

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 * * ***

OPEN SESSION BOARD MEETING

Held in 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

and Videoconferenced to

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

FRIDAY, DECEMBER 12, 2025 – 8:00 a.m.

Board Members Present

Nick M. Spirtos, M.D., F.A.C.O.G., President
Bret W. Frey, M.D., Vice President
Ms. Maggie Arias-Petrel, Secretary-Treasurer
Chowdhury H. Ahsan, M.D., Ph.D., FACC
Ms. Pamela J. Beal
Irwin B. Simon, M.D., FACS
Joseph Olivarez, P.A.-C
Jason B. Farnsworth, RRT, MBA
Hugh L. Bassewitz, M.D., FAAOS
Apeksha Desai, M.D., MBA
Ms. Kathleen A. Conaboy

Board Members Absent

None

Staff/Others Present

Edward O. Cousineau, J.D., Executive Director
Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Donya Jenkins, Chief of Finance and Human Resources
Laurie L. Munson, Chief of Administration and Information Systems
Ernesto Diaz, Chief of Investigations
Deonne E. Contine, J.D., General Counsel
Donald K. White, J.D., Senior Deputy General Counsel
Ian J. Cumings, J.D., Senior Deputy General Counsel
William P. Shogren, J.D., Deputy General Counsel
Alexander J. Hinman, J.D., Deputy General Counsel
Kory Linn, Chief of Licensing
Rosalie Bordelove, J.D., Chief Deputy Attorney General

Agenda Item 1

CALL TO ORDER AND ANNOUNCEMENTS

- Roll Call/Quorum

The meeting was called to order by President Nick M. Spirtos, M.D., F.A.C.O.G., at 8:10 a.m.

Mr. Cousineau took roll call. All Board members were present with the exception of Irwin B. Simon, M.D., FACS. Mr. Cousineau announced there was a quorum.

Dr. Spirtos introduced new Board member Ms. Kathleen A. Conaboy. He summarized Ms. Conaboy's professional background and experience and read from an article Ms. Conaboy had written regarding reform in medical education. He thanked her for her thoughts in that regard and welcomed her to the Board.

Agenda Item 2

PUBLIC COMMENT

Dr. Spirtos asked whether there was anyone in attendance who would like to present public comment. No public comment was received.

Agenda Item 3

APPROVAL OF MINUTES

- September 12, 2025 Board Meeting – Open Session

Dr. Frey moved that the Board approve the Minutes of the September 12, 2025 Board Meeting – Open Session. Mr. Farnsworth seconded the motion, and it passed, with Ms. Conaboy abstaining because she was not present at the September 12, 2025 Board Meeting and the remaining Board members voting in favor of the motion.

Agenda Item 4

CONSIDERATION AND APPROVAL OF 2024 ANNUAL FISCAL AUDIT BY CASEY NEILON

Nicola Neilon, CPA, of Casey Neilon, said she wanted to express her appreciation to Mr. Cousineau and Ms. Jenkins for all the hard work they did which resulted in a successful audit. She said the auditors really appreciated their diligence and the time they spent with them. She explained that normally the Board's audit would have been presented to the Board at its September meeting; however,

there was a significant delay in receiving the reports from the Public Employees Benefits Program for the Board's other post-employment benefits information, so they weren't able to present the audit until this meeting.

Utilizing a PowerPoint presentation, Ms. Neilon highlighted the information contained in the financial statements. She stated the audit opinion was an unmodified opinion, which is the highest level of assurance that auditors can provide on a set of financial statements. She said the Report on Internal Control and Compliance is a report the auditors are required to issue in any audit that they do under government auditing standards and that report had no reportable matters, which is a really good thing. The next item auditors are required to issue is a communication to governance, which is to the members of the Board as the governing body of the Board. In this report they are required to report items of audit significance to assist the Board members in their fiduciary duty to the Board. She stated there were three items in that report: new standards were issued in 2024 that were applicable to the Board, there was a prior period adjustment, which means they adjusted the Board's net position for the year, and there were significant estimates in the Board's financial statements, which is typical and are included in every financial statement. She then explained each of these items.

Ms. Neilon highlighted the growth in the number of licensees in the past six years, as well as the growth in the number of new licensees each year, which she explained is also reflected in the Board's revenue over the past six years. She then highlighted the information contained in the financial statements. She explained the Board's total assets and total liabilities decreased from the previous year, which is expected in a non-renewal year. She stated last year, the Board's net position was a negative \$932,000, which is the difference between the Board's total assets and deferred outflows less the total liabilities and deferred inflows. She explained that the liabilities that have to be reported for pension and other post-employment benefits are responsible for the negative net position. She then provided detail regarding the Board's current assets, current liabilities, noncurrent liabilities and the growth in the Board's net position, which she said has improved over the last six years due to the hard work and fiscal responsibility of the Board.

Ms. Beal asked whether the auditors had any suggestions regarding how the Board should manage compensated absences under the new standard. Ms. Neilon explained that the Board's compensated absences are primarily made up of two components – accrued vacation and accrued sick leave. The Board's policies outline the amount that can be paid out upon termination. Up to this point and including this year, what has been reported in the Board's financial statements is that termination liability. Each year that number changes as people come closer to different levels of vacation and sick leave payout. Based on the history of the Board, the big area that could potentially be in flux is the sick leave liability. She said she wanted to differentiate the liability for financial reporting and what happens operationally. Up until this point, if the Board had someone with a severe illness who had sick time accrued, that would just have come into play in the ordinary course of business and gone into the financial statements in the year that they took their sick leave in lieu of salary. That still happens going forward. The difference is whether we need to look at bringing that liability into the current year versus just letting it expense as people take their sick leave. She said based on the Board's history, the auditors did not see any reason the Board would need to increase that liability at December 31, 2024.

Ms. Jenkins said as part of this process, she did a five-year lookback on how the Board is using vacation and sick leave. She stated the Board's policies mirror the State's policies and they allow for sick leave to roll forward. So, if a person has been at the Board for a significant period of time, they could accrue a significant amount of sick leave. The Board also has a policy that mirrors the State's policy with regard to catastrophic leave, so if someone were in a very serious situation where they would need a significant amount of sick leave, it could be donated from other individuals in the organization.

Discussion ensued regarding the Board's policy regarding sick leave.

Ms. Beal congratulated Ms. Jenkins and the staff regarding the improvement in the Board's net position and said it seems things have stabilized over the last three years with regard to the Board's revenue and costs. She said the staff had done an excellent job all around.

Ms. Arias-Petrel noted the increase in the number of new physicians who have acquired licenses. She stated the number has doubled from 2019 and 2024, and that is going in the right direction.

Dr. Frey moved that the Board approve the audit. Ms. Arias-Petrel seconded the motion, and it passed unanimously.

Agenda Item 5

CONSIDERATION AND ACTION REGARDING PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 630

(a) Review of Public Comment Received Regarding Regulations Needed to Fully Implement the Licensure and Regulation for Foreign Trained Medical Doctors Pursuant to SB124 From the 2025 Legislative Session and Possible Discussion and Action Regarding Necessary Modifications to the Proposed Regulation Draft Before Sending to the Legislative Counsel Bureau for Drafting

Ms. Bradley said she wanted to update the Board on the regulation draft the staff had been working on for foreign trained medical doctors. She stated two workshops had been held on the proposed regulations, but she had not sent them to the Legislative Counsel Bureau (LCB) for drafting yet because she wanted to provide the comments received at the workshops to the Board for discussion and then finalize the draft to send to LCB. She said she had two recommendations for the Board's consideration. The first is that psychiatry be removed from the list of specialties because all the psychiatrists who have responded have expressed concern with the inclusion of psychiatry, particularly the Nevada Psychiatric Association. She explained that psychiatry has a longer residency and it is a more detailed practice, and there are concerns from many of the Board's stakeholders with it being included.

Mr. Farnsworth asked why the Board is limiting the scope to just a few specialties. Ms. Bradley explained that the bill Senator Doñate brought and that was passed listed internal medicine, general medicine, geriatric medicine, family medicine, palliative medicine and hospice as specialties wherein these limited license holders may practice but also stated "including but not limited to," which gives the Board some discretion about the specialties that are included. The Board's Legislative Subcommittee discussed the bill and voted to support the bill, as long as it did not include surgical specialties, at least not in the beginning. The thought was to use it with a primary care focus because that is less invasive and it is easier to test someone's competency in those settings. She explained this is contemplated to be a sort of quasi-residency and during the two years of supervision, these physicians will be working with a physician who oversees them carefully and makes sure they are competent. She said the plan is to integrate essentially the model that is already used in residencies when evaluating the competency of these limited license holders.

Discussion ensued regarding the two-year supervisory requirement.

Dr. Frey said through this process we have been trying to balance quality with workforce issues, and he thinks it is very important to address workforce concerns in the State while maintaining the highest quality of care.

Further discussion ensued regarding the two-year supervisory requirement as well as the training and other requirements for those who want to become licensed under this new bill.

Dr. Spirtos said the Board should look at this as a pilot program.

Ms. Bradley explained that when one of these physicians applies for an unrestricted license, their supervisor will have to recommend that the physician receive an unrestricted license, and the applicant will also be required to have another physician in good standing support their application. These physicians will be required to appear before the Board for the license, and it will be in the Board's discretion whether to grant the license. She said she is aware of approximately 120 people who have communicated an interest in applying under this new bill and most of the people she has talked to are internal medicine or family practitioners. That was their training and some of them are now practicing as APRNs in Nevada.

Discussion ensued regarding the written practice agreements for these individuals and the requirements for the supervising physicians.

Mr. Cousineau explained that Ms. Bradley will send the draft with the recommendations adopted by the Board to the LCB for drafting, the LCB will review and modify as necessary, and we will hold a public hearing on that draft. Following that, the proposed regulations will come back before the Board for further discussion and approval before they ultimately go to the Legislative Commission for adoption. Ms. Bradley stated the Board will begin issuing licenses to these physicians in July, so the goal is to get the regulations adopted and approved by the Legislative Commission prior to that.

Ms. Conaboy noted the draft references the Educational Commission for Foreign Medical Graduates (ECFMG). She said it is her understanding that the ECFMG does not issue any type of certification of programs internationally and there is another organization named the World Federation for Medical Education (WFME) that we might want to reference because they have been working internationally for years to set standards for programs. Ms. Bradley thanked Ms. Conaboy for the suggestion and said she would look into that entity.

Ms. Bradley stated her second recommendation was a change to New Provision #6 regarding the United States Medical Licensure Examination (USMLE). She said we originally included the rules we have for other applicants but based on comments that were received at the public workshops, she thinks we should make a change to the number of years within which these applicants have to complete all three steps. The reason for this is she has heard from several potential applicants who took and passed the first two steps and hoped they would match with a residency and then take Step 3, but they did not match and they did not proceed to take Step 3. Therefore, she thinks we may want to remove the 7-year limitation for these applicants.

Discussion ensued regarding whether the Board should alter this requirement for these applicants. Dr. Frey suggested that rather than remove this requirement, the regulations should allow for consideration in special cases. Ms. Bradley suggested the wording could be something along the lines of, "the Board may extend the time for good cause shown."

Ms. Bradley advised the Board she had received questions from APRNs regarding the language concerning recent experience and clinical experience. She talked with at least 10 of them who have been practicing as APRNs, and they want to know how that APRN experience will be considered. Additionally, the Board has received a lot of requests to try to help identify potential supervisors and potential employers. That is not something the bill requires; however, as a practical matter, it may be something the Board may want to help develop.

Ms. Bradley requested that the Board approve her two proposed changes and said she would send the revised draft to the LCB.

Dr. Ahsan asked whether one of these physicians who ultimately receives an unrestricted license would be able to work at a hospital. Ms. Bradley stated they could if the hospital credentialed them. She added that the American Board of Medical Specialties is looking at this and is considering making a recommendation to their specialty boards to create a pathway for these physicians to become certified.

Ms. Arias-Petrel moved that the Board approve the two proposed changes to the proposed regulations. Dr. Frey seconded the motion, and it passed unanimously.

(b) Update Regarding Regulations, LCB File No. R055-25, Needed to Fully Implement the Licensure and Regulation of Genetic Counselors Pursuant to SB189 From the 2025 Legislative Session

Ms. Bradley said she wanted to update the Board on the regulation draft the staff had been working on for genetic counselors. The Board has a draft from the LCB, R055-25, two workshops had been held on the proposed regulations, and everyone is really in support of this. She advised the Board she is going to make a change to the draft in Section 2, Paragraph 1(b), on page 5 because it does not comply with the intent of the original draft. It should say “or” rather than “and.” Ms. Bradley said we will be holding a public hearing on January 16, at 10 a.m. Following that hearing, we will hold a special meeting for the Board to consider adoption of the regulations and then send them to the Legislative Commission for adoption. The Board will begin licensing genetic counselors on January 1, so the regulations will be effective a bit later than that; however, there is sufficient authority to allow the Board to begin licensing them on January 1.

(c) Request for Authorization to Proceed With the Regulatory Adoption Process on Proposed Amendments to NAC 630.050, NAC 630.055, NAC 630.080, NAC 630.130, NAC 630.145, NAC 630.153, NAC 630.156, NAC 630.210, NAC 630.230, NAC 630.258, NAC 630.350, NAC 630.495, NAC 630.515, NAC 630.530, and Section 14 of LCB File No. R069-23; the Repeal of NAC 630.154, NAC 630.260, NAC 630.353, and Section 13 of LCB File No. R069-23; in General, Throughout NAC Chapter 630, Removing All References to NRS 630.1606 and “Special License,” Changing All References to “Special Purpose License” to “Telemedicine License,” Changing All References to “Formal Complaint” to “Charging Document,” Updating References to “Equivalent Foreign Country” and “Foreign Country,” as Necessary to Fully Implement AB319 From the 2025 Legislative Session; Adding a New Provision Regarding Permits for the Use of Tumescant Anesthesia in Some Situations as Required by NRS 630.373, as Amended by AB319 in the 2025 Legislative Session; Adding a New Provision to Implement AB483 From the 2025 Legislative Session; Adding a New Provision Regarding the Requirements for Administrative Physician Licenses as Authorized by AB319 in the 2025 Legislative Session

Ms. Bradley stated these are new regulations that staff would like to implement. They include changes from the 2025 Legislative Session as well as items that have been requested or need to be updated. She said she was asking the Board to authorize her to proceed with the rulemaking process on these proposed regulations.

Mr. Farnsworth asked about the changes he suggested after reviewing Ms. Bradley’s original draft. Ms. Bradley indicated that she received those changes and planned to incorporate them in the draft that the Board submitted to Legislative Counsel Bureau for drafting, but they did not make it into the draft that was in the Board meeting materials for the Board to review.

Ms. Bradley explained that New Provision #2 of the proposed regulations is related to the tumescent anesthesia permit process. This is something the Board was asked to do and wanted to do in its bill this past legislative session, and she wanted to make sure the Board was comfortable with this provision. She said New Provision #3 is something that was in the Governor's bill that passed during the special session, and was also in AB483, and is a requirement that the Board must prioritize the processing of applications for people working in certain areas. Additionally, we are removing the bioterrorism continuing education requirement and have added that nutrition specifically is a component of SBIRT.

Ms. Bradley stated the Board's regulations have a definition of "medically underserved" in NAC 630.145, which is specifically for restricted licenses to practice in medically underserved areas, and there is now a definition for "historically underserved community" in AB483 and asked the Board whether they wanted to update the definition in NAC 630.145 because these are similar concepts. She explained the definition in NAC 630.145 was created in 2001 and AB483 incorporates a federal definition for historically underserved communities. This definition is very broad and includes a part of every county in the State of Nevada. The definition in NAC 630.145 is less broad; however, the caveat is to get the restricted license, the Board of County Commissioners must request it in a petition. She said she was concerned that we now have two different definitions for something very similar.

Dr. Frey said he thinks it is important to have one point of reference – possibly the State Workforce Report. Ms. Beal suggested using the federal definition.

Discussion ensued regarding whether the Board should change the definition contained in NAC 630.145. Dr. Spirtos said we could use the federal definition but still require a written request from the county commission prior to issuing a restricted license. Ms. Bradley indicated that the statute (NRS 630.264) does require that such a written request be received before issuing a restricted license pursuant to NRS 630.264.

Ms. Bradley said she also wanted to bring to the Board's attention the proposed amendments to NRS 630.495 regarding the number of individuals a physician may supervise and/or collaborate with. The amendment will allow a supervising physician to supervise/collaborate with up to four physician assistants and/or APRNs, instead of the current number of three, and to petition to increase the total to no more than six. However, if the supervising physician supervises two limited licensees, he or she can only supervise/collaborate with up to two physician assistants and/or APRNs, for a total of four, and cannot petition to increase the total.

Ms. Bradley said another change contained in the proposed draft is adding the American Academy of Family Physicians as an approver for continuing education, which is something the Board asked her to do in March.

Mr. Olivarez moved that the Board accept the proposed changes to the draft regulations as outlined by Ms. Bradley and authorize her to proceed with the rulemaking process on these proposed regulations. Dr. Ahsan seconded the motion, and it passed unanimously.

Agenda Item 6

CONSIDERATION OF REQUEST OF ALBERT SZU YUN YEH, M.D., FOR BOARD AUTHORIZATION TO TAKE THE SPECIAL PURPOSE EXAMINATION (SPEX)

Dr. Yeh said he was requesting authorization from the Board to take the SPEX and then hopefully reapply for a license to practice medicine in Nevada.

Dr. Spirtos asked Dr. Yeh to describe the circumstances that led to revocation of his license in Nevada.

Dr. Yeh said he was a board-certified pain management physician and provided a summary of his medical education, training and practice. He described the circumstances surrounding the criminal charges that had been filed against him in Arizona and said he had ultimately pled guilty to fraud related to overbilling and had fulfilled the sentence imposed upon him. He said he is from Brazil and he went back there to practice. He has now returned and would like to reapply for a license in Nevada but first needs to take the SPEX.

Mr. Cousineau stated that Dr. Yeh had entered into a settlement agreement with the Board in 2009 whereby his license was revoked and he was not eligible to apply for a new license. The law has since changed. Ms. Contine explained the law now provides for revocation of licensure for a period of 1 to 10 years. Because Dr. Yeh's revocation is well outside 10 years, she suggested that Dr. Yeh appear before the Board with his request for the Board to sponsor him to take the SPEX.

Mr. Cousineau said he thinks the settlement agreement is binding because it was entered into under the law at the time. However, the Board may decide to sponsor Dr. Yeh to take the SPEX, and if he takes and passes it, he will have to return to the Board on his application for licensure. Mr. Cousineau said he thought if the Board were to grant Dr. Yeh's request to sponsor him to take the SPEX, it would open the door for him to be licensed again, which is inconsistent with the settlement agreement.

Dr. Frey asked Dr. Yeh whether any disciplinary action had been taken against him in Brazil or in any other country he had practiced in, and Dr. Yeh said there had been none.

Ms. Arias-Petrel asked Dr. Yeh where he planned to practice if he were to obtain a new license in Nevada. Dr. Yeh said he would like to practice in a facility like a VA hospital. It is possible he may practice in another state, but he lives in Las Vegas. He said he doesn't think he wants to have a private practice again.

Dr. Bassewitz asked Dr. Yeh if it was his position was that he didn't do anything wrong. Dr. Yeh said he made mistakes and billed aggressively and had learned from it. Dr. Bassewitz said Dr. Yeh was characterizing what the government considered billing fraud as billing aggressively.

Ms. Beal asked Dr. Yeh if he was excluded from participating in Medicaid and Medicare, and he said he was not. Dr. Bassewitz stated Dr. Yeh was included in the Office of Inspector General's (OIG) exclusion list. Ms. Beal explained that insurance companies and health plans would be very hesitant to allow Dr. Yeh to be credentialed because he is on the OIG exclusion list.

No motion was made regarding Dr. Yeh's request. Dr. Spirtos stated that without a motion, the Board could not sponsor Dr. Yeh to take the SPEX.

Agenda Item 7

ADJUDICATION IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DAVID KAYLE McCLEVE, PA-C, BME CASE NO. 24-42281-1

This matter was not considered by the Board at this meeting.

Agenda Item 8

CONSIDERATION OF REVOCABLE DELEGATION AND AUTHORIZATION BY THE BOARD TO THE GENERAL COUNSEL OF THE BOARD TO DEFEND THE BOARD'S FINDINGS, CONCLUSIONS, ORDERS AND ACTIONS IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DAVID KAYLE McCLEVE, PA-C, BME CASE NO. 24-42281-1, IN ANY CIVIL OR CRIMINAL PROCEEDING, STATE OR FEDERAL, THAT IMPLICATES THE BOARD'S ADJUDICATION OF THIS CASE, TO PARTICIPATE IN, DEFEND AGAINST, OR TO INITIATE ON ITS BEHALF ANY PETITION FOR JUDICIAL REVIEW OR APPEAL THEREFROM, TO FILE A NOTICE OF APPEAL OR STATEMENT OF INTENT TO PARTICIPATE ON ITS BEHALF, TO NEGOTIATE AND SETTLE CLAIMS ON ITS BEHALF, AND TO TAKE COMPARABLE ACTIONS AND MAKE COMPARABLE DECISIONS ON ITS BEHALF

This matter was not considered by the Board at this meeting.

Agenda Item 9

ADJUDICATION IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ANNABEL ELIZABETH BARBER, M.D., BME CASE NO. 23-11660-1

Patricia Daehnke, Esq., was present with Dr. Barber as her legal counsel.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Dr. Simon joined the meeting at 10:07 a.m.

Ms. Bordelove confirmed that all adjudicating Board members had received and reviewed the materials regarding this matter. She then provided procedural instruction regarding the adjudication process.

Mr. Olivarez said he is a physician assistant and works in a surgical specialty, but he is not a surgeon. He said he thinks it is important to know that a complication isn't necessarily malpractice. There was an unfortunate complication in this case but in reading through the materials, he doesn't see this as malpractice as alleged in Count I.

Dr. Simon said he is a general surgeon and is a fellowship-trained laparoscopic surgeon. He said he reviewed the materials and there was absolutely no malpractice, and no malpractice was found by the hearing officer. He said as Mr. Olivarez pointed out, it is not malpractice to have a complication. Therefore, he thought the only thing left to discuss was the medical recordkeeping. Mr. Olivarez concurred.

Dr. Simon said he would give a little bit of grief to Dr. Barber for signing documents without necessarily reading through them but we all run into difficulty in dictating medical records through systems like that and when you proofread your own work, you don't see the errors in it. He said in his opinion, Dr. Barber had to defend herself from something she never should have as far as malpractice and if all that is left for the Board to discuss is the medical records, he finds no reason to go forward. He feels the issues with the medical records in this case do not rise to the level of sanctions.

Dr. Desai, Mr. Farnsworth and Ms. Beal concurred with Dr. Simon.

Mr. Olivarez said he concurred but said he wanted to make it clear that the Board was not glossing over it or ignoring what occurred.

Ms. Conaboy said she concurred there was no malpractice and saw no reason to sanction Dr. Barber with regard to the medical records.

Dr. Desai moved that the Board accept the hearing officer's findings with respect to the facts but not find any violations in the matter. Mr. Olivarez seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Dr. Frey said a new electronic medical records system is developing rapidly in our state and nationwide and he thinks we will be hearing a lot more about records as the system gets ironed out. He said they are doing a beta test on this product right now in the emergency room and he thinks it is an amazing product but there are going to be some potholes along the way, so we need to give our colleagues some grace through these times.

Dr. Desai said her practice is using the system and it will pick up everything you say, which can create errors.

Dr. Simon left the meeting at 10:21 a.m.

Agenda Item 10

CONSIDERATION OF REVOCABLE DELEGATION AND AUTHORIZATION BY THE BOARD TO THE GENERAL COUNSEL OF THE BOARD TO DEFEND THE BOARD'S FINDINGS, CONCLUSIONS, ORDERS AND ACTIONS IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ANNABEL ELIZABETH BARBER, M.D.*, BME CASE NO. 23-11660-1, IN ANY CIVIL OR CRIMINAL PROCEEDING, STATE OR FEDERAL, THAT IMPLICATES THE BOARD'S ADJUDICATION OF THIS CASE, TO PARTICIPATE IN, DEFEND AGAINST, OR TO INITIATE ON ITS BEHALF ANY PETITION FOR JUDICIAL REVIEW OR APPEAL THEREFROM, TO FILE A NOTICE OF APPEAL OR STATEMENT OF INTENT TO PARTICIPATE ON ITS BEHALF, TO NEGOTIATE AND SETTLE CLAIMS ON ITS BEHALF, AND TO TAKE COMPARABLE ACTIONS AND MAKE COMPARABLE DECISIONS ON ITS BEHALF

This matter was not considered by the Board at this meeting as it was no longer relevant.

Agenda Item 11

CONSIDERATION OF REQUEST OF RONALD DAVID SMITH, M.D., FOR MODIFICATION OF THE TERMS OF THE PREVIOUSLY ADOPTED SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. RONALD DAVID SMITH, M.D.*, BME CASE NO. 23-31248-1, AS AMENDED BY ORDER AMENDING SETTLEMENT AGREEMENT DATED MARCH 20, 2025

Mark Chase, Ph.D., MBA, Nevada Professionals Health Program, was present with Dr. Smith.

Dr. Chase explained that Dr. Smith had appeared before the Board in March 2025 to request removal of the probationary status on his license. At that time, Dr. Smith agreed to extend his monitoring program contract until June 2026, concurrent with the expiration of his federal probation, and the Board removed the probationary status from Dr. Smith's license. Dr. Smith was subsequently released from his federal probation in August 2025. As Dr. Smith completed his original five-year monitoring program in June 2025 and had been discharged from his federal probation, he was requesting that the Board terminate

his monitoring program. Dr. Chase said Dr. Smith had done exceptionally well in the program and he had no hesitation to recommend that his monitoring program be terminated.

Dr. Smith said he had worked very hard to get to this point and going forward he planned to continue with therapy, continue to check in with Mr. Chase, and planned to get active in sponsoring.

Dr. Spirtos asked Dr. Smith where he would be practicing medicine. Dr. Smith said he currently practiced at a children's urgent care pediatric clinic and had been there for two years.

Dr. Frey congratulated Dr. Smith on the difficult climb he had been undertaking for many years. He said when the Board sees someone before it that has taken this multi-pitch climb, he is sometimes in awe of all the hard work it takes.

Dr. Bassewitz asked Dr. Smith about his future practice plans. Dr. Smith said now that his problems with third-party vendors have been resolved, he is able to take more of a leadership role in the practice he is currently part of and plans to stay there.

Ms. Arias-Petrel commended Dr. Smith on his journey and thanked him for his transparency and honesty with the Board.

Dr. Frey moved that the Board remove the monitoring requirement from Dr. Smith's license. Ms. Arias-Petrel seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 12

CONSIDERATION OF REQUEST OF ORLANDIS LAMAR WELLS, M.D., FOR MODIFICATION OF THE TERMS OF THE PREVIOUSLY APPROVED SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ORLANDIS LAMAR WELLS, M.D., BME CASE NOS. 23-28073-1 AND 23-28073-2

Dr. Wells stated he is an OB/Gyn who practices in Henderson, Nevada. He said he was before the Board with a request that the Board lift the probationary status on his license because he had completed all the items required of him pursuant to the Settlement Agreement.

Ms. Contine stated Dr. Wells had completed all the requirements of the Settlement Agreement; however, the Board had not yet received the results of the essay Dr. Wells submitted to the PROBE Program. The Board received a letter from the PROBE program stating they would likely not have the results ready by today but would most likely have those ready by this coming Monday. Therefore, Dr. Wells has completed the requirements; however, the Board has not received an unconditional pass result from the PROBE program yet.

Mr. Cousineau said the Board could grant Dr. Wells' request contingent upon the Board's receipt of an unconditional pass result from the PROBE program.

Dr. Bassewitz said the probationary period was currently set to expire in June of 2026.

Discussion ensued regarding whether it would be appropriate to grant Dr. Wells' request.

Dr. Frey moved that the Board remove the probationary status from Dr. Wells' license provided the Board receives evidence of Dr. Wells' unconditional passage of the PROBE program. Dr. Bassewitz seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 13

REPORTS

(a) Investigative Committees

Dr. Frey reported that at its November 14, 2025 meeting, Investigative Committee A considered 50 cases. Of those, the Committee authorized the filing of a formal complaint in 8 cases, sent 11 cases out for peer review, requested an appearance in 1 case, issued 3 letters of concern, referred 1 case back to investigative staff for further investigation or follow-up, reviewed no cases for compliance, and recommended closure of a total of 26 cases.

Dr. Ahsan reported that at its November 5, 2025 meeting, Investigative Committee B considered 31 cases. Of those, the Committee authorized the filing of a formal complaint in no cases, sent 4 cases out for peer review, requested an appearance in 3 cases, issued 5 letters of concern and recommended closure of a total of 19 cases.

Dr. Spirtos reported that at its November 6, 2025 meeting, Investigative Committee C considered 29 cases. Of those, the Committee authorized the filing of a formal complaint in 1 case, sent 1 case out for peer review, requested an appearance in 2 cases, issued 4 letters of concern, referred 1 case back to investigative staff for further investigation or follow-up, reviewed no cases for compliance, and recommended closure of a total of 20 cases.

(b) Perfusionist Advisory Committee

Perfusionist Advisory Committee Member Daniel Rodriguez, MHS, CCP, FPP, said he wanted to find out whether the Advisory Committee's request for a legislative change that will allow temporarily licensed perfusionists to take the required examinations for certification more than once had gone through.

Ms. Bradley stated that AB319 amended the provisions regarding temporary licenses for perfusionists, and it will become effective on January 1, 2026. These changes allow someone to have a temporary license for one full year and that temporary license may be renewed for one additional year. This means new perfusion graduates will have a maximum of two full years to pass the examinations and obtain certification while working under a temporary license.

Mr. Rodriguez said there was someone he had hired who had a temporary license and did not pass the examinations on his first attempt. He believed that he had to let that individual go because prior to the changes in AB319, a perfusionist with a temporary license would not be able to work after not passing an examination. He said this just happened and asked whether he could bring the individual back.

Ms. Bradley said technically, the law that says the license is no longer valid after failing the exam is effective until January 1, 2026, but January is only a few weeks away. She asked whether the individual had already practiced for a full year under the temporary license, and Mr. Rodriguez said he had not.

Ms. Bradley said she thinks the intent of the Board is to allow someone a full year to practice under that initial temporary license regardless of the passage of the examinations and right now we are in between the existing law and the effectiveness of the new amendments to that law. On January 1, 2026,

the new law will be effective, and beginning then, the person should be able to continue to work under their temporary license until it expires at the one-year mark.

Mr. Rodriguez thanked the Board for putting that amendment through.

(c) Nevada State Medical Association

Jacqueline L. Nguyen, Esq., Policy Director, Interim Executive Director, of the Nevada State Medical Association (NSMA), outlined changes to the Nevada Revised Statutes as a result of SB5 from the 2025 Special Legislative Session. She said she wanted to bring to the Board's attention the provisions regarding expedited credentialing from hospitals. There was some discussion regarding where the delay in that credentialing process lies. She said the major amendment NSMA asked for was that the data regarding this issue be provided to them by December 2026, so in the event the data shows it is something that may be corrected through legislation, NSMA will still have time to submit a BDR. She said NSMA would keep the Board updated regarding that. She reported that NSMA is part of a coalition called "Your Nevada Doctors," which is embarking on a data project looking at medical malpractice laws in Nevada and how it is affecting the physician workforce. She said NSMA would also keep the Board updated regarding that project. Ms. Nguyen thanked Ms. Bradley and the team at the Board for working with NSMA on all the regulations that have passed and for being so supportive of NSMA.

Dr. Frey asked if NSMA was monitoring on an ongoing basis the number of medical malpractice carriers in the state. Ms. Nguyen said Your Nevada Doctors includes physicians, hospitals and medical malpractice carriers and they are in the process of deciding what type of data they will be collecting. She said Dr. Packham is heading up the effort for them. They are looking at carriers and also at claims so the result should be very robust.

(d) Clark County Medical Society

No report was provided at this meeting.

(e) Nevada Academy of Physician Associates

Alyssa Nishihira, PA-C, President of the Nevada Academy of Physician Assistants (NAPA), was not present, but had submitted a written report prior to the meeting, which had been provided to all Board members.

Agenda Item 14

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. MITCHELL FADOUL KEAMY, M.D., BME CASE NO. 25-9991-1

Mr. Hinman stated a formal Complaint had been filed against Dr. Keamy alleging two violations of the Nevada Medical Practice Act and stated Dr. Keamy had no prior disciplinary history with the Board. Mr. Hinman then outlined the terms of the proposed Settlement Agreement.

Mr. Farnsworth moved that the Board approve the proposed Settlement Agreement. Ms. Beal seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 15

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. AKINDELE EMMANUEL KOLADE, M.D., BME CASE NO. 25-41463-1

Dr. Kolade's legal counsel, Bridget Kelly, Esq., was present on behalf of Dr. Kolade.

Mr. Hinman stated a formal Complaint had been filed against Dr. Kolade alleging two violations of the Nevada Medical Practice Act and stated Dr. Kolade had no prior disciplinary history with the Board. Mr. Hinman then outlined the terms of the proposed Settlement Agreement.

Ms. Beal moved that the Board accept the proposed Settlement Agreement. Mr. Farnsworth seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 16

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. CHRISTOPHER MICHAEL NEVAREZ, M.D., BME CASE NO. 24-38761-1

Mr. Hinman stated a formal Complaint had been filed against Dr. Nevarez alleging two violations of the Nevada Medical Practice Act and stated Dr. Nevarez had been disciplined once previously by the Board. He then outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos said he was concerned that it appears the patient in this case is permanently blind, which is a pretty severe outcome, and he did not know whether there was a way to communicate that to Dr. Nevarez.

Mr. Farnsworth moved that the Board approve the proposed Settlement Agreement. Ms. Beal seconded the motion, and it passed, with Ms. Conaboy voting against the motion and the remaining adjudicating Board members voting in favor of the motion.

Agenda Item 17

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SHARRON L. THOMPSON, M.D., BME CASE NO. 25-53177-1

Mr. White stated a formal Complaint had been filed against Dr. Thompson alleging two violations of the Nevada Medical Practice Act and stated Dr. Thompson had no prior disciplinary history with the Board. Mr. White then outlined the terms of the proposed Settlement Agreement.

Ms. Beal moved that the Board accept the proposed Settlement Agreement. Ms. Arias-Petrel seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 18

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. KENNY ELIAS HANNA, JR., M.D., BME CASE NO. 25-40367-1

Dr. Hanna's legal counsel, Bridget Kelly, Esq., was present on behalf of Dr. Hanna.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Mr. Cumings stated a formal Complaint had been filed against Dr. Hanna alleging four violations of the Nevada Medical Practice Act and outlined the terms of the proposed Settlement Agreement. He said Dr. Hanna had no prior disciplinary history with the Board.

Dr. Bassewitz asked whether there were any prohibitions on additional advertising as an orthopedic surgeon. Mr. Cumings said any failure to advertise truthfully would subject Dr. Hanna to another complaint potentially being filed against him, which may result in additional discipline.

Dr. Bassewitz moved that the Board accept the proposed Settlement Agreement. Dr. Ahsan seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 19

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DAVID MICHAEL SNIPPER, M.D., BME CASE NO. 25-8772-2

Mr. Cumings stated this was Dr. Snipper's third complaint before the Board. He said the formal Complaint filed against Dr. Snipper in this case alleged two violations of the Nevada Medical Practice Act and outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Mr. Farnsworth moved that the Board approve the proposed Settlement Agreement. Ms. Beal seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 20

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ROBERT JAMES TROELL, M.D., BME CASE NO. 25-20296-1

Mr. Cumings stated this was Dr. Troell's first complaint before the Board. He said the formal Complaint alleged one violation of the Nevada Medical Practice Act and outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Dr. Frey moved that the Board approve the proposed Settlement Agreement. Mr. Farnsworth seconded the motion.

Dr. Spirtos said Dr. Troell is a well-trained ENT physician but not a plastic surgeon and this is an example of somebody getting out of their lane.

A vote was taken on the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 21

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SANJAY VOHRA, M.D., BME CASE NO. 25-8654-1

Mr. Cumings stated this was Dr. Vohra's first complaint before the Board. He said the formal Complaint alleged one violation of the Nevada Medical Practice Act and outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Mr. Olivarez said he thought this was a fair settlement and moved that the Board accept the proposed Settlement Agreement. Dr. Frey seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 22

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. VATSALA KESAVULU, M.D., BME CASE NO. 25-33577-1

Mr. Shogren stated a formal Complaint had been filed against Dr. Kesavulu alleging two violations of the Nevada Medical Practice Act and said this was the first formal complaint that had been filed against her. He then outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Dr. Bassewitz moved that the Board accept the proposed Settlement Agreement. Mr. Farnsworth seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 23

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. OUI HY THAI, M.D., BME CASE NO. 25-30436-1

Mr. Shogren stated a formal Complaint had been filed against Dr. Thai alleging three violations of the Nevada Medical Practice Act and said this was the first formal complaint that had been filed against him. He then outlined the terms of the proposed Settlement Agreement.

Dr. Spirtos named the adjudicating Board members who would be considering the matter.

Dr. Frey stated this case highlights the importance of Prescription Monitoring Program queries and paying attention to co-prescribing and overdose risk. He then moved that the Board approve the proposed Settlement Agreement. Mr. Farnsworth seconded the motion.

Mr. Olivarez said he echoed Dr. Frey's thoughts and that he also thought it was important to note that the dates when these events took place were between 2014 and 2021 and we are now seeing less of this concurrent prescribing of opioids, which is a good thing.

Dr. Spirtos said he personally found it a little troubling that there was no admission of malpractice in light of the fact that the doctor gave nonsteroidal anti-inflammatory drugs to a patient with renal insufficiency. Discussion ensued regarding the allegations of the Complaint.

A vote was taken on the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 24

EXECUTIVE STAFF/STAFF REPORTS

(a) Investigations Division Report

Mr. Diaz reported that from September 11, 2025, through December 10, 2025, the Investigations Division received a total of 349 complaints. Of those, 123 cases were opened as formal investigations, 85 were not within the Board's jurisdiction, 40 were referred to other agencies and regulatory bodies, 21 were resolved through proactive measures, and 33 were either still pending review or were duplicate complaints. The total case count was 265, for an average of 38 cases per 7 investigators, including supervisors. There was a total of 38 peer reviews, 24 of which had been assigned and 14 of which were pending assignment to a peer reviewer. There were 16 licensees in compliance or diversion.

Dr. Spirtos thanked Mr. Diaz for the excellent work.

(b) Quarterly Compliance Report

Ms. Jenkins reported that for the third quarter of 2025, the total outstanding costs were \$236,832.95 and the total outstanding fines were \$72,184.66. Total costs collected during the quarter were \$94,216.25 and total fines collected were \$61,864.89.

(c) Quarterly Update on Finances

Ms. Jenkins stated the Balance Sheet reflects the assets and liabilities of the Board. She then highlighted key sections of the Balance Sheet for the quarter ending September 30, 2025. The total current assets were \$15,999,700 and the total assets were \$22,089,300. The total current liabilities were \$10,887,000, with total liabilities and net position of \$22,089,300. The net position of the Board was a positive \$1,087,500. She said, as the Board's auditors pointed out earlier, the Board is in a positive net position and is covering its liabilities.

Ms. Jenkins then highlighted the various sections of the Profit and Loss Budget vs. Actual for the quarter. The total income for the quarter was at 89.4 % of budget. In the expense section, the personnel expense was under budget by 10.5% and total expenses were at 91.1% of budget. The interest income for the quarter was \$116,258, and the addition to net position for the quarter was rounded to \$130,300. The reserves of the Board were at nearly 9 months, at 8.86.

Ms. Arias-Petrel said she was very happy and proud to see the Board in a positive position, and she wanted to highlight the great work of the Board and staff in keeping everything so transparent.

(d) Legal Division Report

Ms. Contine reported that during the quarter, the Legal Division had filed 22 formal complaints, held 2 formal complaint hearings and resolved 13 cases. The current total case count was 62 and of those, formal complaints had been filed in 23 and the others were in process.

(e) Licensing Division Report

Ms. Linn stated the following numbers were as of December 7, 2025. She reported the total number of active licensees was 17,431. The total number of physician licensees was 13,167, of which 13,014 were unrestricted, there were 3,577 physician assistants, 590 residents, 89 perfusionists and 8 anesthesiologist assistants. For the quarter up to December 7, 2025, the total number of M.D. licenses issued was 489, of which 306 were through the Interstate Medical Licensure Compact (Compact). Compact licenses issued during the quarter accounted for 64% of the total M.D. licenses issued. She said there was a 24% increase in Compact licenses issued over the same time frame in 2024. There were 51 physician assistant licenses, 42 respiratory care licenses, 3 perfusionist licenses and 3 anesthesiologist assistant licenses issued during the quarter. During the quarter, the average licensing time for M.D.s was 42 days including those issued through the Compact and 93 days without including those issued through the Compact. This average licensing time includes the statewide ransomware attack, which lasted approximately three weeks. The average licensing time during the quarter for physician assistants was 65 days, 70 days for respiratory care licensees, 31.5 days for perfusionists and 55 days for anesthesiologist assistants. She said these numbers are comparable with July 2024, after multiple processing improvements were implemented and again included the three-week ransomware attack.

Dr. Spirtos said this is impressive and he thinks it is great that the Compact has been so effective.

Dr. Bassewitz asked whether the 93-day time frame for issuance of M.D. licenses without the Compact was due to the ransomware attack or whether that is where the target is normally. Ms. Linn said the time frame is down significantly from what it used to be and averages about 90 days. Dr. Bassewitz asked whether the ransomware attack affected the numbers in any way we could quantify. Ms. Linn said there were about 28 days during which we could either not access our systems at all or had very limited access to them, including email, and the License Specialists could not access the database for a significant amount of time to update files, approve them or issue licenses, so it really brought things to a halt. Therefore, she was happy to see the numbers were comparable to a year ago.

Dr. Desai asked if there was a target time frame. Ms. Linn said it is difficult to say as so much is dependent upon the applicants and their responsiveness. She explained the vast majority of delays are due to staff awaiting receipt of required documentation from the applicants. She said she is not sure there is a specific number because so much is out of our hands; however, the goal is to always try to improve processes if there is something we can do to help things along.

Dr. Frey said this makes him think about uptime versus downtime in systems that we work with as physicians and other licensees and he thinks it is important to note that as we get better and better uptime we are probably practicing less and less for downtime and it is critical that we all still be attentive to our downtime procedures and practicing for them.

Agenda Item 25

LICENSURE RATIFICATION

- Ratification of Licenses Issued, Reinstatements of Licensure and Changes of Licensure Status Approved Since the September 12, 2025 Board Meeting

Mr. Farnsworth moved that the Board ratify the licenses issued, reinstatements of licensure and changes of licensure status approved since the September 12, 2025 Board Meeting. Ms. Beal seconded the motion, and it passed unanimously.

APPEARANCES FOR CONSIDERATION OF ACCEPTANCE OF APPLICATIONS FOR LICENSURE

(a) Kristin Adele Hestdalen, M.D.

Lyn E. Beggs, Esq., was present with Dr. Hestdalen as her legal counsel. Mark Chase, Ph.D., MBA, Nevada Professionals Health Program, was also present with Dr. Hestdalen.

Dr. Spirtos asked Dr. Hestdalen whether she wanted her application to be considered in closed session, with the public being excluded, and she said she did not.

Dr. Hestdalen described the circumstances surrounding the relapse in her sobriety on Christmas Day 2024.

Ms. Beggs stated Dr. Hestdalen currently held an inactive-status license, and she was applying for a status change to active status. The Board had placed her in a preceptorship in June of 2024, which is why she was at Northern Nevada Adult Mental Health Services. After her relapse, her license was summarily suspended, and subsequently that was resolved and her license was placed in inactive status.

Dr. Spirtos asked Dr. Hestdalen if she had allowed her board certification to lapse. Dr. Hestdalen said she did and explained why she did not recertify. She said it was her understanding she could not apply for recertification without having a full, unrestricted license.

Dr. Spirtos asked whether Dr. Hestdalen thought it might be too soon to apply for a status change after such a short period of time since her relapse.

Dr. Hestdalen said it might seem short temporally; however, she had been through a lot since that time and feels she has a very good recovery program now. She said she knows she has changed this time and it all comes down to the individual. She explained how her current recovery program is different from the last one.

Dr. Chase said he had been working with Dr. Hestdalen since June of last year. In the past, he saw her as approaching her recovery as more of compliance, but what he has noticed in the last three or four months is a transitional change within her. She had some problems in the past but is working through those and they are working to get her to where she is comfortable in her own skin. He said the main reason he was appearing in support of her that day is that he has noticed the changes in Dr. Hestdalen and had spoken with another professional addiction medicine physician in Reno that knows her quite well who concurred. He said if the Board were to grant Dr. Hestdalen an active license, it would be tied to a five-year monitoring program beginning that day. Therefore, there will be measures in place to hold Dr. Hestdalen accountable. He said he has asked Dr. Hestdalen to do more than probably any other physician he has worked with and is impressed with what she has done.

Dr. Frey said he appreciated Dr. Chase's input; however, the Board has to perform a risk assessment as part of its decision, and his opinion is there is a high risk of recidivism in this situation. He asked for Dr. Chase's assessment of the risk in this instance and whether there were other mechanisms that could be put into place to mitigate those risks.

Dr. Chase said there is higher risk, but this will be mitigated with the five-year monitoring program and monthly reporting to the Board. Additionally, he knows all his physicians, and they know when they are struggling, they can reach out to him for help.

Dr. Frey inquired about the minimum testing level during a reporting period, and Dr. Chase described the current testing level for Dr. Hestdalen.

Ms. Beggs said she thinks the new preceptorship plan they presented to the Board is a better fit for Dr. Hestdalen. She will be working directly with Philip Malinas, M.D. at PsychPlus, which is an outpatient psychiatric practice. The previous preceptorship with Northern Nevada Adult Mental Health Services was very much outside Dr. Hestdalen's previous practice as a psychiatrist. Her training and scope of practice are in pediatric psychiatry. Ms. Beggs said she had met with Dr. Malinas, and Dr. Malinas is very aware of Dr. Hestdalen's past history and both he and PsychPlus are very supportive of her. For at least the first year of the preceptorship, there will be other eyes on Dr. Hestdalen on a daily basis because she will be working in the practice with Dr. Malinas. This, in conjunction with Dr. Chase and his program, will provide a lot of parameters and buffers for Dr. Hestdalen.

Dr. Hestdalen said she believes this is her last opportunity and thinks that is part of why she is now taking this so seriously.

Ms. Beal said she could see the changes in Dr. Hestdalen since her last appearance before the Board.

Ms. Linn said the Board did not have a copy of the proposed preceptorship plan. Ms. Beggs said it was submitted with Dr. Hestdalen's application and read the terms of the preceptorship agreement.

Dr. Frey moved that the Board grant Dr. Hestdalen's application for a status change with the provision that she participate in a five-year monitoring agreement as outlined by Dr. Chase to prevent recidivism and ensure success and that she participate in the preceptorship as outlined by Ms. Beggs. Ms. Beal seconded the motion, and it passed unanimously.

(b) Timothy Huy Do, M.D.

Dr. Spirtos asked Dr. Do whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Mr. Olivarez stated Dr. Do was applying for licensure by endorsement because he did not have 36 months of progressive postgraduate training.

Dr. Do described his medical training.

Mr. Olivarez asked Dr. Do if he planned to practice wound care in Nevada if granted a license to practice medicine in the State of Nevada. Dr. Do said he did not currently have any specific plans in Nevada but planned to continue practicing wound care.

Dr. Ahsan asked Dr. Do if he could become board certified in wound care, and Dr. Do said there is currently no board certification in wound care.

Dr. Spirtos explained that licensure by endorsement is meant, for the most part, to address a shortage or fill a special need in the state and Dr. Do had not identified a shortage of wound care physicians in the state or any special need or niche the state needs to fill.

Dr. Frey moved that the Board decline to grant Dr. Do a license by endorsement. Dr. Ahsan seconded the motion, and it passed unanimously.

(c) Afshin S Gerayli, M.D.

Dr. Spirtos asked Dr. Gerayli whether he wanted his application to be considered in closed session, with the public being excluded, and he said he did not.

Dr. Desai questioned Dr. Gerayli regarding his affirmative response to Questions 5 and 6 on his application for licensure.

Dr. Gerayli described the circumstances surrounding the one case of malpractice that had been filed against him, which resulted in a settlement.

Dr. Frey stated the only other issue involved medical records and that seemed fairly minor. He asked Dr. Gerayli what he planned to do if granted a license to practice medicine in the State of Nevada.

Dr. Gerayli said he planned to retire in 2026 and relocate to Nevada, and he may pursue a teaching position or practice part-time in pain management.

Dr. Frey moved that the Board grant Dr. Gerayli's application for licensure. Dr. Bassewitz seconded the motion, and it passed unanimously.

(d) Alexander Sorokurs, M.D.

Dr. Spirtos asked Dr. Sorokurs whether he wanted his application to be considered in closed session, with the public being excluded, and he said he did.

Dr. Spirtos moved that the Board go into closed session. Dr. Frey seconded the motion, and it passed unanimously.

Upon returning to open session, Mr. Cousineau explained he was not sure how the Board would vote but there is always the potential for a denial of licensure, which would be a reportable event and could potentially affect his licensure in other jurisdictions. He said Dr. Sorokurs had the option to withdraw his application up to the point of a vote being taken on his application.

Dr. Sorokurs said he would like to have a future in Nevada.

Dr. Bassewitz moved that the Board grant Dr. Sorokurs' application for licensure. Ms. Beal seconded the motion, and it passed, with Dr. Spirtos and Dr. Frey voting against the motion and all other Board members voting in favor of the motion.

(e) Neeru Verma Bakshi, M.D.

Dr. Spirtos asked Dr. Bakshi whether she wanted her application to be considered in closed session, with the public being excluded, and she said that she did not.

Dr. Bassewitz summarized Dr. Bakshi's medical education and training and asked her to explain why she transferred from her residency at Baylor College of Medicine to a residency at the University of Washington.

Dr. Bakshi explained that she transferred from Baylor to the University of Washington because she got married and her husband took a job in Seattle and the University of Washington offered her an opportunity to transfer there.

Dr. Bassewitz asked Dr. Bakshi regarding the lapse in her licensure in Nevada.

Dr. Bakshi said she was licensed in Nevada through the Interstate Medical Licensure Compact (Compact) and she had an issue in Maryland, which is another Compact state. She explained that in 2022, she submitted what she thought was a complete renewal application along with the renewal fee. She did not receive any information from the Maryland board after that and made the assumption that because they accepted the renewal fee, her license had been renewed. However, when the administrator at the company at which she was working was updating her license information, they found that her license had actually expired. She had been seeing patients in Maryland under the assumption she was licensed but upon finding out that information, she stopped practicing and contacted the Maryland Board of Physicians. There was no finding of patient harm; but because of the lack of a license, the Maryland Board censured her. As a result of that, she was no longer eligible to renew her other licenses through the Compact and her Nevada license expired. That is why she submitted a new application for licensure in the State of Nevada.

Dr. Frey stated another physician had been covering Dr. Bakshi's patients since her license expired and asked her how many patients she had been serving in Nevada.

Dr. Bakshi said she had been treating about 20 to 25 patients in Nevada.

Dr. Frey moved that the Board grant Dr. Bakshi's application for licensure. Dr. Ahsan seconded the motion, and it passed unanimously.

(f) Vance Keith Purdue, RRT

Mark Chase, Ph.D., MBA, Nevada Professionals Health Program, was present with Mr. Purdue.

Dr. Spirtos asked Mr. Purdue whether he wanted his application to be considered in closed session, with the public being excluded, and he said he did not.

Mr. Farnsworth summarized Mr. Purdue's education and training medical education and training and said he had practiced respiratory therapy from 1988 to 2022, at which time his license was suspended and subsequently revoked in the State of Arkansas as a result of a DUI. He lost his license for approximately six months, and it was reinstated in October 2023, and he was subsequently placed on a monitoring program. The monitoring program was to be in place for 60 months.

Mr. Purdue said he let his license in Arkansas lapse but continued the monitoring program until he moved to Nevada. His wife is also a respiratory therapist, and she works for the Veteran's Administration. She was reassigned to Nevada, and they moved here in June 2025, at about the time his license lapsed. He has accepted an offer to work at Northern Nevada Medical Center. He said he has been in active recovery for three years and works with a therapist regularly. For a period of time, he thought he was just going to retire but he now thinks he is ready to go back to work.

Dr. Frey asked Mr. Purdue about the term of his monitoring program with the Nevada Professionals Health Program. Mr. Purdue said the program was through October 2028.

Dr. Frey asked Dr. Chase whether he felt five years was an adequate period in Mr. Purdue's situation, and Dr. Chase said he did.

Mr. Farnsworth said he applauded Mr. Purdue's continued efforts towards recovery.

Mr. Farnsworth explained that Mr. Purdue has not practiced clinically in approximately three years and two months. The Nevada Administrative Code requires a certain number of continuing education credits, and those Mr. Purdue submitted with his application are perfectly acceptable. He said in addition, he wanted to applaud Mr. Purdue for passing his Advanced Critical Care Specialist Board Certification, as it represents his dedication to the respiratory profession.

Mr. Farnsworth questioned Mr. Purdue regarding his affirmative response to Question 7 on his application for licensure.

Mr. Purdue described his arrest history and said a friend of his brother's was a respiratory therapist and encouraged him to get into the profession. He did so and everything clicked. He is grateful for this opportunity.

Mr. Farnsworth moved that the Board grant Mr. Purdue's application for licensure contingent upon his continued participation in and completion of his monitoring program.

Mr. Cousineau stated this would be a conditional license and would be reportable to the Data Bank. The condition could be lifted automatically upon completion of his monitoring program.

Mr. Farnsworth amended his motion as follows: that the Board grant Mr. Purdue's application for licensure contingent upon his continued participation in and completion of his monitoring program with the condition automatically lifted upon completion of the monitoring program. Mr. Olivarez seconded the motion, and it passed unanimously.

(g) Thi Khoa Nguyen, M.D.

Lyn E. Beggs, Esq., was present with Dr. Nguyen as his legal counsel.

Dr. Spirtos asked Dr. Nguyen whether he wanted his application to be considered in closed session, with the public being excluded, and he said he did not.

Dr. Ahsan summarized Dr. Nguyen's medical education and training and said he is board certified in Internal Medicine. He then questioned Dr. Nguyen regarding his affirmative responses to Questions 5 and 6 on his application for licensure.

Dr. Nguyen described the circumstances surrounding the malpractice case that had been filed against him that resulted in a settlement.

Ms. Arias-Petrel asked Dr. Nguyen what he planned to do if granted a license to practice medicine in the State of Nevada. Dr. Nguyen said he planned to work as a hospitalist in Las Vegas.

Dr. Frey moved that the Board grant Dr. Nguyen's application for licensure. Dr. Ahsan seconded the motion, and it passed unanimously.

Agenda Item 27

DISCIPLINARY ACTION TRAINING FOR BOARD MEMBERS

This training was not presented to the Board at this meeting.

DISCUSSION REGARDING ORGAN DONATION PROGRAM

Ms. Bradley said that most of the questions that have arisen regarding this issue are addressed in Nevada Revised Statutes (NRS) Chapter 451. There is a model act for anatomical gifts which Nevada has adopted. She said she had received information from Mr. Farnsworth and the Nevada Donor Network, and we are considering publishing an article in the Board's newsletter.

Mr. Farnsworth explained that a concern was raised at a previous Board meeting by one of the members of the Perfusionist Advisory Committee indicating that there may be an issue with how organ harvesting is being performed and the rules surrounding that in the State of Nevada. There is concern about, perhaps in the donation after circulatory death (DCD) scenario, that there are patients who are not actually dead at the time organ harvesting is scheduled to occur. He said his strategy was to connect with the Nevada Donor Network and ask them to provide information about this scenario, which they kindly did. We also realized that NRS Chapter 451 provides statutory direction on this issue. The intention is to provide that information in an article in the Board's newsletter.

Ms. Bradley said she is not an expert in this arena, but apparently there are times when people are thought to be dead, but they may not pass right away, and there is a question regarding how that is supposed to be handled and who is responsible. The perfusionists licensed in our state are there to perform their role while the patient is still under the purview of the hospital and the program they are working with. Once the patient is transferred to the Nevada Donor Network or another responsible organization such as that, they take over care and those individuals are not necessarily licensed in Nevada and are not required to be. There are questions regarding these transitions and who has control of the care when a person does not pass quickly.

Mr. Farnsworth said there are a lot of questions around which clinical disciplines can perform organ harvesting. He explained there are two different workflows that are both encompassed in these statutes and regulations and hopefully we can educate the broader medical community in Nevada about the difference between DCD and brain-death determinations.

Discussion ensued regarding patients who have been pronounced dead but are not actually yet dead.

Perfusionist Advisory Committee Member Daniel Rodriguez, MHS, CCP, FPP, said that he has not observed a scenario where someone was classified as deceased and was opened and found to have a beating heart. However, he has been part of a scenario where someone was classified as deceased and when the scalpel was just about to go through their skin they breathed, so the procedure was stopped. He explained because he is licensed in Nevada, this Board oversees his license as a clinician in these instances. However, there are harvest teams that fly into the state that are not licensed in Nevada, and he is unsure of the protocol if this situation occurs after the patient has already been transferred to them.

Ms. Bradley said Mr. Rodriguez became concerned about these issues after seeing them discussed in other states when problems arose, and he wanted to be sure that our law was clear on these issues. She said we have the Uniform Anatomical Gift Act, which is supposed to address who is responsible for what, depending on the status of the patient.

Dr. Ahsan said he does not think Nevada law is clear regarding donation after brain death (DBD) and DCD and that is why there is a lot of confusion and we need to clarify that.

Discussion ensued regarding who can have organ donation conversations with the family of a patient.

Ms. Conaboy said she thinks there are other significant individuals the Board should involve in the conversation before publishing an article.

Dr. Spirtos asked for statistics regarding how many donor hearts there were in Nevada in the last year. Ms. Bradley said she would see what she could find and would provide those.

Agenda Item 29

DISCUSSION REGARDING PROPOSED FEES FOR LICENSURE OF GENETIC COUNSELORS PURSUANT TO SENATE BILL 189 FROM THE 2025 NEVADA LEGISLATIVE SESSION

Mr. Cousineau explained the Board will begin licensing genetic counselors January 1, 2026. Based on research performed by staff, he believes genetic counselors have a commensurate amount of training compared to both physician assistants and anesthesiologist assistants. Using these professions as a guide and based on discussions with several Board members and staff, he thinks it would be appropriate for the licensing fees for genetic counselors to be on par with those for physician assistants and anesthesiologist assistants.

Dr. Frey and Mr. Olivarez expressed their support for the proposed licensure fees.

Mr. Farnsworth moved that the Board approve the proposed licensure fees.

Mr. Cousineau summarized the proposed licensure fees.

Dr. Frey seconded the motion, and it passed unanimously.

Ms. Conaboy asked whether a genetic counselor would be added to the Board. Ms. Bradley said one would not; however, there would be an advisory committee, and she had already received enough volunteers interested in serving on that committee. She then explained that under the statute, the committee will sunset after two years and then may continue in a manner similar to the perfusionist and anesthesiologist assistant committees under the proposed regulations for genetic counselors. In January, when staff requests that the Board adopt the regulations, the Board will also be asked to approve the individuals who will be appointed to the committee. She said staff is expecting to license approximately 30 genetic counselors to start because the national association lists 30 certified genetic counselors with Nevada addresses.

Agenda Item 30

PERSONNEL

- Annual Performance Evaluation of Executive Director

Dr. Spirtos said he had discussed Mr. Cousineau's performance with other members of the Board and Mr. Cousineau's evaluation was excellent across the board. He said Mr. Cousineau had received the highest evaluation possible. He then highlighted some of the contents of Mr. Cousineau's evaluation.

Mr. Cousineau thanked all the staff, and the senior staff in particular. He said they are an amazing group of individuals who are dedicated to the mission and work well together.

CONSIDERATION AND ADOPTION OF BUDGET FOR CALENDAR YEAR 2026, TO INCLUDE ANY POTENTIAL STAFF PAY INCREASES

Ms. Jenkins outlined the proposed budget for calendar year 2026. She said the budgeted income for 2026 is based on the actual numbers from the last licensing non-renewal year and a projected 6% growth. The growth percentage is based on a 10-year lookback period. The total projected income is \$7,699,000.

Ms. Jenkins explained the personnel expenses are based on current staff and a possible 0% to 4% percent merit increase on January 1, 2026. This is meant to mirror the State merit system and will be based on annual reviews. We have also budgeted a retention bonus of \$250 per quarter, as the State did in its last budget cycle. This is meant to help with staff retention. The remaining expenses are all based on the last non-renewal year in 2024. The Board's expenses and income both tend to follow what she would describe as up and down each year because the majority of the Board's income is received every other year, and that is why we budget based on our last matching year. She explained that all the expenses, except those that follow, are all based on actual for 2024. Office, #525, has been increased to cover the expenses of new laptops, desktops, printers, and monitors. Hearing Officers, #534, increased based on the year-to-date expenses for 2025, as we are holding more hearings. Normal increases in rent, public outreach, and web hosting fees are also based on our year-to-date expenses. Depreciation, #548, was increased to include new video-conferencing equipment, landscaping, and carpet improvements at the Reno office. The total projected expenses for the year are \$7,064,600. The investment account has been performing well, but we projected a decrease from the previous non-renewal year just to be conservative. The total addition to net position in the budget is \$759,400.

Dr. Frey asked about the thinking behind using just the actual from the last non-renewal year as opposed to using the actual plus a small percentage increase knowing that everything is going up in price. Ms. Jenkins explained that in those areas we were fairly sure the expenses would go up, we added increases; however, the others have been performing consistently for several years, and she feels pretty comfortable they are good figures. If she was worried about a particular area or she saw something in this year that showed they were upwardly trending, we discussed that and increased it. She explained a budget is an outline. If the Board needs money in a certain area, there is a certain amount of leeway in the Board's policies and procedures that allow staff to make an adjustment or it could be brought to the Executive Committee of the Board, and if it is a substantial adjustment, it would be brought to the Board in the form of an amended budget. She said we have done that several times in the past. The Board is able to see on a quarterly basis exactly where the Board is on its income and expenses. Sometimes the numbers are above budget and sometimes they are below, but for the most part, she thinks we have some good experience regarding how the numbers trend and for the last 15 years we have been pretty close.

Ms. Beal said, as a person who has extensive financial and accounting experience, she thinks the budget model we use is a very good one.

Ms. Arias-Petrel said handling money at this level is not easy. It takes a lot of knowledge and management, and she appreciates everything Mr. Cousineau and Ms. Jenkins do to keep things in order.

Dr. Frey moved that the Board adopt the proposed budget for 2026. Mr. Farnsworth seconded the motion, and it passed unanimously.

Agenda Item 32

APPOINTMENT OF INVESTIGATIVE COMMITTEE MEMBERS

Dr. Spirtos said that Dr. Simon had stepped down from Investigative Committee B and said Dr. Ahsan, Ms. Beal and Dr. Desai will now comprise Investigative Committee B. Investigative Committee A will be comprised of Dr. Frey, Mr. Olivarez and Mr. Farnsworth. Investigative Committee C will be comprised of Dr. Spirtos, Ms. Arias-Petrel and Dr. Bassewitz.

Ms. Arias-Petrel moved that the Board approve the new composition of the Investigative Committees. Ms. Beal seconded the motion, and it passed unanimously.

Agenda Item 33

NEW BUSINESS

Ms. Arias-Petrel said she thought it was important to hold a retreat for all Board members as retreats are very productive and helpful. Mr. Cousineau said staff would look into that.

Dr. Frey requested that formation of the Legislative Subcommittee for the 2027 Legislative Session be included on the March agenda.

Agenda Item 34

STAFF COMMENTS/UPDATES

Mr. Cousineau said we will schedule a special Board meeting for the Board to consider adoption of the genetic counselor regulations.

Ms. Bradley explained that a public hearing will be held on the proposed regulations on January 16, 2026, and the special meeting will be scheduled for a day and time later in January. Appointment of members to the genetic counselor advisory council will also be included on the agenda for that meeting. The Board will begin licensing genetic counselors on January 1, 2026, and if a genetic counselor has been practicing prior to January 1, they have six months to become licensed.

Mr. Cousineau said the 2026 Federation of State Medical Boards' annual meeting will be held in Baltimore the last week of April and we have budgeted for all Board members to attend.

Agenda Item 35

PUBLIC COMMENT

Dr. Spirtos asked whether there was anyone in attendance who would like to present public comment. No public comment was received.

Agenda Item 36

ADJOURNMENT

Dr. Frey moved that the Board adjourn. Dr. Ahsan seconded the motion, and it passed unanimously. The meeting was adjourned at 2:25 p.m.

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