

PROPOSED REGULATIONS

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

LCB File No. R111-25

March 9, 2026

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

AUTHORITY: §§ 1, 11, 12, 21, 35 and 38, NRS 630.130; §§ 2, 7, 8, 10 and 19, NRS 630.130 and 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633; §§ 3 and 5, NRS 630.130 and section 5 of Assembly Bill No. 483, chapter 482, Statutes of Nevada 2025, at page 3148; §§ 4 and 36, NRS 630.130 and section 29 of Senate Bill No. 5, chapter 12, Statutes of Nevada 2025, 36th Special Session, at page 182; § 6, NRS 630.130 and 630.259, as amended by section 24 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1604; §§ 9 and 27-29, NRS 630.130 and 630.279; § 13, NRS 630.130, as amended by section 11 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1596, NRS 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597, and NRS 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1110, and section 52 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1624; § 14, NRS 630.130 and 630.265, as amended by section 28 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1607; § 15, NRS 630.130 and 630.264; §§ 16 and 18, NRS 630.130 and 630.253; § 17, NRS 630.130, 630.253 and 630.2535; § 20, NRS 630.130, 630.352 and 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633; §§ 22 and 25, NRS 630.130 and 630.275; §§ 23 and 24, NRS 630.130, 630.253 and 630.275; § 26, NRS 630.130, 630.26825, 630.269, 630.275 and 630.279; § 30, NRS 630.130 and 630.269; §§ 31 and 32, NRS 630.130, 630.253 and 630.26825; §§ 33 and 34, NRS 630.130 and 630.26825; § 37, NRS 630.130, 630.253, as amended by section 1 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 88, NRS 630.26825 and 630.275.

A REGULATION relating to health care; providing for the expedited review of certain applications for licensure; authorizing certain physicians, physician assistants and anesthesiologist assistants to administer tumescent anesthesia in certain locations; establishing certain requirements relating to the administration of tumescent anesthesia in such locations; making various revisions relating to continuing education; providing for applicants for licensure who received training in certain foreign countries to be treated in the same manner as applicants who received training in the United States;

revising the applicability of the interpretation of the term “progressive postgraduate education”; revising certain examination requirements; eliminating certain requirements relating to the immigration status of applicants for certain licenses; revising the circumstances under which the Board of Medical Examiners may waive certain requirements for licensure; revising certain terminology; revising requirements relating to a temporary license to practice respiratory care; eliminating certain obsolete references and provisions; 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, genetic counselors, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) Assembly Bill No. 483 of the 2025 Legislative Session (A.B. 483) and Senate Bill No. 5 of the 36th Special Session (S.B. 5) require the Board to adopt regulations that establish a process for prioritizing the review of an application for certain licenses offered by the Board that is submitted by an applicant who: (1) expects to practice the profession for which he or she is applying to be licensed in certain geographic areas, serving certain populations or in certain specialties; and (2) meets certain other requirements. (Section 5 of Assembly Bill No. 483, chapter 482, Statutes of Nevada 2025, at page 3148, and section 29 of Senate Bill No. 5, chapter 12, Statutes of Nevada 2025, 36th Special Session, at page 182) **Sections 3 and 4** of this regulation establish a process by which an applicant who meets the qualifications set forth in A.B. 483 or S.B. 5, respectively, may request that the Board expedite its review of his or her application. **Sections 5 and 36** of this regulation establish the timeframe and process by which the Board will review and make a final decision on such an application.

Assembly Bill No. 319 of the 2025 Legislative Session (A.B. 319) authorizes the Board to exempt an applicant for a license as an administrative physician from certain requirements for licensure. (NRS 630.259, as amended by section 24 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1604) **Section 6** of this regulation establishes the requirements for licensure from which such an applicant is exempt.

A.B. 319 authorizes the Board to adopt regulations to authorize a physician, physician assistant or anesthesiologist assistant to administer or directly supervise the administration of tumescent anesthesia in certain locations or facilities that do not hold certain other credentials authorizing the administration of anesthesia. (NRS 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633) **Section 2** of this regulation defines “tumescent anesthesia,” and **section 10** of this regulation establishes the applicability of that definition. **Section 7** of this regulation establishes: (1) a process by which a physician may petition the Board for authorization to administer or directly supervise the administration of tumescent anesthesia at such locations; and (2) the grounds and procedure for the Board to suspend or revoke such authorization. **Section 8** of this regulation requires a physician who is authorized under **section 7** to administer tumescent anesthesia to maintain a log of records concerning procedures involving the administration of tumescent anesthesia. **Section 19** of this regulation requires such a physician to include certain information concerning procedures involving the administration of tumescent anesthesia in certain reports required to be submitted annually to the Board, and **section 20** of this regulation subjects a physician who knowingly misstates or misrepresents any such information included in such a report to certain administrative penalties. **Section 33** of this regulation eliminates provisions that prohibit an

anesthesiologist assistant from administering general anesthesia, conscious sedation or deep sedation in certain circumstances, as such provisions are duplicative of certain provisions of A.B. 319 that prohibit the same conduct. (NRS 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633)

Before the enactment of A.B. 319, the Board was required to treat an applicant for a license to practice medicine who completed his or her medical education in Canada in the same manner as an applicant who completed his or her medical education in the United States. A.B. 319 additionally provides for such equal treatment of applicants who completed their medical education in certain other foreign countries deemed equivalent to the United States and Canada with regard to medical education and licensure. (NRS 630.160 and 630.170, as amended by sections 14 and 19, respectively, of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at pages 1597 and 1602, respectively) **Sections 11, 13 and 16** of this regulation make conforming changes in the Nevada Administrative Code to provide for the equal treatment of applicants who completed their medical education in such equivalent foreign countries. **Section 13** also makes additional changes to conform with other provisions of A.B. 319 by: (1) eliminating provisions concerning the scoring of examinations for licensure that the Board no longer conducts; and (2) exempting certain applicants from limitations concerning the number of attempts and years in which an applicant is otherwise required to have passed each component of certain examinations.

Existing regulations provide that the Board will not recognize training received in the “fifth pathway program” established by the American Medical Association for the purpose of certain provisions requiring an applicant for a license to practice medicine to have completed a certain amount of progressive postgraduate education. (NAC 630.055) **Section 12** of this regulation additionally provides that the Board will not recognize such training for any other purpose under existing law applicable to progressive postgraduate education.

Existing law prohibits a regulatory body from denying an application for a professional license based on immigration or citizenship status. (NRS 622.238) **Section 14** of this regulation accordingly eliminates certain requirements concerning the immigration status of an applicant for or the holder of a limited license to practice medicine as a resident physician who is not a citizen of the United States.

Existing law authorizes the Board to waive certain requirements for the licensure of an applicant for a license to practice medicine who intends to practice in a “medically underserved area,” as that term is defined by regulation of the Board, of a county whose board of county commissioners has petitioned the Board to waive such requirements for such applicants. (NRS 630.264) **Section 15** of this regulation revises the definition of “medically underserved area” for this purpose.

Existing law and regulations require the holders of certain licenses issued by the Board to complete a certain number of hours of certain programs of continuing education as a prerequisite for the renewal of the license. (NRS 630.253, as amended by section 1 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 88, and NRS 630.2535; NAC 630.153-630.157, 630.353-630.358, 630.530, 630.740) **Section 9** of this regulation authorizes the holder of a license as a practitioner of respiratory care to claim and receive credit towards certain requirements for continuing education for acting as a preceptor in certain respiratory education programs. **Sections 16-18, 23, 24 and 31** of this regulation provide that the Board will recognize continuing education recognized by the American Academy of Family Physicians towards certain requirements applicable to physicians, physician assistants and anesthesiologist

assistants. **Section 29** of this regulation imposes certain requirements governing the content of continuing education required to be completed during each biennial licensing period by a practitioner of respiratory care.

Existing law requires each physician, physician assistant and anesthesiologist assistant to complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure. (NRS 630.253) **Sections 17, 24 and 32** of this regulation require such training to include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.

Assembly Bill No. 56 of the 2025 Legislative Session eliminated a requirement that each physician, physician assistant and anesthesiologist assistant complete training relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. (NRS 630.253, as amended by section 1 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 88) **Section 37** of this regulation accordingly repeals regulations that implement that eliminated requirement.

A.B. 319 revised the term used to refer to the document by which the Board initiates a formal disciplinary proceeding from a “complaint” to “formal charging document.” (NRS 630.309 and 630.339, as amended by sections 50 and 57, respectively, of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at pages 1623 and 1628, respectively) **Sections 21, 22, 25, 26, 28, 30 and 34** of this regulation make conforming changes to update that term where it appears in the Nevada Administrative Code.

Existing law authorizes an applicant for licensure as a practitioner of respiratory care who has not yet completed certain examinations or received certain certifications to practice as a respiratory care intern under a temporary license issued by the Board. (NRS 630.277, as amended by section 43 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1617) **Section 27** of this regulation revises certain requirements applicable to applicants for such a temporary license to practice respiratory care. **Section 27** also revises the content required to be displayed on a badge that the holder of such a temporary license is required to wear while on the job. (NAC 630.515)

A.B. 319 repealed provisions of existing law providing for the expedited licensure by endorsement to practice medicine of certain applicants. (Section 84 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1644) **Section 35** of this regulation eliminates a reference to that repealed provision of law.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this regulation.

Sec. 2. *“Tumescent anesthesia” has the meaning ascribed to it in NRS 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633.*

Sec. 3. 1. *An applicant for an initial license to practice medicine, to practice as a physician assistant, to practice as an anesthesiologist assistant, to practice as a practitioner of respiratory care, to practice as a perfusionist or to practice as a genetic counselor is eligible to have the review of his or her application prioritized by the Board pursuant to section 5 of this regulation if the applicant:*

(a) Has accepted an offer of employment from an employer that is located in a historically underserved community; and

(b) Includes with his or her application:

(1) A request for prioritization on a form supplied by the Board;

(2) A letter from the employer described in paragraph (a) which meets the requirements set forth in paragraph (a) of subsection 1 of section 5 of Assembly Bill No. 483, chapter 482, Statutes of Nevada 2025, at page 3148; and

(3) A signed attestation that the employer described in paragraph (a) is located in a historically underserved community.

2. *An applicant for a license is subject to discipline or denial of licensure if, after notice and hearing in accordance with this chapter, the Board finds that the applicant has willfully and intentionally submitted to the Board a forged or false attestation pursuant to subparagraph (3) of paragraph (b) of subsection 1.*

3. *As used in this section, “historically underserved community” has the meaning ascribed to it in section 5 of Assembly Bill No. 483, chapter 482, Statutes of Nevada 2025, at page 3148.*

Sec. 4. 1. An applicant for an initial license to practice medicine is eligible to have the review of his or her application prioritized by the Board pursuant to section 5 of this regulation if the applicant includes with his or her application:

(a) A request for prioritization on a form supplied by the Board; and

(b) A signed attestation that he or she reasonably expects to practice medicine after being issued the license:

(1) In a geographic area or serving a population that meets the criteria set forth in paragraph (a) of subsection 1 of section 29 of Senate Bill No. 5, chapter 12, Statutes of Nevada 2025, 36th Special Session, at page 182; or

(2) In a specialty that meets the criteria set forth in paragraph (b) of subsection 1 of section 29 of Senate Bill No. 5, chapter 12, Statutes of Nevada 2025, 36th Special Session, at page 182.

2. An applicant for a license to practice medicine is subject to discipline or denial of licensure if, after notice and hearing in accordance with this chapter, the Board finds that the applicant has willfully and intentionally submitted to the Board a forged or false attestation pursuant to paragraph (b) of subsection 1.

3. The Board will:

(a) Using data, timestamps and other metrics maintained by the Board:

(1) Monitor the expediency of the Board in reviewing applications accompanied by requests for prioritization pursuant to section 5 of this regulation from applicants who are eligible for such prioritization pursuant to this section; and

(2) Ensure that the Board reviews and makes final decisions on applications described in subparagraph (1) in the timeframes set forth in section 5 of this regulation.

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(b) Not less than once each year, collaborate with the Nevada Health Authority to perform the duties required by paragraph (b) of subsection 2 of section 29 of Senate Bill No. 5, chapter 12, Statutes of Nevada 2025, 36th Special Session, at page 182.

Sec. 5. 1. *Not later than 7 business days after receiving an application which includes a request for prioritization made pursuant to section 3 of this regulation, the Board will:*

(a) Verify that the application is complete and includes, without limitation:

(1) All required documentation; and

(2) All applicable fees; and

(b) If the Board determines that the application is incomplete, notify the applicant by telephone or in writing that his or her application is incomplete and describe the specific steps necessary for the applicant to complete his or her application.

2. As soon as practicable after verifying pursuant to paragraph (a) of subsection 1 that an application which includes a request for prioritization made pursuant to section 3 of this regulation is complete, the Board will begin processing the application and obtaining or verifying all transcripts, supporting documentation and background investigations that are necessary for the Board to evaluate the application.

3. The Board will approve, deny or set aside an application which includes a request for prioritization made pursuant to section 3 of this regulation for further consideration during the next scheduled meeting of the Board and notify the applicant of that action not later than 14 business days after the business day immediately following the date on which the Board has:

(a) Verified that the application submitted by the applicant is complete;

(b) Received from the Central Repository for Nevada Records of Criminal History the report of the Federal Bureau of Investigation concerning the applicant and the results of any other background investigation conducted with respect to the applicant; and

(c) Received and verified all applicable transcripts and any other supporting documents necessary for the Board to make a final decision on the application.

4. Not later than 7 business days after determining that additional information or documentation is required from an applicant who submitted an application which includes a request for prioritization made pursuant to section 3 of this regulation to make a final decision on the application, the Board will notify the applicant by telephone or in writing:

(a) That additional information or documentation is required; and

(b) Of the specific information or documentation that is required.

Sec. 6. 1. For the purposes of subsection 1 of NRS 630.259, as amended by section 24 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1604, an applicant for a license as an administrative physician is not required to satisfy the requirements of paragraph (c) of subsection 2 of NRS 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597.

2. The Board will not require an applicant for a license as an administrative physician pursuant to NRS 630.259, as amended by section 24 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1604, who has not practiced medicine in a clinical setting for a period of more than 24 consecutive months before the date on which the applicant submits his or her application to take any action described in NRS 630.257, as amended by section 22 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1603.

Sec. 7. 1. In addition to the circumstances specified in subsection 1 of NRS 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633, and section 2 of Assembly Bill No. 221, chapter 464, Statutes of Nevada 2025, at page 3054:

(a) A physician may administer or directly supervise the administration of tumescent anesthesia as authorized by the Board pursuant to subsection 3.

(b) A physician assistant or anesthesiologist assistant may administer tumescent anesthesia under the direct supervision of a supervising physician or supervising anesthesiologist who is authorized to administer tumescent anesthesia pursuant to paragraph (a) if a petition approved pursuant to subsection 3 or 4 identifies the physician assistant or anesthesiologist assistant as being authorized to administer tumescent anesthesia under the direct supervision of the supervising physician or supervising anesthesiologist.

2. A physician who wishes to administer tumescent anesthesia or directly supervise the administration of tumescent anesthesia by a physician assistant or anesthesiologist assistant at a location not described in subsection 1 of NRS 630.373, as amended by section 65 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1633, and section 2 of Assembly Bill No. 221, chapter 464, Statutes of Nevada 2025, at page 3054, must file with the Board a petition requesting authorization to administer or directly supervise the administration of tumescent anesthesia at such a location. A petition filed pursuant to this subsection must:

(a) Identify all such locations at which the physician will administer or directly supervise the administration of tumescent anesthesia;

(b) List the procedures that the physician will perform at such locations that involve the administration of tumescent anesthesia;

(c) If the physician will directly supervise the administration of tumescent anesthesia by a physician assistant or anesthesiologist assistant under his or her supervision, identify each such physician assistant or anesthesiologist assistant;

(d) Be accompanied by a copy of all protocols that the physician or any physician assistant or anesthesiologist assistant under the direct supervision of the physician will use when administering tumescent anesthesia, which must include, without limitation, protocols for:

(1) Ensuring proper sanitation during the administration of tumescent anesthesia; and

(2) Adequately monitoring a patient for whom tumescent anesthesia is being administered; and

(e) Be accompanied by documentation which demonstrates that the physician has completed training in:

(1) The specific types of procedures for administering tumescent anesthesia that the physician will administer or directly supervise the administration of; and

(2) Procedures for the cleaning of facilities within which tumescent anesthesia may be administered and controlling the spread of infectious diseases within such facilities.

3. In deciding whether to approve or deny a petition submitted pursuant to this section, the Board will consider, without limitation:

(a) The disciplinary history of the physician who submitted the petition;

(b) The disciplinary history of each physician assistant and anesthesiologist assistant identified in the petition, if applicable; and

(c) The sufficiency of the training described in paragraph (e) of subsection 2.

4. If a physician for whom the Board has approved a petition pursuant to this section wishes to authorize a physician assistant or anesthesiologist assistant who is not identified in the original petition approved by the Board to administer tumescent anesthesia under the direct supervision of the physician, the physician must submit a supplemental petition. A physician assistant or anesthesiologist assistant identified in a supplemental petition submitted pursuant to this subsection shall not administer tumescent anesthesia unless the supplemental petition submitted by his or her supervising physician or supervising anesthesiologist, as applicable, is approved by the Board.

5. The Board may, in accordance with the procedures for imposing disciplinary action set forth in this chapter and chapter 630 of NRS, suspend or revoke authorization granted pursuant to this section for any act or omission which would constitute grounds for disciplinary action under this chapter or chapter 630 of NRS.

Sec. 8. 1. *A physician who administers or directly supervises the administration of tumescent anesthesia pursuant to a petition approved by the Board pursuant to section 7 of this regulation shall keep and maintain, at each location described in the petition at which the physician administers or directly supervises any procedure involving the administration of tumescent anesthesia, a complete, timely, legible and accurate log of records concerning each such procedure. Such a log must contain, without limitation, a description of any preoperative, intraoperative and postoperative care that is provided to a patient in connection with a procedure involving the administration of tumescent anesthesia that is undertaken at the location at which the log is maintained.*

2. A physician shall make available to the Board, upon request of the Board, any log required to be maintained by the physician pursuant to subsection 1.

Sec. 9. 1. *A practitioner of respiratory care may, in the manner prescribed in subsection 2, claim not more than 5 hours of credit toward the hours of continuing education required by NAC 630.530, except for the hours required in medical ethics, during a biennial licensing period for acting as a preceptor in a respiratory education program approved by the Commission on Accreditation for Respiratory Care, or its successor organization. Such a practitioner of respiratory care may, subject to the limitations set forth in this subsection, claim 1 hour of continuing education for every 24 hours the practitioner of respiratory care spends acting as a preceptor in such a program.*

2. To receive credit for continuing education pursuant to subsection 1, a practitioner of respiratory care must:

(a) Apply to the Board in the manner prescribed by the Board; and

(b) As part of the application submitted pursuant to paragraph (a), provide the Board with a certificate or other documentation issued by the sponsor of the respiratory education program described in subsection 1 which:

(1) Provides that the practitioner of respiratory care has served as a preceptor in a program described in subsection 1; and

(2) Includes a verified accounting of the number of hours for which the licensee served as a preceptor in a program described in subsection 1 during the biennial licensing period.

Sec. 10. NAC 630.010 is hereby amended to read as follows:

630.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 630.025 , ~~and~~ section 2 of LCB File No. R069-23 *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 11. NAC 630.050 is hereby amended to read as follows:

630.050 1. The Board will ~~not accept any application for~~, *before issuing* any type of license to practice medicine in this State, ~~if the Board cannot~~ substantiate that the medical school from which the applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a ~~Canadian~~ medical school *in an equivalent foreign country* approved by either the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by ~~the Committee on Accreditation of Canadian Medical Schools~~ *an organization that accredits medical schools and is nationally recognized in the applicable equivalent foreign country.*

2. ~~Except as otherwise provided in NAC 630.130, an~~ *An* applicant for any license to practice medicine must file his or her sworn application with the Board. The application must:

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

3. If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Sec. 12. NAC 630.055 is hereby amended to read as follows:

630.055 As used in ~~paragraph (d) of subsection 2 of NRS 630.160,~~ *chapter 630 of NRS, the Board will interpret* the term “progressive postgraduate education” ~~does~~ *to* not include training received in the program commonly referred to as the “fifth pathway program,” which was established by the American Medical Association in 1971 to allow entry into the first year of

graduate medical education in the United States to citizens of the United States who study at foreign medical schools.

Sec. 13. NAC 630.080 is hereby amended to read as follows:

630.080 1. ~~For the purposes of paragraph (d) of subsection 2 of NRS 630.160, an~~ **An** applicant for a license to practice medicine must, except as otherwise provided in subsection 2, pass an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:

- (a) The Special Purpose Examination;
- (b) An examination testing competence to practice medicine conducted by physicians; or
- (c) Any other examination designed to test the competence of the applicant to practice

medicine.

2. The Board will deem an applicant to have satisfied the requirements of subsection 1 if:

(a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

- (1) Part III of the examination given by the National Board of Medical Examiners;
- (2) Component II of the Federation Licensing Examination;
- (3) Step 3 of the United States Medical Licensing Examination;
- (4) All parts of the *most commonly administered* examination ~~to become a licentiate of the Medical Council of Canada;~~ *for medical licensure in an equivalent foreign country, as designated by the Board for each such country;*
- (5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or
- (6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (b) of subsection 2 of NRS 630.160 ~~§~~, *as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597, and except as otherwise provided in subsection 4:*

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

4. ~~For any examination conducted by the Board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.~~ *The limitations set forth in subsection 3 do not apply to an applicant for a license to practice medicine who meets*

the criteria established in subsection 4 of NRS 630.160, as amended by section 14 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1597.

5. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

6. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

Sec. 14. NAC 630.130 is hereby amended to read as follows:

630.130 1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. ~~If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.~~

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of clinical training, and the period during which it is valid. ~~If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.~~

Sec. 15. NAC 630.145 is hereby amended to read as follows:

630.145 *1.* For the purposes of subsection 1 of NRS 630.264, *as amended by section 27 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1606*, “medically underserved area” means ~~any geographic area designated by the Board with a population to primary care physician ratio of 2,500:1. When designating a geographic area as medically underserved, the~~ :

(a) A historically underserved community, as that term is defined in section 5 of Assembly Bill No. 483, chapter 482, Statutes of Nevada 2025, at page 3148; or

(b) Any area designated by the Board pursuant to subsection 2.

2. The Board may consider any additional criteria proposed by the Officer of Rural Health of the University of Nevada School of Medicine or included in a petition submitted by a board of county commissioners pursuant to subsection 1 of NRS 630.264, as amended by section 27 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1606, and, based on such criteria, designate a geographic area not described in paragraph (a) of subsection 1 as a medically underserved area for the purpose of subsection 1 of NRS 630.264, as amended by section 27 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1606.

Sec. 16. NAC 630.153 is hereby amended to read as follows:

630.153 1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the Board by the final date set by the Board for submitting applications for biennial registration evidence, in such form as the Board requires, that he or she has completed 40 hours of continuing medical education during the preceding 2 years in one or more educational programs, 2 hours of which must be in medical ethics and 20 hours of which must be in the scope of practice or specialty of the holder of the license. Each educational program must:

(a) Offer ~~to~~ *to the holder of the license*, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association ~~to the holder of the license;~~ *or Prescribed credit as recognized by the American Academy of Family Physicians;*

(b) Be approved by the Board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association, *the American Academy of Family Physicians* or the Accreditation Council for Continuing Medical Education.

2. Any holder of a license who has completed a full year of residency or fellowship in the United States or ~~Canada~~ *an equivalent foreign country* any time during the period for biennial registration immediately preceding the submission of the application for biennial registration is exempt from the requirements set forth in subsection 1.

3. If the holder of a license fails to submit evidence of his or her completion of continuing medical education within the time and in the manner prescribed by subsection 1, the license will

not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, the person:

(a) Pays a fee to the Board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.268 ~~H~~, *as amended by section 3 of Assembly Bill No. 56, chapter 18, Statutes of Nevada 2025, at page 92;*

(b) Submits to the Board, in such form as it requires, evidence that he or she has completed 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association *or continuing medical education recognized for Prescribed credit by the American Academy of Family Physicians* within the preceding 2 years; and

(c) Is found by the Board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

4. The Board may issue up to 20 hours of continuing medical education credit during a single biennial period to a holder of a license to practice medicine if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the 40 hours required for any single biennial registration period pursuant to subsection 1; and

(b) Without exceeding the limit of 20 hours, must be equal to the actual time involved in performing the medical review.

Sec. 17. NAC 630.156 is hereby amended to read as follows:

630.156 1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a holder of a license to practice medicine who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete

at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a holder of a license to practice medicine shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder ~~within 2 years after initial licensure.~~ , *which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.*

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must offer ~~to the holder of the license~~ , upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association ~~to the holder of the license.~~ *or Prescribed credit as recognized by the American Academy of Family Physicians.*

4. A holder of a license to practice medicine is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

Sec. 18. NAC 630.157 is hereby amended to read as follows:

630.157 1. Except as otherwise provided in NAC 630.153, each person licensed after the beginning of a period of biennial registration must, if he or she was licensed during the:

(a) First 6 months of the biennial period of registration, complete 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the

American Medical Association ~~§~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;*

(b) Second 6 months of the biennial period of registration, complete 30 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~§~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;*

(c) Third 6 months of the biennial period of registration, complete 20 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~§~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit;* or

(d) Fourth 6 months of the biennial period of registration, complete 10 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association ~~§~~ *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit.*

2. An applicant who applies to change his or her status to active status must provide proof of completion of *a total of* 40 hours of *continuing medical education consisting of* Category 1 continuing medical education as recognized by the American Medical Association *or continuing medical education recognized by the American Academy of Family Physicians for Prescribed credit* within the 24 months immediately preceding such an application.

Sec. 19. NAC 630.235 is hereby amended to read as follows:

630.235 1. Each holder of a license to practice medicine shall annually submit a report pursuant to NRS 630.30665, on a form to be provided by the Board. The form must include, without limitation:

(a) The name of the licensee;
(b) The office address of the licensee;
(c) The office phone number of the licensee;
(d) The number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the licensee at his or her office or any other facility, excluding any surgical care performed:

(1) At a medical facility, as defined in NRS 449.0151; or

(2) Outside of this State; ~~and~~

(e) If the holder of a license also has been approved to administer tumescent anesthesia pursuant to section 7 of this regulation, the number and type of procedures requiring tumescent anesthesia performed by the licensee at his or her office or any other facility, excluding any procedures performed:

(1) At a medical facility, as defined in NRS 449.0151; or

(2) Outside of this State; and

(f) Information regarding the occurrence of any sentinel event arising from the type of ~~surgeries~~ procedures described in paragraph (d) ~~and~~ or (e).

2. As used in this section:

(a) “Conscious sedation” means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

(b) “Deep sedation” means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

(c) “General anesthesia” means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

(d) “Sentinel event” ~~means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function.~~ *has the meaning ascribed to it in NRS 439.830.*

Sec. 20. NAC 630.237 is hereby amended to read as follows:

630.237 1. The failure of a holder of a license to practice medicine to submit to the Board a report required pursuant to NRS 630.30665:

(a) In a timely manner; or

(b) In an accurate or complete manner if the holder of the license knowingly misstates or misrepresents:

(1) The number or types of surgeries *and procedures* required to be reported pursuant to that section or NAC 630.235; or

(2) The occurrence or outcome of any reportable sentinel events pursuant to those sections,

↪ constitutes grounds for imposing an administrative penalty against the holder of the license.

2. An administrative penalty imposed pursuant to this section may include the imposition of an administrative fine of not less than \$100 or more than \$1,000 and recovery by the Board of all costs incurred by the Board because of the violation.

3. Repeated violations of this section are subject to an administrative fine in the amount of \$1,000 in addition to recovery by the Board of all costs incurred by the Board because of the violations.

4. Before imposing any administrative penalty pursuant to this section, the Board will:

(a) Consider the totality of the circumstances surrounding the matter;

(b) Consider all evidence before it relating to the matter, including, without limitation, any intentional, volitional or purposeful conduct engaged in by the holder of the license; and

(c) Determine by a preponderance of the evidence that the applicable provisions of this section or NRS 630.30665 were violated.

5. The provisions of this section do not prohibit the Board from initiating disciplinary action for a violation of any other provision of this chapter or chapter 630 of NRS.

Sec. 21. 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 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 time 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 the 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~~ *reviewing and investigating* a complaint ~~for~~, *filing a formal charging document or imposing* disciplinary action ~~made~~ against the licensee.

Sec. 22. NAC 630.340 is hereby amended to read as follows:

630.340 1. The license of a physician assistant is valid for 2 years.

2. Before providing medical services, a physician assistant, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the physician assistant, the name of the supervising physician and the portion of the practice of the physician assistant that the supervising physician supervises. The notice must contain the signatures of the physician assistant and the supervising physician of the physician assistant.

3. The physician assistant and the supervising physician shall, within 72 hours after the termination of the supervision of the physician assistant by the supervising physician, notify the Board of the termination of the supervision of the physician assistant by the supervising physician. For any portion of the practice of the physician assistant that the supervising physician terminating supervision of the physician assistant supervised, the physician assistant shall not

provide medical services until the physician assistant and a supervising physician submit notice to the Board pursuant to subsection 2.

4. A physician assistant who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license will be disciplined by the Board, if the Board deems it necessary, upon hearing *charges contained in a ~~complaint for disciplinary action~~ formal charging document filed* against the physician assistant.

5. If the Board determines that the conduct of a physician assistant when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the physician assistant.

Sec. 23. NAC 630.350 is hereby amended to read as follows:

630.350 1. The license of a physician assistant may be renewed biennially. Except as otherwise provided in section 10 of LCB File No. R068-23, the license will not be renewed unless the physician assistant provides satisfactory proof that the physician assistant has completed the following number of hours of continuing medical education as defined by the American Academy of Physician ~~Assistants~~ *Associates, or its successor organization*, or has received a certificate documenting the completion of the following number of hours of Category 1 credits as recognized by the American Medical Association ~~or~~ *or Prescribed credit as recognized by American Academy of Family Physicians:*

- (a) If licensed during the first 6 months of the biennial period of registration, 40 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 30 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

2. To allow for the renewal of a license to practice as a physician assistant by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) Send a renewal notice to the licensee at least 60 days before the expiration of a license to practice as a physician assistant; and

(b) Send instructions for the licensee to renew his or her license to the last known electronic mail address of the licensee on record with the Board.

3. If a licensee fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by subsection 1, his or her license to practice in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice as a physician assistant if the holder:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 1; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

4. Not later than September 30 of each odd-numbered year, the Board will provide a list of licenses to practice as a physician assistant that have expired during the immediately preceding biennium to the Drug Enforcement Administration of the United States Department of Justice or its successor agency and the State Board of Pharmacy.

Sec. 24. NAC 630.358 is hereby amended to read as follows:

630.358 1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a physician assistant shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder ~~{within 2 years after initial licensure.}~~ , *which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.*

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must:

(a) Be a program of continuing medical education as defined by the American Academy of Physician ~~{Assistants;}~~ *Associates, or its successor organization;* or

(b) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant ~~{}~~ *or Prescribed credit as recognized by the American Academy of Family Physicians.*

4. A physician assistant is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.350 for each hour of continuing medical education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

Sec. 25. NAC 630.380 is hereby amended to read as follows:

630.380 1. A physician assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the physician assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or permitted another to represent the physician assistant to be a licensed physician;

(c) Has performed medical services otherwise than:

(1) Pursuant to NAC 630.375; or

(2) At the direction or under the supervision of the supervising physician of the physician assistant;

(d) Has performed medical services which have not been approved by the supervising physician of the physician assistant, unless the medical services were performed pursuant to NAC 630.375;

(e) Is guilty of gross or repeated malpractice in the performance of medical services for acts committed before October 1, 1997;

(f) Is guilty of malpractice in the performance of medical services for acts committed on or after October 1, 1997;

(g) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter;

(h) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and the supervising physician of the physician assistant;

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

(j) Is not competent to provide medical services;

(k) Failed to notify the Board of an involuntary loss of certification by the National Commission on Certification of Physician Assistants within 30 days after the involuntary loss of certification;

(l) Is guilty of violating a provision of NAC 630.230, 630.810, 630.820 or 630.830;

(m) Is guilty of violating a provision of NRS 630.301 to 630.3065, inclusive; or

(n) Is guilty of violating a provision of subsection 2 or 3 of NAC 630.340.

2. To institute disciplinary action against a physician assistant, a ~~written complaint,~~ *formal charging document*, specifying the charges, must be filed with the Board by the investigative committee of the Board.

3. A physician assistant is not subject to disciplinary action solely for prescribing or administering to a patient under the care of the physician assistant a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146.

Sec. 26. 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, practitioner of respiratory care or perfusionist of a formal ~~complaint~~ *charging document* that has been filed with the Board pursuant to NRS 630.311, *as amended by section 51 of Assembly Bill No. 319*,

chapter 246, Statutes of Nevada 2025, at page 1623, 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. 27. NAC 630.515 is hereby amended to read as follows:

630.515 1. Upon payment of a fee, the Board may issue a temporary license to practice respiratory care as an intern for a period of 12 months to an applicant for licensure providing the applicant ~~shows:~~

~~—(a) Written~~ *submits to the Board* evidence, *in writing and* verified by oath, that the applicant ~~is~~ :

(a) *Is* a graduate of a respiratory education program; and

(b) ~~That he or she is scheduled to sit for the national exam administered by the National Board for Respiratory Care or its successor organization.~~ *Will participate in a program of practical training that is approved by the Board.*

2. During the 12-month period, the applicant shall wear a name badge that prominently displays the phrase ~~“Graduate Therapist”~~ *“Respiratory Care Intern”* while on the job.

3. *An applicant who is issued a temporary license pursuant to this section must sit for the national exam administered by the National Board for Respiratory Care, or its successor organization, during the 12-month period.*

Sec. 28. NAC 630.525 is hereby amended to read as follows:

630.525 1. Each holder of a license to practice respiratory care must, on or before June 30 or, if June 30 is a Saturday, Sunday or legal holiday, the next business day after June 30, of each odd-numbered year, pay the applicable fee for biennial registration to the Secretary-Treasurer of the Board.

2. A practitioner of respiratory care who has been licensed by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board, if the Board deems necessary, upon hearing ~~a complaint for disciplinary action~~ *charges contained in a formal charging document filed* against him or her.

3. If the Board determines that the conduct of a practitioner of respiratory care when he or she was on inactive status in another jurisdiction would have resulted in the denial of an application for licensure in this State, the Board will, if appropriate, refuse to license the practitioner of respiratory care.

Sec. 29. NAC 630.530 is hereby amended to read as follows:

630.530 1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the Board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:

(a) Of current certification by the National Board for Respiratory Care or its successor organization; and

(b) That he or she has completed the number of hours of continuing professional education required by ~~{subsections}~~ *subsection 2* . ~~{and 3.}~~

2. To renew a license for the practice of respiratory care, a licensee must : ~~{complete the number of hours of continuing education required by subsection 3, of which:~~

~~—(a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.~~

~~—(b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the Board.~~

~~—3. The following hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:}~~

(a) If licensed during the first 6 months of the biennial period of registration, *complete* 20 hours ~~{}~~ *of continuing education, not less than:*

(1) Ten hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Eight hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(b) If licensed during the second 6 months of the biennial period of registration, 15 hours **±** of continuing education:

(1) Eight hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Five hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(c) If licensed during the third 6 months of the biennial period of registration, 10 hours **±** of continuing education:

(1) Five hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) Three hours of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

(d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours **±** of continuing education:

(1) Two hours of which must be from an approved educational source directly related to the practice of respiratory care;

(2) One hour of which must be in any program approved by the American Association for Respiratory Care or any program of another organization approved by the Board; and

(3) Two hours of which must be in medical ethics and from an approved educational source directly related to the practice of respiratory care.

~~{4}~~ 3. A practitioner of respiratory care shall notify the Board within 10 days if his or her certification by the National Board for Respiratory Care or its successor organization is withdrawn.

~~{5}~~ 4. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) Send a renewal notice to the licensee at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send instructions for the licensee to renew his or her license to the licensee at the last known electronic email address of the licensee on record with the Board.

~~{6}~~ 5. If a licensee fails to pay the fee for biennial registration on or before the date required by NAC 630.525 or fails to submit proof that the licensee completed the number of hours of continuing education required by ~~{subsections}~~ *subsection 2* , ~~{and 3}~~ his or her license to practice respiratory therapy in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice respiratory care if he or she:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing education required by ~~{subsections}~~ *subsection 2* ; and ~~{3; and}~~

(c) Is found to be in good standing and qualified pursuant to the provisions of this chapter and NRS 630.277 ~~†~~

~~—7.—~~ *as amended by section 43 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1617.*

6. The Board may issue not more than 10 hours of continuing education during a biennial licensing period to a licensee if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the hours required for a biennial licensing period pursuant to ~~[subsections]~~ *subsection 2, except for the hours required in medical ethics;* and ~~[3; and]~~

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

Sec. 30. NAC 630.770 is hereby amended to read as follows:

630.770 1. A perfusionist is subject to discipline pursuant to chapter 630 of NRS or denial of licensure by the Board if, after notice and hearing, the Board finds that the perfusionist:

(a) Willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for or renewing a license.

(b) Performed perfusion services other than as permitted by law.

(c) Committed malpractice in the performance of perfusion services, which may be evidenced by claims settled against the perfusionist.

(d) Disobeyed any order of the Board or an investigative committee of the Board or violated any provision of this chapter or chapter 630 of NRS.

(e) Is not competent to provide perfusion services.

(f) Lost his or her certification by the American Board of Cardiovascular Perfusion or its successor organization.

(g) Failed to notify the Board of loss of certification by the American Board of Cardiovascular Perfusion or its successor organization within 30 days after the loss of certification.

(h) Falsified or altered records of health care, including, without limitation, by indicating his or her presence at a procedure or the performance of a procedure that he or she was not present for or did not perform, as applicable.

(i) Rendered perfusion services to a patient while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition.

(j) Practiced perfusion after his or her license as a perfusionist had expired or been revoked or suspended.

(k) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to the practice of perfusion or the ability to practice perfusion.

(l) Has had a license to practice perfusion revoked, suspended, modified or limited by another state or jurisdiction or has surrendered such a license or discontinued the practice of perfusion while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer.

(m) Engaged in any sexual activity with a patient who was being treated by the perfusionist.

(n) Engaged in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.

(o) Engaged in disruptive behavior with physicians, hospital personnel, patients, members of the family of a patient or any other person if the behavior interferes with the care of a patient or has an adverse impact on the quality of care rendered to a patient.

(p) Engaged in conduct which brings the profession of perfusion into disrepute, including, without limitation, conduct that violates the provisions of section 3 of LCB File No. R002-23.

(q) Engaged in sexual contact with a surrogate of a patient or with any person related to a patient, including, without limitation, a spouse, parent or legal guardian of a patient, that exploits the relationship between the perfusionist and the patient in a sexual manner.

(r) Made or filed a report that the perfusionist knew to be false, failed to file a record or report as required by law or willfully obstructed or induced another person to obstruct any such filing.

(s) Failed to report to the Board any person that the perfusionist knew, or had reason to know, was in violation of any provision of this chapter or chapter 630 of NRS relating to the practice of perfusion.

(t) Has been convicted of a violation of any federal or state law regulating the prescription, possession, distribution or use of a controlled substance.

(u) Held himself or herself out or permitted another person to represent the perfusionist as a licensed physician.

(v) Violated any provision that would subject a person to discipline pursuant to NRS 630.301 to 630.3065, inclusive, or NAC 630.230.

(w) Failed to comply with any applicable provision of chapter 629 of NRS or any regulation adopted pursuant thereto.

2. A person who has been licensed as a perfusionist by the Board but is not currently licensed, has surrendered his or her license or has failed to renew his or her license may be disciplined by the Board upon hearing ~~[a complaint for disciplinary action]~~ *charges contained in a formal charging document filed* against the person.

3. If a perfusionist loses his or her certification by the American Board of Cardiovascular Perfusion or its successor organization, his or her license to practice perfusion is automatically suspended pending further action by the Board of Medical Examiners.

Sec. 31. Section 11 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 11. 1. The license of an anesthesiologist assistant must be renewed on or before June 30 or, if June 30 is a Saturday, Sunday or legal holiday, the next business day after June 30, of each odd-numbered year. The Board will not renew the license unless the anesthesiologist assistant provides satisfactory proof:

(a) Of current certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization; and

(b) That he or she has completed the amount of continuing education required by subsection 2, which, except for credit issued pursuant to section 12 of LCB File No. R069-23, must be:

(1) Approved by the Board; or

(2) Recognized as Category 1 credits by the American Medical Association ~~or~~ *or as Prescribed credit by the American Academy of Family Physicians.*

2. The following hours of continuing education are required to renew a license to practice as an anesthesiologist assistant:

(a) If licensed during the first 6 months of the biennial licensing period, 40 hours.

- (b) If licensed during the second 6 months of the biennial licensing period, 30 hours.
- (c) If licensed during the third 6 months of the biennial licensing period, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial licensing period, 10 hours.

3. To allow for the renewal of a license to practice as an anesthesiologist assistant by each person to whom a license was issued or renewed in the preceding biennial licensing period, the Board will make such reasonable attempts as are practicable to send:

(a) A renewal notice to the licensee at least 60 days before the expiration of the license;
and

(b) Instructions for renewal to the last known electronic mail address of the licensee on record with the Board.

4. If a licensee fails to pay the fee for renewal after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing education required by subsections 1 and 2, his or her license expires. Within 2 years after the date on which the license expires, the license may be reinstated if the holder:

(a) Pays twice the amount of the current fee for renewal to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing education required by subsections 1 and 2; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

Sec. 32. Section 14 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 14. 1. Pursuant to NRS 630.253, an anesthesiologist assistant shall , *within 2 years after initial licensure*, complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder ~~within 2 years~~

~~after initial licensure.], which must include instruction relating to the nutrition of persons who have or may be at risk of developing a substance use disorder.~~

2. An anesthesiologist assistant is entitled to receive credit towards the continuing education required pursuant to subsection 2 of section 11 of LCB File No. R069-23 for each hour of continuing education completed pursuant to subsection 1.

Sec. 33. Section 21 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 21. ~~1.]~~ An anesthesiologist assistant shall not administer ~~[general anesthesia, conscious sedation, deep sedation,]~~ a regional anesthesia block or neuraxial anesthesia to patients unless the ~~[general anesthesia, conscious sedation, deep sedation,]~~ regional anesthesia block or neuraxial anesthesia is administered:

~~[(a)] 1.~~ In an office of a physician or osteopathic physician which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

~~[(b)] 2.~~ In a facility which holds a permit pursuant to NRS 449.435 to 449.448, inclusive;

~~[(e)] 3.~~ In a medical facility, as that term is defined in NRS 449.0151; or

~~[(d)] 4.~~ Outside of this State, if the anesthesiologist assistant is otherwise legally permitted to do so.

~~[2.—As used in this section:~~

~~—(a) “Conscious sedation” has the meaning ascribed to it in NRS 449.436.~~

~~—(b) “Deep sedation” has the meaning ascribed to it in NRS 449.437.~~

~~—(c) “General anesthesia” has the meaning ascribed to it in NRS 449.438.]~~

Sec. 34. Section 24 of LCB File No. R069-23 is hereby amended to read as follows:

Sec. 24. 1. An anesthesiologist assistant is subject to disciplinary action by the Board if, after notice and hearing in accordance with this chapter, the Board finds that the anesthesiologist assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license;

(b) Has held himself or herself out as or authorized another person to represent the anesthesiologist assistant to be a licensed physician;

(c) Has performed medical services other than:

(1) Pursuant to NRS 630.2686 or subsection 6 of section 17 of LCB File No. R069-23; or

(2) At the direction and under the immediate supervision of the supervising anesthesiologist of the anesthesiologist assistant;

(d) Is guilty of malpractice in the assisting of the practice of medicine;

(e) Is guilty of disobedience of any order of the Board or an investigative committee of the Board, any provision in the regulations of the State Board of Health or the State Board of Pharmacy or any provision of this chapter or chapter 630 of NRS;

(f) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and the supervising anesthesiologist of the anesthesiologist assistant;

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

(h) Is not competent to assist in the practice of medicine;

(i) Has lost his or her certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(j) Has failed to notify the Board of an involuntary loss of certification issued by the National Commission for Certification of Anesthesiologist Assistants, or its successor organization, within 30 days after the involuntary loss of certification;

(k) Has assisted in the practice of medicine after his or her license as an anesthesiologist assistant expired or was revoked or suspended;

(l) Has been convicted of a felony, any offense involving moral turpitude or any offense relating to assisting in the practice of medicine or the ability to assist in the practice of medicine;

(m) Has had a license as an anesthesiologist assistant revoked, suspended, modified or limited by any other jurisdiction or has surrendered such a license or discontinued assisting in the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Forces of the United States, an insurance company, an agency of the Federal Government or any employer; or

(n) 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.

2. To initiate disciplinary action against an anesthesiologist assistant, an investigative committee of the Board must file with the Board a ~~written complaint,~~ *formal charging document* specifying the charges.

Sec. 35. Section 3 of LCB File No. R033-24 is hereby amended to read as follows:

Sec. 3. The Board will not issue a license by endorsement to practice medicine pursuant to NRS 630.1605, ~~630.1606~~ *as amended by section 15 of Assembly Bill No.*

319, chapter 246, Statutes of Nevada 2025, at page 1599, or 630.1607 , as amended by section 16 of Assembly Bill No. 319, chapter 246, Statutes of Nevada 2025, at page 1600,

if an applicant has:

1. 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 to practice medicine or an equivalent license;
2. Had his or her license to practice medicine or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or
3. Been refused or denied a license to practice medicine or an equivalent license in the District of Columbia or any state or territory of the United States.

NEW
SECOND
PARALLEL
SECTION

Sec. 36. Section 5 of this regulation is hereby amended to read as follows:

Sec. 5. 1. Not later than 7 business days after receiving an application which includes a request for prioritization made pursuant to section 3 *or 4* of this regulation, the Board will:

(a) Verify that the application is complete and includes, without limitation:

- (1) All required documentation; and
- (2) All applicable fees; and

(b) If the Board determines that the application is incomplete, notify the applicant by telephone or in writing that his or her application is incomplete and describe the specific steps necessary for the applicant to complete his or her application.

2. As soon as practicable after verifying pursuant to paragraph (a) of subsection 1 that an application which includes a request for prioritization made pursuant to section 3 *or 4* of

this regulation is complete, the Board will begin processing the application and obtaining or verifying all transcripts, supporting documentation and background investigations that are necessary for the Board to evaluate the application.

3. The Board will approve, deny or set aside an application which includes a request for prioritization made pursuant to section 3 *or* 4 of this regulation for further consideration during the next scheduled meeting of the Board and notify the applicant of that action not later than 14 business days after the business day immediately following the date on which the Board has:

(a) Verified that the application submitted by the applicant is complete;

(b) Received from the Central Repository for Nevada Records of Criminal History the report of the Federal Bureau of Investigation concerning the applicant and the results of any other background investigation conducted with respect to the applicant; and

(c) Received and verified all applicable transcripts and any other supporting documents necessary for the Board to make a final decision on the application.

4. Not later than 7 business days after determining that additional information or documentation is required from an applicant who submitted an application which includes a request for prioritization made pursuant to section 3 *or* 4 of this regulation to make a final decision on the application, the Board will notify the applicant by telephone or in writing:

(a) That additional information or documentation is required; and

(b) Of the specific information or documentation that is required.

Sec. 37. NAC 630.154 and 630.353 and section 13 of LCB File No. R069-23 are hereby repealed.

Sec. 38. 1. This section and sections 1, 2, 3, 5 to 35, inclusive, and 37 of this regulation become effective on the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

2. Sections 4 and 36 of this regulation becomes effective on the later of:

(a) July 1, 2026; or

(b) The date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

TEXT OF REPEALED SECTIONS

630.154 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253)

1. Pursuant to the provisions of NRS 630.253, a holder of a license to practice medicine shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the holder of a license to practice medicine was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the holder of a license to practice medicine was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license; and

(b) Is in addition to the continuing education required pursuant to NAC 630.153.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a holder of a license to practice medicine:

(a) After January 1, 2002; and

(b) As a part of the training the holder of the license to practice medicine received:

(1) While serving in the military; or

(2) While serving as a public health officer.

630.353 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253, 630.275)

1. Pursuant to the provisions of NRS 630.253, a physician assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) If the physician assistant was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.

(b) If the physician assistant was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.

2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant; and

(b) Is in addition to the continuing education required pursuant to NAC 630.350.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a physician assistant:

(a) After January 1, 2002; and

(b) As a part of the training the physician assistant received:

(1) While serving in the military; or

(2) While serving as a public health officer.

Section 13 of LCB File No. R069-23:

Sec. 13. 1. Pursuant to the provisions of NRS 630.253, an anesthesiologist assistant shall complete, within 2 years after initial licensure, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

2. In addition to the requirements set forth in NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:

(a) Except as otherwise provided in subsection 3, must offer to the anesthesiologist assistant, upon successful completion of the course, a certificate of Category 1 credit as recognized by the American Medical Association; and

(b) Is in addition to the continuing education required by section 11 of LCB File No. R069-23.

3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to an anesthesiologist assistant:

(a) After January 1, 2002; and

(b) As a part of the training the anesthesiologist assistant received while serving:

(1) In the military; or

(2) As a public health officer.

MINUTES OF WORKSHOP

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 LCB FILE NO. R111-25

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

and teleconferenced to

The Conference Room at the Offices of the
Nevada State Board of Medical Examiners
325 E. Warm Springs Road, Suite 225, Las Vegas, Nevada 89119

and via Teams

THURSDAY, MAY 7, 2026 – 2:00 p.m.

Board Members Present

Jason B. Farnsworth, RRT, MBA

Staff Present

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

Emily Tozer, Legal Assistant

Kory Linn, Chief of Licensing

Donya Jenkins, Chief of Finance and Human Resources

Malia Kaeo, Investigations Administrative Assistant

Lynna Pili-Eskeets, Investigations Administrative Assistant

Public Present

RENO

John Lynn, RRT
Jason Simpson, RRT
Josh Powell, RRT

LAS VEGAS

No Public Present

ONLINE VIA TEAMS

Michelle H.
Maddie
Sabrina Petrel
Gabriel S.
Sean Owens
Kathleen Benson

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 2:02 p.m. Ms. Bradley stated that this was the time and place for the regulation workshop for R111-25.

Agenda Item 2

PUBLIC COMMENT

Ms. Bradley stated this was the time for members of the public to provide general public comment. She noted that written comments could also be submitted for the record and that any comments, whether verbal or written, would be received by the Board.

There was no public comment from Teams attendees or at the Board's Reno and Las Vegas offices.

Agenda Item 3

PRESENTATION AND DISCUSSION OF PROPOSED REGULATION LCB FILE NO. R111-25

Ms. Bradley advised this workshop will be followed by a public regulation hearing that is scheduled for May 18, 2026. All the comments received from both this workshop and the hearing will be compiled and presented to the Board at the June 5, 2026 Board Meeting. The next steps include sending the regulation and required forms to the Legislative Counsel Bureau after the Board adopts the regulation and approval of the regulation by the Legislative Commission at a meeting.

Section 2:

Ms. Bradley explained that during the last legislative session, the Board passed a bill, AB319, that added a new requirement for physicians utilizing tumescent anesthesia in office or facility locations that are not permitted for the use of anesthesia pursuant to NRS Chapter 449. In that situation, physicians must request approval from the Board before providing tumescent anesthesia at that location. Section 2 adds a definition of tumescent anesthesia which is necessary to implement the procedures for obtaining the permit from the Board as described in Sections 7 and 8 of this regulation.

Sections 3 to 5, 7 to 8:

Ms. Bradley stated that in the 2025 Legislative Session, AB483 passed and it requires the Board to adopt procedures for prioritization of review of licensing applications for individuals (all license types issued by the Board) intending to practice in underserved areas of the State. In the Special Legislative Session in 2025, SB5 passed and that bill requires the Board to also allow the prioritization of review of

applications for licensure as a physician for those applicants intending to practice in an underserved specialty. Sections 3 to 5 of this regulation add those required procedures to NAC Chapter 630.

Section 6:

Ms. Bradley explained that this section implements a change required by AB319 from the 2025 Legislative Session to clarify the examination requirements required for applicants applying for licensure as an administrative physician.

Section 9:

Ms. Bradley stated that this section introduces changes for practitioners of respiratory care, specifically allowing them to receive continuing education credit when serving as preceptors in approved respiratory education programs. She noted that practitioners who act in this role may receive continuing education credit, up to a maximum of five hours per biennium, calculated at one hour of credit for every 24 hours spent as a preceptor.

Section 10:

Ms. Bradley indicated that this change amends NAC 630.010 to incorporate the new definition of tumescent anesthesia that was added in Section 2.

Section 11:

Ms. Bradley noted that this section updates NAC 630.050 to include references to “equivalent foreign country” where appropriate in order to fully implement AB319 from the 2025 Legislative Session.

Section 12:

Ms. Bradley noted that this section amends NAC 630.055 to comport with changes made in AB319 from the 2025 Legislative Session.

Section 13:

Ms. Bradley explained that the changes in this section amend NAC 630.080 to include changes made in AB319 in the 2025 Legislative Session, particularly amendments made to NRS 630.160 and adding “equivalent foreign country” language where appropriate. This section also amends NAC 630.080 to strike requirements for passing scores on licensing examinations because these examinations are given by other entities who give the examinations and determine the passing scores. The Board needs only proof that the person has passed the examinations, and the Board does not set the passing score.

Section 14:

Ms. Bradley noted that this section amends NAC 630.130 to remove outdated references to a resident’s citizenship status and ability to remain and work in the United States.

Section 15:

Ms. Bradley explained that this section updates NAC 630.145 to incorporate changes from the 2025 Legislative Session into the Board’s definition of “medically underserved area” and adding a reference to “historically underserved community” with regard to petitions from counties for restricted licensure for physicians issued pursuant to NRS 630.264.

Section 16:

:

Ms. Bradley explained that this section amends NAC 630.153 to include the American Academy of Family Physicians as an entity that may approve continuing medical education courses that licensees may use to satisfy renewal requirements. It also adds a necessary reference to “equivalent foreign country” pursuant to AB319 from the 2025 Legislative Session.

Sections 17, 24, and 32:

Ms. Bradley noted that these Sections 17 and 24 amend NAC 630.156 and NAC 630.358 and Section 32 amends Section 14 of LCB File No. R069-23, clarifying that SBIRT courses must include a nutrition component and adds that these courses may be approved by the American Academy of Family Physicians in addition to the existing authorized entities that may approve courses.

Sections 18, 23, and 31:

Ms. Bradley stated that Section 18 and Section 23 amend NAC 630.157 and NAC 630.350 and Section 31 amends Section 11 of LCB File No. R069-23 to fully incorporate the American Academy of Family Physicians as an entity that may approve continuing medical education courses for licensees.

Sections 19 to 20:

Ms. Bradley explained that Section 19 amends NAC 630.235 to require physicians to include information about procedures completed using tumescent anesthesia in the report required by NRS 630.30665. It also updates the definition of sentinel event to simply reference NRS 439.830. Section 20 amends NAC 630.237 to ensure that the changes in Section 19 are incorporated into NAC 630.237 for consistency.

Sections 21, 22, 25, 26, 28, 30, and 34:

Ms. Bradley explained that these sections amend NAC 630.240, NAC 630.340, NAC 630.380, NAC 630.465, NAC 630.525, NAC 630.770, and Section 24 of LCB File No. R069-23 to incorporate the changes made in AB319 in the 2025 Legislative Session with regard to terminology used for disciplinary proceedings.

Section 27:

Ms. Bradley explained that this section amends NAC 630.515 with regard to temporary licenses for respiratory care interns. Under the new language, the applicant for a temporary license must be a graduate from an approved program and planning to participate in an approved program of practical training. Temporary licenses for respiratory care interns are valid for one year, and the intern must sit for

the national examination administered by the National Board for Respiratory Care during that one-year period.

Section 29:

Ms. Bradley stated that this section updates NAC 630.530 to be more accurate and clearer than the existing language that utilized percentages that did not result in even numbers.

Section 33:

Ms. Bradley explained that this section updates Section 21 of LCB File No. R069-23 in order to be consistent with the changes made earlier in this regulation regarding the use of tumescent anesthesia by physicians in permitted offices.

Section 35:

Ms. Bradley stated that this section amends Section 3 of LCB File No. R033-24 to update the statutory references that were changed in AB319 in the 2025 Legislative Session.

Section 36:

Ms. Bradley explained that Section 36 ensures that the prioritization application review references in Sections 3 and 4 of this regulation is fully implemented.

Section 37:

Ms. Bradley indicated that Section 37 repeals regulations that are no longer needed pursuant to changes to NRS Chapter 630 contained in AB319 from the 2025 Legislative Session. Specifically, NAC 630.154, NAC 630.353, and Section 13 of LCB File No. R069-23 are repealed.

Section 38:

Ms. Bradley explained that Section 38 contains the effective dates for the various sections in the regulations in order to comport with the timing that the changes made in the 2025 Legislative Session are effective.

Agenda Item 4

QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION LCB FILE NO. R111-25

D Ms. Bradley opened the question-and-answer period for the proposed regulations, explaining that this portion of the meeting was intended for participants to raise any questions they might have regarding these regulation changes.

Mr. Jason Farnsworth, RRT, MBA, Board member, participating from the Board's Reno office, requested clarification on Section 27, specifically item B(1)(b), and asked how a facility would obtain Board approval for a program of practical training for respiratory care interns. He explained that, in practice, an intern would be someone who has completed their educational requirements, been hired by a facility, and is going through that organization's onboarding process which would involve competency demonstrations, completing required classes, and performing supervised clinical tasks. He noted that this

onboarding process would constitute as a program of practical training. He asked how the Board would evaluate and approve such a program and how an organization should submit a request for their program to be approved.

Ms. Bradley responded that Board approval for a program of practical training could occur in one of two ways. First, an individual applicant could submit information about the facility's training program as part of their intern application; in that scenario, approval of the intern application would effectively serve as approval of the practical training program. Alternatively, she noted that facilities could come directly to the Board to seek pre-approval of their programs, which might ultimately be the more efficient approach. She added that the Board had not yet determined how many such programs to expect and that the process could be refined as the need becomes clearer.

Mr. Farnsworth added that, at present, Renown Health is planning to pursue this pathway, and he is also aware of interest from an organization within the rural hospital system in Northern Nevada, though he declined to identify that organization since a representative was not present. He stated that there could be at least two facilities seeking approval and asked whether the submission would simply consist of the facility's onboarding practices (outlining the courses, competencies, and training components provided) and whether that information would then be brought before the Board for approval.

Chief of Licensing Kory Linn then asked whether the Board would also require documentation from the employer in order to issue the intern license, such as a letter verifying the applicant's participation in the program or confirming their onboarding status.

Ms. Bradley responded that the most straightforward and effective approach would likely be for the organizations to come to the Board in advance and have their program of practical training formally approved. Once a program is approved, the next step is determining how an applicant demonstrates participation in that program. Per the regulation language, applicants must submit evidence of graduation from an approved educational program and confirm participation in an approved practical training program. Likely this would mean providing a letter from the employer confirming that the applicant has been hired into the approved program. Using Renown as an example, Ms. Bradley explained that Renown could come before the Board and ask to have its training program approved. Then, when an individual applies for an intern license to work at Renown, the applicant would include a verified letter from Renown confirming that they will be participating in that approved program. At that point, the Board would issue the intern license. She emphasized that this creates a two-step process, program approval followed by applicants later submitting proof that they will be working in that approved program. She added that if a facility had not yet sought pre-approval, the Board could still evaluate the program when an applicant submits their intern application and includes information about the practical training program that he or she will be working in, approve the program at that time, and then proceed to review and approve the application. That path may take a bit of additional time and would likely not be as efficient as pre-approval of the programs prior to applicants applying for intern licenses.

Mr. Farnsworth volunteered to collaborate with Board staff to develop a list of criteria that are essential components for a respiratory care practical training program for interns, and the Board could then rely on that list when approving respiratory care practical training programs.

Ms. Bradley agreed, noting that maintaining a master list of pre-approved programs would streamline licensing workflow, and staff would only need to verify that the applicant's employer is already on the approved list, rather than evaluating the training program details for each individual applicant.

Ms. Linn added that she was picturing something similar to a commencement or verification letter used for residents, where the Board already knows which programs the letters may come from, and the employer simply provides written confirmation stating that the individual will be participating in the approved program.

Ms. Bradley agreed, saying that whatever form the Board ultimately uses for employer verification should simply be whatever format the facility believes is appropriate for a letter. Using Renown as an example, she asked whether such a letter should come directly from the employer to the Board, noting that this may be the cleanest and most reliable method for confirming participation in an approved practical training program.

Ms. Linn agreed referencing maintaining consistency.

Ms. Bradley explained that the employer would send the verification letter directly to the Board, and the Board would retain it as part of the applicant's file. She reiterated that an additional preliminary step would be needed, programs seeking approval for their practical training program should come before the Board, submit their materials, and request approval. The Board would then review the information using established criteria, which she noted Mr. Farnsworth had offered to help develop. Once approved, those programs would be placed on the Board's list of authorized training programs. She stated that after a program is approved, the employer would only need to send a letter confirming that they are hiring a specific individual into that approved program, and that documentation would satisfy the requirements for issuing the intern license. Ms. Bradley also clarified that the intern license is valid for one year only, emphasizing that it cannot be renewed for a second year under current law.

Ms. Bradley then asked whether there were any additional questions on the regulation.

Mr. Farnsworth stated that there were no further questions from Reno.

Ms. Bradley confirmed there were no more questions in Reno and proceeded to check with Teams attendees. Seeing none, she then checked with the Board's Las Vegas office. A representative from Las Vegas indicated there was no public comment.

Agenda Item 5

PUBLIC COMMENT FOR PROPOSED REGULATION LCB FILE NO. R111-25

Ms. Bradley moved to Item 5, the period for public comment specifically on the regulation. She again checked with Teams attendees, the Board's office in Reno, and the Board's office in Las Vegas; no public comment was offered in any location.

Agenda Item 6

PUBLIC COMMENT

Ms. Bradley then moved to Item 6, the general public comment period not limited to the proposed regulation. She asked for general public comment from Teams attendees, and in the Board's Reno office, and the Board's Las Vegas office. No comments were offered.

Agenda Item 7
ADJOURNMENT

Ms. Bradley thanked everyone for attending, encouraged participants to reach out with any questions, and adjourned the meeting at 2:39 p.m.

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TRANSCRIPT OF PUBLIC HEARING

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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

TRANSCRIPT OF HEARING PROCEEDINGS

PUBLIC MEETING
FOR REGULATION HEARING
R111-25

Monday, May 18, 2026

Reported by: Brandi Ann Vianney Smith
Job Number: 8047965

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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

	PAGE
1. Call to Order and Instructions	4
2. Public Comment	5
3. Presentation and Discussion of Proposed Regulation R111-25	6
4. Question and Answer Period of Proposed Regulation R111-25	25
5. Public Comment for Proposed Regulation R111-25	25
6. Public Comment	26
7. Adjournment	27

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1 RENO, NEVADA - MAY 18, 2026 -- 2:02 P.M.
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5 1. Call to Order and Introductions

6 MS. BRADLEY: It is Monday, May 18th at
7 2:02 p.m., and we will get started with the public
8 hearing regarding Regulation No. R111-25.

9 My name is Sarah Bradley, and I am the
10 Deputy Executive Director here at the Board. I'll
11 be leading this meeting, and I think probably
12 everybody has been to other meetings and is familiar
13 with me. If not, nice to meet you, thanks for
14 coming.

15 And just so everyone's aware of the
16 process, this is the public hearing on this
17 regulation. So after this meeting, we will compile
18 all of the public comments and other comments we've
19 received regarding this regulation, send those to
20 the Board at their June 5th Board meeting, and the
21 Board will review those and, hopefully, adopt this
22 regulation at that meeting.

23 Once that happens, I will then prepare
24 some paperwork and send that paperwork to the
25 Legislative Council Bureau, and they will add it to

1 the next meeting of the Legislative Commission,
2 which is a subcommittee for the legislature that
3 includes some legislators from both sides, both
4 Senate and House side, Assembly side, and they
5 will -- they have to vote on the regulation and
6 affirmatively approve it before it can become
7 effective.

8 So the Board will hopefully adopt it, then
9 the Legislative Commission will hopefully approve
10 it, and once they do that, it will be stamped by the
11 Secretary of State and that's the effective date for
12 the regulation.

13 So we have a little bit more to go, but
14 we're getting close to getting this one fully
15 enacted.

16 If you have any questions about the
17 process, please do let me know.

18 2. Public Comment

19 MS. BRADLEY: I'm going to go ahead and
20 move on to item number 2. This is public comment,
21 and this is a final -- I am going to record this.
22 Sorry about that. I wasn't -- I know I didn't do it
23 last time, but I thought maybe I should have a
24 recording too.

25 This is the time for you to provide any

1 public comment that you'd like to to the Board. It
2 doesn't have to be regarding this regulation. I do
3 have specific times for that later on the agenda, so
4 I would just open it to public comment. And I'm
5 going to ask online if you have public comment, if
6 you would just raise your hand and then I will call
7 on you.

8 Not seeing any hands go up. Do we have
9 any public comment in the Las Vegas office?

10 MS. PILI ESKEETS: No public comment from
11 the South.

12 MS. BRADLEY: Thank you.

13 Any public comment in the Reno office?

14 MS. FUENTES: No public comment in Reno.
15 Thank you.

16 3. Presentation and Discussion of Proposed
17 Regulation LCB File No. R111-25

18 MS. BRADLEY: I will go ahead and move on
19 to item three then. This is a presentation and
20 discussion of the proposed Regulation LCB File No.
21 R111-25. I will go through each of the sections and
22 I'll talk about why they're there, what they're
23 doing, and just sort of give that overview for you.
24 Then we'll move on after that to questions and
25 answers regarding the regulations. If you have

1 questions, please do let me know when we get to
2 that, that item.

3 So section 2 adds a definition for
4 tumescent anesthesia, and this is because the Board
5 is, in this regulation draft, implementing
6 Section 65 of Assembly Bill 319 from the last
7 session. And that's wherein the Board has the
8 authority to create a process for physicians to use
9 tumescent anesthesia in their offices if those
10 offices are not already permitted as a medical
11 facility pursuant to NRS Chapter 449.

12 It's kind of a sub-special area. We don't
13 anticipate a lot of applications for this, but we do
14 want to have a process for it. So tumescent
15 anesthesia is being defined here just to kind of
16 incorporate the rest of the regulations regarding
17 this process.

18 Section 3 creates a process, and we're
19 calling it "priority processing," this is something
20 from the last legislative session in AB483, as well
21 as the special session in 2025 in SB 5. And so this
22 is the process the Board is putting in place in
23 order to prioritize the review of applications as
24 required by those bills.

25 Essentially, what the applicant will do is

1 tell us that they haven't accepted an offer of
2 employment from an employer that's located in a
3 historically underserved community and basically
4 request that priority processing. And they do have
5 to submit a letter from their employer with that
6 request and a signed attestation that that's where
7 that employer is located.

8 If someone lies in making this request,
9 they could be disciplined. And then there's a
10 definition of historically underserved community,
11 which is from the bill, AB 483.

12 Section 4, again, is talking more about
13 this process. This is for people that are going to
14 work in -- it's one of two things, really. It's a
15 geographic area or serving a population that meets
16 the criteria of the bill -- and this is Senate Bill
17 5 from the special session -- or it's a specialty
18 that meets the criteria set forth in that bill. So
19 it may not be the geographic area, but a specialty
20 that's needed in Nevada. And in both of those
21 situations, they can request that priority
22 processing. And again, if they're untruthful about
23 that, that can lead to discipline for them.

24 The Board will monitor the requests we get
25 for prioritization and how long that actually takes,

1 and we have to keep those, that data for the
2 legislature and the Governor's Office.

3 And we do have to make sure that we decide
4 those applications a little more quickly, perhaps,
5 once they're completed. And so there is going to
6 still be, potentially -- you know, it's not
7 overnight because they have to actually complete the
8 application and give us all the documents, but once
9 the application is completed is really where that
10 prioritization the speedier processing would occur.

11 So Section 5 says that not later than
12 seven days after receiving an application wherein
13 they told us they want it prioritized, we'll look
14 and make sure that the application is complete, that
15 it has all the required documents and fees, and if
16 there's something missing, we'll let the person
17 know.

18 And then once we know that it's complete,
19 we'll begin processing that application and
20 obtaining or verifying transcripts, supporting
21 documents, et cetera.

22 And then the Board will approve, deny, set
23 aside the application not later than 14 business
24 days, immediately following the date that we have
25 verified that it's complete.

1 Again, part of that completion is making
2 sure we have the transcripts, proof of residency,
3 all of the things that we need, and sometimes those
4 things, unfortunately, are not submitted right with
5 the application and may take a few days to arrive.
6 And so that's really going to trigger that
7 completion date.

8 And then the Board also will be making
9 sure that the fingerprint card has been submitted.
10 And then again, here it says: "Received and
11 verified the transcripts and supporting documents."

12 So the day after that occurs is when the
13 application is deemed complete, and then we have to
14 make a decision on the application within that
15 14-day period.

16 Not later than seven business days after
17 we let them know that they -- that we need
18 additional information, we have to let them know
19 that, either in a call or in writing.

20 Section 6, this actually is adding --
21 basically clarifying the requirements for licensure
22 as an administrative physician. And it's removing
23 one of the requirements from 630.160 that they --
24 they're not required to have practiced medicine in a
25 clinical setting within the 24 months prior to that

1 application date. And that's because, obviously, in
2 an administrative position capacity, they're not
3 providing clinical medicine or not providing direct
4 patient care.

5 So we just wanted to clarify that here in
6 this, and that was something that was directed to
7 for us to do, a regulation, by AB 319 from this last
8 session. I'm making a little note about that,
9 though.

10 And then Section 7, this goes back to that
11 tumescent anesthesia definition that we talked about
12 at the beginning. This is actually putting that
13 place in process for a physician to request
14 permission from the Board to administer tumescent
15 anesthesia in their office or other location that's
16 not permitted.

17 So basically, the physician would have to
18 make that request to the Board, and we said they
19 have to file a petition requesting that
20 authorization. The petition has to identify all
21 locations where they will do that tumescent
22 anesthesia, also list the procedures they plan to
23 perform or that they will perform. They won't be
24 able to do ones that are not on that list.

25 If they're going to be using a physician

1 assistant or anesthesiologist assistant with that
2 provision of tumescent anesthesia, they have to
3 identify those individuals in their petition.

4 They have to have a copy of all the
5 protocols that they will use regarding sanitation,
6 and then also monitoring the patient while they're
7 under that tumescent anesthesia.

8 And then it has to be accompanied by
9 documentation that the physician has completed
10 training in the types of procedures that they will
11 be using the tumescent anesthesia for, and also that
12 they've been trained in cleaning facilities within
13 which tumescent anesthesia be used and controlling
14 the spread of infectious diseases.

15 Basically, the reason for this is, right
16 now, if a person is only using tumescent anesthesia,
17 they're not required to have that permit that's
18 issued pursuant to NRS Chapter 449 by the State
19 Department of Health and Human services. And so
20 these things are generally monitored by them for
21 those facilities, and so we're wanting to put
22 something in place for the facilities that don't
23 have that license wherein they will be using this
24 tumescent anesthesia.

25 The Board will approve or deny those

1 petitions, and part of that will involve looking at
2 the disciplinary history of the physician and the
3 other individuals identified in the petition to see,
4 you know, what potential issues have been in the
5 past. And then also the sufficiency of the training
6 that they have regarding the cleanliness and the
7 procedures they will be providing the tumescent
8 anesthesia for.

9 Once they're approved, if they want to
10 change, they need to change physician assistants or
11 anesthesiologist assistants or something like that,
12 they would have to let the Board know that and
13 submit a supplemental petition, and they wouldn't be
14 able to use those new people until that is approved.

15 And then the Board could revoke or suspend
16 the authorization given for them to use tumescent
17 anesthesia. So, in other words, if the Board
18 learned something bad was going on in a location or
19 something like that, the Board could do an
20 investigation and actually file a formal complaint
21 and potentially revoke the permission to use
22 tumescent anesthesia that was previously granted
23 pursuant to this regulation.

24 Section 8 says that the physician is
25 responsible for making sure there's a log. So

1 there'll be a log of records concerning each
2 procedure they do under this tumescent anesthesia.
3 It will say any preoperative, intraoperative and
4 post-operative care provided to the patient, and
5 they have to make that log available to the Board if
6 we ask for it.

7 And then we are moving on to a different
8 topic. So Section 9, this has to do with allowing
9 practitioners of respiratory care to claim not more
10 than five hours of credit toward their continuing
11 education requirements if they act as a preceptor in
12 a respiratory education program approved by the
13 Commission on Accreditation for Respiratory Care.

14 So, essentially, they would let the Board
15 know that they've done that and ask for credit for
16 that course, and they should have some sort of proof
17 from the school that they did provide that
18 preceptoring that does say, like, a certificate or
19 other documentation issued by the sponsor, basically
20 issued by the school you're working with, and then a
21 verify the accounting of number of hours. And in
22 here it does say they can get one hour of continuing
23 education for every 24 hours of preceptoring that
24 they've done.

25 Section 10 is amending NAC 630.010 just to

1 include this regulation as a reference there.

2 Section 11 is amending NAC 630.050, and
3 this is being amended to include language regarding
4 equivalent foreign countries.

5 AB 319 this last session, 2025, added
6 equivalent foreign country language. And so what
7 this does is, right now -- or previously, I should
8 say, the United States and Canada were considered
9 equivalent, and if someone went to school in Canada,
10 residency in Canada, we considered that as if it was
11 a US program, essentially. Now we will also be
12 including the United Kingdom, New Zealand, and
13 Australia as an equivalent foreign country in that
14 same way. So someone can go to school there, finish
15 their residency there.

16 And so in order to make that change,
17 that's why it says "An organization that accredits
18 medical schools and is nationally recognized in the
19 applicable permit foreign country," instead of just
20 referring to the accreditation committee for Canada,
21 because that's kind of what had been in here.

22 Section 12 amends NAC 630.055, and this is
23 to update the definition for progressive
24 postgraduate education. And the reason for that is
25 just to keep it in line with what was added in the

1 bill this last session, I believe in AB 319, there
2 was an update there NRS 630.160, and we actually
3 referenced "progressive postgraduate education."

4 Section 13 is amending NAC 630.080. This
5 is just to remove that reference to NRS 630.160 in
6 that first sentence, because, again, we made some
7 modifications to that provision.

8 Section 2 in this section, again, is
9 incorporating language necessary to recognize the
10 equivalent foreign countries that are not just
11 Canada now.

12 And Section 3 is basically talking about
13 the examination attempts and updating, kind of,
14 requirements for examinations. And so you see there
15 in Section 4, the Board's not scoring those
16 examinations anymore; that's done by the US MLE.
17 And then the limitations here don't apply to
18 somebody who meets other criteria established in NRS
19 630.160, subsection 4 regarding the examinations.
20 So just to make those two consistent.

21 Section 14 amends NAC 630.130. This is
22 just removing some outdated language regarding
23 citizenship or proof of ability to work for resident
24 physicians.

25 The legislature removed "residency" and

1 "citizenship" from the regular NRS, I think, more
2 than five years ago, and this provision just hasn't
3 been updated, so the legislature did that for us
4 when we were making these other changes.

5 Section 15 amends NAC 630.145, just to
6 incorporate, again, AB 319 from last session. And
7 this has to do with medically underserved areas. As
8 I mentioned earlier, there's also the priority
9 processing in AB 43 that's referenced. Part of the
10 issue is we had a definition for what this meant
11 that maybe conflicts, so we're trying to kind of
12 make them be squared up and equivalent.

13 And this section here is specifically
14 about a board of county commissioners that asks us
15 to, essentially, license someone in these
16 underserved areas, kind of as an exception to the
17 traditional licensure. It doesn't happen very
18 often, I don't believe we have any now, but we
19 wanted to make sure this provision was consistent
20 with the other changes that we had.

21 Section 16 amends NAC 630.153. This is
22 adding the American Academy of Family Physicians as
23 an approved provider of continuing medical
24 education. So before this it just said "American
25 Medical Association, Category 1," and now it's also

1 American Academy of Family Physicians can approve
2 that. And so that's kind of being added throughout
3 here, as well as a reference to equivalent foreign
4 country.

5 Section 17 amends NAC 630.156. This is
6 adding "nutrition" as a specific thing that's
7 covered by training in the screening brief
8 intervention and referral to treatment approach. So
9 SBIRT training would include a nutrition component
10 in that training, just adding that reference. Also
11 adding, again, the reference to the American Academy
12 of Family Physicians can approve continuing
13 education.

14 Section 18 is amending NAC 630.157. This
15 is just clarifying, again, continuing education
16 requirements, making sure that the American Academy
17 of Family Physicians is also included throughout
18 this provision.

19 Section 19 amends NAC 630.235. This is
20 talking about the tumescent anesthesia. So, again,
21 adding this "tumescent anesthesia" reference here.
22 And this requires that if someone's doing tumescent
23 anesthesia, they also have to do a report to the
24 Board regarding the number and type of procedures
25 that they've done with tumescent anesthesia. So

1 just adding that.

2 They already have to do a report for
3 conscious sedation, deep sedation, or general
4 anesthesia, and then this would be for tumescent
5 times anesthesia.

6 Section 20 amends NAC 630.237. Again,
7 just regarding the reporting to the Board regarding
8 the surgeries. It looks like they just added
9 "surgeries and procedures" there by the Legislative
10 Council Bureau.

11 Section 21 amends NAC 630.240. This is
12 just updating some language regarding surrender of a
13 license and failure to renew and the fact that the
14 Board could still investigate those complaints,
15 like, if we had a complaint, even though someone
16 surrendered or failed to renew, that's still
17 something the Board can pursue if they were active
18 at the time that the allegation occurred.

19 So Section 22 amends NAC 630.340. What
20 this does is updates the reference there to
21 "complaint for disciplinary action" to "formal
22 charging document." That was a change made last
23 session in 2025 to incorporate because sometimes it
24 can be confusing when they say "complaint." Do we
25 mean consumer complaint? What do we mean?

1 So throughout their regulations and the
2 statutes, we are using the word "formal charging
3 document" to mean the file complaint that initiates
4 disciplinary action, and trying to use the word
5 "complaint" to refer to a consumer complaint or a
6 complaint from another individual regarding a
7 licensee.

8 Section 23 amends NAC 630.350. This
9 update here at number 1, the national -- the name
10 for the national group for physicians, it's called,
11 now, American Academy of Physician Associates, and
12 then also incorporating that the American Academy of
13 Family Physicians can approve continuing education
14 for physician assistants.

15 Section 24 amends NAC 630.358. This is
16 also adding in a nutrition component to the SBIRT
17 training that's already referenced there in number
18 2, again, updating the name, American Academy of
19 Physician Associates, and then adding that credit
20 can be approved by the American Academy of Family
21 Physicians.

22 Section 25 amends NAC 630.380. Again,
23 we're just incorporating language that removes
24 "written complaint" to "formal charging document."

25 Section 26 amends NAC 630.465. This also

1 is replacing "complaint" with "formal charging
2 document."

3 Section 27 amends NAC 630.515, making some
4 changes here with regard to interns practicing
5 respiratory care. Previously, it wasn't completely
6 clear -- well, we didn't get very many applicants.
7 I think part of it was they had to be scheduled to
8 sit for an exam before they could get this license.
9 This allows the person to graduate and essentially
10 immediately start working as an intern, as long as
11 they are licensed as an intern, while they're
12 studying for and taking their exam, instead of
13 having to wait and either reschedule or have already
14 sat the exam and waiting for the results.

15 So it just allows to start working with
16 less of a gap. But to have the intern license, of
17 course, they have to be participating in a program
18 of practical training approved by the Board.

19 And we had a couple questions about that,
20 I think. What I'm anticipating is hospitals and
21 other programs, you know, other entities that have
22 these programs will submit something to the Board
23 prior, and then the Board will kind of just maintain
24 a list of programs that's approved so that we can
25 approve this.

1 If not, like, if they're not already
2 approved, I think we would just approve them as a
3 part of the application. But it would be easier,
4 probably, if they should they request that prior.

5 During the 12-month period, they have to
6 wear this respiratory care intern badge, and then
7 they do have to take the national exam during that
8 12-month period that they have that intern license.

9 Section 28 amends NAC 630.525, again, just
10 to incorporate the charges contained in a formal
11 charging document instead of calling it "complaint
12 for disciplinary action."

13 Section 29 amends NAC 6301530. This is
14 updating the requirements for continuing education
15 for practitioners of respiratory care, really, to
16 be -- to coincide with the previous changes for
17 preceptors, and also just to make it more clear,
18 because in the current language it had percentages,
19 so you had to, like, do math and figure out what the
20 percentages were of your education, depending on
21 when you were licensed during the biennium period,
22 and sometimes it didn't actually work out to even
23 numbers.

24 So this way, we're just saying you have to
25 do 20 hours of continuing education, and then we

1 have sort of broken it down. If you license in the
2 first 6 months, the second 6 months, third 6 months
3 or the last 6 months in that period, how much you
4 have to take in and what areas, just so that it's
5 clear and consistent for everyone.

6 Section 30 amends NAC 630.770. This is,
7 again, just including that new language. Instead of
8 saying "complaint for disciplinary action," charges
9 contained in formal charging document filed against
10 the person.

11 Section 31 amends LCB File No. R069-23.
12 This is adding in the American Academy of Family
13 Physicians as an entity that can approve continuing
14 education for anesthesiologist assistants.

15 Section 32 amends NAC -- I'm sorry, LCB
16 File No. R069-23. That also incorporates that
17 nutrition is a part of that SBIRT training that
18 anesthesiologists are taking as well.

19 Section 33, this is amending LCB File No.
20 R069-23 to make it consistent with the tumescent
21 anesthesia procedures and requirements we've talked
22 about earlier, basically just saying that, you know,
23 if an anesthesiologist assistant is doing that
24 tumescent anesthesia in any way, making sure this is
25 just updated and goes along with those provisions.

1 Section 34 amends LCB File Number R069-23.
2 This is also incorporating that "formal charging
3 document" language instead of "written complaint."

4 Section 35 amends LCB File No. R033-24.
5 This is omitting a provision regarding endorsement
6 to practice medicine. Part of what it's doing is
7 striking a provision that's no longer, that was
8 repealed this last session, which is NRS 630.1606,
9 and then also just updating the reference to NRS
10 630.1605, because it was updated as well to be more
11 clear, and 630.1607.

12 Section 36 is updating a reference
13 regarding the priority processing with regard to
14 section adding "or 4" to the regulation. And this
15 is -- and the reason is this is, like, a parallel
16 section, it has to do with when it's effective. So
17 this will become effective in a different time frame
18 than the other regulations.

19 Section 37 repeals some outdated
20 provisions, NAC 630.154 and NAC 630.353, and then
21 Section 13 of LCB File No. R069-23.

22 Those provisions that are being repealed
23 have to do with continuing medical education
24 regarding medical consequences of terrorism and acts
25 of terrorism, and that was removed as a requirement

1 this last session from the law. And so we're just
2 removing those provisions in this regulation.

3 So that concludes item 3.

4 4. Question & Answer Period for Proposed Regulation
5 LCB File No. R111-25

6 MS. BRADLEY: And now we'll move on to
7 item number 4, which is a question and answer period
8 for proposed Regulation LCB File No. R111-25. And
9 if you have any questions regarding the regulation,
10 now is your time. If you would, if you're online,
11 please raise your hand, and I will call on you.

12 Not seeing any raised hands. Are there
13 any questions in the Reno office?

14 MS. FUENTES: No questions here.

15 MS. BRADLEY: Are there any questions in
16 the Las Vegas office?

17 MS. PILI ESKEETS: No questions here.

18 MS. BRADLEY: All right. Thank you.

19 5. Public Comment for Proposed Regulation LCB File
20 No. R111-25

21 MS. BRADLEY: I will now move to item
22 number 5, which is a public comment regarding the
23 Regulation R111-25. Is there any public comment
24 regarding the regulation online? If so, please
25 raise your hand, and I will call on you.

1 Not seeing any comments. Any comments in
2 the Las Vegas office?

3 MS. PILI ESKEETS: No public comment from
4 the South.

5 MS. BRADLEY: Thank you.

6 Any public comment in the Reno office?

7 MS. FUENTES: No public comment in Reno.

8 6. Public Comment

9 MS. BRADLEY: Okay. We'll move on to item
10 number 6. This is another general public comment
11 period, and you can raise other concerns or issues
12 or talk about this regulation, whether you'd like.
13 If you would, if you have a public comment online,
14 please raise your hand, and I will call on you.

15 Not seeing any. Any public comment in Las
16 Vegas?

17 MS. PILI ESKEETS: No public comment from
18 the South.

19 MS. BRADLEY: Thank you. Any public
20 comment in Reno?

21 MS. FUENTES: No public comment in Reno.

22 MS. BRADLEY: Okay. Well, thank you so
23 much for all being here. You know, if you have
24 questions, please do reach out and keep looking for
25 this regulation because we've got a couple more

1 meetings to go before it will be effective.

2 7. Adjournment

3 MS. BRADLEY: I will adjourn us at 2:34
4 p.m. Thank you, all.

5 (Meeting adjourned at 2:34 p.m.)

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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 19,
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 28 pages, inclusive.

DATED: At Reno, Nevada, this 19th day of
May, 2026.

/s/ Brandi Ann Vianney Smith

BRANDI ANN VIANNEY SMITH

[& - accredits]

&	25 3:8,10 20:22	6	65 7:6
& 25:4	26 3:11 20:25	6 3:6,11 10:20	7
1	27 3:12 21:3	23:2,2,2,3 26:8	7 3:12 11:10
1 3:3 4:5 17:25	28 22:9 28:13	26:10	27:2
20:9	29 22:13	630.010 14:25	8
10 14:25	2:02 4:1,7	630.050 15:2	8 13:24
11 15:2	3	630.055 15:22	8047965 1:25
12 15:22 22:5,8	3 3:5 6:16 7:18	630.080. 16:4	89521 2:5
13 16:4 24:21	16:12 25:3	630.130. 16:21	9
14 9:23 10:15	30 23:6	630.145 17:5	9 14:8
16:21	31 23:11	630.153. 17:21	9600 2:4
15 17:5	319 7:6 11:7	630.154 24:20	a
16 17:21	15:5 16:1 17:6	630.156. 18:5	ab 8:11 11:7
17 18:5	32 23:15	630.157. 18:14	15:5 16:1 17:6
18 1:14 4:1	33 23:19	630.160 10:23	17:9
18:14	34 24:1	16:2,5,19	ab483 7:20
18th 4:6	35 24:4	630.1605 24:10	ability 16:23
19 18:19 28:6	36 24:12	630.1606 24:8	able 11:24
19th 28:14	37 24:19	630.1607. 24:11	13:14
2	4	630.235. 18:19	academy 17:22
2 3:4 5:18,20	4 3:3,7 8:12	630.237. 19:6	18:1,11,16
7:3 16:8 20:18	16:15,19 24:14	630.240. 19:11	20:11,12,18,20
20 19:6 22:25	25:4,7	630.340. 19:19	23:12
2025 7:21 15:5	43 17:9	630.350. 20:8	accepted 8:1
19:23	449 7:11 12:18	630.353 24:20	accompanied
2026 1:14 4:1	483 8:11	630.358. 20:15	12:8
28:7,15	5	630.380. 20:22	accounting
21 19:11	5 3:4,9 7:21	630.465. 20:25	14:21
22 19:19	8:17 9:11	630.515 21:3	accreditation
23 20:8	25:19,22	630.525 22:9	14:13 15:20
24 10:25 14:23	5th 4:20	630.770. 23:6	accredits 15:17
20:15		6301530 22:13	

[act - badge]

<p>act 14:11 action 19:21 20:4 22:12 23:8 active 19:17 acts 24:24 actually 8:25 9:7 10:20 11:12 13:20 16:2 22:22 add 4:25 added 15:5,25 18:2 19:8 adding 10:20 17:22 18:6,10 18:11,21 19:1 20:16,19 23:12 24:14 additional 10:18 adds 7:3 adjourn 27:3 adjourned 27:5 adjournment 3:12 27:2 administer 11:14 administrative 2:9 10:22 11:2 adopt 4:21 5:8 affirmatively 5:6 agenda 6:3</p>	<p>ago 17:2 ahead 5:19 6:18 allegation 19:18 allowing 14:8 allows 21:9,15 amended 15:3 amending 14:25 15:2 16:4 18:14 23:19 amends 15:22 16:21 17:5,21 18:5,19 19:6 19:11,19 20:8 20:15,22,25 21:3 22:9,13 23:6,11,15 24:1,4 american 17:22 17:24 18:1,11 18:16 20:11,12 20:18,20 23:12 anesthesia 7:4 7:9,15 11:11 11:15,22 12:2 12:7,11,13,16 12:24 13:8,17 13:22 14:2 18:20,21,23,25 19:4,5 23:21 23:24</p>	<p>anesthesiolog... 12:1 13:11 23:14,23 anesthesiolog... 23:18 ann 1:24 28:4 28:17,19 answer 3:7 25:4,7 answers 6:25 anticipate 7:13 anticipating 21:20 anymore 16:16 appears 28:10 applicable 15:19 applicant 7:25 applicants 21:6 application 9:8 9:9,12,14,19,23 10:5,13,14 11:1 22:3 applications 7:13,23 9:4 apply 16:17 approach 18:8 approve 5:6,9 9:22 12:25 18:1,12 20:13 21:25 22:2 23:13 approved 13:9 13:14 14:12</p>	<p>17:23 20:20 21:18,24 22:2 area 7:12 8:15 8:19 areas 17:7,16 23:4 arrive 10:5 aside 9:23 asks 17:14 assembly 5:4 7:6 assistant 2:8,9 12:1,1 23:23 assistants 13:10,11 20:14 23:14 associates 20:11,19 association 17:25 attempts 16:13 attestation 8:6 australia 15:13 authority 7:8 authorization 11:20 13:16 available 14:5 aware 4:15</p>
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			<p>back 11:10 bad 13:18 badge 22:6</p>

[basically - conflicts]

<p>basically 8:3 10:21 11:17 12:15 14:19 16:12 23:22 beginning 11:12 believe 16:1 17:18 biennium 22:21 bill 7:6 8:11,16 8:16,18 16:1 bills 7:24 bit 5:13 board 1:1 2:3,3 4:10,20,20,21 5:8 6:1 7:4,7 7:22 8:24 9:22 10:8 11:14,18 12:25 13:12,15 13:17,19 14:5 14:14 17:14 18:24 19:7,14 19:17 21:18,22 21:23 board's 16:15 bradley 2:2 4:6 4:9 5:19 6:12 6:18 25:6,15 25:18,21 26:5 26:9,19,22 27:3 brandi 1:24 28:4,17,19</p>	<p>brief 18:7 broken 23:1 bureau 4:25 19:10 business 9:23 10:16</p> <hr/> <p style="text-align: center;">c</p> <hr/> <p>c 2:1 call 3:3 4:5 6:6 10:19 25:11,25 26:14 called 20:10 calling 7:19 22:11 canada 15:8,9 15:10,20 16:11 capacity 11:2 card 10:9 care 11:4 14:4 14:9,13 21:5 22:6,15 category 17:25 certificate 14:18 certify 28:5 cetera 9:21 change 13:10 13:10 15:16 19:22 changes 17:4 17:20 21:4 22:16</p>	<p>chapter 7:11 12:18 charges 22:10 23:8 charging 19:22 20:2,24 21:1 22:11 23:9 24:2 citizenship 16:23 17:1 claim 14:9 clarify 11:5 clarifying 10:21 18:15 cleaning 12:12 cleanliness 13:6 clear 21:6 22:17 23:5 24:11 clinical 10:25 11:3 close 5:14 coincide 22:16 coming 4:14 comment 3:4,9 3:11 5:18,20 6:1,4,5,9,10,13 6:14 25:19,22 25:23 26:3,6,7 26:8,10,13,15 26:17,20,21 comments 4:18 4:18 26:1,1</p>	<p>commission 5:1 5:9 14:13 commissioners 17:14 committee 15:20 community 8:3 8:10 compile 4:17 complaint 13:20 19:15,21 19:24,25 20:3 20:5,5,6,24 21:1 22:11 23:8 24:3 complaints 19:14 complete 9:7 9:14,18,25 10:13 completed 9:5 9:9 12:9 completely 21:5 completion 10:1,7 component 18:9 20:16 concerning 14:1 concerns 26:11 concludes 25:3 conflicts 17:11</p>
--	--	--	--

[confusing - eskeets]

<p>confusing 19:24 conscious 19:3 consequences 24:24 considered 15:8,10 consistent 16:20 17:19 23:5,20 consisting 28:13 consumer 19:25 20:5 contained 22:10 23:9 continuing 14:10,22 17:23 18:12,15 20:13 22:14,25 23:13 24:23 controlling 12:13 copy 12:4 correct 28:12 council 4:25 19:10 countries 15:4 16:10 country 15:6 15:13,19 18:4 county 17:14 28:2</p>	<p>couple 21:19 26:25 course 14:16 21:17 covered 18:7 create 7:8 creates 7:18 credit 14:10,15 20:19 criteria 8:16,18 16:18 current 22:18</p> <hr/> <p>d</p> <p>d 3:1 data 9:1 date 5:11 9:24 10:7 11:1 dated 28:14 day 10:12,15 28:14 days 9:12,24 10:5,16 decide 9:3 decision 10:14 deemed 10:13 deep 19:3 defined 7:15 definition 7:3 8:10 11:11 15:23 17:10 deny 9:22 12:25</p>	<p>department 12:19 depending 22:20 deputy 2:3 4:10 different 14:7 24:17 direct 11:3 directed 11:6 director 2:3 4:10 disciplinary 13:2 19:21 20:4 22:12 23:8 discipline 8:23 disciplined 8:9 discussion 3:5 6:16,20 diseases 12:14 document 19:22 20:3,24 21:2 22:11 23:9 24:3 documentation 12:9 14:19 documents 9:8 9:15,21 10:11 doing 6:23 18:22 23:23 24:6 draft 7:5 drive 2:4</p>	<p>e</p> <p>e 2:1,1 3:1 earlier 17:8 23:22 easier 22:3 education 14:11,12,23 15:24 16:3 17:24 18:13,15 20:13 22:14,20 22:25 23:14 24:23 effective 5:7,11 24:16,17 27:1 either 10:19 21:13 employer 8:2,5 8:7 employment 8:2 enacted 5:15 endorsement 24:5 entities 21:21 entitled 28:8 entity 23:13 equivalent 15:4 15:6,9,13 16:10 17:12 18:3 eskeets 2:9 6:10 25:17 26:3,17</p>
---	--	---	---

[essentially - incorporates]

<p>essentially 7:25 14:14 15:11 17:15 21:9 established 16:18 et 9:21 everybody 4:12 everyone's 4:15 exam 21:8,12 21:14 22:7 examination 16:13 examinations 16:14,16,19 examiners 1:1 2:3,4 exception 17:16 executive 2:3 4:10</p>	<p>figure 22:19 file 6:17,20 11:19 13:20 20:3 23:11,16 23:19 24:1,4 24:21 25:5,8 25:19 filed 23:9 final 5:21 fingerprint 10:9 finish 15:14 first 16:6 23:2 five 14:10 17:2 following 9:24 foregoing 28:11 foreign 15:4,6 15:13,19 16:10 18:3</p>	<p style="text-align: center;">g</p> <p>gap 21:16 gateway 2:4 general 19:3 26:10 generally 12:20 geographic 8:15,19 getting 5:14,14 give 6:23 9:8 given 13:16 go 5:13,19 6:8 6:18,21 15:14 27:1 goes 11:10 23:25 going 5:19,21 6:5 8:13 9:5 10:6 11:25 13:18 governor's 9:2 graduate 21:9 granted 13:22 group 20:10</p>	<p>hearing 1:8,11 4:8,16 historically 8:3 8:10 history 13:2 hopefully 4:21 5:8,9 hospitals 21:20 hour 14:22 hours 14:10,21 14:23 22:25 house 5:4 human 12:19</p>
f	<p>formal 13:20 19:21 20:2,24 21:1 22:10 23:9 24:2 forth 8:18 frame 24:17 fuentes 2:8 6:14 25:14 26:7,21 full 28:11 fully 5:14</p>	<p style="text-align: center;">h</p> <p>hand 6:6 25:11 25:25 26:14 hands 6:8 25:12 happen 17:17 happens 4:23 health 12:19</p>	i
<p>facilities 12:12 12:21,22 facility 7:11 fact 19:13 failed 19:16 failure 19:13 familiar 4:12 family 17:22 18:1,12,17 20:13,20 23:12 fees 9:15</p>	<p>identified 13:3 identify 11:20 12:3 immediately 9:24 21:10 implementing 7:5 include 15:1,3 18:9 included 18:17 includes 5:3 including 15:12 23:7 inclusive 28:13 incorporate 7:16 17:6 19:23 22:10 incorporates 23:16</p>		

[incorporating - medicine]

incorporating 16:9 20:12,23 24:2 individual 20:6 individuals 12:3 13:3 infectious 12:14 information 10:18 initiates 20:3 instructions 3:3 intern 21:10,11 21:16 22:6,8 interns 21:4 intervention 18:8 intraoperative 14:3 introductions 4:5 investigate 19:14 investigation 13:20 involve 13:1 issue 17:10 issued 12:18 14:19,20 issues 13:4 26:11 item 5:20 6:19 7:2 25:3,7,21	26:9	lead 8:23 leading 4:11 learned 13:18 legal 2:8 legislative 4:25 5:1,9 7:20 19:9 legislators 5:3 legislature 5:2 9:2 16:25 17:3 letter 8:5 license 12:23 17:15 19:13 21:8,16 22:8 23:1 licensed 21:11 22:21 licensee 20:7 licensure 10:21 17:17 lies 8:8 limitations 16:17 line 15:25 list 11:22,24 21:24 little 5:13 9:4 11:8 located 8:2,7 location 11:15 13:18 locations 11:21 log 13:25 14:1 14:5	long 8:25 21:10 longer 24:7 look 9:13 looking 13:1 26:24 looks 19:8 lot 7:13 lyнна 2:9
	j	job 1:25 june 4:20	m
	k	keep 9:1 15:25 26:24 kind 7:12,15 15:21 16:13 17:11,16 18:2 21:23 kingdom 15:12 know 5:17,22 7:1 9:6,17,18 10:17,18 13:4 13:12 14:15 21:21 23:22 26:23	made 16:6 19:22 maintain 21:23 make 9:3,14 10:14 11:18 14:5 15:16 16:20 17:12,19 22:17 23:20 making 8:8 10:1,8 11:8 13:25 17:4 18:16 21:3 23:24 math 22:19 mean 19:25,25 20:3 meant 17:10 medical 1:1 2:3 2:4 7:10 15:18 17:23,25 24:23 24:24 medically 17:7 medicine 10:24 11:3 24:6
	l	language 15:3 15:6 16:9,22 19:12 20:23 22:18 23:7 24:3 las 6:9 25:16 26:2,15 law 25:1 lcb 6:17,20 23:11,15,19 24:1,4,21 25:5 25:8,19	

[meet - permit]

<p>meet 4:13 meeting 1:10 4:11,17,20,22 5:1 27:5 28:7 meetings 4:12 27:1 meets 8:15,18 16:18 mentioned 17:8 mercedes 2:8 missing 9:16 mle 16:16 modifications 16:7 monday 1:14 4:6 monitor 8:24 monitored 12:20 monitoring 12:6 month 22:5,8 months 10:25 23:2,2,2,3 move 5:20 6:18 6:24 25:6,21 26:9 moving 14:7</p>	<p>18:14,19 19:6 19:11,19 20:8 20:15,22,25 21:3 22:9,13 23:6,15 24:20 24:20 name 4:9 20:9 20:18 national 20:9 20:10 22:7 nationally 15:18 necessary 16:9 need 10:3,17 13:10 needed 8:20 nevada 1:2 2:2 2:3 4:1 8:20 28:1,14 new 13:14 15:12 23:7 nice 4:13 note 11:8 notes 28:7,12 nrs 7:11 12:18 16:2,5,18 17:1 24:8,9 number 1:25 5:20 14:21 18:24 20:9,17 24:1 25:7,22 26:10 numbers 22:23</p>	<p>nutrition 18:6 18:9 20:16 23:17 nv 2:5</p> <hr/> <p>o</p> <hr/> <p>o0o 3:14 obtaining 9:20 obviously 11:1 occur 9:10 occurred 19:18 occurs 10:12 offer 8:1 office 6:9,13 9:2 11:15 25:13,16 26:2 26:6 offices 7:9,10 okay 26:9,22 omitting 24:5 once 4:23 5:10 9:5,8,18 13:9 ones 11:24 online 6:5 25:10,24 26:13 open 6:4 operative 14:4 order 3:3 4:5 7:23 15:16 organization 15:17 outdated 16:22 24:19</p>	<p>overnight 9:7 overview 6:23</p> <hr/> <p>p</p> <hr/> <p>p 2:1,1 p.m. 4:1,7 27:4 27:5 page 3:2 pages 28:13 paperwork 4:24,24 parallel 24:15 part 10:1 13:1 17:9 21:7 22:3 23:17 24:6 participating 21:17 past 13:5 patient 11:4 12:6 14:4 people 8:13 13:14 percentages 22:18,20 perform 11:23 11:23 period 3:7 10:15 22:5,8 22:21 23:3 25:4,7 26:11 permission 11:14 13:21 permit 12:17 15:19</p>
<p>n</p>			
<p>n 2:1 3:1 nac 14:25 15:2 15:22 16:4,21 17:5,21 18:5</p>			

[permitted - questions]

<p>permitted 7:10 11:16 person 9:16 12:16 21:9 23:10 petition 11:19 11:20 12:3 13:3,13 petitions 13:1 physician 10:22 11:13,17 11:25 12:9 13:2,10,24 20:11,14,19 physicians 7:8 16:24 17:22 18:1,12,17 20:10,13,21 23:13 pili 2:9 6:10 25:17 26:3,17 place 7:22 11:13 12:22 plan 11:22 please 5:17 7:1 25:11,24 26:14 26:24 population 8:15 position 11:2 post 14:4 postgraduate 15:24 16:3</p>	<p>potential 13:4 potentially 9:6 13:21 practical 21:18 practice 24:6 practiced 10:24 practicing 21:4 practitioners 14:9 22:15 preceptor 14:11 preceptoring 14:18,23 preceptors 22:17 preoperative 14:3 prepare 4:23 present 2:7 28:6 presentation 3:5 6:16,19 previous 22:16 previously 13:22 15:7 21:5 prior 10:25 21:23 22:4 prioritization 8:25 9:10 prioritize 7:23 prioritized 9:13</p>	<p>priority 7:19 8:4,21 17:8 24:13 probably 4:11 22:4 procedure 14:2 procedures 11:22 12:10 13:7 18:24 19:9 23:21 proceedings 1:8 28:8,13 process 4:16 5:17 7:8,14,17 7:18,22 8:13 11:13 processing 7:19 8:4,22 9:10,19 17:9 24:13 program 14:12 15:11 21:17 programs 21:21,22,24 progressive 15:23 16:3 proof 10:2 14:16 16:23 proposed 3:6,8 3:9 6:16,20 25:4,8,19 protocols 12:5 provide 5:25 14:17</p>	<p>provided 14:4 provider 17:23 providing 11:3 11:3 13:7 provision 12:2 16:7 17:2,19 18:18 24:5,7 provisions 23:25 24:20,22 25:2 public 1:10 3:4 3:9,11 4:7,16 4:18 5:18,20 6:1,4,5,9,10,13 6:14 25:19,22 25:23 26:3,6,7 26:8,10,13,15 26:17,19,21 28:7 pursuant 7:11 12:18 13:23 pursue 19:17 put 12:21 putting 7:22 11:12</p>
			q
			<p>question 3:7 25:4,7 questions 5:16 6:24 7:1 21:19 25:9,13,14,15 25:17 26:24</p>

[quickly - scoring]

quickly 9:4	referenced 16:3 17:9 20:17	renew 19:13,16	resident 16:23
r	referral 18:8	reno 2:5 4:1 6:13,14 25:13 26:6,7,20,21 28:14	respiratory 14:9,12,13 21:5 22:6,15
r 2:1	referring 15:20	repealed 24:8 24:22	responsible 13:25
r033-24 24:4	regard 21:4 24:13	repeals 24:19	rest 7:16
r069-23 23:11 23:16,20 24:1 24:21	regarding 4:8 4:19 6:2,25 7:16 12:5 13:6 15:3 16:19,22 18:24 19:7,7 19:12 20:6 24:5,13,24 25:9,22,24	replacing 21:1	results 21:14
r111-25 1:12 3:6,8,10 4:8 6:17,21 25:5,8 25:20,23	regular 17:1	report 18:23 19:2	review 4:21 7:23
raise 6:6 25:11 25:25 26:11,14	regulation 1:11 3:6,8,10 4:8,17 4:19,22 5:5,12 6:2,17,20 7:5 11:7 13:23 15:1 24:14 25:2,4,8,9,19 25:23,24 26:12 26:25	reported 1:24	revoke 13:15 13:21
raised 25:12	regulations 6:25 7:16 20:1 24:18	reporting 19:7	right 10:4 12:15 15:7 25:18
reach 26:24	remove 16:5	request 8:4,6,8 8:21 11:13,18 22:4	s
really 8:14 9:9 10:6 22:15	removed 16:25 24:25	requesting 11:19	s 2:1 28:17
reason 12:15 15:24 24:15	removes 20:23	requests 8:24	sanitation 12:5
received 4:19 10:10	removing 10:22 16:22 25:2	required 7:24 9:15 10:24 12:17	sarah 2:2 4:9
receiving 9:12		requirement 24:25	sat 21:14
recognize 16:9		requirements 10:21,23 14:11 16:14 18:16 22:14 23:21	saying 22:24 23:8,22
recognized 15:18		requires 18:22	says 9:11 10:10 13:24 15:17
record 5:21		reschedule 21:13	sb 7:21
recording 5:24		residency 10:2 15:10,15 16:25	sbirt 18:9 20:16 23:17
records 14:1			scheduled 21:7
refer 20:5			school 14:17,20 15:9,14
reference 15:1 16:5 18:3,10 18:11,21 19:20 24:9,12			schools 15:18
			scoring 16:15

[screening - times]

screening 18:7 second 23:2 secretary 5:11 section 7:3,6,18 8:12 9:11 10:20 11:10 13:24 14:8,25 15:2,22 16:4,8 16:8,12,15,21 17:5,13,21 18:5,14,19 19:6,11,19 20:8,15,22,25 21:3 22:9,13 23:6,11,15,19 24:1,4,12,14,16 24:19,21 sections 6:21 sedation 19:3,3 see 13:3 16:14 seeing 6:8 25:12 26:1,15 senate 5:4 8:16 send 4:19,24 sentence 16:6 services 12:19 serving 8:15 session 7:7,20 7:21 8:17 11:8 15:5 16:1 17:6 19:23 24:8 25:1 set 8:18 9:22	setting 10:25 seven 9:12 10:16 side 5:4,4 sides 5:3 signed 8:6 sit 21:8 situations 8:21 smith 1:24 28:4 28:17,19 somebody 16:18 someone's 18:22 sorry 5:22 23:15 sort 6:23 14:16 23:1 south 6:11 26:4 26:18 special 7:12,21 8:17 specialty 8:17 8:19 specific 6:3 18:6 specifically 17:13 speedier 9:10 sponsor 14:19 spread 12:14 squared 17:12 ss 28:1	stamped 5:10 start 21:10,15 started 4:7 state 1:2 2:3,3 5:11 12:18 28:1 states 15:8 statutes 20:2 striking 24:7 studying 21:12 sub 7:12 subcommittee 5:2 submit 8:5 13:13 21:22 submitted 10:4 10:9 subsection 16:19 sufficiency 13:5 supplemental 13:13 supporting 9:20 10:11 sure 9:3,14 10:2,9 13:25 17:19 18:16 23:24 surgeries 19:8 19:9 surrender 19:12	surrendered 19:16 suspend 13:15 <hr/> t <hr/> take 10:5 22:7 23:4 takes 8:25 talk 6:22 26:12 talked 11:11 23:21 talking 8:12 16:12 18:20 teams 28:6 tell 8:1 terrorism 24:24,25 thank 6:12,15 25:18 26:5,19 26:22 27:4 thanks 4:13 thing 18:6 things 8:14 10:3,4 12:20 think 4:11 17:1 21:7,20 22:2 third 23:2 thought 5:23 three 6:19 time 5:23,25 19:18 24:17 25:10 times 6:3 19:5
---	--	--	--

[told - zealand]

told 9:13 took 28:7 topic 14:8 toward 14:10 traditional 17:17 trained 12:12 training 12:10 13:5 18:7,9,10 20:17 21:18 23:17 transcribed 28:9 transcript 1:8 28:11 transcription 28:12 transcripts 9:20 10:2,11 treatment 18:8 trigger 10:6 true 28:12 trying 17:11 20:4 tumescient 7:4 7:9,14 11:11 11:14,21 12:2 12:7,11,13,16 12:24 13:7,16 13:22 14:2 18:20,21,22,25 19:4 23:20,24 two 8:14 16:20	type 18:24 types 12:10 typewriting 28:9	verified 9:25 10:11 verify 14:21 verifying 9:20 vianney 1:24 28:4,17,19 vote 5:5	x	
				x 3:1
				y
				years 17:2
				z
				zealand 15:12
		under 12:7 14:2 underserved 8:3,10 17:7,16 unfortunately 10:4 united 15:8,12 untruthful 8:22 update 15:23 16:2 20:9 updated 17:3 23:25 24:10 updates 19:20 updating 16:13 19:12 20:18 22:14 24:9,12 use 7:8 12:5 13:14,16,21 20:4 used 12:13 using 11:25 12:11,16,23 20:2	w	
		u	wait 21:13 waiting 21:14 want 7:14 9:13 13:9 wanted 11:5 17:19 wanting 12:21 washoe 28:2 way 15:14 22:24 23:24 we've 4:18 23:21 26:25 wear 22:6 went 15:9 word 20:2,4 words 13:17 work 8:14 16:23 22:22 working 14:20 21:10,15 writing 10:19 written 20:24 24:3	
		v		
		vegas 6:9 25:16 26:2,16 verbatim 28:7		

No written comments were received regarding these proposed regulations.