were told by their employer that they had to supervise this number of physician assistants because it is in their contract. Ms. Nguyen added that the concerns they submitted to the Committee were, 1) even if the ratios went up to 6:1, they were hoping it would only be 3 at one time during a specific shift, and, 2) there was already a pathway to get to 6, and NSMA liked the ability for the Board to choose whether a physician had more than 3 physician assistants and, 3) NSMA feels like some of these things are corporate profit driven. Lastly, AB204, which is the medical debt collection bill, there was a lot of confusion as to the conceptual amendment that was presented in Work Session; and SB378, which has a lot in it and touches on FMGs, raising concerns regarding a portion of the bill that deals with noncompete clauses in contracts and another portion that deals with freestanding emergency rooms.

Dr. Frey stated that when we review these bills, our main concern is patient safety. The Board has already been granting 6:1 supervision when requested. He believes that this ratio is well within safety for the patients of Nevada. If there are concerns regarding physicians being forced to supervise a specific number of physician assistants outside the bounds of what the physician feels is safe, that truly is a specific problem of a specific physician with the job they are choosing to take. This is not a patient safety issue—it is a job issue. Dr. Frey stated that the day-to-day practicality of a 6:1 ratio makes sense because he can see himself practicing with six physician assistants on the front line in an emergency room setting. Each of those physician assistants may need support in 10-15% of their cases. As a supervising physician, he would expect those 10-15% of cases to be discussed with him directly.

The Subcommittee agreed that there was nothing further to discuss regarding the remainder of previously agendaized bills.

Agenda Item 4

PUBLIC COMMENT

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

Agenda Item 5

ADJOURNMENT

The meeting was adjourned at 1:28 p.m. with all Subcommittee members voting in favor.

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