

PROPOSED REGULATIONS

**THIRD REVISED PROPOSED REGULATION
OF THE BOARD OF MEDICAL EXAMINERS**

LCB File No. R055-25

March 31, 2026

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1, 16-19, 22-25, 27, 28 and 30, NRS 630.130 and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; §§ 2, 6 and 8, NRS 630.130 and sections 6-8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100; § 3, NRS 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and sections 6-8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100; § 4, NRS 622.530, 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; §§ 5 and 11-13, NRS 630.130 and sections 6 and 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1100, respectively; § 7, NRS 630.130 and sections 6-8 and 12 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100 and 1102, respectively; § 9, NRS 630.130 and sections 6 and 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101, respectively; § 10, NRS 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and sections 6 and 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101, respectively; §§ 14 and 15, NRS 630.130 and sections 6 and 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101, respectively; § 20, NRS 630.130 and 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1110, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 21, NRS 630.130 and sections 5.9 and 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 26, NRS 630.130 and 630.336, as amended by section 32 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1112, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 29, NRS 622.530, 630.130, 630.26825 and 630.268.

A REGULATION relating to health care; prescribing requirements governing the issuance, renewal or change of status of a license as a genetic counselor; prescribing requirements governing the supervision and practice of temporarily licensed genetic counselors; prescribing requirements governing the practice of genetic counselors;

setting forth grounds for disciplinary action against a genetic counselor; establishing certain procedures relating to the imposition of such disciplinary action; prescribing requirements governing the Genetic Counseling Advisory Council; revising provisions governing the discipline of certain persons who are no longer actively licensed; providing for the confidentiality of certain information relating to a genetic counselor; prohibiting the reinstatement of certain retired licenses; revising the requirements and procedures for licensure by endorsement as an anesthesiologist assistant; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of physicians, physician assistants, anesthesiologist assistants, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) Senate Bill No. 189 (S.B. 189) of the 2025 Legislative Session similarly provides for the licensure of genetic counselors and requires the Board to adopt regulations establishing the requirements for such licensure. (Sections 4-40 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1098-1115)

S.B. 189 prescribes certain qualifications for licensure as a genetic counselor. (Section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099) **Section 2** of this regulation prescribes the qualifications for licensure as a genetic counselor, in addition to the qualifications required by S.B. 189. **Section 3** of this regulation establishes the required contents of an application for such licensure. **Sections 4 and 5** of this regulation establish the requirements and procedure for licensure by endorsement and temporary licensure, respectively, as a genetic counselor. **Section 6** of this regulation establishes grounds for the rejection of an application for the issuance or renewal of a license as a genetic counselor. **Section 7** of this regulation authorizes the Board to deny an application for the issuance or renewal of a license as a genetic counselor if the applicant has committed any act that would constitute grounds for disciplinary action against a person who is already licensed as a genetic counselor. **Section 8** of this regulation sets forth the required contents of a license as a genetic counselor.

If an applicant for licensure as a genetic counselor has received a master's degree or higher in genetic counseling from a program in a foreign country, S.B. 189 requires that program to have standards that are at least as stringent as those established by the Accreditation Council for Genetic Counseling, or its successor organization, as determined by the Board. (Section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099) **Section 2** prescribes certain circumstances under which the Board will deem a foreign program in genetic counseling to have such standards.

S.B. 189 requires a genetic counselor to complete at least 20 hours of continuing education each biennium to renew his or her license. (Section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101) **Section 9** of this regulation requires at least 2 of those hours of continuing education to pertain to ethics in genetic counseling. **Section 9** also authorizes the Board to issue credit toward the required continuing education to a genetic counselor who reviews a complaint for the Board.

Existing law and regulations provide that: (1) the failure to submit evidence of completion of required continuing education or pay the required renewal fee results in the expiration of certain licenses issued by the Board; and (2) the fee to reinstate such licenses is twice the standard renewal fee. (NRS 630.267; NAC 630.153, 630.178, 630.350, 630.530,

630.750; section 11 of LCB File No. R069-23) **Section 10** of this regulation enacts similar provisions applicable to genetic counselors.

S.B. 189: (1) requires a temporarily licensed genetic counselor to be supervised by a genetic counselor or a physician while the temporarily licensed genetic counselor is practicing genetic counseling; and (2) requires the temporarily licensed genetic counselor and his or her supervisor to enter into a contract that prescribes the responsibilities of both parties. (Section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100) **Section 11** of this regulation requires that such a contract include a reasonable amount of compensation for the temporarily licensed genetic counselor. **Section 11** also: (1) authorizes the contract to designate a substitute supervisor to serve if the primary supervisor is unavailable; and (2) requires a supervisor to notify the Board upon the termination of such a contract. **Sections 12 and 13** of this regulation prescribe certain limitations and requirements governing the supervision and practice of temporarily licensed genetic counselors.

S.B. 189 authorizes a student who is enrolled in certain programs in genetic counseling and who does not hold a license to practice genetic counseling to assist a genetic counselor in the practice of genetic counseling if such assistance is within the scope of the education and training of the student. (Section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101) **Section 14** of this regulation prescribes: (1) the authorized activities of such a student; and (2) the requirements governing the supervision and identification of such a student.

S.B. 189 authorizes a person who is not licensed to practice genetic counseling in this State, the District of Columbia or any state or territory of the United States but holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization, to provide consulting services related to genetic counseling in this State on a temporary basis if he or she receives authorization from the Board. (Section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101) **Section 15** of this regulation: (1) prescribes the manner in which a person must obtain such authorization; (2) requires a physician, physician assistant or genetic counselor to whom such a person provides consulting services to adhere to certain provisions of state law regarding the preparation, retention and dissemination of health care records; and (3) defines the term “temporary basis” for the purpose of establishing the maximum length of time that such a person may provide consulting services.

Section 16 of this regulation adopts the NSGC Code of Ethics published by the National Society of Genetic Counselors as the code of ethics governing the professional conduct of genetic counselors in this State, as required by S.B. 189. (Section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099) **Sections 17 and 18** of this regulation prescribe certain requirements and prohibitions governing the practice of a genetic counselor. **Section 19** of this regulation sets forth certain grounds for disciplinary action by the Board against a genetic counselor, which include malpractice. **Section 22** of this regulation includes within the definition of “malpractice” the failure of a genetic counselor, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances. **Section 20** of this regulation provides that the Board will serve notice on a genetic counselor at least 21 business days before a hearing relating to any disciplinary action. **Section 20** also provides that any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by existing law for disciplinary actions against other licensees.

S.B. 189 authorizes the Board to require a genetic counselor to undergo an examination to determine his or her fitness to practice under certain circumstances. (NRS 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page

1110) **Section 20** requires a genetic counselor whom the Board requires to undergo such an examination to pay the cost of that examination.

S.B. 189: (1) creates the Genetic Counseling Advisory Council; (2) requires the Advisory Council to advise the Board on regulations and other matters relating to the practice of genetic counseling; and (3) provides that the Advisory Council expires by limitation on January 1, 2031. (Sections 5.9 and 62 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1132, respectively) **Section 21** of this regulation: (1) requires any genetic counselor appointed to the Advisory Council on or after January 1, 2029, to have lived and continuously practiced in this State for at least 3 years immediately preceding the appointment; (2) provides that the Board will notify appointees to the Advisory Council of their appointment and terms of office; (3) provides that members of the Advisory Council serve until a successor is appointed; and (4) requires the Advisory Council, upon the request of the Board, to review and make recommendations concerning matters relating to licensed genetic counselors.

Existing regulations require an original signature or authenticated electronic signature on certain documents submitted to the Board by licensees or applicants for any license to practice medicine or to practice as a physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist. (NAC 630.045) Existing regulations prescribe procedures for the voluntary surrender of a license to practice medicine, perfusion or respiratory care, or a license to practice as an anesthesiologist assistant, while an investigation concerning the license or disciplinary proceeding concerning the licensee is pending. (NAC 630.240) Existing regulations require a committee conducting an investigation of a complaint against a physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist to appoint a group of specialists to review the practice of the licensee and make certain recommendations if the committee finds that the licensee tests positive for exposure to the human immunodeficiency virus. (NAC 630.243) Existing regulations require the Board to keep confidential certain records relating to a program established by the Board to enable a physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist to correct a dependence on alcohol or a controlled substance or certain other impairments. (NAC 630.275) Existing regulations prescribe procedures concerning prehearing conferences in proceedings relating to physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care and perfusionists. (NAC 630.465) Existing regulations prescribe the criteria and procedure for placing a license to practice medicine, perfusion or respiratory care or a license to practice as an anesthesiologist assistant on retired status. (Section 1 of LCB File No. R118-21) **Sections 23-28** of this regulation make these provisions additionally applicable to genetic counselors. **Section 28** additionally prohibits the holder of a retired license to practice medicine, perfusion or respiratory care or a retired license to practice as an anesthesiologist assistant or genetic counselor from reinstating the license.

Existing regulations provide that the voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status does not preclude the Board from hearing a complaint for disciplinary action made against the licensee. (NAC 630.240) **Section 24** limits the applicability of this provision to circumstances where the license was active at the time of the relevant conduct. However, **section 24** also clarifies that, if the license was not active at that time but existing law requires a license in order to engage in the relevant conduct, the Board may take action in response to such unlicensed activity. (NRS 630.400)

Existing law establishes the requirements and procedure for licensure by endorsement as an anesthesiologist assistant. (Section 5 of LCB File No. R069-23) **Section 29** of this regulation

makes conforming changes to align the requirements and procedures for obtaining such licensure with the requirements and procedures of other providers of health care regulated by the Board without changing the underlying education or examination requirements.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 21, inclusive, of this regulation.

Sec. 2. 1. *In addition to the qualifications required by section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, an applicant for licensure as a genetic counselor must:*

(a) Be able to communicate adequately orally and in writing in the English language.

(b) At the order of the Board, take and pass a competency examination or other assessment of competency designated by the Board if the applicant has not:

(1) Engaged in the practice of genetic counseling for more than 24 consecutive months immediately preceding the date of the application; or

(2) Passed an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, within the 24 months immediately preceding the date of the application.

2. *For the purpose of paragraph (b) of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, the Board will deem a program in genetic counseling located in a foreign country to have educational standards that are at least as stringent as those established by the Accreditation Council for Genetic Counseling, or its successor organization, if that organization determines based on the education of the applicant that the applicant is eligible to:*

(a) Take an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; and

(b) Receive the certification described in subsection 6 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099.

Sec. 3. 1. *An application for licensure as a genetic counselor must be made on a form supplied by the Board. The application must state:*

(a) The date and place of the applicant's birth and his or her sex;

(b) Information about the applicant's postsecondary education as a genetic counselor, including, without limitation, postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(c) Whether the applicant has ever applied for a license or certificate as a genetic counselor in another state and, if so, when and where and the results of his or her application;

(d) The applicant's work experience for the 5 years immediately preceding the date of his or her application;

(e) Whether the applicant has ever been investigated for misconduct as a genetic counselor or had a license or certificate as a genetic counselor revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant by a licensing body in any jurisdiction;

(f) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(g) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(h) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice as a genetic counselor;

(i) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board; and

(j) A telephone number and electronic mail address at which the applicant may be contacted.

2. An applicant must submit to the Board:

(a) Proof of graduation from a program:

(1) In genetic counseling described in subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; or

(2) That the Board determines is substantially similar to a program that satisfies the requirements of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, if the applicant has been engaged in the practice of genetic counseling for at least 5 years immediately preceding the date on which the application is submitted;

(b) Proof of passage of an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099;

(c) Proof of certification issued by the Accreditation Council for Genetic Counseling, or its successor organization; and

(d) Such further evidence and other documents or proof of qualifications as required by the Board.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of graduation from a program in genetic counseling required by subsection 2;

(b) The proof of graduation from a program in genetic counseling required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fee. If an applicant seeking licensure as a genetic counselor pursuant to this section is an active member of or the surviving spouse of an active member of the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge one-half of the fee established pursuant to NRS 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, for the initial issuance of the license.

5. An applicant must pay the reasonable costs of any examination required for licensure.

6. Within 30 days after any change to the information provided to the Board pursuant to paragraph (i) or (j) of subsection 1, an applicant or genetic counselor shall provide updated information to the Board.

Sec. 4. 1. An application for licensure by endorsement as a genetic counselor must be made on a form supplied by the Board. An application must include:

- (a) The date and place of the applicant's birth and his or her sex;*
- (b) Information about the applicant's postsecondary education as a genetic counselor, including, without limitation, each postsecondary institution attended, the dates of attendance at each institution and whether he or she is a graduate of those institutions;*
- (c) Whether the applicant has ever applied for a license or certificate as a genetic counselor in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;*
- (d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;*
- (e) Whether the applicant has ever been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice as a genetic counselor;*
- (f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to practice as a genetic counselor;*
- (g) Whether the applicant has had a license to practice as a genetic counselor suspended or revoked in the District of Columbia or any state or territory of the United States;*
- (h) Whether the applicant has pending any disciplinary action concerning his or her license to practice as a genetic counselor in the District of Columbia or any state or territory of the United States;*
- (i) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:*

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(j) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(k) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice as a genetic counselor;

(l) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board; and

(m) A telephone number and electronic mail address at which the applicant may be contacted.

2. An applicant must submit to the Board:

(a) Proof that the applicant holds a corresponding valid and unrestricted license as a genetic counselor in the District of Columbia or any state or territory of the United States;

(b) Proof that he or she has engaged in the practice of genetic counseling for a period of at least 12 months immediately preceding the date on which the application is submitted;

(c) Proof of completion of a program:

(1) In genetic counseling that satisfies the requirements of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; or

(2) That the Board determines is substantially similar to a program that satisfies the requirements of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of

Nevada 2025, at page 1099, if the applicant has engaged in the practice of genetic counseling for a period of at least 5 years immediately preceding the date on which the application is submitted;

(d) Proof of passage of an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099;

(e) Such further evidence and other documents or proof of qualifications as required by the Board;

(f) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520;

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

4. The application must be accompanied by the applicable fee for the application and issuance of the license.

5. An applicant shall pay the reasonable costs of any examination required by the licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of

any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as a genetic counselor to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2,

↳ whichever occurs later.

7. A license by endorsement as a genetic counselor issued pursuant to this section may be issued at a meeting of the Board or outside a meeting of the Board by the President of the Board and the Executive Director of the Board. If the license is issued outside a meeting of the Board pursuant to this subsection, such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in

which the applicant currently holds or has held a license as a genetic counselor or an equivalent license;

(b) Had his or her license as a genetic counselor or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a genetic counselor or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in this chapter and chapter 630 of NRS, including, without limitation, section 12 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1102, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

Sec. 5. 1. *The Board will issue a temporary license to practice as a genetic counselor to any qualified applicant who meets the requirements of subsection 1 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100.*

2. The holder of a temporary license to practice as a genetic counselor may apply to the Board to renew the temporary license in the same manner as the original application. The Board may, upon the applicant's compliance with the provisions of subsection 3 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100, renew the temporary

license once for a period of 1 additional year. A temporary license may not be renewed more than once.

Sec. 6. *In addition to any other grounds specified in this chapter or chapter 630 of NRS, the Board may reject an application for the issuance or renewal of a license as a genetic counselor if the Board determines that:*

- 1. The applicant is not qualified or is not of good moral character or reputation;*
- 2. The applicant has submitted a false credential; or*
- 3. The application is not made in proper form or is otherwise deficient.*

Sec. 7. *The Board may deny an application for the issuance or renewal of a license to practice as a genetic counselor for:*

- 1. Failure to comply with any provision of section 17 or 18 of this regulation; or*
- 2. Any act or omission that constitutes grounds for disciplinary action under section 12 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1102, or section 19 of this regulation.*

Sec. 8. *The license issued by the Board to a genetic counselor must contain:*

- 1. The name of the genetic counselor;*
- 2. The duration of the license; and*
- 3. Any other limitations or requirements which the Board prescribes.*

Sec. 9. *1. At least 2 hours of the continuing education required by section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, during each biennial licensing period must pertain to ethics in genetic counseling.*

2. The Board may issue not more than 5 hours of continuing education during a biennial licensing period to a genetic counselor who reviews a complaint for the Board. The hours issued by the Board:

(a) May be credited against the hours of continuing education required by section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101;

(b) Except as otherwise provided in paragraph (c), must be equal to the actual time involved in performing the review; and

(c) May not exceed 5 hours per review.

Sec. 10. *If a genetic counselor fails to pay the fee for renewal after the fee becomes due or fails to submit proof that the licensee completed the number of hours of continuing education required by section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, his or her license expires. Within 2 years after the date on which the license expires, the license may be reinstated if the holder:*

1. Pays twice the amount of the current fee for renewal to the Secretary-Treasurer of the Board;

2. Submits proof that he or she:

(a) Has completed the number of hours of continuing education required by section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101; and

(b) Holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization; and

3. Is found to be in good standing and qualified pursuant to this chapter.

Sec. 11. *1. A contract entered into pursuant to subsection 6 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100, between a temporarily licensed*

genetic counselor and his or her supervising genetic counselor or supervising physician must be submitted to and approved by the Executive Director or his or her designee before the temporarily licensed genetic counselor practices under the supervision of the supervisor. The contract:

(a) Must include, without limitation, an amount of compensation for the temporarily licensed genetic counselor that is reasonable.

(b) May designate another physician or genetic counselor to serve as the substitute supervisor of the temporarily licensed genetic counselor if the primary supervisor of the temporarily licensed genetic counselor is unavailable.

2. A temporarily licensed genetic counselor must enter into a separate contract pursuant to subsection 6 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100, for each employer of the temporarily licensed genetic counselor.

3. The supervising genetic counselor or supervising physician of a temporarily licensed genetic counselor shall, within 72 hours after the termination of the contract between the supervisor and the temporarily licensed genetic counselor, notify the Board of the termination. The temporarily licensed genetic counselor shall immediately cease practicing under the supervision of the supervisor until the Executive Director or his or her designee approves a new contract between the temporarily licensed genetic counselor and the supervisor pursuant to subsection 1.

Sec. 12. *1. A genetic counselor or physician shall not supervise more than three temporarily licensed genetic counselors at one time.*

2. A temporarily licensed genetic counselor shall:

(a) Ensure that each patient is informed that the temporarily licensed genetic counselor holds a temporary license and the name of his or her supervisor; and

(b) Wear at all times while on duty a name badge that identifies the holder as a “Graduate Genetic Counselor.”

3. The supervising genetic counselor or supervising physician of a temporarily licensed genetic counselor must be available in person or by telephone or other electronic means to consult with the temporarily licensed genetic counselor at all times while the temporarily licensed genetic counselor is providing genetic counseling. The supervisor shall:

(a) Ensure that all work completed by the temporarily licensed genetic counselor is performed in a competent and ethical manner that complies with all applicable state and federal laws and regulations.

(b) Ensure that the temporarily licensed genetic counselor possesses the knowledge, skill and training required to competently provide genetic counseling to a particular patient before allowing the temporarily licensed genetic counselor to provide genetic counseling to the patient outside of the direct supervision of the supervisor.

(c) Hold at least one meeting with the temporarily licensed genetic counselor each week to review the work of the temporarily licensed genetic counselor. Such a meeting may occur in person or by electronic means.

Sec. 13. 1. *The supervising genetic counselor or supervising physician of a temporarily licensed genetic counselor and the temporarily licensed genetic counselor shall develop a method by which the temporarily licensed genetic counselor may designate specific records of patients for the review of the supervisor.*

2. The supervising genetic counselor or supervising physician of a temporarily licensed genetic counselor shall review the records of at least 10 percent of the patients to whom the temporarily licensed genetic counselor provides genetic counseling.

3. All records reviewed by the supervising genetic counselor or supervising physician of a temporarily licensed genetic counselor must include the name and signature of both the supervisor and the temporarily licensed genetic counselor.

4. A temporarily licensed genetic counselor and his or her supervising genetic counselor or supervising physician shall ensure that the records of each patient to whom the temporarily licensed genetic counselor provides genetic counseling are:

- (a) Clear, legible, accurate and complete; and*
- (b) Maintained in accordance with chapter 629 of NRS.*

Sec. 14. 1. *A student who is assisting a genetic counselor in the practice of genetic counseling pursuant to subsection 1 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101:*

- (a) May review patient records and talk with a patient about the results of a genetic test;*
- (b) Shall abide by all state and federal laws concerning the confidentiality of health care records and information relating to patients;*
- (c) In any interaction with a patient or another provider of health care, shall:*
 - (1) Identify himself or herself as a student; and*
 - (2) Provide the name of the genetic counselor whom the student is assisting; and*
- (d) Shall not assist any person other than a genetic counselor in the practice of genetic counseling or perform tasks delegated by a person who is not a genetic counselor.*

2. Before a student assists a genetic counselor in the practice of genetic counseling pursuant to subsection 1 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, the genetic counselor must:

(a) Notify the patient that the student will be participating in the care of the patient; and

(b) Obtain the informed consent of the patient to the participation of the student and document such consent in the medical record of the patient.

3. A genetic counselor who receives assistance from a student shall:

(a) Provide appropriate supervision of all tasks performed by the student in accordance with subsection 5;

(b) Ensure that the records of each patient in whose care the student assists:

(1) Are clear, legible, accurate and complete;

(2) Are maintained in accordance with chapter 629 of NRS; and

(3) Include the name of the student for each task in which the student has provided assistance; and

(c) Sign the records of each patient in whose care the student assists.

4. A genetic counselor shall not receive assistance from more than three students at one time.

5. A genetic counselor shall supervise a student in accordance with the standards set forth by the Accreditation Council for Genetic Counseling, or its successor organization, for graduate-level training programs for genetic counseling. Such supervision:

(a) Must include, without limitation, monitoring the knowledge, skill and ability of the student;

(b) May include, without limitation, the use of a progressive model of supervision that provides less direct supervision as the student gains more knowledge;

(c) Must meet the needs of the student; and

(d) Must ensure the protection of the patient.

Sec. 15. 1. *A person who is not licensed to practice genetic counseling in this State, the District of Columbia or any state or territory of the United States but holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization, who wishes to receive the approval of the Board to provide consulting services related to genetic counseling in this State pursuant to subsection 3 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, must notify the Board in writing of:*

(a) His or her name and contact information;

(b) The name and contact information of each physician, physician assistant, advanced practice registered nurse or genetic counselor licensed in this State with whom he or she will be consulting;

(c) The dates on which the person wishes to provide consulting services relating to genetic counseling in this State; and

(d) The nature of the consulting services that the person wishes to provide.

2. *A physician, physician assistant or genetic counselor to whom a person provides consulting services related to genetic counseling in this State pursuant to subsection 3 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, shall comply with the provisions of chapter 629 of NRS regarding the preparation, retention and dissemination of any records of the consulting services.*

3. *As used in subsection 3 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, “temporary basis” means a period of not more than 30 days.*

Sec. 16. 1. *Pursuant to subsection 1 of section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, the Board hereby adopts by reference the NSGC Code of Ethics published by the National Society of Genetic Counselors as the code of ethics governing the professional conduct of genetic counselors in this State. The Code is available from the National Society of Genetic Counselors free of charge at the Internet address <https://www.nsgc.org/POLICY/Code-of-Ethics-Conflict-of-Interest/Code-of-Ethics> or, if that Internet website ceases to exist, from the Board.*

2. *If the publication adopted by reference in subsection 1 is revised, the Board will review the revision to determine its suitability for this State. If the Board determines that the revision is not suitable for this State, the Board will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.*

Sec. 17. 1. *A genetic counselor shall:*

(a) *Provide competent genetic counseling and assume as his or her primary responsibility the health, safety, welfare and dignity of all patients with regard to genetic counseling;*

(b) *Deliver genetic counseling to patients without regard to race, religious creed, color, age, sex, disability, sexual orientation, gender identity or expression, national origin or ancestry;*

(c) Adhere to all state and federal laws governing informed consent concerning the genetic counseling of a patient;

(d) Seek consultation with other providers of health care as necessary and authorized by the patient whenever the welfare of a patient will be safeguarded or advanced by such consultation;

(e) Become familiar with and adhere to all state and federal laws applicable to his or her practice as a genetic counselor, including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and other federal and state laws and regulations governing the confidentiality of health information;

(f) Provide only those services for which the genetic counselor is licensed and qualified by education, training and experience;

(g) Avoid conflicts of professional interest, including, without limitation, by refraining from providing genetic counseling to family members or romantic partners;

(h) Comply with all applicable provisions of chapter 629 of NRS and the regulations adopted pursuant thereto;

(i) Comply with the NSGC Code of Ethics adopted by reference in section 16 of this regulation, except to the extent that the provisions of the Code conflict with any provision of this chapter or state or federal law; and

(j) Ensure that the records of all patients are clear, legible, accurate and complete.

2. A genetic counselor may provide general information concerning genetics, including, without limitation, general information concerning the mechanics of inheritance of certain genes, to a family member or romantic partner. If the family member or romantic partner

desires genetic counseling, the genetic counselor shall refer the family member or romantic partner, as applicable, to a physician or genetic counselor who can provide genetic counseling without a conflict of interest.

Sec. 18. *A genetic counselor shall not:*

- 1. Falsify or alter records of health care;*
- 2. Falsify or alter the records of a patient so as to indicate that testing or genetic counseling was performed by him or her which was in fact not performed by him or her;*
- 3. Render professional services to a patient while the genetic counselor is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;*
- 4. Engage in sexual activity with a patient who is currently receiving genetic counseling from the genetic counselor or who has received genetic counseling from the genetic counselor within the immediately preceding 2 years;*
- 5. Engage in disruptive behavior with any genetic counselor, physician, hospital personnel, patient, member of the family of a patient or other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient;*
- 6. Engage in conduct that violates the trust of a patient and exploits the relationship between the genetic counselor and the patient for financial or other personal gain;*
- 7. Engage in or conceal conduct which brings the profession of genetic counseling into disrepute;*
- 8. Engage in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent or legal guardian, that exploits the relationship between the genetic counselor and the patient in a sexual manner;*

9. Make or file a report that the genetic counselor knows to be false, fail to file a record or report as required by law or willfully obstruct or induce another person to obstruct such a filing;

10. Fail to report any person that the genetic counselor knows, or has reason to know, is in violation of the provisions of this chapter or chapter 630 of NRS relating to the practice of genetic counseling; or

11. Misrepresent in any manner, either directly or indirectly, his or her skills, training, professional credentials, identity or services.

Sec. 19. *In addition to the grounds specified in section 12 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1102, a genetic counselor is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the genetic counselor:*

1. Has held himself or herself out as or authorized another person to represent the genetic counselor to be a licensed physician or physician assistant or licensed to practice another profession for which the genetic counselor does not hold a license;

2. Has performed genetic counseling other than as authorized in this chapter and chapter 630 of NRS;

3. Is guilty of malpractice in genetic counseling;

4. Is guilty of disobedience of any order of the Board or an investigative committee of the Board or any provision in the regulations of the State Board of Health or the State Board of Pharmacy;

5. Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution or use of a controlled substance;

6. *Has assisted in the practice of genetic counseling after his or her license as a genetic counselor expired or was revoked or suspended;*

7. *Has been convicted of a felony; or*

8. *Has violated any provision that would subject a practitioner of medicine to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.*

Sec. 20. *1. Before the Board takes disciplinary action against a genetic counselor, the Board will provide to the genetic counselor a written notice pursuant to NRS 233B.121. The notice will be served on the genetic counselor at least 21 business days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against other licensees.*

2. If the Board orders a genetic counselor to undergo an examination pursuant to NRS 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1110, the genetic counselor shall pay the cost of the examination.

Sec. 21. *1. In addition to the qualifications required by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, any member appointed on or after January 1, 2029, to the Genetic Counseling Advisory Council pursuant to paragraph (b) of subsection 2 of that section must have resided in and continually practiced as a licensed genetic counselor in this State for at least 3 years immediately preceding the appointment.*

2. The Board will provide appointees to the Advisory Council written notice of their appointment and terms of office.

3. Each member of the Advisory Council serves until the Board appoints a successor.

4. At the request of the Board, the Advisory Council shall review and make recommendations to the Board concerning any matters relating to licensed genetic counselors.

Sec. 22. NAC 630.040 is hereby amended to read as follows:

630.040 For the purposes of this chapter and chapter 630 of NRS, “malpractice” means the failure of a physician, physician assistant, anesthesiologist assistant, ***genetic counselor***, practitioner of respiratory care or perfusionist, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

Sec. 23. NAC 630.045 is hereby amended to read as follows:

630.045 1. Any document submitted to the Board by a licensee or an applicant for a license to practice medicine, to practice as a physician assistant, to practice as an anesthesiologist assistant, ***to practice as a genetic counselor***, to practice as a practitioner of respiratory care or to practice as a perfusionist must bear the original signature or an authenticated electronic signature of the licensee or applicant.

2. The Board may refuse to accept any document submitted by a licensee or an applicant for a license that does not comply with the requirements of subsection 1.

3. As used in this section, “document” means any written submission, notification or communication, including, without limitation:

- (a) An application for a license;
- (b) A request for renewal of a license;
- (c) A request for a change of status; or
- (d) A notification of a change of address.

Sec. 24. NAC 630.240 is hereby amended to read as follows:

630.240 1. If a licensee desires to surrender his or her license to practice medicine, practice as an anesthesiologist assistant, *practice as a genetic counselor*, practice perfusion or practice respiratory care while an investigation concerning the license or disciplinary proceedings concerning the licensee are pending, the licensee shall submit to the Board a sworn written statement of surrender of the license accompanied by delivery to the Board of the actual license issued to him or her.

2. The voluntary surrender of a license is not effective until it is accepted by the Board in a public meeting. An order accepting such a surrender must prescribe a period of at least 1 year but not more than 10 years during which the holder of the surrendered license is prohibited from applying for reinstatement of the license.

3. The Board will:

- (a) Make the voluntary surrender of a license public; and
- (b) Deem the voluntary surrender of a license to be disciplinary action and report the surrender to applicable national databases.

4. The voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status pursuant to section 1 of LCB File No. R118-21 does not preclude the Board from hearing a complaint for disciplinary action made against the licensee ~~if~~ *if the conduct included in the complaint occurred while the license was active.*

5. If a complaint for disciplinary action is made against a person for conduct that occurred after the voluntary surrender of a license, the failure to renew a license or the placement of a license on retired status pursuant to section 1 of LCB File No. R118-21 and that conduct constitutes a violation of NRS 630.400, the Board may take any action authorized in response to such a violation.

Sec. 25. NAC 630.243 is hereby amended to read as follows:

630.243 If a committee conducting an investigation pursuant to NRS 630.311 becomes aware that the physician, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist who is subject to the investigation has tested positive for exposure to the human immunodeficiency virus, the committee shall appoint a group of specialists in the fields of public health and infectious diseases who shall:

1. Review all the circumstances of the practice of the physician, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist; and
2. Advise the committee, in accordance with the most recent guidelines on the exposure of health care workers to the human immunodeficiency virus established by the Centers for Disease Control and Prevention, on the action, if any, the committee should take concerning the physician, physician assistant, *genetic counselor*, anesthesiologist assistant, practitioner of respiratory care or perfusionist.

Sec. 26. NAC 630.275 is hereby amended to read as follows:

630.275 1. The Board will, pursuant to subsection 3 of NRS 630.336, *as amended by section 6 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 94, and section 32 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1112*, keep confidential all records relating to a program established by the Board to enable a physician, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist to correct:

- (a) A dependence upon alcohol or a controlled substance; or
- (b) Any other impairment which could result in the revocation of his or her license.

2. The Board will, pursuant to subsection 4 of NRS 622.330, keep confidential a consent or settlement agreement between the Board and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

Sec. 27. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue in the case which has been resolved by negotiation

or stipulation and an estimate, to the nearest hour, of the time required for presentation of its arguments at the hearing.

Sec. 28. Section 1 of LCB File No. R118-21 is hereby amended to read as follows:

Section 1. ***1.*** A licensee may apply to the Board to change the status of his or her license to practice medicine, practice as an anesthesiologist assistant, *practice as a genetic counselor*, practice perfusion or practice respiratory care to retired by filing with the Board a notice in writing that states the intention of the licensee to retire from active practice. Upon the provision of such notice, the Board will change the status of the license to retired if:

~~1.1~~ ***(a)*** The licensee is otherwise in good standing;

~~1.2~~ ***(b)*** There are no complaints or investigations pending against the licensee; and

~~1.3~~ ***(c)*** No disciplinary action is pending against the licensee.

2. *A holder of a retired license may not reinstate the license. If the holder of a retired license wishes to be licensed, he or she must apply for a new license and is subject to all requirements that apply to an applicant for a new license.*

Sec. 29. Section 5 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 5. **1.** An application for licensure by endorsement as an anesthesiologist assistant must be made on a form supplied by the Board. An application must include:

(a) ~~All information required by section 13 of this regulation;~~

~~(b)~~ ***The date and place of the applicant's birth and his or her sex;***

(b) The postsecondary education of the applicant as an anesthesiologist assistant, including, without limitation, each postsecondary institution attended, the dates of attendance at each institution and whether he or she is a graduate of those institutions;

(c) Whether the applicant has ever applied for a license or certificate as an anesthesiologist assistant in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;

(d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to practice as anesthesiologist assistant;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to practice as an anesthesiologist assistant;

(g) Whether the applicant has had a license to practice as an anesthesiologist assistant suspended or revoked in the District of Columbia or any state or territory of the United States;

(h) Whether the applicant has pending any disciplinary action concerning his or her license to practice as an anesthesiologist assistant in the District of Columbia or any state or territory of the United States;

(i) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(I) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor,

*felony or similar offense in a foreign jurisdiction, excluding any minor traffic offense;
or*

(2) Any violation of the Uniform Code of Military Justice;

(j) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;

(k) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice as an anesthesiologist assistant; and

(l) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof that the applicant ~~is~~:

~~—— (1) Holds] holds~~ a corresponding valid and unrestricted license to engage in that occupation or profession in the District of Columbia or any state or territory of the United States; ~~and~~

~~—— (2) Meets the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530; and~~

~~—— (c) The documents described in paragraphs (g) and (h) of subsection 2 of NRS 622.530.~~

~~—— 2. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as an anesthesiologist assistant to the applicant within the time required by subsection 4 of NRS 622.530.]~~

(b) Proof that the applicant has assisted in the practice of medicine for a period of at least 12 months immediately preceding the date on which the application is submitted;

(c) Proof of completion of an anesthesiologist assistant program that satisfies the requirements of NRS 630.2683;

(d) Proof of passage of the examination administered by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, as required by NRS 630.2683;

(e) Such further evidence and other documents or proof of qualifications as required by the Board;

(f) The statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520;

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

4. The application must be accompanied by the applicable fee for the application for and issuance of the license.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the

applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as an anesthesiologist assistant to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2, ↪ whichever occurs later.

7. A license by endorsement to practice as an anesthesiologist assistant issued pursuant to this section may be issued at a meeting of the Board or outside a meeting of Board by the President of the Board and the Executive Director of the Board. If the license is issued outside a meeting of the Board pursuant to this subsection, such an action shall be deemed to be an action of the Board.

~~[4.]~~ 8. *If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.*

9. *The Board will not issue a license by endorsement pursuant to this section if an applicant has:*

(a) Been disciplined by or has a disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United

States in which the applicant currently holds or has held a license as an anesthesiologist assistant or an equivalent license;

(b) Had his or her license as an anesthesiologist assistant or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as an anesthesiologist assistant or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in this chapter and chapter 630 of NRS, the Board may deny an application for licensure by endorsement pursuant to this section ~~if~~ **if**:

(a) ~~if the~~ **The** applicant ~~[does not meet the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530;]~~ **willfully fails to comply with the provisions of paragraph (h) of subsection 2;** or

(b) ~~[For the reasons set forth in subsection 6 of NRS 622.530.~~

~~—5.— If an applicant seeking licensure by endorsement as an anesthesiologist assistant pursuant to this section is an active member of or the surviving spouse of an active member of the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge one-half of the fee established pursuant to NRS 630.268, as amended by section 31 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1557, for the initial issuance of the license.] **The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary actions against the applicant as a licensee and the Board has not previously taken disciplinary actions against the applicant based on that conviction.**~~

- Sec. 30.** 1. This regulation becomes effective upon filing with the Secretary of State.
2. Section 21 of this regulation expires by limitation on January 1, 2031.

**MINUTES OF
WORKSHOP
OCTOBER 28, 2025**

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 * * ***

REGULATION WORKSHOP ON R055-25

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

and Video conferenced 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

TUESDAY, OCTOBER 28, 2025 – 9:30 a.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Meg Byrd, Legal Assistant

Public Present

RENO

Kate Emry
Annette Logan-Parker

LAS VEGAS

Amber Schreiber
Julia Prinzi
Ali Khalaf
Mark E. Nunes, M.D.
Sabrina Schnur
Zoe Houghton

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 9:31 a.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R055-25 relating to the licensure of genetic counselors. Ms. Bradley advised this workshop is the first of two workshops. A second workshop is scheduled for November 17, 2025, at the Las Vegas Board Office.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated there were members of the public present in the Reno Board Office and Las Vegas Board Office.

There was no public comment at either location.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R055-25

Ms. Bradley stated that she will go through the regulation section by section and provide a summary and explanation of what the provisions state, and then on the next Agenda item there will be a time to ask questions about the regulation and each provision.

New Provision #1:

Ms. Bradley stated that in the provision the Board shall adopt by reference the Code of Ethics by the National Society of Genetic Counselors, as long as it doesn't conflict with NRS 630 or NAC 630. If a conflict exists then those provisions would control. This was created because the bill SBI89 says the Board is to adopt an ethical code.

New Provision #2:

Ms. Bradley stated this provision defines “temporary basis” as a period of time not to exceed 30 days, as the underlying bill stated for the Board to do so. Further, this provision states that the licensee will notify the Board in writing of any consulting services.

New Provision #3:

Ms. Bradley explained that this provision requires that of the 20 hours of Continuing Medical Education (CME) required, two of those hours must be in the subject of ethics related to genetic counseling. These CMEs are taken every biennium, and more hours regarding ethics could be taken, but the minimum is two hours.

New Provision #4:

Ms. Bradley stated this provision talks about if someone does not renew their license or if they do not submit their CMEs on time, their license would expire. It further gives the parameters of how to reinstate the license after it expires and the increased fee for reinstating versus renewing.

New Provision #5:

Ms. Bradley stated this provision goes over how the Board will handle foreign country degrees. The provision clarifies that the Board will deem masters degrees, or higher, in genetic counseling from foreign countries to be at least as stringent as those established by the Accreditation Council for Genetic Counseling, or its successor organization, if the American Board of Genetic Counseling recognizes that person's education and deems them eligible for examination and certification.

New Provision #6:

Ms. Bradley explained this provision requires that the licensee must be able to communicate adequately orally and in writing in the English language. This is a requirement for all of the Board's other license types.

New Provision #7:

Ms. Bradley stated this provision states if the applicant submits an application for licensure and has not practiced as a genetic counselor for at least 24 months before the date of the application, the applicant must take and pass a competency examination. She further explained this gives the Board a chance to make sure the applicant is competent after a break in practice.

New Provision #8:

Ms. Bradley explained this provision outlines what the application will contain and the required information from the applicant. These requirements are consistent with the same information that is asked for with other licensee types.

New Provision #9:

Ms. Bradley explained this provision is about licensure by endorsement. She further explained that professionals already licensed in another state may apply for a Nevada license if they satisfy the established criteria. It was noted that this process is generally more expedited than traditional licensure and she emphasized that military members, veterans, and their spouses benefit from reduced fees, noting that this initiative is designed to support professional mobility for families relocating to the state.

New Provision #10:

Ms. Bradley explained this provision talks about the Board's ability to reject an application, if it is not complete or contains false information. This is consistent with applications for other license types licensed by the Board.

New Provision #11:

Ms. Bradley stated that this provision states the Board could deny an application if there are any violations of the requirements listed in Provisions 17 and 18, which establish the grounds for disciplinary action.

New Provision #12:

Ms. Bradley explained this provision outlines the specific information and documentation required to be included in an application for licensure under this category.

New Provision #13:

Ms. Bradley stated this provision states that within 30 days after the change to the licensee's phone number, e-mail address, mailing or public address, the licensee must notify the Board of the change. This is consistent with what is required for other license types licensed by the Board.

New Provision #14:

Ms. Bradley explained that this provision provides for if the licensee does a complaint review for the Board in an investigation, that the Board will compensate the licensee for the time spent on the review and that the Board may issue up to five hours of continuing education for the review.

New Provision #15:

Ms. Bradley stated that this provision is about students in training programs. She noted that while the current existence of such programs in Nevada is uncertain, the provision ensures a pathway for students, including those from out-of-state programs, to practice under supervision.

New Provision #16:

Ms. Bradley explained this provision establishes the ethical and professional duties for the practice of genetic counseling. These duties include maintaining competency, adhering to all applicable laws, and ensuring patient confidentiality. She further highlighted the section on professional boundaries, which prohibits the counseling of family or romantic interests to avoid conflicts of interest and in such cases, licensees may provide general education but must refer the individual for official services. Ms. Bradley further emphasized that the standard for "clear, legible, and accurate" records and this provision is consistent with the requirements for all other Board licensees and that not adhering to these requirements could potentially lead to disciplinary action.

New Provision #17:

Ms. Bradley stated that this provision established guidelines regarding what a genetic counselor shall not do, including but not limited to falsifying or altering patient records, medical records, render services to a patient under the influence of alcohol or any controlled substance, engage in any sexual activity with a patient receiving services as outlined in the provision, engage in disruptive behavior as outlined in the provision, conduct that violates the trust of the patient, and conduct that brings the profession into disrepute. Ms. Bradley stated this is again consistent with what is in place for other licensees of the Board.

New Provision #18:

Ms. Bradley stated this provision outlines and establishes guidelines regarding when a genetic counselor is subject to disciplinary action, including but not limited to making false statements to the Board, being honest about qualifications on the application, maintaining certification with the American

Board of Genetic Counseling and to adhere to all other professional standards outlined within the provision.

New Provision #19:

Ms. Bradley explained this provision states that before the Board takes disciplinary action against a genetic counselor, the Board will provide written notice specifying the charges made against the licensee and that the charges will be heard at the time and place indicated in the notice. The notice will be served on the licensee at least 21 business days before the date fixed for the hearing.

New Provision #20:

Ms. Bradley stated this provision explains that once someone is licensed, if the Board receives a complaint or consumer complaint and it has raised reasonable question regarding the licensee's competence to practice, the Board may order the licensee to undergo a mental or physical examination. She further stated that this does not happen very often, however this is in place for public safety and is consistent with what is in place for other license types licensed by the Board.

New Provision #21:

Ms. Bradley stated this provision goes over the consequences of a licensee losing their national certification. She noted a conflict between the bill's language, which states that the license shall be revoked, and the Board's preferred practice is suspension, as revocation is more serious consequence and actually means that the person no longer has a license at all. She further stated she will recommend to change this language in the next session of legislation. She further explained that a suspension is pausing the license and once proof of certification is provided, the license is reinstated in good standing versus a revocation would be a loss of the license and would require a new application of licensure.

New Provision #22:

Ms. Bradley stated this provision states if a licensee has been disciplined and their license has been limited, the licensee can appear before the Board and ask for the condition to be removed. She further gave examples of a restriction, such as a preceptorship or participation in a monitoring program and added this is consistent with what is in place for other license types licensed by the Board.

New Provision #23:

Ms. Bradley stated that this provision talks about the appointing of three licensed genetic counselors to the Genetic Counseling Advisory Council that will meet twice a year. Ms. Bradley added that this is the same thing that was done with other license types such as anesthesiologist assistants and perfusionists.

New Provision #24:

Ms. Bradley noted the redundancy between Provisions 7 and 24 and explained that Provision 7 will most likely be consolidated. This provision's language is regarding the requirements of a genetic counselor whom has not been in practice for more than 24 consecutive months. They will need to take and pass the examination given by the American Board of Genetic Counseling and obtain certification prior to licensure.

New Provision #25:

Ms. Bradley explained this provision talks about temporary licenses. She further explained that there is a lot of language in the provision and is a bit lengthy, however the intent was to make the requirements as clear as possible. She further noted that the language was developed following extensive research into best practices, however she invited participants to provide feedback to ensure the provision is both practical and appropriate.

Ms. Bradley then stated the next portion of the bill shows the updating of several existing regulations to include genetic counselors. These regulations are NAC 630.040, NAC 630.045, NAC 630.240, NAC 630.243, NAC 630.275 and NAC 630.465. This also includes amendments and updates of the same to R118-21, that is not yet codified.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R055-25

Ms. Bradley stated that members of the public were invited to ask questions about the proposed regulation.

Ms. Schreiber gave public comment and stated that she is a genetic counselor with the Cure 4 Kids Foundation, a Southern Nevada treatment center for children battling cancer and rare disorders. Ms. Schreiber stated that she is in full support of the proposed regulations, however she was also seeking clarification on a few sections, specifically within New Provision 25. Ms. Schreiber stated that regarding supervision of temporary licensees, the current language limits supervision of temporary licensees to licensed genetic counselors and excludes qualified medical doctors. It is our recommendation to expand supervision eligibility to include licensed physicians, with the hope that with this change, more clinics will expand to add more genetic counselors and that would allow a genetic counselor to be supervised, even if the clinic does not have one already practicing. Ms. Schreiber further had comment regarding the compensation portion of the provision, as it currently states that the compensation agreement shall be approved by the Executive Director of the Board and our recommendation is to clarify that it is the employers institution that approves the compensation agreement and not the Board. Ms. Bradley stated that the intent of the current language is to facilitate the ability of temporary licensees to bill for services and to safeguard them against potential professional inequities. She emphasized that the provision serves as a protective measure for those working on a temporary basis, however noted that the language is not mandatory and could be amended or changed if necessary. Ms. Schreiber thanked Ms. Bradley for the clarification and stated that finally, regarding supervisor liability and accountability under the current supervision agreement language, the supervising counselor bears full responsibility without clear delineation of liability protections or disciplinary procedures for temporary licenses and the recommendation is to specify those accountable and the penalties for temporary licensing misconduct, as well as include protections for supervisors against liability for actions taken independently by their supervisees. Ms. Bradley stated that she will recommend to modify this language for clarity and explained that the intent is for the supervisor to be responsible for the licensee's clinical practice and professional competency, and the "independent action" would be something that is not the practice of genetic counseling, such as if a temporary licensee were to show up to work intoxicated. Ms. Bradley further stated the intent of this language to be consistent with other supervision language used for licensees of the Board and emphasized that upon discovery of such conduct, the supervisor would be expected to take immediate corrective action, including the potential termination of the supervisory relationship.

Mr. Khalaf of the Genetic Counselors of Nevada gave public comment stating his full support for the regulation and that he has comments and recommendations regarding New Provision 4 and New Provision 7 and 24. For New Provision 4 regarding late renewal fees, it is our suggestion that rather than doubling the entire renewal amount instead replace it with a monthly fixed late fee, consistent with other professional licensing standards, of \$40-\$70 dollars per month. Ms. Bradley explained that this language is consistent with what the Board currently does for all of its other license types and is consistent with the statute as well, however she does appreciate the comment and can see how it would appear punitive and she will note the suggestion.

Mr. Khalaf further requested clarity on New Provision 7 and provided a recommendation of rather than taking and completing a competency assessment that could discourage qualified professionals from getting licensed, to rather accept completion of continuing education, supervised practice or a competency verification as acceptable options for assessing current proficiency. Ms. Bradley stated that NRS 630.257 is the applicable statute for this and it has been amended but not yet codified, but was expanded last session to include things like supervised practice and include all the license types. Ms. Bradley thanked Mr. Khalaf for his comment and will make a note to recommend to have that portion changed to also consistently reflect the changes in NRS 630. 257.

Dr. Nunes gave public comment stating that he currently working as a Board certified pediatrician geneticist at Cure 4 The Kids Foundation, and asked if there is, or does there need to be, provisions from the Board regarding telehealth medicine for genetic counselors, for example if a genetic counselor in California or West Virginia provides telehealth or telemedicine services for the State of Nevada as of January 1, 2026, do these counselors need to hold a Nevada license to perform telehealth services. Ms. Bradley answered that NRS 629 is a general chapter that applies to all healthcare providers and provides the guidelines for telemedicine, however generally if the patient is physically located in Nevada, then the practitioner would need to be licensed in Nevada. Ms. Bradley further added to also be aware of the rules regarding telemedicine for the state you are practicing in and she further clarified that while the bill is effective January 1, 2026, there is a grace period to obtain licensure, and therefore it is not mandatory in Nevada until July 1, 2026.

Ms. Prinzi made public comment and asked regarding if there was any room to include some type of financial assistance for the initial licensure fee, especially for those who might not be getting a paycheck before they can apply for licensure, and this is something that other states have done. Ms. Bradley answered that it is not something she is aware has been done in Nevada, however the comment will be noted for review by the Board.

Ms. Emry made public comment stating that she is a certified genetic counselor in Nevada and is licensed in California working primarily for Providence Health and Services. She expressed her full support of the proposed regulation, as well as wanting to give comments regarding New Provision 15 of the bill. Regarding the portion of written consent for student participation in patient care from a patient before a student may assist in care, this may unintentionally create some workflow inefficiencies and administrative hurdles in clinical training settings. The relevant language is “before the student may participate in the patients care, the patient must consent in writing to the student assisting the genetic counselor”. Our recommendation is to consider allowing general or verbal consent as well, rather than just written consent. Ms. Bradley stated that the consent should be documented in the record and perhaps that was the intent when stating “written consent”. She further agreed that the provision should be expanded to include verbal and general consent and will note and recommend that the draft be revised to incorporate these changes.

Ms. Emry also stated there is also a recommendation regarding supervision, the relevant language being “a student shall not assist any person other than a licensed genetic counselor or perform tasks delegated by a person who is not a genetic counselor”. Our recommendation is to allow supervision by licensed physicians or medical physicists who are affiliated with the accredited training programs or clinical rotation sites, this would account for medical geneticists who are also often directly involved in the treatment. Ms. Bradley confirmed with Ms. Emry that doctors of osteopathic medicine would be included in this and if they are also trained and practice in this field. Ms. Bradley thanked Ms. Emry for her comments and suggestion and informed her that she will gather all the comments that have been brought forward and recommend changes to the language, but she cannot guarantee what the Board will approve to make changes on.

Finally, Ms. Emry stated regarding the definition of direct supervision, this requires a supervisor to be physically or electronically present for all student patient interactions, which feels perhaps too restrictive. The accreditation council for genetic counseling endorses a flexible supervision model which allows for increased autonomy as students demonstrate competence. Our recommendation would be to revise the direct supervision definition to permit progressive supervision models, including indirect oversight once competence is established by the student. Ms. Bradley again thanked Ms. Emry for her helpful comments and recommendations, especially to update to language to follow educational standards.

Ms. Logan-Parker made public comment on behalf of Cure 4 The Kids Foundation. Regarding the compensation piece of the temporary license, she wanted to advise that most of the clinical environments, in order to bill for a license service, most of the insurance companies in Nevada do not allow to bill and collect for temporary license staff. Ms. Bradley noted this for the record and review of the Board, as this is very helpful.

Ms. Logan-Parker further commented that she is also present on behalf of the Nevada Rare Disease Advisory Council (RDAC) as the chair. She wanted to give emphasis on the previous discussion with Dr. Nunes, with regard to telehealth.

She also asked if the Advisory Council, once appointed, would be interested in expanding its members to possibly include a member of RDAC or if someone who is in an approved position of trust working in rare diseases, may be allowed to participate in the Council, even as a non-voting member and perhaps an informational type role. Ms. Bradley asked for clarification if a member of RDAC would be a physician. Ms. Logan-Parker answered that RDAC has a set criteria and a vast listing of members on their council including a number of physicians, administrators and members of the public associated with rare diseases. She wanted to make comment to the Board, so that they are aware that members of RDAC are available to participate. Ms. Bradley stated that there could be a representative from RDAC on the Council and she will note this for the Board’s review. Ms. Logan-Parker further added that she can email Ms. Bradley with possible suggested language revision to include.

Ms. Logan-Parker also stated she would also like to put emphasis on the previous discussions relating to types of CMEs and would like to request to add CMEs specific to pediatric rare diseases. Ms. Bradley asked for clarification if all genetic counselors would work with pediatric patients. Ms. Logan-Parker confirmed that not all do. Ms. Bradley stated that currently, the Board encourages some subjects of CME and gives extra credit for completing them. It could be problematic to mandate pediatric CMEs when not all genetic counselors would be seeing pediatric patients and rather a mix of patients. Ms. Logan-Parker further added that she can email Ms. Bradley with possible suggestions, as well as help with language regarding the Board’s requirement to provide information regarding pediatric cancers and

rare diseases and language to educate and share information about genetic counseling for the Board's newsletter.

Finally, Ms. Logan-Parker gave comment, stating she was not sure if this information would be applicable to the drafting of this regulation, but wanted to share for genetic counselors to be aware of the three conditions outside of communicable diseases that are mandatory reporting cancers and of RDAC's ongoing collaboration with the state epidemiologists to expand the Nevada rare disease dashboard. While reporting additional conditions is not currently mandated by legislation, the long-term goal of establishing a reporting system, either through future legislative changes or through voluntary participation and genetic counselors will play a critical role in this initiative. This is something that could possibly be addressed in the next session, as currently only medical doctors are required by law to report diseases, either themselves or employing people to do so on their behalf. So perhaps there can be a list of diseases that are required for reporting and updating legislation to streamline the requirements throughout all the license types and medical professionals.

There were no further questions from members of the public asked at either the Reno or Las Vegas locations.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION R055-25

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment on this regulation.

Ms. Prinzi gave comment to again give full support for the regulations and to thank Ms. Bradley and everyone involved in making this regulation, and hope that the Board will adopt the regulation while taking into account the comments and suggestions that were made at this meeting today, with an effort to protect both patients and professionals in the field.

Dr. Nunes gave comment, stating that he is the first full time practicing medical doctor and geneticists treating both children and adults in the State of Nevada. He has had the privilege to work with all 11 board certified license eligible genetic counselors in the Las Vegas valley and with the one of the two Board certified license eligible genetic counselors in Reno. Dr. Nunes wanted to voice his support for the proposed regulations put forth in implementing SB189 to license and regulate genetic counselors and complement the Board and the Executive Director for their work on this open and very productive process in this workshop. Genetic counseling has become an essential part of modern medicine helping families understand genetic testing, manage regulatory risks and making informed care decisions. Establishing licensure ensures that only properly trained and certified professionals provide these specialized services, protecting both patients, families and providers. These regulations along with the national standards, and the amendments that were discussed today, set clear expectations for supervision of genetic counseling more effectively within healthcare teams. This framework will strengthen patient safety, streamline collaboration and improve the quality of care across Nevada.

There was no further public comment at either the Reno or Las Vegas locations. Ms. Bradley encouraged individuals to email her with any further comment or recommendations they may have, and advised of a second workshop date of November 17, 2025.

Agenda Item 6
PUBLIC COMMENT

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment.

There was no general public comment from the Reno or Las Vegas offices.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting 10:48 a.m.

* * * * *

**MINUTES OF
WORKSHOP
NOVEMBER 17, 2025**

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 * * ***

REGULATION WORKSHOP ON R055-25

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 Video conferenced to

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

MONDAY, NOVEMBER 17, 2025 – 11:30 a.m.

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Mercedes Fuentes, Senior Legal Assistant

Public Present

RENO

None

LAS VEGAS

Julia Prinzi
Daniel Rodriguez
Samantha Barnes
Mark E. Nunes, M.D.
Amber Schreiber

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Sarah A. Bradley, J.D., MBA, Deputy Executive Director, at 11:36 a.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R055-25 relating to the licensure of genetic counselors. Ms. Bradley further stated that this is the second workshop for this regulation. The next step of this process is to have a public hearing and then review and approval of the Board at the next public Board meeting.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated this portion of the agenda was now the time for members of the public to provide general public comment. Ms. Bradley noted there were members of the public present in the Las Vegas Board Office and no public present at the Reno Board Office.

There was no public comment.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R055-25

Ms. Bradley stated she received a draft regulation from LCB and therefore she will go through the regulation section by section and provide a summary for each section, starting with Section 2.

Section 2:

Ms. Bradley stated this section goes over requirements that are in addition to Section 7, such as being able to communicate in English and completing a competency examination if the applicant has not engaged in the practice of genetic counseling for more than 24 consecutive months.

Dr. Nunes asked what defines engaging in the practice of genetic counseling, specifically is it clinical. Ms. Bradley answered is she believes the intent of the language is to be broad to include the practice of genetic counseling. She further added she will be working on the language to make it more concise and she believes it should be placed in a different section.

Section 3:

Ms. Bradley stated this section goes over the requirements for what the application for a genetic counselor must state and added that this is consistent with other applicants of other license types of the Board. Applicants must submit a completed application including contact details, proof of graduation from an approved program, evidence of passing the required exam, and certification from the Accreditation Council for Genetic Counseling. The submission must also include a detailed history of postsecondary education, five years of work experience, and disclosure of prior licensure attempts, disciplinary actions, criminal history, controlled substance offenses, or untreated medical conditions affecting practice safety. All applications require a signed affidavit of authenticity, payment of the applicable fee, and a commitment to notify the Board of any information changes within 30 days.

Section 4:

Ms. Bradley explained this section provides for the requirements of application for licensure by endorsement. Applications must be submitted on Board provided forms and include all standard registration information, proof of a valid unrestricted license from another jurisdiction, and documentation required by NRS 622.530. The Board will approve qualified applications within the statutory timeframe, with the President or Executive Director of the Board to issue these licenses outside of Board meetings. The Board may deny applications for good cause or failure to meet state requirements. And finally, active military members, veterans, and their surviving spouses are entitled to a reduction of the initial licensing fee.

Section 5:

Ms. Bradley stated this section states the Board will issue temporary genetic counselor licenses to qualified applicants who meet the requirements. This language states the applicant must provide proof of registration for the required examination, and she believes this section should have more clarity. These licenses may be renewed once for a single year period, provided the applicant remains in compliance with statutory requirements. A temporary license cannot be renewed more than once.

Ms. Schreiber explained that because exams are only offered twice a year, some applicants may not be registered for an exam when they apply for a temporary license. Ms. Bradley added that while she was unsure of the original intent, the requirement for prior registration might be a specific provision within the bill.

Dr. Nunes asked if there is a limit on exam attempts before retraining is required. Ms. Prinzi responded that there is no limit on attempts, but emphasized that the temporary license is restricted to a two-year period. Ms. Bradley added that the intent of the temporary license is to give a balance between giving applicants enough time to pass and ensuring the license is not used indefinitely.

Section 6:

Ms. Bradley stated this section states the Board may reject an application for the issuance or renewal of a genetic counselor license if the applicant fails to meet qualification or character standards, submits fraudulent credentials, or provides a deficient or improperly filed application.

Section 7:

Ms. Bradley stated under this section the Board reserves the authority to deny the issuance or renewal of a genetic counselor license for failure to comply with established regulatory provisions or for any acts and omissions that constitute grounds for disciplinary action under the bill or specified sections of the current regulation.

Section 8:

Ms. Bradley explained this section specifies that every license issued by the Board to a genetic counselor must clearly state the licensee's name and the duration of the license, along with any additional limitations or requirements prescribed by the Board.

Section 9:

Ms. Bradley stated this section mandates that at least two hours of the required biennial continuing education for genetic counselors must be in the subject matter of ethics. Additionally, the Board may grant up to five hours of continuing education credit per biennial period to a genetic counselor who assists in reviewing complaints.

Section 10:

Ms. Bradley explained this section states that a genetic counselor's license will expire if they fail to pay renewal fees or provide proof of required continuing education. Within two years of expiration, a license may be reinstated provided the applicant pays double the renewal fee, submits proof of completed continuing education and valid certification from the American Board of Genetic Counseling, and is determined by the Board to be in good standing and qualified.

Dr. Nunes asked if the current fees are stipulated in the current legislation. Ms. Bradley answered that there is a max fee that is set and the Board generally has a list of fees that they prescribe at a Board meeting. She anticipates that this license type is added to the December Board meeting agenda and fees for genetic counselors should be set at that meeting. Dr. Nunes further asked for clarification if the portion regarding paying twice the amount with a reinstatement also contemplated and set in the legislation. Ms. Bradley answered that she is not sure if that is in the legislation, however this aligns with the Board's standard procedures for all other license types, effectively serving as a penalty for late renewal. Dr. Nunes added that genetic counselors are perhaps one of the lower paid licensed professions, so if there could be any wiggle room, even if it were half, to encourage genetic counselors to come to the state. Ms. Bradley stated she understood the request and will forward these comments to the Board for consideration.

Section 11:

Ms. Bradley explained this section mandates that supervision contracts for temporarily licensed genetic counselors must be approved by the Executive Director prior to the commencement of practice. These contracts must include reasonable compensation and may designate substitute supervisors if the primary supervisor is unavailable. Furthermore, a separate contract is required for each employer, and the Board must be notified within 72 hours of any contract termination. Upon termination, the counselor must immediately cease practice until a new contract is approved.

Ms. Bradley further stated that she updated the language to include physicians as supervisors, however the legislature would not allow her to include physicians for students because the bill specifically states that students can assist genetic counselors. Ms. Prinzi asked for clarification that she thought the bill said "those providing genetic counseling". Ms. Bradley answered she took the comments from the last workshop and asked to edit the language and she was told she could not do that for students. She further added that this may not be permanent as there may be opportunity in the 2027 legislative session to amend the regulation.

Dr. Nunes sought clarification regarding supervision in clinical settings, noting that the current language suggests a student is not considered supervised unless a licensed genetic counselor is present in the room, even if a practicing physician is available. Ms. Bradley confirmed, stating that the legislature told her she could not add physicians as supervisors to students.

Section 12:

Ms. Bradley stated this section establishes that a genetic counselor or physician may not supervise more than three temporary licensed genetic counselors simultaneously. Additionally, temporary licensed counselors are required to inform each patient of their licensure status and provide the name of their designated supervisor.

Section 13:

Ms. Bradley stated this section requires supervising physicians or genetic counselors, and their supervisees, to establish a method for identifying specific patient records for oversight. Supervisors must review at least 10 percent of the patients seen by the temporarily licensed genetic counselor, with all reviewed records requiring the names and signatures of both the supervisor and supervisee. Additionally, both the supervisor and supervisee are responsible for ensuring that all patient records are clear, accurate, and maintained in compliance with NRS Chapter 629. She further added that this supervision program was based on what is done currently between a physician assistant and physician.

Section 14:

Ms. Bradley explained this section outlines the regulations for students assisting in genetic counseling and what they are allowed to do. Students may review records and discuss test results but must identify themselves as students, provide their supervisor's name, and strictly adhere to confidentiality laws. A supervising genetic counselor is limited to three students at a time and must obtain and document informed patient consent before student participation. Supervision must follow Accreditation Council for Genetic Counseling (ACGC) standards, ensure patient protection, and accurately document the student's involvement in all patient records. Ms. Bradley emphasized the portion that states a student shall not assist any person other than a genetic counselor in the practice of genetic counseling or perform tasks delegated by a person who is not a genetic counselor, and not physicians. She stated again that she is hoping that there can be changes and have this portion mirror the way that medical assistants are able to assist physicians, but if not then it could be matter of submitting changes in the 2027 legislative session.

Section 15:

Ms. Bradley explained this section establishes the requirements for out of state certified genetic counselors to provide consulting services in Nevada on a "temporary basis," defined as a period of no more than 30 days. To obtain Board approval, the consultant must submit a written notification including their contact information, the details of the Nevada licensed professional they are consulting with, the specific dates of service, and the nature of the consultation.

There was discussion between Ms. Bradley, Dr. Nunes and Ms. Prinzi regarding a possible challenge of deciding who actually needs a license and there may be questions submitted to the Board to receive clarification in these instances. They were specifically concerned about the temporary basis including someone just giving out information versus providing actual clinical advice and when that person would need a license. Ms. Bradley admitted the section is a bit confusing but explained that the bill requires this distinction to be included in the regulations.

Section 16:

Ms. Bradley stated this section formally adopts the National Society of Genetic Counselors Code of Ethics as the governing standard for professional conduct in Nevada. The Board will provide access to the code and established a formal review process for any future revisions to the publication. If a revision is deemed unsuitable for the state, the Board will hold a public hearing to determine whether the update will be adopted or rejected.

Section 17:

Ms. Bradley explained this section gives the requirements for ethical practice of genetic counselors. Genetic counselors must stay current with all state and federal laws, including HIPAA and confidentiality regulations. They are restricted to providing only services for which they are qualified and must avoid conflicts of interest, specifically by refraining from counseling family members or romantic partners. While they may provide general genetic information to loved ones, they must refer them to an objective professional for actual clinical counseling. Finally, counselors are required to comply with NRS Chapter 629, the NSGC Code of Ethics, and maintain clear, accurate patient records.

Section 18:

Ms. Bradley stated that this section establishes guidelines regarding what a genetic counselor shall not do, including but not limited to falsifying or altering patient records, medical records, render services to a patient under the influence of alcohol or any controlled substance, engage in any sexual activity with a patient receiving services as outlined in the provision, engage in disruptive behavior as outlined in the provision, conduct that violates the trust of the patient, and conduct that brings the profession into disrepute. Ms. Bradley stated this is consistent with what is in place for other licensees of the Board.

Section 19:

Ms. Bradley explained this section states the grounds for disciplinary action against a genetic counselor following a formal notice and hearing. The Board may take action if a genetic counselor misrepresents themselves as a physician or another licensed professional, performs unauthorized services, or is found guilty of malpractice. Further grounds for discipline include violating Board orders, violating laws related to controlled substances, practicing with an expired or suspended license, or being convicted of a felony. Before disciplining a genetic counselor, the Board would have to find that one of these actions had occurred.

Section 20:

Ms. Bradley stated this section establishes the timeframe of providing a notice for hearing in disciplinary actions. The notice will be served on the genetic counselor 21 days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner. Subsection 2 states that in some instances the Board may order a genetic counselor to undergo an examination to ensure that the counselor is safe and competent to practice.

Section 21:

Ms. Bradley stated this section gives the requirements regarding serving on the Genetic Counseling Advisory Council. Council members must have lived and practiced in Nevada for at least three years prior to their appointment. The Board is responsible for providing written notice of appointments and terms, and members will serve until a successor is named. Additionally, the Council is tasked with reviewing and making recommendations to the Board on matters concerning licensed genetic counselors upon request.

Ms. Schreiber asked for clarification on what appeared to be overlapping and repetitive language between Sections 21 and 29 regarding the formation of the Advisory Council. She noted a potential conflict with Section 21 that requires members appointed after January 1, 2029, to have practiced as licensed genetic counselors for a period of three years, however genetic counselors will not be licensed for the full three years by the date. Ms. Bradley explained that these are parallel sections and she further clarified that the three year requirement specifically refers to residing and practicing in the State of Nevada, rather than being licensed as a genetic counselor for three years.

Sections 22-28:

Ms. Bradley stated these sections update already existing provisions to include the addition of the genetic counselor licensing type.

Section 29:

Ms. Bradley stated this section goes over the composition of the Genetic Counseling Advisory Council. It shall be a five member body of Nevada residents appointed by the Board to two year terms. The Council's composition includes one physician with genetics experience, three licensed genetic counselors with at least three years of local practice, and one public representative. Members serve without compensation and remain in their roles until a successor is named. The Council will meet twice annually, elect a Chair, and maintain a quorum for all business. Its primary functions are to advise the Board on regulatory adoption and provide recommendations on matters impacting the practice of genetic counseling. She further added that the amount of members may have to be modified and their composition in the future.

Sections 30-31:

Ms. Bradley stated these sections provide for the continued existence of the Genetic Counseling Advisory Council after January 1, 2031.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R055-25

Ms. Bradley stated that members of the public were invited to ask questions about the proposed regulation. It was noted that questions were asked and answered in presentation and discussion portion of this workshop.

There were no further questions from members of the public asked at either the Reno or Las Vegas locations.

Agenda Item 5
PUBLIC COMMENT FOR PROPOSED REGULATION R055-25

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide public comment on this regulation.

There was no further public comment at either the Reno or Las Vegas locations.

Agenda Item 6
PUBLIC COMMENT

Ms. Bradley stated that this portion of the agenda was now the time for members of the public to provide general public comment.

There was no general public comment from the Reno or Las Vegas offices.

Agenda Item 7
ADJOURNMENT

Ms. Bradley adjourned the meeting 12:46 p.m.

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TRANSCRIPT OF
PUBLIC HEARING
JANUARY 16, 2026

CORRECTED COPY

1 BEFORE THE BOARD OF MEDICAL EXAMINERS
2 OF THE STATE OF NEVADA

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8 TRANSCRIPT OF HEARING PROCEEDINGS

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10 PUBLIC MEETING
11 FOR REGULATION HEARING
12 R055-25

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14 Friday, January 16, 2026
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24 Reported by: Brandi Ann Vianney Smith
25 Job Number: 7772901

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A P P E A R A N C E S :

FOR THE NEVADA STATE BOARD OF MEDICAL EXAMINERS: SARAH BRADLEY
Deputy Executive Director
Nevada State Board of
Medical Examiners
9600 Gateway Drive
Reno, NV 89521

ALSO PRESENT:
Mercedes Fuentes, Legal Assistant

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I N D E X

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E X I B I T S

Exhibit A R055-25, Public Comment Received

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CORRECTED COPY

1 RENO, NEVADA - JANUARY 16, 2026 -- 10:00 A.M.

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MS. BRADLEY: I'm Sarah Bradley, Deputy
6 Executive Director of the Nevada State Board of
7 Medical Examiners. Let's get started. I don't
8 think it'll go too long. But, of course, I want to
9 hear all the comments that everybody has.

10

1. Call to Order and Introductions

11

Again, I'm Sarah Bradley; I'm the deputy
12 Executive Director at the Board. I'm the one that's
13 been working on these regs this whole time.

14

I think both of you know me already.

15

Thanks for coming.

16

And then I'm -- I have Mercedes Fuentes in
17 here with me, and she assists me and remembers all
18 the things I need to remember. So I'm glad she's
19 here too.

20

2. Public Comment

21

All right. Public comment, now is just
22 the time for general public comment on basically
23 anything. We don't have any public here in Reno.

24

Do you either of you have any general
25 public comment to provide?

1 No. Okay. So we'll go ahead and move on
2 to item 3.

3 3. Presentation and Discussion of Proposed
4 Regulation R055-25

5 MS. BRADLEY: Presentation and discussion
6 of the proposed regulation. And so I'll go through
7 and basically summarize the regulation draft, and
8 then we'll have time for questions and answers and
9 then public comment on it.

10 I did receive a written comment -- well, I
11 have received a couple. But I do want to maybe ask
12 that -- I don't know, maybe individuals like
13 Dr. Nunes can help me with this public comment
14 received, because it asks some really specific
15 questions regarding isotopes and things.

16 All right. So the regulation draft we're
17 working on is dated December 5, 2025, and it is
18 actually the second draft -- well, no, the third.
19 We got one -- this is the third draft we got from
20 LCB, so this is the one that we will be asking the
21 Board to adopt. I do have a change that I want to
22 recommend to Section 5.

23 So Section 2, I think is the same as what
24 we've really talked about before, "An applicant has
25 to communicate adequately orally, in writing in

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1 English," and we tried to change this section 2 to
2 make it make more sense and do what we really
3 wanted.

4 So if a person has not engaged in the
5 practice for more than 24 months immediately
6 preceding, and they -- yeah, this isn't written
7 quite right.

8 So it's: "At the order of the Board, an
9 applicant would have to take and pass a competency
10 exam if they have not engaged in the practice," and
11 that it should be "or" there.

12 Because basically what we want this to be,
13 this is not for new graduates because -- and maybe
14 that's even confusing. The whole intent of this is
15 if someone has been certified and hasn't practiced
16 for more than 24 months prior to applying for
17 licensure, the Board could ask to test their
18 competency. And so it should be "or" there.

19 I will update that with the Legislative
20 Counsel Bureau and what we send to the Board,
21 because the idea is if they haven't practiced for
22 more than 24 months or they haven't taken an exam,
23 which would be their accrediting exam, within
24 24 months. I still think, though -- hopefully that
25 works. Because the idea is just to make sure that

1 they have recent knowledge if they've taken a break.
2 And so I think that would work if they're still
3 certified.

4 I'll change that to "or" because that's
5 what it should be.

6 And then number 2 in Section 2 talks about
7 foreign country graduates. We are required in the
8 bill to address that. And so basically this is how
9 we've addressed it, by saying that if they are at
10 least astringent, if that organization determines,
11 based on the education, that they're eligible to
12 take the exam. And that's the Accreditation Council
13 for Genetic Counseling.

14 Because it's my understanding they review
15 the programs, and if they let someone take the exam,
16 then that's an equivalent program. And so we will
17 just rely on that.

18 Section 3 talks about the application
19 being made on a form supplied by the Board, and
20 these are the things that we will ask about in that
21 application. And we're only going to actually ask
22 about their training as a genetic counselor. We
23 know that they have an undergraduate degree, but,
24 really, you know, we don't want them to have to
25 verify all of the things; it's really just the

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1 education that they need to be a genetic counselor.

2 And then talk about if they've been
3 investigated before or have criminal or other
4 convictions or charges.

5 And then a public address and a mailing
6 address at which the applicant prefers to receive
7 correspondence from the Board, and then a telephone
8 number and email address that they may be contacted
9 at.

10 And just a note for the public, a mailing
11 address, we do this for other licensees, but I just
12 want to make sure everyone knows. The public
13 address would be available on the Board website so
14 when somebody, a member of the public or anyone,
15 looks up a genetic counselor, the public address is
16 what they would see for that genetic counselor. So
17 that would be available. And then the mailing
18 address is something the Board would use to send
19 correspondence.

20 They can be the same, but I just like
21 people to know because if they use their home
22 address, you know, they may want to do that for the
23 mailing, but not for the public. You know?

24 Let's see. And then, of course, they have
25 to give us proof of graduation from an approved

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1 program, proof of passage of the exam, which I
2 actually think is really going to be the proof of
3 certification. You know, the exam, I mean, if
4 you're certified, you've passed the exam.

5 And then, of course, they will sign their
6 application and include this information that they
7 graduated, there's no fraud and misrepresentation,
8 and everything's complete and correct.

9 We have language in here regarding the
10 fees. And so anyone who is a surviving spouse,
11 active member of the military, veteran, or surviving
12 spouse of a veteran, there's a one-half fee. It
13 does say "initial issuance of the license." I think
14 it's actually -- let me double check that. I think
15 it's actually the application fee that is reduced.
16 I might need to clarify that.

17 And then within 30 days, if they change
18 their address, phone number, or email, et cetera,
19 they would let the Board know about that.

20 And then we also have provisions for
21 endorsement, so these are people that are licensed
22 in other states. And I know -- I think there's
23 about 32 states, might be more now, that are
24 licensing genetic counselors. This allows someone
25 to maybe be licensed a little bit quicker, and

1 that's the process.

2 Basically, I just copied language we have
3 for endorsement for other license types. I think
4 these applications are going to be pretty quick to
5 process because we're not verifying as many things
6 as we need to for other licensees, especially
7 doctors.

8 Section 5, this is temporary licensure,
9 and I do want to make a change here. So it says:
10 "The Board will issue a temporary license to a
11 qualified applicant who meets the requirements of
12 the bill," and then, B, we want to just strike
13 entirely -- I think I meant to do that before and it
14 didn't happen -- because we don't want to require
15 that proof of registration, because if someone
16 graduates in, let's say, May or June, they may not
17 be able to take the exam for a little while and they
18 may not even be able to register.

19 Ms. Prinzi reached out to me and
20 indicated -- and reminded me that, I think she said
21 the exams are twice a year, and so we want to make
22 sure that if you graduate, you can get the temporary
23 license while you're waiting to get certified.

24 And then, of course, you know, it's a
25 one-year and then they could renew it for an

1 additional year, so they would have up to two years
2 to pass the exam under the temporary license.

3 Section 6 is kind of just traditional
4 language we have for other license types with regard
5 to application review.

6 Same as Section 7. Basically if someone
7 has engaged in grounds for discipline or something
8 like that, we can just deny their application.

9 And then Section 8 talks about what the
10 license will include. It'll have, obviously, their
11 name, the duration, and any other limitations that
12 the Board prescribes.

13 That usually doesn't come into play unless
14 there's been discipline, but sometimes, you know,
15 licensees are on probation or something like that,
16 so I would say "active probation." But at this
17 point, all of them are just going to be active
18 licenses.

19 Section 9, this just says that of the two
20 hours of continuing education required -- or, sorry,
21 at least two hours have to be in ethics because the
22 bill requires 20 hours of continuing education every
23 two years. And so we just wanted to make sure that
24 two of those are in ethics.

25 And then we have in here if the person

1 reviews a complaint for the Board, which probably
2 won't happen for some time, then they could get
3 continuing education for the time they spend on that
4 review.

5 Section 10 talks about if they fail to
6 renew timely, the process for that. And it's really
7 the same as what we do with all of the other license
8 types that we have.

9 I know there's been some comments on that,
10 that, perhaps, the fee should not be doubled, and
11 those comments will be included in the record for
12 the Board. You know, it's twice the amount of the
13 current fee for renewal. I know there's been
14 comments that it should not be that high. That is
15 what we do with the other four license types the
16 Board already issues. But definitely those comments
17 will be included for the Board to review prior to
18 adopting, and they could choose to make a change
19 there.

20 Section 11 is the contract between a
21 temporarily licensed genetic counselor and their
22 supervisor. And again, the goal here is just to
23 make sure that there is something in writing
24 provided to the Board and that, basically, the
25 person's being paid and they're not being paid a

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1 poverty -- you know, they should be paid a
2 reasonable rate, because, obviously, they can bill
3 for their services and things like that. And so we
4 just want to make sure they're treated fairly.

5 And then there should be a substitute
6 supervisor if the primary person is going to be
7 unavailable. If they have more than one employer,
8 they would have separate contracts. If they work
9 part time at one place and part time at another,
10 whatever they might be doing, there would be a
11 separate agreement there.

12 And then both of them, the supervising
13 genetic counselor or supervising physician, shall
14 within 72 hours, let the Board know if they
15 terminate the relationship, and then the temporarily
16 licensed person has to stop practicing until there's
17 a new contract approved that has a new supervisor
18 for them.

19 Obviously, if they have more than one
20 supervisor or if they are working in more than one
21 location, they could work at the location where they
22 still have that approved agreement.

23 And then: "A genetic counselor or
24 physician shall not supervise more than three
25 temporarily licensed genetic counselors at one

1 time." And then we talk about, basically, how they
2 need to do that, the patients are aware, they have
3 the badge. And then we talk about kind of how that
4 supervision should work.

5 Hopefully that's workable in Section 12.
6 I haven't got a lot of -- like, I haven't received
7 any negative comments on Section 12. Our goal was
8 just to make sure that they have reasonable
9 supervision and that they're able to work in that
10 interim period.

11 The thing we didn't address and perhaps
12 might be a future question is: "If a physician is
13 supervising a temporarily licensed genetic counselor
14 and also has a physician assistant," we haven't
15 addressed that, it just says: "A physician couldn't
16 have more than three temporarily licensed genetic
17 counselors at one time." So we may have to address
18 that ratio if the physician is supervising other
19 providers.

20 And so that might be something to think
21 about and maybe is a question for the advisory
22 counsel, once the counsel is created, because I kind
23 of anticipate some of these questions may be
24 something that counsel talks about.

25 Section 13, there should be a method for

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1 review of the records. So basically all we want
2 here is that there's a way for the temporarily
3 licensed person to flag a file, for example, for
4 review by the supervisor if there's a specific one
5 that they're concerned about. But then we also want
6 to make sure that there's -- in addition to that,
7 that the supervisor is reviewing 10 percent of the
8 records that the supervising -- I'm sorry, the
9 temporary genetic counselor is generating. And
10 then, you know, the ones that are reviewed should be
11 signed off on so it's clear that we know the
12 supervisor looked at these ones, and here's the date
13 that that was done.

14 And then, of course, the records have to
15 be clear, legible, accurate, and complete, and then
16 maintain in accordance with Chapter 629 of the NRS,
17 which is standard for health care records.

18 Section 14 talks about students who are
19 assisting a genetic counselor and what they may do.

20 And this is something, Dr.~Nunes, I did
21 ask the Legislative Counsel Bureau about, if a
22 student is working with the physician, and basically
23 they said, "We can't add physicians here because the
24 bill specifies" -- and it does, I guess, say that
25 "students are working, assisting with a genetic

1 counselor."

2 So at least for now, technically, they
3 can't assist a physician. I did say, "Well, what if
4 they're a medical assistant capacity? Because those
5 aren't required to be licensed and students aren't
6 required to be licensed." That might be a gray
7 area, but I think it's probably safer for us just to
8 amend the law next time and just add that a student
9 can assist a physician, you know, in the practice of
10 genetic counseling. I think that's the safest way
11 to do it.

12 But I think also we might need to talk
13 about the role, because I think there was a question
14 at the last workshop about clinical, like, what's
15 clinical? You know, that kind, and all I really
16 have is the definition in the bill that doesn't
17 totally specify that as well as we'd like.

18 And so I'm anticipating that is something
19 that the council can review. My hope sort of is, as
20 questions come up and in the gray areas, the council
21 can help develop some regulations that will, in the
22 future, clarify those things that need to be
23 clarified. At least that's my thought.

24 But yeah, I did ask to add "physicians"
25 here, and basically, because the bill doesn't say it

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1 that way, they wouldn't add it for me.

2 Section 15, I think we've talked about
3 this one before. This is a person who's not
4 licensed in this state or any state who comes in to
5 consult. It's a very weird provision, in my
6 opinion, but the bill literally has this in there.

7 I just find it really strange because if
8 someone is licensed in another state, that, to me,
9 would be better to allow them to consult, and that's
10 normally how we allow consulting, like with
11 physicians.

12 So I think this may be something as well
13 that we amend in the future with regard to how the
14 bill reads and just change that, because I don't
15 think it should just be people that aren't licensed.

16 Anyway, we were required, that's why it's
17 here to talk about what it means, this temporary
18 basis for them to come in and do this consulting.

19 Section 16, this is us adopting the Code
20 of Ethics, which is published by the National
21 Society of Genetic Counselors, then -- and the
22 process for if that code changes, and how the Board
23 updates the reference there.

24 Section 17 has kind of an ethical code
25 also for genetic counselors talking about how they

1 perform their services and, basically, make sure
2 that they do things that are ethical and appropriate
3 when providing services.

4 It also talks about how a genetic
5 counselor can talk to family members or romantic
6 partners about this, but if that person actually
7 needs genetic counseling, they should refer them,
8 but they can provide general information. I think
9 that came up.

10 Section 18. Again, it's more things that
11 a genetic counselor is not allowed to do. Again, we
12 hope this doesn't come up. And these are, I think,
13 things that are pretty standard, probably, so these
14 are here.

15 And then Section 19 talks about a genetic
16 counselor could be subject to disciplinary action if
17 the Board has made these findings, that they've said
18 they were licensed when they're not, they've
19 performed genetic counseling other than authorized,
20 guilty of malpractice, guilty of disobedience of a
21 Board order. Basically things that we have that are
22 required for other license types.

23 I don't expect that we'll see these,
24 hopefully, ever.

25 Section 20 talks about if the Board is

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1 going to initiate disciplinary action, they'll do a
2 written notice and that notice will be served on the
3 genetic counselor, and there could be an examination
4 that's required.

5 That's NRS 630.318. Basically what that
6 is, is that provision says that if a licensee of the
7 Board -- if the Board receives a complaint regarding
8 a licensee, and that complaint makes the Board think
9 a person could be evaluated, like, let's say,
10 there's a substance allegation, that someone is
11 coming to work drunk or something like that. If the
12 Board gets a complaint like that, they're actually
13 authorized to just tell that licensee, "Please go be
14 evaluated for substance abuse."

15 And so that's just saying that here, that
16 if the Board makes a determination like that
17 regarding a genetic counselor, they would pay for
18 that examination. It doesn't happen very often, and
19 it only happens if we get a complaint and that
20 complaint, I think, makes it kind of -- rises to a
21 certain level in the Investigative Committee's mind
22 that this person needs to be evaluated.

23 Usually it's substance related, but there
24 could be other evaluations, like a mental
25 evaluation, if there's allegations that a person is

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1 just not, you know, able to perform. I've only seen
2 it a handful of times in six years here at the
3 Board, so it's not a common thing.

4 Section 21 is -- okay, so this is where we
5 start talking about the Genetic Counseling Advisory
6 Council. Section 21 is effective when the
7 regulations are. I mean, technically, the bill
8 already requires that we have this council.
9 Basically that's what 21 says.

10 Later in the regulation draft, it starts
11 in '29 and it goes to '31, that is a parallel
12 section, which means that's not effective until the
13 date specified. Those regulations will be effective
14 on January 1, 2031. Because right now the bill says
15 that the advisory council only goes until
16 December 31 of 2030.

17 This is basically creating an advisory
18 council that will continue in the place of the
19 council that was there, and -- yeah, basically it's
20 the same. It just lets that council continue.

21 The Board could -- you know, we could
22 change these regulations. I don't know how active
23 the council will be. We do have this, though, for
24 anesthesiologist assistants and perfectionists
25 because they don't have representation on the Board.

1 We have a council for them. They're not very
2 active, and I don't even know that we have full
3 members on them.

4 So it kind of depends on how active our
5 genetic counselors are going to be and how many
6 issues there really are for them to discuss, maybe
7 after a few years. There's just not as much that we
8 need to worry about. I don't know. We could
9 potentially change that in the future, but that's
10 how it's written now, that that council will
11 continue.

12 And then section -- when we start with
13 Section 22, these are just adding "genetic
14 counselor" to other provisions in the regulations
15 just kind of for consistency and just to make sure
16 that they're included. They're now -- would be
17 included in the definition of malpractice, which
18 just means failure to use reasonable care, skill, or
19 knowledge ordinarily used under similar
20 circumstances.

21 It's not the civil standard for
22 malpractice for any of our licensees. It's really:
23 What would a reasonable genetic counselor do? Did
24 they act reasonably? If not, that could be
25 malpractice. If yes, then it's not.

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1 And then Section 23, again, just add them
2 to our list of licensees talking about electronic
3 signatures being acceptable.

4 Section 24 talks about a surrender of a
5 license. And so this is really just someone kind of
6 wanting to, basically, turn their license over while
7 a investigation is occurring. It happens sometimes.
8 And so in this case, it just talks about the fact
9 that they could do it as well.

10 If there was an investigation pending, you
11 can surrender the license, then the Board would
12 accept that in a public meeting, and then it's
13 reported as discipline.

14 Section 25, again, just adds "genetic
15 counselor" to provisions we already have. I think I
16 had a question, there was a question on this. This
17 is a provision that's been in the regulations for a
18 long time, and it's old and outdated. I don't know
19 if it's outdated. I kind of looked into it, didn't
20 think it should be removed, we're just adding
21 "genetic counselors" to this.

22 Section 26, this says that if the Board --
23 if a licensee needs to get help with a substance
24 abuse issue, those records are confidential as long
25 as this happens before there's patient harm,

1 essentially.

2 So a person can enter into a contract with
3 the Board to be in a substance abuse program, and
4 the Board would keep that confidential. It's not
5 considered a public settlement agreement.

6 Section 27, again -- I think this
7 provision actually is repealed in a different
8 regulation. I guess I'll have to update that.

9 Anyway, just adding "genetic counselor"
10 there.

11 And then Section 28, this is amending a
12 regulation that's not yet codified, so it's a little
13 bit confusing. This is allowing someone to retire
14 their license. It's like -- basically -- it's
15 similar to letting it expire, but they just do it
16 when they like to rather than just letting it expire
17 on its own. It's intended for someone that just
18 wants to cease practicing and, perhaps, retire or do
19 a different career.

20 And so again, all of the other license
21 types have that ability, so we're just adding
22 "genetic counselors" there.

23 Section 29, this is where the language
24 starts regarding the advisory council continuing.

25 And then Section 30 kind of explains that,

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1 talks about some transitory language that won't be
2 codified. But basically, yeah, that on December 31,
3 2030, when the things change, those people would
4 still be on that new committee -- or new council, is
5 what it's saying, if their term wasn't expired yet.
6 And assuming we do two-year terms and we start this
7 month, we would have expirations in '28 and then '30
8 and then probably '32.

9 And so it's just making sure that we have
10 that covered.

11 And so Sections 1 through 28 are effective
12 upon filing with the Secretary of State. That means
13 we have this hearing, the Board adopts the
14 regulation in a public meeting that I think will
15 happen on January 29th, and then it'll be sent to
16 the Legislative Council Bureau for inclusion on the
17 next Legislative Commission meeting. They have to
18 vote to approve it.

19 Then after they vote, they actually send
20 it to the Secretary of State and it gets stamped.
21 Once it's stamped, the regulations are effective,
22 but Sections 29 and 30 won't actually be effective
23 until January 1, 2031.

24 So those are kind of an overview of the
25 regulations with the changes that I know need to be

1 made.

2 4. Question & Answer Period for Proposed Regulation
3 R055-25

4 MS. BRADLEY: Are there any questions on
5 the regulation draft?

6 DR. NUNES: Hi.

7 MS. BRADLEY: Hi.

8 DR. NUNES: Mark Nunes, M.D.; I'm a
9 practice -- a pediatrician and practicing clinical
10 pediatric and adult geneticists, for the record.

11 Thank you for the hard work that you put
12 in on the draft, and I appreciate the communication
13 back and forth with respect to some of the issues.

14 I had a couple of questions or comments.

15 MS. BRADLEY: Okay.

16 DR. NUNES: One is with respect to
17 Section 11, Paragraph 3.

18 MS. BRADLEY: Okay.

19 DR. NUNES: It says: "The supervising
20 genetic counselor or physician of a temporarily
21 licensed genetic counselor shall, within 72 hours of
22 the termination of the contract, notify the Board."

23 I'm trying to think about how this works
24 practically, and I'm thinking about a circumstance
25 that happened in California where somebody had a

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1 provisional license pending passing the boards,
2 failed their boards, and we needed to, kind of, come
3 up with a way at the institution, potentially, to
4 kind of keep them on service. And the people
5 reporting to the state board, you know, in
6 California were the credentialing office rather than
7 the physician or the supervising genetic counselor.

8 So I just had a question about where that
9 responsibility was.

10 This is going to be the circumstance. It
11 will be whatever the rules are, if you know that,
12 you know, with regard to how many chances you get to
13 fail your boards --

14 MS. BRADLEY: Yeah.

15 DR. NUNES: -- and maintain a temporary
16 license, that's going to be the case. The reporting
17 requirement is being placed on the supervising
18 genetic counselor or supervising physician as if
19 we're -- you know, which, in reality, is going to be
20 the institution's credentialing office.

21 Is there any hazard here?

22 MS. BRADLEY: I don't think so, but, I
23 mean, we can clarify that if we need to.

24 This is modeled after what we do with
25 physician assistants and advanced practice -- or

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1 registered nurses when they're collaborating with a
2 physician. Basically, we kind of give both of them
3 the duty. Say that -- you know, and that's what it
4 kind of says here too -- well, I guess it doesn't.
5 It actually says the supervisor has to tell us.
6 Normally, we give the requirement to both, meaning
7 the supervisor should tell us, but the temporary
8 licensed person should also tell us that they've
9 terminated that relationship.

10 I'm picturing this as not being a failure
11 of an exam, but just, I don't know, the physician is
12 moving to Arizona or something like that, and so
13 they're just not able to supervise. I think that
14 happens a lot, at least with physician assistants.

15 And so basically, we just want to know,
16 within that 72-hour window, someone should tell us.
17 We have a form that we use for physician assistants,
18 and that form is signed by whoever's terminating,
19 usually it's signed by the physician or by the
20 physician assistant, and then we receive that and
21 process it. And it only has to be signed by one of
22 them. The agreement actually has to be signed by
23 both, but the termination can be just one.

24 It probably, as practical matter, may come
25 in through, like, a hospital credentialing. I mean,

1 it's sent to us not always by the licensee. But
2 basically, I guess I would say that there's a duty
3 to let us know if that's been terminated.

4 As far as failing the exam, I mean, the
5 purpose of that temporary license is they get one
6 full year and they get an additional full year too
7 if they renew. So as far as if they fail, we don't
8 have a rule on that right now. Whatever -- however
9 many times they can do it in two years, they can
10 take the exam. But after the two years, they
11 wouldn't be able to continue if they haven't passed
12 it yet.

13 DR. NUNES: Thank you.

14 Section 14, I think we've talked about in
15 a fair amount of detail. Thanks for the feedback
16 with regard to what the legislation states. And I
17 think, ultimately, it would be helpful to, if
18 legislated, I think that the, quote, medical
19 assistance, end quote, workaround is probably
20 doable, and clearly this is an item for the Genetic
21 Counseling Advisory Council to take up.

22 And then the final comment or question
23 that I -- or advice that I have, I guess, is with
24 regards, on page 27, "The Advisory Council is hereby
25 created," and Section 10 of that: "The Advisory

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1 Council shall" -- and it says, "elect from its
2 member a chair and any other officers determined
3 necessary by the members of the Advisory Council."

4 I feel like -- obviously, if there is a
5 full advisory council with a physician
6 representative, three genetic counselors, and one
7 community member, clearly the council is able to do
8 what I'm going to suggest and have the quorum to be
9 able to do what -- you know, have the majority to be
10 able to do what I'm going to suggest, but I would
11 love it if we could put it in your language that the
12 chair of the advisory council should be a licensed
13 or, you know, genetic counselor.

14 And it's almost more symbolic than
15 anything else, but it is basically saying that
16 genetic counselors are going to be self-governing as
17 opposed to being deferential to a physician.

18 MS. BRADLEY: Okay. Okay. I mean --
19 okay. I mean, I think that's fair. I mean, we
20 could add that.

21 I guess, what about the public member
22 chairing it, though? I mean, obviously that's
23 someone who really cares about this, probably has
24 family members or others with rare diseases.

25 DR. NUNES: I think that there's less of

1 that power dynamic between a physician and a genetic
2 counselor existing with the public member. But at
3 the same time, I think if the idea is that we want
4 to empower genetic counselors to govern
5 themselves --

6 MS. BRADLEY: Okay.

7 DR. NUNES: -- yeah, stating that it
8 should be one of the three genetic counselor members
9 be the chair, I think, probably serves that goal.

10 MS. BRADLEY: Okay. I will -- okay. I'll
11 bring that to the Board.

12 And I guess the only reason I ask about it
13 is I don't -- I'd have to look at the records of the
14 Board -- recall having a non-physician as president
15 of the Board, but I know that the Board actually has
16 had in the past a vice president that was a
17 non-physician, and the secretary/treasurer currently
18 is a non-physician. And so the Board, at least,
19 allows non-physicians to have leadership roles on
20 the Board.

21 But I get what you're saying. We don't
22 want it to be the physician every time.

23 DR. NUNES: Right. Yeah. And again, I
24 think there's a power dynamic here that I'd like to
25 try and overcome.

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1 MS. BRADLEY: Okay.

2 DR. NUNES: And I'm happy to comment on
3 any public comments received in this section or in
4 the appropriate section in the agenda.

5 MS. BRADLEY: Okay. I appreciate it. I
6 actually might -- I might raise that now, then.

7 Are there any other questions and answers
8 regarding the regulation?

9 Okay. I'm not seeing that.

10 5. Public Comment for Proposed Regulation R055-25

11 MS. BRADLEY: So we received some public
12 comments. The first one, I don't think is as big of
13 an issue, it's just who's going to determine
14 adequate oral and writing English language
15 competency. That's something that we have for other
16 license types, and we haven't had issues with that.

17 For foreign-trained folks, usually they
18 have to take some sort of equivalency test for
19 English. For others, it's not something that is
20 normally even questioned, that that was a comment
21 that was made.

22 DR. NUNES: Yeah, I will comment on that
23 briefly. I'll say that, you know, if you're passing
24 the boards for genetic counseling, there's no way
25 that you can pass those boards if you don't have an

1 English competence.

2 Now, that is a different issue, you know,
3 with regard to your oral communication skills and
4 your written communication skills. I understand
5 that. But I think that there's a certain rigor in
6 having passed the boards with respect to English
7 language competence.

8 So I always look at this as kind of like,
9 you know, an accent clause, right? If you can't
10 understand, you know, that that's the origin of this
11 as opposed to real concern about English competence.
12 I think that if you're a foreign medical graduate
13 that is, you know, practicing in the United States,
14 clearly your written skills are sufficient to have
15 put your application in, et cetera, et cetera, and
16 we'll have to just kind of give a pass on the oral
17 skills.

18 MS. BRADLEY: Okay. I think that's fair.
19 I think that's fair. And I think that's kind of how
20 we handle that with others.

21 The language that's in the regulation
22 regarding that, I think I copied directly from
23 physician assistants. It's not been an issue that
24 I'm aware of.

25 Okay. So then we received some public

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1 comment from Cure 4 the Kids Foundation. The
2 concern is regarding the renewal penalty, basically
3 requesting that the twice-biennial renewal fee, if a
4 renewal is late, is overly punitive and inconsistent
5 with national norms, most states impose a flat late
6 fee ranging from \$40 to \$70.

7 And so they would like to see a flat,
8 reasonable late renewal fee consistent with national
9 standards to avoid creating financial hardship or
10 workforce attrition.

11 They also --

12 DR. NUNES: So I'll comment there because
13 I obviously endorse that. Right?

14 But, you know, I think one of the
15 issues -- and this is a similar issue, obviously,
16 for physician's assistants and other advanced
17 practice individuals. The typical genetic counselor
18 salary is in the five-figure, low six-figure range,
19 as opposed to a physician who is going to be in the
20 six-figure range automatically.

21 I think that, you know, having a set fee
22 makes more sense to me, given the resources that
23 genetic counselors have or limited resources that
24 genetic counselors have compared to physicians.

25 And I do recognize that for physician's

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1 assistants or advanced practice nurses, et cetera,
2 that it's a similar situation.

3 MS. BRADLEY: Okay. Yeah, we will
4 definitely make sure the Board has those comments.

5 And then competency reassessment after the
6 career break, they want to have an alternate pathway
7 for reinstatement. That is: Completion of
8 continuing education, refresher coursework, a short
9 period of supervised practice, or Board-approved
10 competency verification. This flexibility aligns
11 with the American Board of Genetic Counseling and
12 National Society of Genetic Counseling standards
13 while maintaining patient safety.

14 We actually kind of already do that. I
15 think it says "examination approved by the Board,"
16 and maybe I need to clarify that. For a physician,
17 for example, we may do exactly that, that they have
18 a short period of supervised practice when they
19 return. Or they can take, for example, the specs
20 examination, because there's -- you know, there are
21 some things they can do.

22 And so when we say "examination," I guess
23 it's -- we don't mean, maybe, literal -- maybe a
24 literal exam in every situation. I think the way
25 it's been reworded, at least, the intent would be if

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1 they're not certified -- obviously, they have to be
2 certified to get a license, so if they took a break
3 and they let their certification lapse, as long as
4 they get certified again within 24 months prior,
5 they don't have to worry about this at all because
6 they would have taken that exam. And then it's
7 possible they would have that short period of
8 supervised practice or the continuing education or
9 refresher coursework.

10 Those are both options that the Board
11 potentially would do already. It's usually a
12 case-by-case situation. And usually these come
13 before the Board in a public meeting.

14 If someone hasn't practiced for 24 months,
15 the Board reviews the application and decides what
16 they think would be best to make sure there's
17 competency when grading the license.

18 I don't think, hopefully, this will happen
19 super often, but we do want to have it there for
20 situations when it is necessary.

21 I guess I would just say there will be
22 alternative pathways. When we use the word
23 "examination" -- and I should double check what it
24 says. I think it's in Section 2 now.

25 Yeah, it says: "Competency examination or

1 other assessment of competency designated by the
2 Board." And so that would allow the Board
3 flexibility like that.

4 And sort of what I picture is probably a
5 short period of supervised practice. That's
6 probably the most common, if there's not an exam for
7 them to take. And if they're certified, there
8 wouldn't be.

9 DR. NUNES: I think as long as there is
10 flexibility -- and I can't think of any place that
11 I've ever credentialed, any institution that didn't
12 require me, no matter how -- with no gaps in
13 practice.

14 MS. BRADLEY: Yeah.

15 DR. NUNES: Required, you know, my first
16 six cases be proctored or signed off.

17 MS. BRADLEY: Oh, okay.

18 DR. NUNES: So I think that that's kind of
19 fairly routine.

20 MS. BRADLEY: Okay.

21 DR. NUNES: And I think it's fairly
22 routine in the genetics community, and I think it's
23 fairly routine with regard to genetic counselors. I
24 don't think it's a big issue.

25 I think as long as it's not, you know,

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1 directed by the Board, this is what that course of
2 action for this specific council is going to be, a
3 little bit of flexibility on the part of the hiring
4 institution is reasonable.

5 I think that that's what this reflects.

6 MS. BRADLEY: Okay. Perfect.

7 There was concern, I think, about student
8 supervision and consent, and I think we already made
9 those changes. For some reason, the letter I have a
10 copy of is cut off.

11 I think, if I remember correctly, there
12 was a concern that the consent that a student is
13 assisting them that that be able to be done in --
14 like, verbally but then documented in writing, which
15 I believe we added, because that was the intent,
16 actually.

17 Yeah, it says: "Obtain the informed
18 consent and document it in the record," so it --
19 that doesn't have to mean that the person signs off
20 on it. I think we addressed that.

21 And then there was concern about, I think,
22 the level of supervision that we included. We have
23 updated that now to say: "A genetic counselor shall
24 supervise a student in accordance with the standards
25 set forth by the Accreditation Council for Genetic

1 Counseling or its successor organization for
2 graduate-level training programs." And then: "Such
3 supervision" -- and so it talks about monitoring and
4 kind of giving them more and more flexibility as
5 they learn more.

6 I think we addressed that from Cure 4 the
7 Kids Foundation.

8 We have public comment from the Rare
9 Disease Advisory Council. Again, I think they have
10 that same concern about the 12 months of inactivity.
11 But I think the new changes in Section 2 in the
12 bill -- or the draft that LCB gave us addresses
13 that, because there is flexibility there.

14 And then late renewal penalty, they have
15 the same comment that the late renewal penalty
16 should be a flat fee. And so we'll definitely make
17 sure that that is presented to the Board.

18 Student supervision and education, I think
19 we've updated it. They basically say: "Allow the
20 use of standard clinical consent forms that already
21 addressed student participation" -- oh, they do say:
22 "Include medical geneticists and ACGC- accredited
23 supervisors in allowable supervision roles."

24 We can't do that now, but we can amend the
25 law to do that later. And that is a plan I have for

1 2027.

2 And then adopt the progressive supervision
3 model, which I think we did with how the regulations
4 are drafted now. I think we've addressed that.

5 They have requested that we support
6 telehealth and cross-state practice provisions,
7 allowing genetic counselors from other states to
8 provide consultative services under Nevada licensure
9 or limited permits.

10 And then encourage the future council to
11 monitor our monitor workforce distribution and
12 identify gaps in rurals and underserved communities.
13 Certainly, that's something the council can do.

14 As far as telehealth goes, there's
15 existing law on that already that allows, basically,
16 telehealth in any health care modality as long as
17 it's meeting the standard of care. And that's
18 addressed in NRS, Chapter 629.515, is the actual
19 provision.

20 It's pretty open in Nevada, but you do
21 have to be licensed in Nevada if you're providing
22 care to Nevada patients, even via telemedicine. And
23 we have a lot of people that do that. We have a lot
24 of physician assistants and physicians, I know, that
25 are in other states, and they regularly do

1 telemedicine with Nevada citizens.

2 And I do think that's a good thing for the
3 rurals. I actually started my career in Nevada in
4 Ely, Nevada, so I know what it's like to live in the
5 rurals. I can see a lot of value in that.

6 So that would be allowed, but they would
7 have to be licensed in Nevada. The only exception
8 would be that consulting. But even then, I'm not
9 sure that's patient-facing, we may have to address
10 that on the council, that consulting is allowed if
11 they're not licensed in Nevada, but they also can't
12 be licensed anywhere. So I'm not sure exactly what
13 that -- how that one will work.

14 But generally speaking, telehealth
15 requires licensure.

16 DR. NUNES: Yeah, I think the biggest
17 impact here is going to be University of Utah, which
18 has several genetic counselors, including the
19 genetic counselor that is responsible for the Nevada
20 State Newborn Screening program.

21 MS. BRADLEY: Okay.

22 DR. NUNES: Those genetic counselors
23 interact with families in Nevada on a regular basis.
24 So both in the newborn screening program in that
25 capacity, but also in specialized genetics clinics,

1 like neuro genetics or cardio genetics, where the
2 counselors from University of Utah are, quote,
3 seeing, end quote, you know, patients in Nevada by
4 telehealth.

5 So I think that that's going to probably
6 be the -- you know, the biggest early influx of
7 out-of-state licensees are going to be University of
8 Utah. And then the industry who, likewise, will
9 have laboratories that have genetic counselors that
10 need to counsel with regard to results.

11 MS. BRADLEY: Yeah, that makes sense.

12 I mean, obviously we'll work with them. I
13 know that that's a thing already for, like,
14 radiologists. My understanding is many radiologists
15 are licensed in multiple states because they do
16 review things, you know, for a variety of states
17 where they're located. It may become similar to
18 that.

19 Their next point is that they want to
20 prioritize pediatric and rare disease training with
21 continuing education requirements -- I think we
22 talked about this in one of the workshops --
23 encourage collaboration with pediatric specialty
24 centers, such as Cure 4 the Kids, to ensure
25 workforce planning, address pediatric needs.

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1 I think this is something the council can
2 work on, and maybe also the association, because
3 some of this might be more like policy and even like
4 association-type things, where the Board is more
5 focused on kind of carrying out the statutes.

6 But certainly these are things we can
7 discuss. And I know we discussed it before.

8 It does talk about data sharing and
9 registry alignment, Nevada's progress in genetic and
10 rare disease collection should be connected to this
11 licensure framework.

12 So the recommendation is to coordinate
13 with DHHS and Nevada RDAC to share aggregate
14 workforce data, license counts, practice locations,
15 specialties, to inform statewide rare disease and
16 newborn screening initiatives, explore optional
17 participation, and rare disease or genetic service
18 registries for improved policy planning.

19 So again, I think that might be something
20 to talk about at the council. I'm not sure how much
21 the Board can do. Certainly, we can reach out to
22 these other agencies. Most of this information is
23 public, and if someone asks us for it, we would give
24 it to them. We would give them license counts.

25 The problem I have with practice

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1 locations -- and I'm only saying this publicly so
2 everyone knows -- our system captures, as I said
3 earlier, your mailing address and your public
4 address. We have a lot of licensees that actually
5 don't have a Nevada address, but I know they're
6 practicing here. And it could be that they come
7 here three days a week from Utah, or it could be
8 that they do telemedicine, but the address they've
9 given us is not a Nevada one.

10 I don't really have a way to always know
11 where they are other than the address they've given
12 us.

13 DR. NUNES: Yeah, I'm a member of the
14 Nevada RDAC, and obviously I work closely with the
15 chair. But, you know, I will respectfully disagree
16 with this recommendation on RDAC because I don't
17 think that there really is a practical way to put it
18 into the genetic counseling framework.

19 I think it does belong with the GCAC, and
20 it does belong with the Genetic Counseling
21 Association of Nevada, but I don't think it belongs
22 in the licensure framing --

23 MS. BRADLEY: Okay.

24 DR. NUNES: -- regulations.

25 MS. BRADLEY: Okay. Perfect.

1 Well -- and just so everyone knows, we're
2 glad to provide public information regarding who we
3 license, and it just may not be as helpful as what
4 they want here.

5 Interdisciplinary collaboration, rare
6 disease care often requires multi-specialty input
7 between genetic counselors, medical geneticists, and
8 disease-specific experts. It says: "Clarify that
9 licensed genetic counselors may collaborate with
10 other medical professionals and integrated care
11 models, encourage inclusion of interdisciplinary
12 collaboration as a competency area in continuing
13 education."

14 You know, we're going to allow them to
15 take continuing education in whatever has been
16 approved by the National Association for Continuing
17 Education. There could be courses in that that
18 would be eligible for credit.

19 And then as far as collaborating with
20 other professionals, I think it does stay in the
21 regulation that they should collaborate with other
22 people, if that would be helpful to the patient.

23 And that's kind of our normal standard
24 with physicians and physician assistants and
25 everybody, is that, you know, if you think your

1 patient could benefit from you talking with another
2 professional or referring to that other
3 professional, it's kind of your duty to do so. I
4 think that would be addressed already.

5 Their next concern was financial and
6 equity considerations. They wanted fee waivers or
7 financial assistance for applicants facing hardship.

8 I mean, that's not something the Board has
9 done in the past for others, but, certainly this
10 will be before the Board to review.

11 And then it says: "Incorporate cultural
12 competency and equity training into continuing
13 education requirements to promote linguistically and
14 culturally responsive care."

15 I mean, again, those courses would be
16 approved as long as they're approved by the national
17 organization. We're not mandating them at this
18 time. And I will say right now, the only cultural
19 competency courses that are mandated are for
20 psychiatrists and physician assistants practicing
21 psychiatry. That was a requirement the legislature
22 gave us.

23 In some ways, to me, it didn't quite make
24 sense, because I feel like our psychiatrists
25 probably have a lot of training in cultural

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1 competency, but as part of -- you know, I mean,
2 that's part of, I think, that kind of care.

3 But anyway, I --

4 DR. NUNES: I think the National Society
5 of Genetic Counselors has this covered.

6 MS. BRADLEY: Okay.

7 DR. NUNES: There's a major yearly CME/CEU
8 opportunity for genetic counselors. I've been
9 invited to speak at the meeting a number of times.
10 The number of platform sessions, you know, on
11 cultural competency are numerous. You can't take
12 CME or CEU away from that conference without having
13 a significant portion fall into this category.

14 I think this is covered.

15 MS. BRADLEY: And right now, because we
16 haven't mandated it, it's optional, anyone could do
17 it in their 20 hours. We get a lot of pushback
18 sometimes if we give too many, like, you have to do
19 this, this, and this in your hours. So right now,
20 we've left it at two hours of ethics and 18 just
21 approved continuing ed.

22 The next concern they have, patient voice
23 and advisory representation. They have a
24 recommendation that a non-voting rare disease
25 patient or family representative be included on the

1 council.

2 I mean, we already have a public member
3 that will be on that council, so I'm not sure what
4 this would be. I mean, the Board does have the
5 ability to add non-voting members to committees,
6 just in a general statutory provision. But at least
7 right now, we'll have three genetic counselors, a
8 physician, and a public member, who probably, the
9 public member, will have some sort of rare disease
10 you know, experience.

11 I know we have applicants for that
12 position already, and I think they work in that area
13 and I think at least one says that they have a child
14 that has a rare disease, so it's something they know
15 pretty well, I think.

16 I'm not sure that a non-voting person --
17 but certainly the RDAC can come to all of the
18 meetings and participate as a public member. We
19 wouldn't -- we would welcome anyone to come to the
20 meeting.

21 Those are their comments.

22 And then I received a comment that's very
23 confusing to me, and this is the one that I may
24 need, maybe, medical help with.

25 The person is concerned that temporary

1 licensure in Section 8 of the regulations would
2 create an immediate, supervised workforce for
3 genetic counseling. That's not exactly true. They
4 have to apply, they have to have graduated. I don't
5 think we'll probably be licensing temporary people
6 until this summer because I'm guessing most programs
7 end in May or June.

8 So basically this person is concerned that
9 there is a significant surge in influenza A,
10 Subclade K hospitalizations in the Dixie Valley
11 corridor. They're talking about isotopic lung
12 stress and that there's a documented event that
13 occurred on January 8, 2026.

14 And so there's a bill, SB 494, that says
15 that insurance mandates the coverage of biomarker
16 testing, and there's concern that the temporary
17 workforce will be utilized to process high volumes
18 of genetic data from Subclade K patients without the
19 oversight of fully certified counselors during this
20 peak exposure window, which is January 11 to 16,
21 2026.

22 I don't know what they mean.

23 DR. NUNES: Right. So, you know, I will
24 say I think it's a non-issue --

25 MS. BRADLEY: Okay.

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1 DR. NUNES: -- first and foremost.

2 But genetic counselors and all genetic
3 counselors, particularly prenatal genetic
4 counselors, collect information, some of which is
5 reportable to state agencies with respect to
6 prenatal exposure. Prenatal alcohol exposure is
7 probably the biggest example of that, but also
8 tobacco use, medications, toxic exposures,
9 infections with high fevers, things along those
10 lines are collected on a regular basis. Some of
11 those things that might be -- you know, a measles
12 exposure which would be reportable to state public
13 health.

14 I think that by the Board's regulation,
15 with regard to what a temporary genetic counselor is
16 able to do, no temporary genetic counselor would be
17 able to do anything with regard to any of those
18 families or patients without it going to the genetic
19 counselor or the maternal fetal medicine physician
20 of record.

21 MS. BRADLEY: Okay.

22 DR. NUNES: Right?

23 MS. BRADLEY: Yeah.

24 DR. NUNES: And if it's a reportable
25 issue, like prenatal alcohol exposure or a measles

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1 case, or if there's a mandate that exposure to this
2 toxin in the Great Basin is -- you know, it needs to
3 be reported, there's no temporary employee that's
4 going to be able to prevent that from happening.

5 MS. BRADLEY: Okay.

6 DR. NUNES: I think it's a non-issue. I
7 think that it's addressed by temporary genetic
8 counselors are always going to be working under --
9 are not going to be the primary reporters of
10 reportable events, and that's always going to
11 devolve to the supervising genetic counselor or the
12 supervising physician.

13 MS. BRADLEY: Okay. Perfect. That's
14 helpful.

15 Yeah, because I wasn't sure. And then,
16 you know, it says: "How will we ensure that genetic
17 data is protected from extra clinical use?" which I
18 guess, to me, HIPAA applies unless there's a state
19 statute that says you report it. But in that way,
20 don't you normally do it in kind of an
21 unidentifiable way?

22 DR. NUNES: You would. But, I mean, that
23 would mean that you were participating in this study
24 or research study or had informed consent to
25 participate in the research study, which doesn't

1 seem to be the case here.

2 So, I mean, I think that the, quote,
3 temporary genetic counselor isn't going to
4 independently say I've heard about this thing that
5 happened, this influenza thing that happened, and my
6 counselor is not reporting it, so I'm going to
7 report it on my own and I'm going to report the
8 genetic information. That just is not the way that
9 clinical practice works.

10 MS. BRADLEY: Okay. Perfect. That's very
11 helpful because I wasn't even sure of what the email
12 was telling me.

13 Okay. So that's the public comment we
14 received, at least in writing. And is there any
15 public comment that either of you have?

16 DR. NUNES: Again, to thank you for the
17 hard work that you've done in crafting and revising
18 this legislation. You're fantastic to work with,
19 transparent, great collaborator. Thank you for
20 that.

21 MS. BRADLEY: Well, thank you, Dr.~Nunes.
22 It's been nice getting to know you as well.

23 6. Public Comment

24 MS. BRADLEY: So we'll move on to general
25 public comment, which is Item 6. I don't think I

1 have any general public comment, but I'm asking just
2 in case.

3 I'm seeing none. We will then adjourn.

4 7. Adjournment

5 MS. BRADLEY: It is 11:10, we are
6 adjourned. Thank you so much for participating and
7 coming.

8 Oh, and just as an update. January 29th
9 will be the meeting, I believe, that the Board will
10 adopt the members of the council. I do have several
11 applications for both the genetic counselors and the
12 public member.

13 Then, Dr. Nunes, you're my sole physician,
14 so thank you for that.

15 DR. NUNES: All right. Thank you. Take
16 care.

17 MS. BRADLEY: All right. Have a good
18 weekend, everyone.

19 (Meeting concluded at 11:11 p.m.)
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CERTIFICATE OF TRANSCRIBER

I, BRANDI ANN VIANNEY SMITH, do hereby certify that this transcript was prepared from the Nevada State Board of Medical Examiners recording of the foregoing proceeding, that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



BRANDI ANN VIANNEY SMITH

[& - actually]

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[twice - written]

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R055-25
PUBLIC COMMENT RECEIVED

Archived: Wednesday, October 15, 2025 12:32:51 PM
From: whavins1@gmail.com
Sent: Wednesday, October 15, 2025 11:02:57 AM
To: [Mercedes Fuentes](#)
Cc: [Sarah A. Bradley](#)
Subject: RE: Notice of Workshop for R055-25 (SB189)
Sensitivity: Normal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Fuentes and Deputy Executive Director Bradley,
Thank you for forwarding the proposed regulation workshop information for R005-25 regarding Genetic Counselors. It is very well written and thorough.
My only question relates to New Provision # 6.
Who will determine if the applicant "communicates adequately orally and in writing in the English language"?
Will the Board make this determination or assessment? Is there some other third party that will make this determination or assessment?
Will the applicant sign an affidavit or certify that he or she can adequately communicate in English?

Reasonably, the applicant should be able to communicate in English, but who determines the adequacy of that ability?
Please include this email in the records of the Workshop.

Thank you.
Sincerely,
Weldon Havins

Weldon (Don) Havins, MD, JD, LLM
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From: Mercedes Fuentes <fuentesm@medboard.nv.gov>
Sent: Tuesday, October 14, 2025 12:02 PM
Subject: Notice of Workshop for R055-25 (SB189)

Good Afternoon All,

Please see the attached Notice of Workshop relating to R055-25 (SB189). This is a *second* Workshop to take place November 17, 2025, at 11:30 a.m. If you have any questions please contact our office.

Respectfully,

Mercedes Fuentes
Senior Legal Assistant to:
Deonne E. Contine, General Counsel
William P. Shogren, Deputy General Counsel

Sarah A. Bradley, Deputy Executive Director
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October 27, 2025

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

RE: Public Comment – Draft Regulations for Genetic Counselors (SB189 Implementation)

Dear Members of the Board,

On behalf of Cure 4 The Kids Foundation (C4K), I want to thank the Nevada State Board of Medical Examiners for its thoughtful work in advancing regulations to implement SB189, establishing licensure for genetic counselors in our state. As Nevada's only tax-exempt, pediatric specialty treatment center for children with cancer, blood disorders, and rare diseases, C4K strongly supports this effort to strengthen patient safety, align with national standards, and expand access to qualified genetic professionals across Nevada.

We have reviewed the draft regulations and appreciate the Board's comprehensive approach to professional ethics, education, and oversight. Our recommendations below are offered in the spirit of collaboration and with the goal of ensuring these regulations foster workforce growth, professional equity, and patient access.

1. Renewal Penalty (Provision #4)

The current requirement that licensees pay *twice the biennial renewal fee* if a renewal is late may be overly punitive and inconsistent with national norms. Most states impose a flat late fee ranging from \$40–\$70.

Recommendation: Adopt a flat, reasonable late renewal fee consistent with national standards to avoid creating financial hardship or workforce attrition.

2. Competency Reassessment After Career Break (Provisions #7 & #24)

Requiring a competency examination after 24 months of inactivity could unintentionally discourage qualified professionals from re-entering the workforce.

Recommendation: Allow alternative pathways for reinstatement such as:

- Completion of continuing education or refresher coursework.
- A short period of supervised practice; or
- Board-approved competency verification.

This flexibility aligns with ABGC and NSGC standards while maintaining patient safety.

3. Student Supervision & Consent (Provision #15)

Two subsections in this provision may need adjustment for consistency with clinical education standards:



October 28, 2025

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

RE: Public Comment – Draft Regulations for Genetic Counselors (SB189 Implementation)

Dear Members of the Board,

On behalf of the Nevada Rare Disease Advisory Council (NV-RDAC), we wish to thank the Nevada State Board of Medical Examiners for its work in developing regulations to implement SB189, establishing licensure for genetic counselors in our state.

The NV-RDAC strongly supports the intent of these regulations and recognizes the essential role that genetic counselors play in diagnosing, educating, and supporting children and adults with rare diseases. Genetic counselors are often the first professionals to help patients and families understand the cause of a rare condition, connect with specialists, and navigate complex healthcare systems. Establishing licensure is an important step toward ensuring quality, consistency, and access across Nevada.

While we commend the Board for its comprehensive draft, the Council respectfully offers the following recommendations to strengthen the framework and ensure it supports equitable access, workforce development, and interdisciplinary collaboration for Nevada's rare disease community.

1. Workforce Retention and Re-Entry (Provisions #7 & #24)

Requiring a competency examination after 24 months of inactivity may unintentionally discourage qualified professionals—especially those taking family or medical leave—from re-entering the workforce.

Recommendation: Allow alternatives to re-examination such as continuing education, supervised practice, or competency verification. This flexibility aligns with national standards and supports workforce retention in a state already facing shortages in genetics and rare-disease care.

2. Late Renewal Penalty (Provision #4)

Requiring payment of *twice the biennial renewal fee* is unnecessarily punitive and inconsistent with other states.

Recommendation: Replace with a flat late fee (\$40–\$70) consistent with national norms to encourage license maintenance and reduce administrative barriers.



3. Student Supervision and Education (Provision #15)

The current requirement for written patient consent for each student encounter and the restriction of supervision solely to licensed genetic counselors may create unnecessary obstacles for training programs.

Recommendation:

- Allow use of standard clinical consent forms that already address student participation.
- Include medical geneticists and ACGC-accredited supervisors in allowable supervision roles.
- Adopt a progressive supervision model, consistent with ACGC standards, to allow students greater autonomy as competency is demonstrated.

4. Rural and Frontier Access

Nevada's geographic diversity creates significant barriers to accessing genetic counseling services in rural, tribal, and frontier regions.

Recommendation:

- Support telehealth and cross-state practice provisions allowing licensed GCs from other states to provide consultative services under Nevada licensure or limited permits.
- Encourage the future Genetic Counseling Advisory Council to monitor workforce distribution and identify access gaps affecting rural and underserved communities.

5. Pediatric and Undiagnosed Rare-Disease Populations

Many children with undiagnosed or rare conditions rely on timely access to genetic counselors for accurate diagnosis and care coordination.

Recommendation:

- Prioritize pediatric and rare-disease training within continuing education requirements.
- Encourage collaboration with pediatric specialty centers, such as Cure 4 The Kids Foundation, to ensure workforce planning addresses pediatric needs.

6. Data Sharing and Registry Alignment

Nevada's progress in genetic and rare-disease data collection should be connected to this licensure framework.

Recommendation:



- Coordinate with DHHS and NV-RDAC to share aggregate workforce data (license counts, practice locations, specialties) to inform statewide rare-disease and newborn-screening initiatives.
- Explore optional participation in rare-disease or genetic service registries for improved policy planning.

7. Interdisciplinary Collaboration

Rare-disease care often requires multi-specialty input between genetic counselors, medical geneticists, and disease-specific experts.

Recommendation:

- Clarify that licensed genetic counselors may collaborate with other medical professionals in integrated care models.
- Encourage inclusion of interdisciplinary collaboration as a competency area in continuing education.

8. Financial and Equity Considerations

Licensure fees and regulatory costs can deter early-career professionals from entering Nevada's workforce, which affects access for patients with rare diseases.

Recommendation:

- Add fee waivers or financial assistance options for applicants facing hardship.
- Incorporate cultural competency and equity training into continuing education requirements to promote linguistically and culturally responsive care.

9. Patient Voice and Advisory Representation (Provision #23)

The creation of a Genetic Counseling Advisory Council is a significant opportunity for collaboration.

Recommendation:

- Include a non-voting rare-disease patient or family representative, or designate an NV-RDAC liaison, to ensure community perspectives remain central to implementation.

The Nevada Rare Disease Advisory Council applauds the Board's leadership in advancing these regulations. With a few targeted refinements, this framework can both safeguard patient safety and support a growing, inclusive workforce equipped to meet the complex needs of Nevada's rare-disease population.



We thank you for considering these recommendations and remain ready to collaborate as implementation progresses.

Respectfully submitted,

A handwritten signature in black ink that reads "Annette Logan-Parker". The signature is written in a cursive, flowing style.

Annette Logan-Parker

Chair, Nevada Rare Disease Advisory Council

Founder & Chief Advocacy & Innovation Officer, Cure 4 The Kids Foundation

Archived: Tuesday, January 13, 2026 2:08:20 PM

From: [Ashley Smith](#)

Sent: Tuesday, January 13, 2026 10:02:28 AM

To: [Sarah A. Bradley](#)

Subject: Data Briefing: Correlation Between Dixie Valley Geothermal Events and Regional Health Anomalies (Jan 8–16)

Sensitivity: Normal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To the Nevada State Board of Medical Examiners,

I am submitting the following formal comments regarding the adoption of Regulation R055-25 (LCB File No. R055-25), specifically regarding the provisions for Temporary Licensure under Section 8.

As a researcher monitoring regional environmental and health data in the Great Basin, I wish to enter the following technical concerns into the public record:

1. Correlation with Regional Health Anomalies

The proposed "Temporary Licensure" in Section 8 creates an immediate, supervised workforce for genetic counseling. This regulatory shift is occurring simultaneously with a significant surge in Influenza A (H3N2) Subclade K hospitalizations in the Dixie Valley corridor. Clinical reports for this variant describe "Isotopic Lung Stress" symptoms that overlap with exposure to mantle-derived isotopes (Helium-3), which were geologically vented during the documented structural event on January 8, 2026.

2. Concerns Regarding Biomarker Data Capture

Under the recently enacted SB494, insurance now mandates the coverage of biomarker testing. There is a concern that the "Temporary" workforce authorized by R055-25 will be utilized to process high volumes of genetic data from "Subclade K" patients without the oversight of fully certified counselors during this peak exposure window (Jan 11–16, 2026).

3. Requests for Clarification

Before the Board adopts Section 8, I respectfully request the following be addressed:

How will the Board ensure that genetic data collected by "Temporary" licensees under the SB494 biomarker mandate is protected from extra-clinical use?

Has the Board consulted with the Nevada Department of Environmental Protection regarding the spike in regional Helium-3 isotopes (7.1 Ra) and its impact on the clinical genetic profiles being monitored by the state?

The synchronization of geothermal venting cycles, atmospheric inversions, and this specific legislative timeline necessitates a cautious approach to fast-tracking unlicensed counseling staff.

Respectfully submitted,

Michael Stephen Skylor Smith

Independent OSINT Researcher

TRANSCRIPT OF
PUBLIC HEARING
MAY 12, 2026

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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC MEETING
FOR REGULATION HEARING
R055-25

Tuesday, May 12, 2026

Reported by: Brandi Ann Vianney Smith
Job Number: 8047853

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A P P E A R A N C E S :

FOR THE NEVADA STATE BOARD OF MEDICAL EXAMINERS: SARAH BRADLEY
Deputy Executive Director
Nevada State Board of
Medical Examiners
9600 Gateway Drive
Reno, NV 89521

ALSO PRESENT:
Mercedes Fuentes, Legal Assistant
Lynna Pili Eskeets, Administrative Assistant

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I N D E X

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4. Question and Answer Period of Proposed Regulation R055-25	22
5. Public Comment for Proposed Regulation R055-25	29
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7. Adjournment	45

E X I B I T S

Exhibit A R055-25, Public Comment Received

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1 RENO, NEVADA - MAY 12, 2026 -- 2:30 P.M.
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5 1. Call to Order and Introductions

6 MS. BRADLEY: We will go ahead and get
7 started. Hopefully everyone can hear me. I guess
8 I'd say raise your hand if you can't.

9 It is 2:33 p.m. on Tuesday, May 12th, and
10 it is time for the second public hearing that we're
11 having on LCB File No. 05525. We have individuals
12 attending or able to attend in our Reno and our Las
13 Vegas office, as well as virtually online. So thank
14 you for attending the meeting. I do see a lot of
15 you online, which is exciting.

16 I am Sarah Bradley, I'm the Deputy
17 Executive Director here at the Board. I'm the one
18 that has been working with, I think, a lot of you as
19 we've worked on the regulations for genetic
20 counselors. Hopefully everyone knows me, but if
21 not, that's who I am. And if you have questions,
22 please do reach out, even after this meeting.

23 Just sort of so everyone knows where the
24 process that we're at right now, we are having a
25 second public hearing on this regulation because we

1 did make some amendments to it after the January
2 meeting that we had because we had -- the
3 Legislative Commission didn't approve it, and so we
4 had to make some changes and bring it back. That's
5 really what we're here with. We have a revised
6 draft that we are going to go over today in this
7 public hearing, then it will go to the Board for
8 them to review and hopefully adopt.

9 The Board meeting is scheduled for June
10 5th, and it will be on the agenda there. And so
11 what we're going to do is we're going to ask the
12 Board to hopefully adopt it.

13 And then after that, I submit some
14 paperwork to the Legislative Council Bureau, they
15 will then put this on a Legislative Commission
16 meeting. I don't know when it will be on, the
17 meeting. I've heard that there's a meeting on
18 June 30th, but I don't know if that's confirmed, but
19 I think they like about 20 days notice. I don't
20 know if I'll be able to get it on or not, but I'm
21 going to do my best to get it on for June 30th.

22 My goal really is obviously to get these
23 approved as quickly as possible. And even if they
24 aren't adopted by the July 1st deadline, our goal is
25 that the Board at least will have adopted them.

1 They may not be effective yet if I can't get them on
2 the Legislative Commission, but we're doing our best
3 on that. So that's just the rest of the process and
4 kind of what we're doing.

5 2. Public Comment

6 MS. BRADLEY: I'm going to go ahead and
7 move to item 2, which is Public Comment. This is
8 the time where you can provide any public comment
9 that you'd like to regarding, really, any matter.
10 And then we'll also talk about the regulation, give
11 you a chance to ask questions and then give public
12 comment on that.

13 Do I have public comment online? If so,
14 please raise your hand.

15 I'm not seeing anyone online raising their
16 hand. Is there anyone in Las Vegas that would like
17 to provide public comment? Lynna, I don't know if
18 you're there.

19 MS. PILI ESKEETS: No public comment in
20 Las Vegas.

21 MS. BRADLEY: Thank you.

22 And we also have, potentially, individuals
23 attending in Reno. Do we have any public comment in
24 the Reno office?

25 MS. FUENTES: Hi, Sarah. We do not have

1 any attendees here at the Reno office.

2 MS. BRADLEY: Okay. Thank you. I'll
3 probably still ask you for the record, but thank
4 you.

5 3. Presentation and Discussion of Proposed
6 Regulation LCB File No. R055-25

7 MS. BRADLEY: We will go ahead and move on
8 to item number 3. This is basically a presentation
9 and discussion of the proposed regulation. I think
10 we've worked on this a lot. I'm going to try to go
11 through it just really quickly for the record, and,
12 of course, if you have questions please do let me
13 know and we'll -- I will address those in that next
14 item.

15 These regulations are intended to fully
16 implement the licensure of genetic counselors in
17 Nevada. These regulations actually add provisions
18 that are required by SB 189, in that language, and
19 then add some other things that we felt were
20 appropriate. A lot of that is just really to be
21 consistent with how we interact and license other
22 individuals.

23 Section 2 talks about being able to
24 communicate early and in writing in the English
25 language, that's 1(a), and then 1(b), this

1 competency examination or other assessment, that's
2 really modeled after NRS 630.257.

3 This isn't really a -- well, it could be a
4 genetic counselor competency, but it's also maybe
5 competency in general, like in maybe a medical or
6 other kind of way. It's something that is in place
7 for all licensees if they have not practiced for
8 more than 24 months and they haven't recently taken
9 an examination, then, potentially, the Board may
10 want them to have some oversight and/or this
11 competency assessment prior to giving them a
12 license.

13 And so one of the things the Board
14 commonly does, for example, for physicians is like a
15 preceptor, so there could be something like this. I
16 know I had a question and written comment about, you
17 know, what kind of assessment this would be and how
18 the Board would design it. Certainly, it would be
19 done with input from both the applicant for
20 licensure and, I believe, the Genetic Counseling
21 Advisory Council and maybe even like a preceptor or
22 other individual that's been identified to work with
23 that applicant once they have their license.

24 This isn't something I think will even
25 happen very often, but we put it in here because we

1 do have that sometimes occur with our other
2 licensees when they were applying for license after
3 a gap in time.

4 Section 2 in here is addressing foreign
5 countries. The bill, SB 189, told the Board
6 essentially that we needed to somehow determine how
7 we were going to deal with foreign country
8 equivalency with regard to genetic counseling
9 programs.

10 When we looked up on the Accreditation
11 Council for Genetic Counseling, it appears that they
12 already vet schools. And so, essentially, if
13 they've done vetting of schools and they deemed that
14 person eligible to take the examination, we will
15 take that as well. So we're going to kind of rely
16 on what they find appropriate there to allow that
17 person to sit for the examination and potentially be
18 certified.

19 Section 3, this is basically just kind of
20 a general provision about what the application form
21 will ask for. Again, this is something that's
22 consistent with the Board's other license types.

23 We did add, though, Section 3, number 2,
24 we have that they -- proof of graduation from a
25 program that meets the requirements in the bill,

1 which essentially is that it's accredited.

2 And then we added this option here since
3 we last met that allows the Board to determine a
4 program is substantially similar if it's not
5 specifically in genetic counseling and/or if it's
6 maybe not accredited at the time of their
7 graduation, because I know there's been changes in
8 that as I've -- and I've learned about that, thank
9 you for the comments that help me understand that.
10 This is basically just allowing that, if there's
11 other options, the Board can determine that.

12 And we added this "five years immediately
13 preceding" language because we believed that this
14 would only apply to people that have graduated, I
15 think it's prior to 2012. So hopefully they would
16 have the experience since then.

17 All right. So we'll keep moving on.
18 Section 4, this talks about applications for
19 endorsement as genetic counselor. So again, it's
20 basically the same kind of information that's
21 required. It does also require that they not have
22 any discipline in other states, so they have to have
23 a license in another state and they can't have had
24 any discipline on their license in that state.

25 And then we also did add the ability for

1 the Board to review the program if it's not exactly
2 in genetic counseling and/or wasn't accredited by
3 the current accrediting body at the time they
4 graduated.

5 Endorsement applications are expedited a
6 bit, and there's a reduced fee for anybody who is
7 applying by endorsement who is a veteran, military
8 spouse, or surviving spouse of a veteran or even
9 active duty as well. So those application fees are
10 reduced for those individuals.

11 Section 5 addresses temporary licenses.
12 The statute and SB 189 does put forth the ability
13 for the Board to issue the temporary licenses. And
14 so then here we just we added the ability to renew
15 that license, one additional year. They're valid
16 for one year, and this would allow a person to renew
17 it for one more year if they were to need that.

18 Essentially, the issue with the temporary
19 licenses, these will be individuals who have
20 graduated from a program and they haven't -- they
21 just aren't certified yet and they haven't passed
22 the examination yet but they've graduated from a
23 program and they're probably planning to sit for the
24 exam very soon. This allows them to kind of work
25 while they're going through that process. They do

1 have to be under pretty strict supervision, I would
2 say.

3 So we don't believe that people will just
4 stay in this temporary status for longer than they
5 need to, because it won't, you know, it won't be as
6 good for them.

7 Section 6, this is a provision we have for
8 other license types. It just talks about rejecting
9 incomplete applications or things that are, you
10 know, false information, things like that.

11 Section 7, again, this is grounds for
12 denying of an application. Basically, if a person
13 has failed to comply with the -- Section 17 and 18
14 talks about, like, ethical duties and proper
15 practice as a genetic counselor, and then also too
16 if they've done something that violates the statute,
17 that would be the grounds to deny either an initial
18 application or renewal application.

19 Section 8 talks about what the license
20 will contain.

21 Section 9 adds that for the continuing
22 education that the statute puts forth, that there
23 will be two hours in ethics. And that's kind of, I
24 think, standard what we do with the other license
25 types that we issue.

1 And then also here, we've added that if a
2 genetic counselor does a review for the Board -- so
3 sometimes if we get a complaint or something, we may
4 need a genetic counselor to review it and help us
5 understand if there's been a violation of law or
6 potential violation. And so what we do in that case
7 is we will compensate our reviewers, but we don't
8 compensate them at a very high rate.

9 And so in order to kind of make up for
10 that, we compensate them with some financial, per
11 our payment, as well as give them a maximum of five
12 hours of continuing education for doing that review
13 for us. It's to kind of make up for the fact that
14 we may not pay the going rate for the review.

15 Section 10, this addresses what happens
16 when if a counselor doesn't renew on time,
17 essentially. So they don't -- either they don't
18 submit their renewal with the fee, or they don't
19 include the proof of continuing education that they
20 were supposed to have by the time the license
21 expires, then what would happen is it's kind of a
22 penalty. And this is, again, something that we have
23 for all the license types the Board issues,
24 essentially would expire, and then to reinstate it,
25 they have to pay twice the renewal fee. And then,

1 of course, they would have to show that continuing
2 education and that they have a current
3 certification.

4 Section 11 is talking about the contracts
5 between temporary licensed genetic counselors and
6 their supervisors. Basically, we just wanted to
7 make sure that they would be compensated fairly and
8 not be taken advantage of with regard to that
9 temporary work.

10 Then also talking about who's going to be
11 the supervisor and have that responsibility, and
12 then there could be a substitute if the primary
13 supervisor wasn't available while the temporarily
14 licensed genetic counselor was working. And so just
15 that we'd have that on file and that -- with both
16 that supervisor and the employer.

17 And then there's 72 hours we have to be
18 told if that terminates, but they can't work once --
19 once that's terminated, they have to immediately
20 cease working because they do have to be supervised
21 at all times while they're working.

22 Section 12, genetic counselor or physician
23 shall not supervise more than three temporarily
24 licensed genetic counselors at one time. And then
25 we talk about basically that patients need to know

1 their status, they have to wear this graduate
2 genetic counselor badge.

3 And then the supervising genetic counselor
4 or supervising physician would be available by phone
5 or in person to consult with the temporary person,
6 temporarily licensed genetic counselor at all times
7 that they're providing genetic counseling.

8 And then the supervisor is basically to
9 oversee the work and make sure it meets with the
10 appropriate standards, and they have to have at
11 least one meeting each week to review the work,
12 which could be in person or by electronic means.

13 That would allow even potentially two
14 people in different locations. So as long as
15 they're both licensed in Nevada, you could have, you
16 know, a supervisor in Vermont, let's say, and the,
17 you know, temporary licensed person in California,
18 and they can supervise, that electronic means
19 method.

20 Section 13, this, again, talks about the
21 fact that they have to have a method that the
22 temporary licensed person can designate specific
23 records for the review of the supervisor. And then
24 the supervisor, we kind of did put an amount in here
25 of 10 percent, so they'll have to review at least

1 10 percent of the records that the person is doing.
2 And then the temporary licensed person should also
3 be able to sort of flag certain ones if they -- you
4 know, specifically for review.

5 The ones that are reviewed need to be
6 signed off by both individuals, and they need to
7 make sure that those records are clear, legible,
8 accurate, and complete. Both of them do have to
9 have that duty.

10 Section 14, this is talking about students
11 who are assisting genetic counselors. This
12 basically talks about the things that students can
13 do. And I do want to make a note here that right
14 now it says "Only students assisting genetic
15 counselors," and that's because the way the bill is
16 written, the bill specifically says students can
17 assist genetic counselors. It doesn't mention
18 physicians. We did ask the Legislative Council
19 Bureau about that, and basically we'll need to
20 change the law to allow that.

21 So for now, the regulations will only
22 address students assisting genetic counselors. We
23 do have it on our list to hopefully get the statutes
24 updated this next session so students could assist
25 both genetic counselors and physicians in the

1 practice of genetic counseling.

2 And then we -- as far as the supervision
3 requirements, basically, we were going to utilize
4 the progressive model of supervision that it sounds
5 like schools would use anyway. So if you're working
6 with a school and supervising students, they'll
7 probably have some of this laid out. There's more
8 supervision at the start and maybe less as the
9 student gains more knowledge.

10 Section 15, this is something that's in
11 the bill that says that a person who's not licensed
12 in Nevada or any other state or territory in the
13 United States but has a certification from the
14 American Board of Genetic Counseling, they can
15 provide consulting services related to genetic
16 counseling in this state, they don't have to be
17 licensed to do that, that consulting.

18 But the Nevada licensee must -- and it can
19 be a physician, physician assistant, advanced
20 practice registered nurse, or genetic counselor,
21 that person has to make sure there's a record so
22 that they know who they've invited to consult, they
23 have that person's information, the dates that they
24 provided those consulting services, and the nature
25 of the consulting services. Then we have to make

1 sure that the records are kept according to Nevada
2 law with regard to that service.

3 The bill did direct us to define a time
4 period for temporary basis, so we set a period of
5 not more than 30 days, which is, I think, consistent
6 to how we've had it. I believe we have something
7 similar for physicians doing consulting.

8 Section 16 is the Board adopting the
9 National Society of Genetic Counselors Code of
10 Ethics, because the bill did ask that we adopt a
11 code, this one seemed to be appropriate, so that's
12 what we're doing here. And then there's a process
13 for if it's updated, how we will, basically, accept
14 those revisions.

15 Section 17 talks about basically kind of
16 ethical duties as well, kind of the way the practice
17 should be as a genetic counselor.

18 Section 18, again, is sort of giving some
19 duties and things that should not occur by a genetic
20 counselor with regard to providing services.

21 Section 19 talks about potential
22 disciplinary action if the person holds themselves
23 out or authorizes someone else to hold themselves
24 out as licensed to practice a profession that they
25 don't have a license. It's just really about being

1 honest about what your status is and not trying to
2 hold yourself out in another way.

3 And then there's other things in here:
4 disobedience of a Board order, violation of federal
5 or state laws regarding possession or distribution
6 of drugs, and continuing to work after the license
7 is expired, revoked, or suspended. Felony
8 convictions could potentially lead to disciplinary
9 action. And then basically violation of anything
10 that could subject a practitioner of medicine to
11 discipline.

12 That's really kind of a catch-all for the
13 provisions and the Nevada Revised Statutes that
14 could cause disciplinary action.

15 Before the Board were to take disciplinary
16 action, there would be a written notice provided as
17 laid out in this provision. And again, that's
18 something that we're required to do any time we are
19 potentially going to seek disciplinary action
20 against the licensee.

21 And this is mentioning too, an
22 examination, there is a provision in the Nevada
23 Revised Statutes that essentially says whenever a
24 complaint comes in regarding a licensee, if that
25 raises questions as to competence, like ability to

1 do the work as far as knowledge, but also it could
2 be competence, like maybe in an impairment with
3 alcohol or drugs or something like that,
4 essentially, the Investigative Committee can ask
5 that licensee to please be evaluated to make sure
6 that there is not that issue occurring.

7 That's what this is basically referring
8 to, and it just says that the genetic counselor
9 would pay for that examination, which is consistent
10 with how that's handled with other licensees when
11 those situations come up.

12 And I can tell you it's pretty rare. I've
13 been at the Board for six and a half years, and I
14 don't think we've done more than -- maybe more than
15 a handful of those evaluations at that time.

16 Section 21, this is talking about the
17 Genetic Counseling Advisory Council after
18 three years. So three years from essentially now,
19 it's just updating that the person would have -- to
20 be on the council, you have to reside in and
21 continually practice as a licensed genetic counselor
22 in the state. And the Board will provide appointees
23 to the Advisory Council, written notice of their
24 appointment in terms of office, which I do need to
25 do for our current members. We do have something on

1 the agenda, though, from the Board where they'll set
2 the terms because we don't have the term set at the
3 moment, but we will on June 5th. And then each
4 member of the Advisory Council serves until the
5 Board appoints a successor.

6 Section 22, 23, 24, those are adding in
7 genetic counselor, kind of in the list of licensees
8 that the Board governs, but in 24, there's also a
9 little bit more there in 240. It's really just
10 updating the references to retired status. This
11 would apply everybody, it's not specific to genetic
12 counselor.

13 This is just being updated while we're in
14 that provision, but it's not specific to genetic
15 counselor. So just clarifying that if someone
16 surrendered their license or retired their license
17 or didn't renew it, the Board still has jurisdiction
18 to take actions, potentially, regarding violations
19 that happened prior to that.

20 Section 25 adds in genetic counselor to
21 those lists.

22 Section 26 is, again, adding in genetic
23 counselors. And then there are some references to
24 NRS 630.336, that's because it was amended this last
25 session. They're basically just saying that our

1 regulations include those revisions as well.

2 Section 27 is also adding genetic
3 counselor to our list of licenses, 28 as well, and
4 that's about retired, basically placing a license on
5 a retired status.

6 Section 29, this is actually just a change
7 we're making. This has to do with anesthesiologist
8 assistants. It's just kind of making it consistent
9 with -- because I think we realized that this part
10 didn't match the other license types when we're
11 going through this, so just adding in this language
12 for them for endorsement applications for
13 consistency.

14 And then Section 30 just says the
15 effective date of these regulations are once they're
16 stamped by the Secretary of State.

17 So I mentioned earlier that the
18 Legislative Commission has to review them at a
19 meeting and vote to approve them. And then the very
20 next day, or maybe even that same day, those go to
21 the Secretary of State for a stamp, and that stamp
22 date is really when they officially are the law.

23 That is the overview of that.

24 4. Question & Answer Period for Proposed Regulation
25 LCB File No. R055-25

1 MS. BRADLEY: Now we would move on to item
2 4, which is the question and answer period for
3 proposed regulation and LCB File No. R055-25.

4 If you have questions and you're online,
5 please raise your hand and I'll just call on you in
6 the order that I see the hands. Are there are any
7 questions online?

8 Not seeing any. Oh, I do see one.
9 Ms. Barth, go ahead and unmute.

10 MS. BARTH: I had a question regarding
11 comment that I had made on Section 3.2.c.

12 MS. BRADLEY: Okay. Let me go there,
13 3.2.c.

14 MS. BARTH: On the bottom of page 7 of the
15 copy that I have.

16 MS. BRADLEY: Okay. Yeah, that's
17 actually -- I think that's actually 2.

18 MS. BARTH: Section 3.2.c.

19 MS. BRADLEY: Yeah. Perfect. Yeah, I got
20 it.

21 MS. BARTH: I believe that this should be
22 reading: Certification by the American Board of
23 Genetic Counseling, the Accreditation Council for
24 Genetic Counseling does not certify individuals,
25 they accredit genetic counseling training programs.

1 MS. BRADLEY: Okay.

2 MS. BARTH: And this is referring to the
3 individual being certified.

4 MS. BRADLEY: Yeah. Thank you for that.
5 And I do think I saw that in your comments. And I
6 will make a note that we update that, because that
7 needs to be changed.

8 So it should say, I'm sorry, just so I
9 have it exactly?

10 MS. BARTH: I mean likely it should say:
11 Certification issued by the American Board of
12 Genetic Counseling or the American Board of Medical
13 Genetics or its successor organization.

14 MS. BRADLEY: Okay. Does the American
15 Board of Medical Genetics still exist?

16 MS. BARTH: They do. But they no longer
17 certify genetic counselors. But many of us are
18 certified by the American Board of Medical Genetics.

19 MS. BRADLEY: Okay. So they let you keep
20 it. Essentially, they just don't give you one?

21 MS. BARTH: We have lifetime
22 certification.

23 MS. BRADLEY: Oh, awesome. Yeah, I will
24 make that note.

25 And I think we should just -- so everyone

1 knows, I'm allowed to make some changes and present
2 it to the Board with some changes as long as they're
3 not, like, substantive changes that, like, make
4 things harder or easier.

5 In this case, we're updating names. We
6 should have no problem updating that.

7 Anything else, Ms. Barth?

8 MS. BARTH: The other question that I had,
9 and I don't know if it can be addressed at this
10 point, is that with the retiree status, my
11 understanding is that the title protection that's
12 included in SB 189 would still apply.

13 However, I'm -- like my situation, I'm
14 certified by the American Board of Medical Genetics
15 and the American Board of Genetic Counseling
16 indefinitely, so I still maintain that title whether
17 I'm licensed or not licensed.

18 MS. BRADLEY: Let me see. I'm looking
19 at -- so that's NRS 630.400, I believe.

20 "It's unlawful for any person to hold
21 himself or herself out as a genetic counselor or use
22 any other term indicating or implying that he or she
23 is a genetic counselor without being licensed by the
24 Board."

25 That's a good question. I don't think I

1 would consider it an active license, so I would
2 almost think of it the same way that the license was
3 expired, you know, formerly licensed, but not
4 currently.

5 But it also, I guess, depends on -- like
6 in Nevada but maybe in another state, they wouldn't
7 have that same rule. It's a good question.

8 MS. BARTH: It's titled "Certified Genetic
9 Counselor," though it was issued by the
10 certification board and should not be restricted by
11 licensure.

12 MS. BRADLEY: Yeah.

13 MS. BARTH: You can't practice as a
14 practicing genetic counselor, but the title --

15 MS. BRADLEY: Okay. That's a good
16 question.

17 MS. BARTH: You know, if you're writing --
18 you have retired and you're writing a journal
19 article, you can still be able to call yourself and
20 title yourself --

21 MS. BRADLEY: Yeah.

22 MS. BARTH: -- "certified genetic
23 counselor," because you still are.

24 MS. BRADLEY: Yeah. No, that makes sense.
25 And we have a similar debate. If you look at this

1 provision, you can't say that you are -- if you
2 notice, it might be interesting, "physician" is not
3 included on the list.

4 MS. BARTH: Yes.

5 MS. BRADLEY: And the reason is, you know,
6 there are other types of physicians, we know there's
7 DOs and MDS, obviously you can't lie and say you're,
8 you know, an MD if you're not, but you could be an
9 MD and not be licensed and not be providing care and
10 you still can say, I'm an MD. So I get your point,
11 and I think it's a good one.

12 We will look at that. We do have some
13 changes that we're hoping to make to the nurses to
14 kind of just make the genetic counselor laws a
15 little bit -- a little bit more perfect, I guess.
16 And so I'll add this to the list and I'll have the
17 Advisory Council look at it as well. So thank you
18 for that.

19 Is there anything else that you have?

20 MS. BARTH: I think that's it.

21 MS. BRADLEY: Okay. Thank you for being
22 here.

23 Dr. Nunes?

24 DR. NUNES: Thank you. I appreciate all
25 of Christine Barth's comments. And so one, with

1 regard to 3.2.c, is that the current American Board
2 of Medical Genetics is known as the American Medical
3 Genetics and Genomics. And so I guess that could be
4 considered a successor organization.

5 I do know that my initial certifications
6 in the 90s were American Board of Medical Genetics,
7 and then the certifications in my maintenance of
8 certification have all come back with American Board
9 of Medical Genetics and Genomics, so I would assume
10 that the same thing would be the case for genetic
11 counselors.

12 And so if we're looking for the best
13 precise language, I think making it "genetics and
14 genomics" for that one sentence that Christine Barth
15 suggests makes the most sense.

16 MS. BRADLEY: Okay. I appreciate that.
17 Thank you. Anything else, Dr. Nunes?

18 DR. NUNES: No. Thank you.

19 MS. BRADLEY: Thank you.

20 Anyone else online want to raise their
21 hand?

22 I'm not seeing any. Are there any
23 questions in Reno? Has anyone joined us?

24 MS. FUENTES: There is still no one in
25 Reno and no comments.

1 MS. BRADLEY: Thank you so much.

2 And in Las Vegas, do we have anyone else
3 that wants to make a comment after Dr. Nunes did?

4 MS. PILI ESKEETS: No other public comment
5 from Las Vegas.

6 MS. BRADLEY: Perfect. Thank you.

7 I want make sure I include everyone. I
8 can't see -- I mean, I like the Teams because I have
9 all the things here on my computer and it makes it
10 easier for me to see all the documents, but I can't
11 see all the faces quite as easily.

12 5. Public Comment for Proposed Regulation LCB File
13 No. R055-25

14 MS. BRADLEY: Okay. So we are now moving
15 on to item 5, and this is public comment regarding
16 the proposed regulation LCB File No. R055-25.

17 Is there anyone online that would like to
18 make comment? Just raise your hand and I'll call on
19 you.

20 I'm not seeing any. Are there any
21 comments in Las Vegas?

22 MS. PILI ESKEETS: No other comments.
23 Thank you.

24 MS. BRADLEY: Thank you.

25 And, Mercedes, I'm checking with you

1 again, there's nobody in Reno?

2 MS. FUENTES: Hi, Sarah. There is no
3 public comment in Reno.

4 MS. BRADLEY: All right. Thank you.

5 6. Public Comment

6 MS. BRADLEY: So we will go ahead and move
7 to item 6. This is just a general public comment
8 period. It allows you to, you know, again bring up
9 anything, even genetic counseling-related or not,
10 that you might have.

11 So any individual online, please raise
12 your hand if you have public comment, and I'll call
13 on you.

14 Not seeing any online. Any in Las Vegas?

15 DR. NUNES: Thank you. I think that I
16 have one comment on one of Christine Barth's other
17 comments with respect to endorsement by --
18 application by endorsement.

19 MS. BRADLEY: Okay.

20 DR. NUNES: And she posits, why is this
21 one year as opposed to five years, and I'd like to
22 endorse one year, mainly because they're not a lot
23 of genetic counselors out and about. There's a
24 fairly large volume of telemedicine practitioners
25 who have been practicing for a couple of years and

1 maintaining certification in multiple states.
2 Applying for certifications in multiple states is
3 expensive and time consuming, and so I think a
4 one-year period of practice for endorsement makes
5 more sense than a five-year period.

6 But I appreciate Ms. Barth's thoughts with
7 regard to this. It does seem like it should be
8 consistent with other practitioners.

9 MS. BRADLEY: Yeah, it definitely should.
10 And I appreciate that as well and thank you for
11 catching that. And I need to update, I think, that
12 anyway.

13 So the reason that is there is we have
14 some -- so we have endorsement for other licensees,
15 like perfusionists and practitioners of respiratory
16 care, and the way that those regulations were
17 drafted included this one-year period, and I
18 believe -- I need to double check, but I think we
19 got rid of it. I'll double check with what it is.

20 But I would like it to be consistent for
21 anesthesiologist assistants, perfusionists,
22 practitioners of respiratory care, and genetic
23 counselors. That's the intent.

24 And if it's one year for the others, we'll
25 make it one year. And then if not -- like I said, I

1 thought I was getting rid of it, because the intent
2 really isn't to -- because I think we had a
3 situation where someone was -- hadn't been
4 practicing. I can't remember. I have to look it up
5 and see. But the intent is for all of --

6 DR. NUNES: It makes sense to have some
7 period. Right? So I think somebody fresh out of
8 training, you know, shouldn't be applying for
9 multiple licenses and, you know, have it be by
10 endorsement from, you know, two of the other states
11 that they're -- you know, that they're at.

12 And I've applied for -- I have licenses in
13 other states by endorsement, and all of them have
14 got some sort of practice requirement ranging
15 anywhere from one year to three years to, I think,
16 five years was the longest period on any of -- any
17 applications that I've made to other states.

18 So I think, you know, it should be
19 internally consistent for Nevada.

20 MS. BRADLEY: Yeah. Okay. I'm going
21 to -- I'll take that note, thank you, and I'll shoot
22 for hopefully 12 months.

23 And then that does remind me, though,
24 because we have that other provision about looking
25 at the degree and giving that leeway, so maybe we

1 should just -- because right now it says five years.
2 And like I said, I think I just did that because we
3 were basically going to allow other sorts of
4 degrees, and I wanted -- but maybe we should just
5 not require experience there either.

6 I think, usually, we look at the -- part
7 of the reason I picked the five-year for that one
8 also is we ask about five years of work experience
9 with the application, and it doesn't all have to be
10 genetic counseling, of course, but we do just
11 generally ask, you know, for your address and then
12 five years of experience prior to applying.

13 And so I think when we were looking at the
14 ability of the Board to -- in Section 3, when we
15 added that other degree option, we added the
16 five years there.

17 Do you think that should be consistent?

18 DR. NUNES: That's a good question. And I
19 guess that if we're saying that for other
20 professions in the State of Nevada, that one year of
21 experience is enough for application by endorsement,
22 one year of experience should be sufficient, you
23 know, for licensure, or, I guess, the application
24 process is a little bit different.

25 MS. BRADLEY: It is, yeah. We could just

1 include them that way, as long as no one has a
2 problem with --

3 DR. NUNES: Yeah, let's not make it too
4 complicated. I would say that, you know, the
5 application process is different, and we're
6 basically asking you to account for what you've been
7 doing for the past five years prior to applying for
8 Nevada licensure. And that makes sense.

9 MS. BRADLEY: Yeah. Yeah. And then the
10 other thing we added was essentially saying you got
11 your degree, proof of graduation. This is for
12 traditional. So traditional would be I graduated
13 from a program in genetic counseling that's been
14 approved and accredited, you know, as required in
15 the statutes. And then their other option would be
16 a substantially similar program if they were engaged
17 for at least five years prior to applying.

18 And so that would -- that person would no
19 longer have the endorsement, it would just be kind
20 of an alternate path for traditional. And then if
21 you do an endorsement, you have to prove that you
22 have a license in another state in good standing.

23 DR. NUNES: You know, I think Christine
24 Barth makes some -- you know, we don't want to make
25 it too complicated, she makes some excellent points

1 in her discussion of the different places where
2 genetic counselors can potentially practice outside
3 of direct patient care. Right? So they can be --

4 MS. BRADLEY: Exactly.

5 DR. NUNES: -- laboratory consultants,
6 they can be research assistants, you know, a number
7 of other things.

8 And I think that if we kind of are
9 demanding a long period of clinical practice, that
10 we probably are going to get in trouble with all the
11 different things that genetic counselors do.

12 MS. BRADLEY: Okay. So for endorsement,
13 we'll do 12 months. Okay. And I'm going to --
14 maybe I'll just modify that one, the one that -- the
15 other one here, because I think we can distinguish
16 that if you're applying for licensure and you've not
17 gone to -- you know, the statute says genetic
18 counseling program, if the Board's going to look at
19 substantially similar, you should have five years
20 experience, but maybe it's not immediately
21 preceding.

22 DR. NUNES: If Christine's still online,
23 you know, I'd love her comments on this.

24 MS. BARTH: When I raised the question, I
25 was trying to look at consistency between different

1 sections, looking at the overall picture, and just
2 trying to gather why one year for the endorsement,
3 five years for the regular licensing. I was just
4 trying to to determine is that the standard. Is one
5 year the standard for all endorsement applications?
6 And if it's consistent within all the endorsement
7 applications, then it wouldn't need to be consistent
8 with the five years for the regular application
9 license.

10 MS. BRADLEY: Okay. All right. That's --
11 I mean, it should be -- whatever that endorsement
12 time period is, and I'm going to look that up and
13 make sure because I had some confusion on some of
14 the others as well with that. I'll double check
15 that and make sure we have that right and then --
16 and make it consistent. But I think I'll make it be
17 12 months, it won't be more, because it sounds like
18 that's sort of the consensus.

19 And then here, the reference of the
20 five years, it's really just for regular licensure
21 without endorsement. It's, you know, you've gone to
22 a school that maybe doesn't meet the black-and-white
23 requirements but it is equivalent, and you do have
24 the certification.

25 And so if you have five years' experience,

1 you would be eligible to be licensed without
2 question, and you don't have to prove the other
3 state licensure.

4 Go ahead.

5 MS. BARTH: Just since we've got the mics
6 open, was there any further discussion and analysis
7 of Section 15 that does not address consultants who
8 are licensed in another state? It only addresses
9 genetic counselors who are not licensed in other
10 states.

11 MS. BRADLEY: And the reason it addresses
12 only genetic counselors not licensed is that's
13 the -- that's what the statute says. The statute
14 says the people that are able to consult are people
15 that have a national certification but they are not
16 licensed in any state or territory. I don't know
17 why it's written that way.

18 That is on my list to fix in the
19 legislative session, hopefully. I can send -- you
20 know what I'll do? I'll -- because we did talk
21 about it last week at the legislative subcommittee,
22 and I have the draft -- and I'll pull it up. I can
23 send you the language.

24 But basically, yeah, we're trying to just
25 clarify that, and we're going to change it so that

1 anybody, whether you're licensed or not, you know,
2 if you're not licensed in Nevada, you should be
3 certified and you can consult. If a licensee here
4 asks you to do so, you can consult on a case with
5 that person.

6 And so yeah, we don't know why it was
7 written the way it was written. It was written the
8 way it is in the current statutes, and then we were
9 told we had to make a definition for temporary
10 basis. That's kind of why we were addressing it to
11 start with. But yeah, I think we all kind of agreed
12 that it was strange.

13 MS. BARTH: Is the 30 days consistent with
14 other temporary, other consultants within the
15 legislation? Within genetics, 30 days is just kind
16 of a very small window.

17 If you're consulting on a patient and
18 you're suggesting the counselor in Nevada have the
19 patient undergo, you know, an MRI and a full body
20 scan and genetic testing that includes X, Y, and Z,
21 it may take much longer than 30 days to actually get
22 the initial consultation information back, and the
23 genetic counselor would need to then consult the
24 out-of-state expert again following the results of
25 all those tests.

1 MS. BRADLEY: Thirty days is what we use
2 with regard to physicians. You are -- I do
3 understand your point, though, on the timing. We
4 could certainly consider looking at that. I think
5 the intent was, at least with physicians, the way we
6 think about it is it's -- it doesn't have to be days
7 all at once.

8 But we don't want you coming here for
9 two months, let's say, or an unlicensed person, you
10 know, like, practicing in Nevada for two months
11 without a license. So we've sort of said 30 days,
12 meaning kind of like 30, I guess, instances or -- we
13 haven't said that, the days is what we use for
14 physicians. We kind of just borrowed that and --
15 but I can look at that.

16 MS. BARTH: So days may not be defined as
17 an elapsed period of time so much as the number of
18 days?

19 MS. BRADLEY: That's kind of what -- I
20 mean, that's, I'd say, essentially what we were kind
21 of hoping for in a way. You know, again, I think
22 the intent was to just sort of distinguish, okay, so
23 I'm going to send -- those are -- I just put in the
24 chat the changes that I currently have drafted up
25 for genetic counselors, the statutes.

1 And so we're trying to address this issue
2 of the degree and the accreditation in here, adding
3 a physician that can work with students, and then
4 cleaning up this provision related to consulting and
5 saying anyone who's not licensed in Nevada and has
6 the certification could consult. Those are in
7 there.

8 Let me pull up for the physicians. I
9 believe, though -- I mean, I know 30 days is --
10 that's where we got it from, but I can't remember
11 exactly how it's phrased. I think the intent was
12 just so that people didn't, like I said, just come
13 here and sort of set up shop for 30 days or, you
14 know, two months or something.

15 Dr. Nunes, go ahead.

16 DR. NUNES: Do you need to go so far as to
17 say 30 nonconsecutive days, as you're implying,
18 instead of just saying 30 days?

19 MS. BRADLEY: Yeah, we could do that, if
20 that's a question. Let me find the provision in the
21 regulations for physicians.

22 Let's see. I don't see actually 30 days
23 here. I'll find it. I know there is a reference to
24 30 days elsewhere, and so that's kind of where we
25 got the idea from.

1 But yeah, 30 nonconsecutive days or up to
2 30 nonconsecutive days or, you know, essentially, I
3 mean, if you're here a lot doing this, maybe get
4 licensed in Nevada, but if you're just going to
5 occasionally help, then please do that, kind of, I
6 think that's the intent.

7 Go ahead, Julia.

8 MS. PRINZI: Logistically, I was
9 wondering, is there a separate application for the
10 licensure by endorsement at this point?

11 MS. BRADLEY: There will be. We don't
12 have it right now because the bill does not actually
13 allow for endorsement. We have, like, a general
14 authority in the statutes just to allow endorsement
15 for in general, but the bill didn't contain
16 endorsement.

17 These regulations actually create
18 endorsement for the first time for genetic
19 counselors.

20 MS. PRINZI: And then I didn't see any
21 mention of fees for the endorsement application. Is
22 that expected to be less than the full licensure
23 application?

24 MS. BRADLEY: It'll probably be the same
25 because it's the same for -- it's the same for

1 everyone else, endorsement is.

2 MS. PRINZI: So it's more just less work
3 on the applications?

4 MS. BRADLEY: Yeah, I'd say -- I mean, a
5 little bit. Generally speaking, it's actually the
6 same, plus you have to prove a state. Because if
7 you're applying by endorsement, generally you have
8 to prove, yes, I went to school, you know, and then
9 also I'm licensed in good standing in another state.

10 What it does for you as a physician is it
11 potentially allows you maybe to waive certain
12 requirements, like maybe an exam in the last
13 10 years or something like. That the Board can kind
14 of say, well -- and the same would be true here, in
15 theory, the way we originally had it drafted, this
16 would allow the Board to say, okay, your license is
17 in good standing in Texas and, you know, your school
18 wasn't certified, we will let you be licensed
19 through endorsement. It kind of created that.

20 That's kind of -- that was the idea
21 anyway, was to allow kind of the people we weren't
22 really thinking about who are practicing elsewhere
23 and probably would be perfectly fine practitioners
24 to come here.

25 And then also, the other thing it does is,

1 again, if you're a military member, it gives you
2 reduced fee. And so most of the time for other
3 license types, people don't really apply for
4 endorsement unless they're in the military, or if
5 you're a physician and you need to have a
6 requirement potentially waived.

7 Physician assistants, yeah, just military.
8 The other license types, it's really just military
9 and spouses that apply for endorsement.

10 MS. PRINZI: So generally, it would be a
11 good idea just to apply for a typical licensure
12 process, even if you're licensed in other states,
13 it's not a big difference unless it's military?

14 MS. BRADLEY: Yeah. I mean, that's what I
15 would say. I mean, you know, again, though, the way
16 we kind of had this drafted, we have that, well, if
17 you didn't go to a school that had a certification
18 and you've been working for five years and you have
19 a license in another state. But the way they
20 actually wrote it, though, they actually just put it
21 in the general.

22 I thought when LCB was doing it, they were
23 going to do it specifically for endorsement, but
24 they actually added it to the general licensure path
25 here for me. So I'll have to -- maybe I should go

1 through it again to make sure I've got all the
2 endorsement sections separate.

3 Oh, the other thing about endorsement is,
4 like I said, it could potentially be a little bit
5 faster time frame. And there is sort of -- like the
6 Board can license you in between meetings, the Board
7 can do that. Generally speaking, if you're a
8 traditional applicant, if you don't have any red
9 flags, you get licensed. If there's some flags, you
10 may have to have a Board review.

11 And so we did add here that potentially
12 the Board President and the Executive Director could
13 review your application via endorsement and get you
14 license a little bit quicker without coming to that
15 full Board, if there was a red flag that they both
16 approve of. If that makes sense.

17 MS. PRINZI: Yeah.

18 MS. BRADLEY: So there's that benefit.
19 But I don't think we're having any red flags that
20 I'm aware of with any of you. I think we already
21 have about 100 applications or so. I'm hoping
22 it's -- it won't be a huge problem.

23 MS. PRINZI: Thank you. That clarifies
24 that.

25 MS. BRADLEY: Is there any other questions

1 about the regulation or comments? Raise your hand
2 online if you'd like.

3 I'm not seeing any hands online. Do we
4 have any in Las Vegas wanting to make additional
5 comment?

6 MS. PILI ESKEETS: No comments from the
7 South.

8 MS. BRADLEY: Okay. Thank you.

9 Any additional comment in the North?

10 MS. FUENTES: No public comment.

11 MS. BRADLEY: Okay. Thank you.

12 7. Adjournment

13 MS. BRADLEY: We will go ahead and adjourn
14 the meeting. It is 3:27 p.m. Thank you, everyone,
15 for coming. And if you do have questions that come
16 up, please do email me. Again, this will be on the
17 Board's June 5th meeting and we'll do our best to
18 keep you informed all along the way.

19 And if you're not getting specific emails
20 from me, please let me know because I have a list of
21 what I call "stakeholders," it's people that have
22 reached out to me throughout this process, they're
23 getting an email from me. And then there's also --
24 I think many of you that get emails about
25 regulations and stuff.

1 But if you're on my stakeholder list,
2 you'll get something specifically for me at least.
3 And then if you're on the regulation list, you'll
4 know that, Open Meeting Law, you'll get that. I'm
5 trying my best to make sure everybody gets a notice
6 of everything.

7 All right. Well, thank you, all, and have
8 a great rest of your week.

9 (Meeting concluded at 3:28.)

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STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, BRANDI ANN VIANNEY SMITH, do hereby
certify:

That I was present via Teams on May 12,
2026, for the Public Meeting and took verbatim notes
of the proceedings entitled herein, and thereafter
transcribed the same into typewriting as herein
appears.

That the foregoing transcript is a full,
true, and correct transcription of my notes of said
proceedings consisting of 47 pages, inclusive.

DATED: At Reno, Nevada, this 13th day of
May, 2026.



BRANDI ANN VIANNEY SMITH

[& - added]

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[person - pull]

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<p>44:10,13 reviewed 16:5 reviewers 13:7 revised 5:5 19:13,23 revisions 18:14 22:1 revoked 19:7 rid 31:19 32:1 right 4:24 10:17 16:13 30:4 32:7 33:1 35:3 36:10,15 41:12 46:7 rule 26:7</p>	<p>school 17:6 36:22 42:8,17 43:17 schools 9:12,13 17:5 second 4:10,25 secretary 22:16 22:21 section 7:23 9:4 9:19,23 10:18 11:11 12:7,11 12:13,19,21 13:15 14:4,22 15:20 16:10 17:10 18:8,15 18:18,21 20:16 21:6,20,22 22:2,6,14 23:11,18 33:14 37:7 sections 36:1 44:2 see 4:14 23:6,8 25:18 29:8,10 29:11 32:5 40:22,22 41:20 seeing 6:15 23:8 28:22 29:20 30:14 45:3 seek 19:19 seem 31:7 seemed 18:11</p>	<p>send 37:19,23 39:23 sense 26:24 28:15 31:5 32:6 34:8 44:16 sentence 28:14 separate 41:9 44:2 serves 21:4 service 18:2 services 17:15 17:24,25 18:20 session 16:24 21:25 37:19 set 18:4 21:1,2 40:13 shoot 32:21 shop 40:13 show 14:1 signature 47:18 signed 16:6 similar 10:4 18:7 26:25 34:16 35:19 sit 9:17 11:23 situation 25:13 32:3 situations 20:11 six 20:13 small 38:16 smith 1:24 47:4 47:19</p>	<p>society 18:9 somebody 32:7 soon 11:24 sorry 24:8 sort 4:23 16:3 18:18 32:14 36:18 39:11,22 40:13 44:5 sorts 33:3 sounds 17:4 36:17 south 45:7 speaking 42:5 44:7 specific 15:22 21:11,14 45:19 specifically 10:5 16:4,16 43:23 46:2 spouse 11:8,8 spouses 43:9 ss 47:1 stakeholder 46:1 stakeholders 45:21 stamp 22:21,21 stamped 22:16 standard 12:24 36:4,5 standards 15:10 standing 34:22 42:9,17</p>
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[start - things]

<p>start 17:8 38:11 started 4:7 state 1:2 2:3,3 10:23,24 17:12 17:16 19:5 20:22 22:16,21 26:6 33:20 34:22 37:3,8 37:16 38:24 42:6,9 43:19 47:1 states 10:22 17:13 31:1,2 32:10,13,17 37:10 43:12 status 12:4 15:1 19:1 21:10 22:5 25:10 statute 11:12 12:16,22 35:17 37:13,13 statutes 16:23 19:13,23 34:15 38:8 39:25 41:14 stay 12:4 strange 38:12 strict 12:1 student 17:9 students 16:10 16:12,14,16,22 16:24 17:6</p>	<p>40:3 stuff 45:25 subcommittee 37:21 subject 19:10 submit 5:13 13:18 substantially 10:4 34:16 35:19 substantive 25:3 substitute 14:12 successor 21:5 24:13 28:4 sufficient 33:22 suggesting 38:18 suggests 28:15 supervise 14:23 15:18 supervised 14:20 supervising 15:3,4 17:6 supervision 12:1 17:2,4,8 supervisor 14:11,13,16 15:8,16,23,24 supervisors 14:6</p>	<p>supposed 13:20 sure 14:7 15:9 16:7 17:21 18:1 20:5 29:7 36:13,15 44:1 46:5 surrendered 21:16 surviving 11:8 suspended 19:7</p> <p style="text-align: center;">t</p> <p>t 3:15 take 9:14,15 19:15 21:18 32:21 38:21 taken 8:8 14:8 talk 6:10 14:25 37:20 talking 14:4,10 16:10 20:16 talks 7:23 10:18 12:8,14 12:19 15:20 16:12 18:15,21 teams 29:8 47:6 telemedicine 30:24 tell 20:12 temporarily 14:13,23 15:6 temporary 11:11,13,18 12:4 14:5,9</p>	<p>15:5,17,22 16:2 18:4 38:9 38:14 term 21:2 25:22 terminated 14:19 terminates 14:18 terms 20:24 21:2 territory 17:12 37:16 testing 38:20 tests 38:25 texas 42:17 thank 4:13 6:21 7:2,3 10:8 24:4 27:17,21,24 28:17,18,19 29:1,6,23,24 30:4,15 31:10 32:21 44:23 45:8,11,14 46:7 theory 42:15 thing 28:10 34:10 42:25 44:3 things 7:19 8:13 12:9,10 16:12 18:19 19:3 25:4 29:9 35:7,11</p>
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[think - way]

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**WRITTEN COMMENTS
RECEIVED**

Archived: Wednesday, October 15, 2025 12:32:51 PM
From: whavins1@gmail.com
Sent: Wednesday, October 15, 2025 11:02:57 AM
To: [Mercedes Fuentes](#)
Cc: [Sarah A. Bradley](#)
Subject: RE: Notice of Workshop for R055-25 (SB189)
Sensitivity: Normal

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Fuentes and Deputy Executive Director Bradley,
Thank you for forwarding the proposed regulation workshop information for R005-25 regarding Genetic Counselors. It is very well written and thorough.
My only question relates to New Provision # 6.
Who will determine if the applicant "communicates adequately orally and in writing in the English language"?
Will the Board make this determination or assessment? Is there some other third party that will make this determination or assessment?
Will the applicant sign an affidavit or certify that he or she can adequately communicate in English?

Reasonably, the applicant should be able to communicate in English, but who determines the adequacy of that ability?
Please include this email in the records of the Workshop.

Thank you.
Sincerely,
Weldon Havins

Weldon (Don) Havins, MD, JD, LLM
Professor Emeritus
Touro University Nevada
(o) 702-796-6868
(c) 702-338-5872
whavins1@gmail.com
www.wehavins.com

From: Mercedes Fuentes <fuentesm@medboard.nv.gov>
Sent: Tuesday, October 14, 2025 12:02 PM
Subject: Notice of Workshop for R055-25 (SB189)

Good Afternoon All,

Please see the attached Notice of Workshop relating to R055-25 (SB189). This is a *second* Workshop to take place November 17, 2025, at 11:30 a.m. If you have any questions please contact our office.

Respectfully,

Mercedes Fuentes
Senior Legal Assistant to:
Deonne E. Contine, General Counsel
William P. Shogren, Deputy General Counsel

Sarah A. Bradley, Deputy Executive Director
NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive, Reno, NV 89521
Tel: (775) 324-9380
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fuentesm@medboard.nv.gov



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**GENETIC
COUNSELORS**
ASSOCIATION OF NEVADA

**GENETIC COUNSELORS
ASSOCIATION OF NEVADA**
Las Vegas, Nevada
Email: nvgeneticcounselors@gmail.com

October 21, 2025

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

**Re: Written Comments on Proposed Regulations Implementing SB189 –
Licensure of Genetic Counselors**

Dear Members of the Board,

Thank you for the opportunity to provide written comments regarding the proposed regulatory provisions implementing Senate Bill 189 related to the licensure of genetic counselors. I appreciate the Board's efforts to establish a fair and effective framework for the profession in Nevada.

Below are several provisions that I respectfully submit for clarification or revision to promote consistency with national standards, reduce administrative burden, and ensure equitable access to licensure.

Provision #4 – Late Renewal Fees

The requirement for payment of twice the biennial renewal fee for late renewal appears overly punitive. Other states typically assess flat late fees between \$40 and \$70 rather than doubling the entire renewal amount.

Relevant language:

"If a licensed genetic counselor fails to pay the fee for biennial registration after it becomes due... the holder may be reinstated... if the holder pays twice the amount of the current fee for biennial registration."

Recommendation: Replace the doubled fee with a fixed late fee consistent with other professional licensing standards.

Provisions #7 and #24 – Competency Assessment Requirements

For applicants who have not practiced within 24 months, the current language requires completion of a Board-designated competency examination. While this approach has merit, allowing continuing education or supervised practice as alternative pathways could provide flexibility and better reflect professional norms.

Relevant language:

“If an applicant... has not practiced as a genetic counselor for at least 24 months... the applicant must... take and pass a competency examination or other competency assessment designated by the Board.”

Recommendation: Include continuing education or supervised practice as acceptable options for demonstrating current competency.

Provision #15 – Written Consent for Student Participation

Requiring written consent from patients before a student may assist in care may unintentionally create workflow inefficiencies and administrative hurdles in clinical training settings.

Relevant language:

“Before the student may participate in the patient’s care, the patient must consent in writing to the student assisting the genetic counselor.”

Recommendation: Consider allowing general consent for trainee participation, consistent with standard practice in other clinical education programs.

Provision #15 – Scope of Student Supervision

The restriction that students may only assist licensed genetic counselors does not account for the role of medical geneticists, who are often directly involved in training programs.

Relevant language:

“A student... shall not assist any person other than a licensed genetic counselor... or perform tasks delegated by a person who is not a genetic counselor.”

Recommendation: Allow supervision by licensed physicians or medical geneticists affiliated with accredited training programs.

Provision #15 – Definition of “Direct Supervision”

The definition requiring a supervisor to be physically or electronically present for all student-patient interactions is too restrictive. The Accreditation Council for Genetic Counseling (ACGC) endorses a flexible, graduated supervision model, allowing increasing autonomy as students demonstrate competence.

Relevant language:

“‘Direct supervision’ means supervision wherein the licensed genetic counselor is located in the same room... or can directly observe the student’s communications with patients.”

Recommendation: Revise this definition to permit progressive supervision models, including indirect oversight once competence is established.

New Provision #25 – Supervision of Temporary Licensees

Current language limits supervision of temporary licensees to licensed genetic counselors, excluding qualified medical doctors who may be appropriate supervisors.

Recommendation: Expand supervision eligibility to include licensed physicians.

New Provision #25 – Compensation Oversight

Requiring Board approval of compensation agreements between temporary licensees and their supervisors is unusual and may exceed the typical scope of regulatory oversight.

Relevant language:

“This agreement must provide for compensation... as approved by the Executive Director of the Board.”

Recommendation: Clarify that employer institutions, not the Board, determine compensation arrangements for temporary licensees.

Provision #25 – Supervisor Liability and Accountability

Under the current supervision agreement language, the supervising counselor bears full responsibility without clear delineation of liability protections or disciplinary procedures for temporary licensees.

Recommendation:

- Specify accountability and penalties for temporary licensee misconduct.
- Include protections for supervisors against liability for actions taken independently by their supervisees.

Other Considerations

To promote equitable access to licensure, I encourage the Board to explore options for financial assistance or fee waivers for applicants who face financial barriers in the application process.

Thank you for your time and consideration of these comments. These recommendations are intended to help Nevada establish a balanced, practical, and equitable licensure system for genetic counselors that aligns with national best practices and supports a growing professional workforce.

Respectfully submitted,

Genetic Counselors Association of Nevada



October 27, 2025

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

RE: Public Comment – Draft Regulations for Genetic Counselors (SB189 Implementation)

Dear Members of the Board,

On behalf of Cure 4 The Kids Foundation (C4K), I want to thank the Nevada State Board of Medical Examiners for its thoughtful work in advancing regulations to implement SB189, establishing licensure for genetic counselors in our state. As Nevada's only tax-exempt, pediatric specialty treatment center for children with cancer, blood disorders, and rare diseases, C4K strongly supports this effort to strengthen patient safety, align with national standards, and expand access to qualified genetic professionals across Nevada.

We have reviewed the draft regulations and appreciate the Board's comprehensive approach to professional ethics, education, and oversight. Our recommendations below are offered in the spirit of collaboration and with the goal of ensuring these regulations foster workforce growth, professional equity, and patient access.

1. Renewal Penalty (Provision #4)

The current requirement that licensees pay *twice the biennial renewal fee* if a renewal is late may be overly punitive and inconsistent with national norms. Most states impose a flat late fee ranging from \$40-\$70.

Recommendation: Adopt a flat, reasonable late renewal fee consistent with national standards to avoid creating financial hardship or workforce attrition.

2. Competency Reassessment After Career Break (Provisions #7 & #24)

Requiring a competency examination after 24 months of inactivity could unintentionally discourage qualified professionals from re-entering the workforce.

Recommendation: Allow alternative pathways for reinstatement such as:

- Completion of continuing education or refresher coursework.
- A short period of supervised practice; or
- Board-approved competency verification.

This flexibility aligns with ABGC and NSGC standards while maintaining patient safety.

3. Student Supervision & Consent (Provision #15)

Two subsections in this provision may need adjustment for consistency with clinical education standards:



- **Written Patient Consent:** Requiring separate written consent for each student encounter creates unnecessary workflow barriers.
- **Supervision Scope:** Limiting student supervision only to licensed genetic counselors omits medical geneticists, who frequently co-train genetic counseling students.
Recommendation:
- Utilize standard clinical consent processes already in place within accredited programs.
- Expand supervision eligibility to include ACGC-accredited supervisors, including both genetic counselors and medical geneticists.

4. Definition of “Direct Supervision”

The draft’s current definition—requiring the supervisor to be physically or electronically present during all patient interactions—is overly restrictive.

Recommendation: Align with the Accreditation Council for Genetic Counseling’s (ACGC) “progressive supervision” model, allowing graduated independence as students demonstrate competency, while retaining appropriate oversight.

5. Financial Accessibility

Licensure should be attainable for all qualified professionals, including new graduates and individuals facing financial hardship.

Recommendation: Include a fee waiver or financial assistance provision for licensure applicants who demonstrate need. This would help ensure equitable access to the profession and encourage diversity within Nevada’s genetic counseling workforce.

Cure 4 The Kids Foundation fully supports the Board’s efforts to ensure Nevada’s licensure process reflects ethical rigor, patient safety, and professional accountability. With the adjustments noted above, these regulations will also advance workforce sustainability and access to care for children and families across our state.

We thank the Board for its leadership and welcome continued collaboration as this process moves forward.

Respectfully submitted,

Annette Logan-Parker
Founder & Chief Advocacy & Innovation Officer
Cure 4 The Kids Foundation
Chair, Nevada Rare Disease Advisory Council



October 28, 2025

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

RE: Public Comment – Draft Regulations for Genetic Counselors (SB189 Implementation)

Dear Members of the Board,

On behalf of the Nevada Rare Disease Advisory Council (NV-RDAC), we wish to thank the Nevada State Board of Medical Examiners for its work in developing regulations to implement SB189, establishing licensure for genetic counselors in our state.

The NV-RDAC strongly supports the intent of these regulations and recognizes the essential role that genetic counselors play in diagnosing, educating, and supporting children and adults with rare diseases. Genetic counselors are often the first professionals to help patients and families understand the cause of a rare condition, connect with specialists, and navigate complex healthcare systems. Establishing licensure is an important step toward ensuring quality, consistency, and access across Nevada.

While we commend the Board for its comprehensive draft, the Council respectfully offers the following recommendations to strengthen the framework and ensure it supports equitable access, workforce development, and interdisciplinary collaboration for Nevada's rare disease community.

1. Workforce Retention and Re-Entry (Provisions #7 & #24)

Requiring a competency examination after 24 months of inactivity may unintentionally discourage qualified professionals—especially those taking family or medical leave—from re-entering the workforce.

Recommendation: Allow alternatives to re-examination such as continuing education, supervised practice, or competency verification. This flexibility aligns with national standards and supports workforce retention in a state already facing shortages in genetics and rare-disease care.

2. Late Renewal Penalty (Provision #4)

Requiring payment of *twice the biennial renewal fee* is unnecessarily punitive and inconsistent with other states.

Recommendation: Replace with a flat late fee (\$40–\$70) consistent with national norms to encourage license maintenance and reduce administrative barriers.



3. Student Supervision and Education (Provision #15)

The current requirement for written patient consent for each student encounter and the restriction of supervision solely to licensed genetic counselors may create unnecessary obstacles for training programs.

Recommendation:

- Allow use of standard clinical consent forms that already address student participation.
- Include medical geneticists and ACGC-accredited supervisors in allowable supervision roles.
- Adopt a progressive supervision model, consistent with ACGC standards, to allow students greater autonomy as competency is demonstrated.

4. Rural and Frontier Access

Nevada's geographic diversity creates significant barriers to accessing genetic counseling services in rural, tribal, and frontier regions.

Recommendation:

- Support telehealth and cross-state practice provisions allowing licensed GCs from other states to provide consultative services under Nevada licensure or limited permits.
- Encourage the future Genetic Counseling Advisory Council to monitor workforce distribution and identify access gaps affecting rural and underserved communities.

5. Pediatric and Undiagnosed Rare-Disease Populations

Many children with undiagnosed or rare conditions rely on timely access to genetic counselors for accurate diagnosis and care coordination.

Recommendation:

- Prioritize pediatric and rare-disease training within continuing education requirements.
- Encourage collaboration with pediatric specialty centers, such as Cure 4 The Kids Foundation, to ensure workforce planning addresses pediatric needs.

6. Data Sharing and Registry Alignment

Nevada's progress in genetic and rare-disease data collection should be connected to this licensure framework.

Recommendation:



- Coordinate with DHHS and NV-RDAC to share aggregate workforce data (license counts, practice locations, specialties) to inform statewide rare-disease and newborn-screening initiatives.
- Explore optional participation in rare-disease or genetic service registries for improved policy planning.

7. Interdisciplinary Collaboration

Rare-disease care often requires multi-specialty input between genetic counselors, medical geneticists, and disease-specific experts.

Recommendation:

- Clarify that licensed genetic counselors may collaborate with other medical professionals in integrated care models.
- Encourage inclusion of interdisciplinary collaboration as a competency area in continuing education.

8. Financial and Equity Considerations

Licensure fees and regulatory costs can deter early-career professionals from entering Nevada's workforce, which affects access for patients with rare diseases.

Recommendation:

- Add fee waivers or financial assistance options for applicants facing hardship.
- Incorporate cultural competency and equity training into continuing education requirements to promote linguistically and culturally responsive care.

9. Patient Voice and Advisory Representation (Provision #23)

The creation of a Genetic Counseling Advisory Council is a significant opportunity for collaboration.

Recommendation:

- Include a non-voting rare-disease patient or family representative, or designate an NV-RDAC liaison, to ensure community perspectives remain central to implementation.

The Nevada Rare Disease Advisory Council applauds the Board's leadership in advancing these regulations. With a few targeted refinements, this framework can both safeguard patient safety and support a growing, inclusive workforce equipped to meet the complex needs of Nevada's rare-disease population.



We thank you for considering these recommendations and remain ready to collaborate as implementation progresses.

Respectfully submitted,

A handwritten signature in black ink that reads "Annette Logan-Parker". The signature is written in a cursive, flowing style.

Annette Logan-Parker

Chair, Nevada Rare Disease Advisory Council

Founder & Chief Advocacy & Innovation Officer, Cure 4 The Kids Foundation

Archived: Friday, January 30, 2026 5:47:02 PM
From: [Julia Prinzi](#)
Sent: Wednesday, January 7, 2026 3:56:12 PM
To: [Sarah A. Bradley](#)
Subject: RE: Genetic Counseling Advisory Board
Sensitivity: Normal
Attachments:
Prinzi_CV .pdf;

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon Sarah,

Happy New Year to you and your family, as well. I hope you are recovering well from your procedure. I get called Julie quite frequently, I appreciate your correction, but it is no problem at all.

I attached my updated curriculum vitae to this email for the Board's review. Please let me know if you need anything further.

Thank you as well for the Licensing Updates email outlining the remaining steps in the regulatory process. This was very helpful. I have begun reaching out to potential candidates who may be well-suited to represent the public interest on the Council.

Although I am unable to attend the public hearing on the 16th, I have reviewed the updated draft regulation from the Legislative Counsel Bureau dated December 5. I appreciate that many of the changes requested at prior meetings have been incorporated, and I fully support the proposed regulations.

One provision may unintentionally create challenges related to temporary licensure. Section 5(1)(b) requires proof of registration for the board exam to obtain a temporary license. The examination is offered only in August and February. Graduating students often secure employment prior to graduation and may begin working as early as May. While registration for the August examination opens May 1, some graduates may plan to sit for the February examination, particularly if they begin employment immediately and lack dedicated study time. Registration for the February examination does not open until September 1, which would prevent otherwise eligible applicants from obtaining temporary licensure.

Sincerely,

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DATE: April 16, 2026
TO: Sarah A. Bradley, J.D., MBA
Deputy Executive Director
Nevada State Board of Medical Examiners
FROM: Christine Kay Barth, MA, CGC
RE: Feedback on LCB Draft of Third Revised Proposed Regulation R055-25

- I presume that the date in this notice is incorrect. What is the deadline for the formal comments before the May 12 meeting?

10. The time when, the place where and the manner in which interested persons may present their views on regarding the proposed regulation:

Persons wishing to comment upon the proposed regulations of the Nevada State Board of Medical Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Nevada State Board of Medical Examiners, 9600 Gateway Drive, Reno, Nevada 89521. Written submissions must be received by the Nevada State Board of Medical Examiners on or before 10:00 a.m., on January 16, 2026. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Nevada State Board of Medical Examiners may proceed immediately to act upon any written submissions.

- **Section 2.1. (b) (1) (2):** I might envision a situation in which a practicing genetic counselor may have taken the ABGC exam 5 to 10 years previously, practiced for a number of years, then gave birth to her first child followed by an extended maternity leave, had a second child before returning to practice, maintained continuing education requirements for ABGC certification no lapse in certification. What kind of competency exam or other assessment of competency would the Board be qualified to design? The applicant would not be eligible to retake the ABGC exam, and is the Board qualified to design an alternate assessment tool? I did a search and it seems that this is similar language to other health professions. Would this more likely be a re-entry program similar to what many states require for other health care practitioners after an extended period of not practicing, such as 5 years? Also, what would constitute not practicing? Would this include a genetic counselor who was employed in a non-clinical role such as an account executive or medical information liason? Does practicing have to be direct patient care?

(b) At the order of the Board, take and pass a competency examination or other assessment of competency designated by the Board if the applicant has not:

(1) Engaged in the practice of genetic counseling for more than 24 consecutive months immediately preceding the date of the application; or

(2) Passed an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, within the 24 months immediately preceding the date of the application.

- **Section 3. 2. (a) (2):** This additional language to the regulations would seem to resolve my situation and the situations of genetic counselors who graduated before 2012 and genetic counselors whose degree title is other than "Genetic Counseling."

(2) That the Board determines is substantially similar to a program that satisfies the requirements of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, if the applicant has been engaged in the practice of genetic counseling for at least 5 years immediately preceding the date on which the application is submitted;

- **Section 3. 2. (c):** I believe that this should read: "certification issued by the American Board of Genetic Counseling or the American Board of Medical Genetics, or its successor organization:"

(c) Proof of certification issued by the Accreditation Council for Genetic Counseling, or its successor organization; and

- **Section 4. 2. (b):** Is there a reason that application by endorsement only requires 1 year, but standard application requires 5 years?

(b) Proof that he or she has engaged in the practice of genetic counseling for a period of at least 12 months immediately preceding the date on which the application is submitted;

- **Section 4. 2. (c) (2):** As per above, this additional language to the regulations would seem to resolve my situation and the situations of genetic counselors who graduated before 2012 and genetic counselors whose degree title is other than "Genetic Counseling."

(2) That the Board determines is substantially similar to a program that satisfies the requirements of subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, if the applicant has engaged in the practice of genetic counseling for a period of at least 5 years immediately preceding the date on which the application is submitted;

- **Section 9. 2:** This is an interesting way to compensate for unpaid time. However, since these hours would only apply to Nevada licensure, genetic counselors serving on the Advisory Board and/or providing review of complaints should be encouraged to apply for Continuing Education Units through the American Board of Genetic Counseling Professional Activities (PAC) option. Thus, hours would count towards recertification.

2. The Board may issue not more than 5 hours of continuing education during a biennial licensing period to a genetic counselor who reviews a complaint for the Board. The hours issued by the Board:

(a) May be credited against the hours of continuing education required by section 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101;

(b) Except as otherwise provided in paragraph (c), must be equal to the actual time involved in performing the review; and

(c) May not exceed 5 hours per review.

3. Leadership Activities / Professional Service

- » 0.5 PAC per 25 hours of service in a leadership role such as, but not limited to, a board member, committee/taskforce chair/co-chair, or Special Interest Group chair/co-chair. Activities/service must be related to a practice-based competency for genetic counselors.
- » 0.1 PAC for at least 10 hours per year in an active service role on a committee/taskforce, Special Interest Group, or with an organization. Activities/service must be related to a practice-based competency for genetic counselors.
- » Max 1 PAC per year

Required Documentation:

Complete PAC form - List organization name, dates of service. All activities/service must be related to a practice-based competency for genetic counselors.

- » **Leadership Activities / Professional Service PAC Form**

- **Section 12 2. (b):** If a specific name badge is required for a genetic counselor with a temporary license, should not a specific name badge be required for a student?

(b) Wear at all times while on duty a name badge that identifies the holder as a “Graduate

Genetic Counselor.”

•

- **Section 14.4:** There is nothing indicating whether a licensed genetic counselor can or cannot supervise a temporarily licensed genetic counselor and “receive assistance” from more than three students. Of note, I am amused with the “receive assistance” terminology used here. There is nothing about supervising a genetic counseling graduate student that represents that they are providing assistance to the licensed genetic counselor. When supervising student, the workload doubles for each patient with student involvement.

4. A genetic counselor shall not receive assistance from more than three students at one time.

- **Section 15:** I have the same concerns regarding this section that you mentioned. This does not address consultants who are licensed in another state. Wisconsin addresses consulting by both genetic counselors licensed in another state and non-licensed genetic counselors in both the law and the regulations.

<https://docs.legis.wisconsin.gov/statutes/statutes/448/viii/9703>

- (2) A license is not required under this subchapter for any of the following if the person does not claim to be a genetic counselor:
- (a) Any person, such as a physician, who is lawfully practicing within the scope of a license, permit, registration, or certification granted by this state or the federal government.
 - (b) Any person assisting a genetic counselor in practice under the direct, on-premises supervision of the genetic counselor.
 - (c) A student of genetic counseling assisting a genetic counselor in the practice of genetic counseling if the assistance is within the scope of the student's education or training.
 - (d) A person who is licensed to practice genetic counseling in another state or country and who is providing consulting services in this state on a temporary basis, as determined by the board by rule, if the person notifies the board that he or she will be providing consulting services and of the nature and date of those services and receives authorization from the board to provide consulting services on a temporary basis under this paragraph.
 - (e) A person who is not licensed to practice genetic counseling in another state or country and who is providing consulting services in this state on a temporary basis, as determined by the board by rule, if the person satisfies all of the following:
 1. The person is certified by the American Board of Genetic Counseling or the American Board of Medical Genetics and Genomics.
 2. The person notifies the board that he or she will be providing consulting services and of the nature and date of those services.
 3. The person receives authorization from the board to provide consulting services on a temporary basis under this paragraph.

https://docs.legis.wisconsin.gov/code/admin_code/gen_couns/2/04

- Gen Couns 2.05 Exceptions.** A license to practice genetic counseling is not required for any of the following if the person does not claim to be a genetic counselor:
- (1) Any person who is lawfully practicing within the scope of a license, permit, registration, or certification granted by this state or the federal government.
 - (2) Any person assisting a genetic counselor in practice under the direct, on-premises supervision of the genetic counselor.
 - (3) A student of genetic counseling assisting a genetic counselor in the practice of genetic counseling if the assistance is within the scope of the student's education and training.
 - (4) Pursuant to s. 448.9701 (2) (d), Stats., a person who is licensed to practice genetic counseling in another state or country and who is providing consulting services in this state on a temporary basis. The person must notify the board that they will be providing consulting services and the nature and date of those services. The person must receive authorization from the board to provide consulting services on a temporary basis prior to the beginning of the time period they are providing those consulting services.
 - (5) Pursuant to s. 448.9701 (2) (e), Stats., a person who is not licensed to practice genetic counseling in another state or country and who is providing consulting services in this state on a temporary basis, if the person satisfies all of the following:
 - (a) Holds a current certification by the American Board of Genetic Counseling or the American Board of Medical Genetics and Genomics.
 - (b) Submits notification to the board that they will be providing consulting services and the nature and date of those services.
 - (c) Receives authorization from the board to provide consulting services on a temporary basis prior to the beginning of the time period they are providing those consulting services.

History: FmR2313; emerg. cr., eff. 9-15-23; CR 23-061; cr. Register May 2024 No. 821, eff. 6-1-24.

Section 15 makes more sense when put into the context of the entirety of HB 189, section 9. The regulation is delineating a process by which a non-licensed genetic counselor may provide consulting services in Nevada. Since HB189 and the regulation does not include genetic counselors licensed in another state, as written, genetic counselors licensed in another state can provide consulting services without being licensed in Nevada and without getting approval/authorization from the Board. Since consulting by licensed genetic counselors is not outlined in HB189, does that mean that it cannot be added to the regulation?

Sec. 9. 1. *A student who is enrolled in a program in genetic counseling described in subsection 4 of section 7 of this act and who does not hold a license to practice genetic counseling may assist a genetic counselor in the practice of genetic counseling if such assistance is within the scope of the education and training of the student.*

2. *Any other person who is not licensed to practice genetic counseling may assist a physician, osteopathic physician, physician assistant licensed pursuant to this chapter or chapter 633 of NRS, advanced practice registered nurse or genetic counselor in the practice of genetic counseling under the direct supervision of a physician, osteopathic physician, physician assistant, advanced practice registered nurse or genetic counselor who is on the same premises where the assistance is being provided.*

3. *A person who is not licensed to practice genetic counseling in this State, the District of Columbia or any state or territory of the United States but holds a valid certification issued by the American Board of Genetic Counseling, or its successor organization, may provide consulting services related to genetic counseling in this State on a temporary basis if he or she receives authorization from the Board.*

4. *A physician or physician assistant who engages in genetic counseling as part of his or her practice of medicine or practice as a physician assistant, as applicable, is not required to obtain a license as a genetic counselor.*

- **Section 15.** A period of 30 days may be too short to provide consulting intended to be covered by this section. 60 days or 90days may be more appropriate.

3. As used in subsection 3 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, "temporary basis" means a period of not more than 30 days.

Wisconsin provided the following definition:

"Temporary basis" means three months from the date you submit notification to the board. After those three months, regular licens required

Note: The definition above does not apply to those individuals who hold a temporary license under s. 448.9705, Stats.

Section 21. Looks like if I want to apply to serve on the Nevada Genetic Counseling Advisory Council, I would have to apply and be appointed before January 1, 2029, as I don't plan to move to Nevada anytime soon.

Sec. 21. 1. *In addition to the qualifications required by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, any member appointed on or after January 1, 2029, to the Genetic Counseling Advisory Council pursuant to paragraph (b) of subsection 2 of that section must have resided in and continually practiced as a licensed genetic counselor in this State for at least 3 years immediately preceding the appointment.*

DATE: May 10, 2026
TO: Sarah A. Bradley, J.D., MBA
Deputy Executive Director
Nevada State Board of Medical Examiners
FROM: Christine Kay Barth, MA, CGC
RE: Feedback on LCB Draft of Third Revised Proposed Regulation R055-25

- **Section 2.1. (b) (1) (2):** There may be a situation in which a practicing genetic counselor may have taken the ABGC exam 5 to 10 years previously, practiced for a number of years, then took an extended leave from practice while maintaining continuing education requirements for American Board of Genetic Counseling certification no lapse in certification. The applicant would not be eligible to retake the ABGC exam, and is the Board qualified to design an alternate assessment tool? Would this be a re-entry program similar to what many states require for other health care practitioners after an extended period of not practicing, such as 5 years? Also, what would constitute not practicing? Would this include a genetic counselor who was employed in a non-clinical role such as an account executive or medical information liaison? Does practicing have to be direct patient care?

(b) At the order of the Board, take and pass a competency examination or other assessment of competency designated by the Board if the applicant has not:

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- **Section 3. 2. (a) (2):** This additional language to the regulations would seem to resolve the situation of genetic counselors who graduated before 2012 and genetic counselors whose degree title is other than "Genetic Counseling."

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(c) Proof of certification issued by the Accreditation Council for Genetic Counseling, or its successor organization; and

- **Section 4. 2. (b):** Is there a reason that application by endorsement only requires 1 year, but standard application requires 5 years?

(b) Proof that he or she has engaged in the practice of genetic counseling for a period of at least 12 months immediately preceding the date on which the application is submitted;

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Nevada 2025, at page 1099, if the applicant has engaged in the practice of genetic counseling for a period of at least 5 years immediately preceding the date on which the application is submitted;

Section 9. 2: This is an interesting way to compensate for unpaid time. However, since these hours would only apply to Nevada licensure, genetic counselors serving on the Advisory Board and/or providing review of complaints should be encouraged to apply for Continuing Education Units through the American Board of Genetic Counseling Professional Activities (PAC) option. (<https://www.abgc.net/Recertify/How-to-Recertify>) Thus, hours would count towards recertification.

2. The Board may issue not more than 5 hours of continuing education during a biennial licensing period to a genetic counselor who reviews a complaint for the Board. The hours issued by the Board:

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Required Documentation:

Complete PAC form - List organization name, dates of service. All activities/service must be related to a practice-based competency for genetic counselors.

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- **Section 15:** This section does not address consultants who are licensed in another state. Wisconsin addresses consulting by both genetic counselors licensed in another state and non-licensed genetic counselors in both the law and the regulations.

<https://docs.legis.wisconsin.gov/statutes/statutes/448/viii/9703>

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 - (b) Any person assisting a genetic counselor in practice under the direct, on-premises supervision of the genetic counselor.
 - (c) A student of genetic counseling assisting a genetic counselor in the practice of genetic counseling if the assistance is within the scope of the student's education or training.
 - (d) A person who is licensed to practice genetic counseling in another state or country and who is providing consulting services in this state on a temporary basis, as determined by the board by rule, if the person notifies the board that he or she will be providing consulting services and of the nature and date of those services and receives authorization from the board to provide consulting services on a temporary basis under this paragraph.
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History: ImR2313; emerg. cr., eff. 9-15-23; CR 23-061; cr. Register May 2024 No. 821, eff. 6-1-24.

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