NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

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

Edward O. Cousineau, J.D.
Executive Director

* * * MINUTES * * *

OPEN SESSION BOARD MEETING

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

and Videoconferenced to

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

FRIDAY, JUNE 5, 2026 – 8:30 a.m.

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

Board Members Absent
None

Staff/Others Present

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

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

The meeting was called to order by President Nick M. Spirtos, M.D., F.A.C.O.G., at 8:31 a.m.

Mr. Cousineau took roll call. All Board members were present with the exception of Apeksha Desai, M.D., MBA. Mr. Cousineau announced there was a quorum.

Agenda Item 2
PUBLIC COMMENT

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

Agenda Item 3
APPROVAL OF MINUTES
- March 6, 2026 Board Meeting – Open Session

Ms. Arias-Petrel moved that the Board approve the Minutes of the March 6, 2026 Board Meeting – Open Session. Ms. Beal seconded the motion, and it passed unanimously.

Agenda Item 4
ETHICS AND BOUNDARIES ASSESSMENT SERVICES LLC (EBAS) PRESENTATION

Bradley Guye, Business Development Manager for Ethics and Boundaries Assessment Services, LLC (EBAS), provided a PowerPoint presentation regarding EBAS. He stated EBAS works with over 150 regulatory boards, including healthcare boards similar to this Board, covering 37 professions in 41 states and offers a supplemental tool that can be a part of any disciplinary toolkit. He said he hoped the Board would see the value in this and conclude that EBAS is a valuable resource the Board may use as part of its processes.

Mr. Guye provided an overview of the services EBAS provides and presented statistics on the percentage of employees who have been involved in unethical behavior and the number who have been repeat offenders. He highlighted the five types of assessments EBAS offers – boundaries, professional conduct, professional standards, substance abuse, and fraud – and outlined its testing process. He described the EBAS rubric and scoring and reported an average pass rate of 68% among examinees, noting that 90%

of people who take EBAS have committed some type of violation. He stated that EBAS is not a simple "check-the-box" assessment; it is an assessment that accurately measures the licensee's ethical and moral competence. He explained that EBAS' fees are paid by the licensee; that there is no cost to boards or contractual requirements for boards to use its services.

Dr. Spirtos asked how the Board would establish a baseline regarding the number of repeat offenders in order to determine whether use of the EBAS program is effective. Mr. Guye stated that recidivism is extremely difficult to measure. He said EBAS is working on a case study that will ultimately show the effectiveness of EBAS within recidivism rates; however, its goal is not to set a baseline. He provided an example of one board that has seen a 74% reduction in repeat offenders after utilizing EBAS.

Dr. Simon inquired as to how the assessments are validated. Mr. Guye provided information regarding the internal validation and efficacy of the EBAS product and stated a scientific study prepared by EBAS' psychometrician was available. The case study that should be published in a medical journal in July will show the effectiveness of EBAS when used as part of the disciplinary process.

Mr. Farnsworth asked about next steps after a licensee receives an unsatisfactory score. Mr. Guye explained that EBAS offers a number of solutions. For example, the licensee may retake the assessment, and EBAS offers a one-on-one session with an attorney to go over an ethics case study and provide awareness.

Mr. Cousineau asked whether the cost of the assessment varied by profession, as the income of various professions is disparate. Mr. Guye stated the cost was the same for everyone.

Agenda Item 5

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

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

Ms. Bradley explained that staff had brought these proposed regulations to the Board for adoption at a special meeting in January 2026 and the Legislative Commission subsequently considered the regulations. The Legislative Commission did not approve the proposed regulations and requested revisions be made to them. Staff made the changes and held another public hearing on the new version, which was now before the Board for adoption. Some public comment was received and, as a result, there were three minor changes she was requesting that the Board incorporate when adopting the regulations.

The first change would be to add "or the American Board of Medical Genetics, or its successor organization" to the end of Section 3(2)(c) on Page 7. That organization is apparently older than the Accreditation Council for Genetic Counseling and there are some genetic counselors that have an accreditation from that organization rather than from the Accreditation Council for Genetic Counseling. This is for endorsement as well.

The second change would be to strike Section 4(2)(b) on Page 10 because we already have a 24-month clinical practice requirement used to demonstrate competency.

The third change would be to Section 14 on Page 18. The existing regulations requires graduates of a program who are waiting to take the examination and waiting to be certified, to wear a badge that says they are a "graduate genetic counselor"; however, there is no requirement that a student wear a badge.

Therefore, she wants to add a requirement that students wear a badge that identifies them as a "genetic counselor student."

Ms. Bradley requested that the Board adopt the proposed regulations with the proposed changes, and said next steps would be to submit them to the Legislative Counsel Bureau (LCB), after which it will hopefully be placed on the July Legislative Commission agenda.

Dr. Bassewitz moved that the Board adopt the proposed regulations with the three changes proposed by Ms. Bradley. Mr. Olivarez seconded the motion, and it passed unanimously.

(b) Update Regarding Regulations, LCB File No. R111-25, Needed to Implement AB56, AB319, and AB483 From the 2025 Legislative Session and SB5 From the 2025 Special Legislative Session. The Proposed Regulations Also Include Updates to Continuing Education Requirements for Licensees and Update Provisions Relating to Respiratory Care Intern Licenses.

Ms. Bradley explained that these proposed regulations accomplish a lot of cleanup from the 2025 Legislative Session but also add priority processing of applications for licensure. AB483 from the 2025 Legislative Session requires this for underserved areas, and the Governor's bill, SB5, from the 2025 Special Session, added underserved specialties. Additionally, we added procedures for physicians to request permission to use tumescent anesthesia in unpermitted locations because we have found that plastic surgeons and some other individuals generally have proper office locations that are vetted, approved, inspected, etc., and meet all the standards, but there are some that do not meet the standards and because they cannot get a permit from the Health Authority, they use tumescent anesthesia in their offices to do things they perhaps should not. This basically says if you do not have a permit from the Nevada Health Authority to use regular anesthesia in your office or facility, you must receive permission from the Board to use tumescent anesthesia in your office or facility. Physicians in offices and facilities that are permitted by the Nevada Health Authority are not affected by these regulations at all.

Ms. Bradley explained that applicants for an administrative physician license generally may not have taken a major examination within the past 10 years because they are not practicing clinically, and this regulation is supposed to clarify that administrative physician license applicants are not required to meet that examination requirement. The LCB went a little broader in this draft and referenced examinations pursuant to NRS 630.257, as well, which is a provision that allows the Board to assess someone's clinical competence prior to licensing them if the person has not practiced clinically for more than 24 months. She said she knows we are not going to be concerned with their clinical competency because administrative physicians will not be seeing patients clinically; however, she thinks we should add a provision that the Board retains the authority to assess an applicant if there is a history of substance use or another public safety concern.

Discussion ensued regarding the administrative physician license scope and the rationale for preserving the Board's ability to require non-clinical assessments prior to licensure.

Dr. Bassewitz complimented Ms. Bradley on the change to the term "written complaint" to "formal charging document" in reference to the document filed to initiate a disciplinary proceeding.

Ms. Arias-Petrel moved that the Board adopt the proposed regulations with the change proposed by Ms. Bradley. Mr. Farnsworth seconded the motion, and it passed unanimously.

(c) Update Regarding Regulations, LCB File No. R112-25, Needed to Fully Implement Limited Licensure and Regulation for Transitional Physicians Pursuant to SB124 From the 2025 Legislative Session.

Ms. Bradley explained that revisions had to be made to the previous draft of the regulations and it took a bit of time to receive the revised version from the LCB. A public hearing is scheduled for June 16, 2026, and a special Board meeting will be convened at the end of the month to adopt the regulations because the Board will begin licensing transitional physicians on July 1, 2026. She reported substantial stakeholder interest and noted that the Office of New Americans had translated our draft regulations into several languages. She said nationally, the number of licenses issued through this pathway has been very low. Her understanding is the issue has been identifying an approved employer. She said she planned to schedule a call with Washington State to obtain some insight from them on the process because Washington State has seen more success with its transitional physician program than many other states.

Dr. Simon inquired as to how transitional physicians would appear in the Board's public licensee lookup. Ms. Bradley said they will be called transitional physicians, and they will have a different identifier on their license numbers, and the license type will be listed as transitional physician.

Discussion ensued regarding the translated materials from the Office of New Americans. Ms. Arias-Petrel asked whether the translations were done by certified translators and noted that these individuals are supposed to be proficient in English in order to practice here.

Ms. Bradley confirmed the translations were done by certified translators and she had the certificates, and she confirmed that these individuals are required to have an ECFMG certificate, part of which confirms English competency in a health care setting to qualify for licensure as a transitional physician.

Ms. Beal suggested that Board staff confirm that the Office of New Americans are aware of the requirements. Ms. Arias-Petrel suggested that staff review and vet any external materials.

(d) Update Regarding Regulations, LCB File No. R046-26, Needed to Implement AB319 From the 2025 Legislative Session With Regard to Physician Licensure by Endorsement and Update Regulations Related to Licensing and Continuing Education Requirements for Licensees for Consistency. The Proposed Regulations Also Prohibit Physicians and Physician Assistants From Requiring Patients to Waive Their Rights to File a Civil Lawsuit as a Condition of Receiving Medical Care.

Ms. Bradley explained that these proposed regulations are intended to address some items that were not included during the 2025 Legislative Session and to update items that are not consistent. She then highlighted some of these items. One is the removal of the 12-month practice requirement for endorsement for practitioners of respiratory care and perfusionists because we already have the 24-month clinical practice requirement. She would like the authority to remove this requirement for anesthesiologist assistants as well. The proposed regulations also include the changes regarding practitioners of respiratory care that were requested by Mr. Farnsworth.

Ms. Beal moved that the Board adopt the proposed regulations with the change requested by Ms. Bradley. Mr. Farnsworth seconded the motion.

Discussion ensued regarding licensure by endorsement, provider shortages, and priority processing of applications for underserved areas and specialties. Ms. Bradley suggested the Board could create regulations to more fully address licensure by endorsement in terms of need.

Ms. Bradley explained the amendments included in Section 6 of the proposed regulations with respect to licensure by endorsement.

A vote was taken on the motion, and it passed unanimously.

Agenda Item 6

CONSIDERATION OF REQUEST OF AKINDELE KOLADE, M.D., TO TERMINATE PROBATIONARY STATUS ON HIS MEDICAL LICENSE

Bridget Kelly, Esq., was present with Dr. Kolade as his legal counsel.

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

Ms. Kelly explained that on December 12, 2025, the Board approved a Settlement Agreement with Dr. Kolade in Case No. 25-41463-1, which was a reciprocal action to Dr. Kolade's stipulated settlement with the Nevada State Board of Pharmacy (BOP) in 2021. The terms of the Settlement Agreement include a two-year, stayed suspension with probation. Having already fulfilled the continuing medical education and financial obligations under the Settlement Agreement, Dr. Kolade seeks early termination of the probationary status on his license. Although the terms of the Settlement Agreement do not explicitly restrict or limit Dr. Kolade's practice of medicine in any way, the increasingly severe real-world consequences of simply being on probation have been devastating to his practice and are unduly burdensome considering the circumstances. The key issue is that the American Board of Psychiatry and Neurology (ABPN) deems the probation to be a restriction on Dr. Kolade's license even though it does not limit or restrict Dr. Kolade's practice of medicine in any way and has determined that as long as Dr. Kolade's license is in probationary status, he is not qualified to hold his triple board certification in Child, Adolescent, and Adult Psychiatry, for which he recertified in 2020. Without board certification, Dr. Kolade does not meet the criteria for medical staff membership at most hospitals or provider participation with many insurance plans. This has been utterly crippling for Dr. Kolade's ability to practice medicine. These far-reaching consequences of the Settlement Agreement were unexpected considering this was a reciprocal action arising from Dr. Kolade's stipulated settlement with the BOP in 2021. She then outlined the underlying allegations of the BOP case and stated Dr. Kolade denied the allegations in that case and provided documentation supporting his denial. The BOP subsequently offered settlement terms, and Dr. Kolade entered into the stipulated settlement agreement with the BOP. Dr. Kolade's prescribing activity was never restricted, and he remained continuously authorized to prescribe controlled substances and dangerous drugs in Nevada. Dr. Kolade duly reported the BOP stipulation to interested parties in 2021 and dealt with the consequences at that time; however, he did not lose his board certifications. Dr. Kolade satisfied all terms of the BOP stipulated settlement and the BOP probation ended on October 15, 2023, a full two years before this Board filed its action. It is not clear why this action came so many years after the action by the BOP and the consecutive probations have been far more detrimental to Dr. Kolade than concurrent or overlapping probations would have been. Early termination of Dr. Kolade's probation is not inconsistent with the Board's mandate to protect the public. His professional competence has never been at issue and the safety of his patients, and the public has never been questioned. The underlying incidents alleged by the BOP could not occur today.

Mr. Cousineau stated that Dr. Kolade is in compliance with the remaining terms of the Settlement Agreement. He said Dr. Kolade had been on probation for six months and what the Board needed to consider that day was whether six months had been long enough.

Ms. Beal asked Dr. Kolade what changes he had implemented in his practice to ensure similar incidents did not occur again.

Dr. Kolade described the changes he had implemented, including electronic prescribing, and confirmed that the advanced practice registered nurses currently working with him are all independent practitioners.

Dr. Bassewitz asked Dr. Kolade whether there had been times in the past when there had been lapses in his board certification and how that affected him. Dr. Kolade said he had never let his board certification lapse.

Dr. Bassewitz asked how the ABPN became aware of the probationary status on Dr. Kolade's license. Ms. Kelly said she does not recall whether the notice Dr. Kolade had received from them indicated that.

Discussion ensued regarding whether it would be appropriate to lift Dr. Kolade's probation early.

Ms. Arias-Petrel suggested that the Board lift the probation at one year.

Dr. Bassewitz asked Dr. Kolade whether he believed the Board had abused its discretion in this case, and Dr. Kolade said he did not. Dr. Bassewitz stated Dr. Kolade's letter to the ABPN indicated he did.

Mr. Cousineau asked Dr. Kolade whether he was agreeable that if the Board makes a motion and adopts it, the probationary term will be lifted effective a year from the date of adoption of the Settlement Agreement. He said if so, that will negate the need for Dr. Kolade to appear again in December 2026. Dr. Kolade stated that he agreed.

Dr. Bassewitz moved that the Board lift the probationary status on Dr. Kolade's license effective 12 months following the date of adoption of the Settlement Agreement. Ms. Arias-Petrel seconded the motion, and it passed unanimously.

Agenda Item 7

CONSIDERATION OF SUPPLEMENTAL FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SASSAN KAVEH, M.D.*, BME CASE NO. 23-10414-1

Dr. Desai joined the meeting at 10:06 a.m.

Dr. Kaveh was present with his legal counsel, Johnathon Fayeghi, Esq.

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

Ms. Rasul confirmed that all adjudicating Board members had received and reviewed the materials regarding the matter and provided procedural instruction regarding adjudication of the matter. She explained that the matter came before the Board for adjudication at its December 13, 2024 meeting, and at that meeting, the Board adopted the findings and recommendations of the Hearing Officer, finding a violation of NRS Chapter 630. A petition for judicial review was filed by Dr. Kaveh, and the matter was remanded back to the Board for limited adjudication pursuant to an Order from the District Court and then summarized the Order. She said the Court found that the Board's Findings of Fact, Conclusions of Law, and Order was based upon substantial evidence in the administrative record and affirmed the Board's determination of a violation; however, the Court also found that the Board's Order should have included detailed findings regarding the affirmative defenses presented by Dr. Kaveh in his Pre-hearing Motion to Dismiss and ordered that the Board hold a limited supplemental hearing based upon the existing administrative record solely to address these affirmative defenses and issue a Supplemental Order with an

analysis of those affirmative defenses included. The Proposed Supplemental Order provided to the Board identifies the affirmative defenses that Dr. Kaveh raised and cites to the consideration and recommendations that the Hearing Officer made when she reviewed the Motion to Dismiss and determined that she agreed with the Investigative Committee's (IC's) analysis regarding the legal arguments presented by Dr. Kaveh's affirmative defenses.

Ms. Rasul said what the Board needed to do at that time was to decide whether to specifically accept the Hearing Officer's rationale and decision on the Motion to Dismiss as contained in the administrative record. Theoretically, the Board already accepted this when it adjudicated the case and accepted the Hearing Officer's findings and recommendations that a violation occurred. However, the specific affirmative defenses raised by Dr. Kaveh and the Hearing Officer's legal analysis with regard to these affirmative defenses are restated in the Supplemental Order.

Mr. Fayeghi objected to the proposed supplemental findings, focusing primarily on the argument that the composition of the IC did not comply with NRS 630.311 because only two members of the IC reviewed and authorized the formal Complaint against Dr. Kaveh. He argued that participation of all three members of the IC is mandatory and that counsel for the IC recognized this fact because he filed an Errata to the Complaint allegedly correcting an error. Because only two members reviewed and authorized the filing of the Complaint, the Complaint was improperly authorized and thereby tainted the entire record before the Board. He said he presented these issues to the Board to make them aware that he believes this will result in continued litigation of this matter.

Ms. Bradley stated that Mr. Fayeghi was correct that NRS 630.311 does say that the IC should be composed of three individuals, at least one of whom is not a physician; however, what he is missing is that regulations passed by the Board in LCB File No. R177-22 say that a quorum of the IC is all that is necessary to conduct IC business. Therefore, since there are three, two may conduct IC business in the absence of one member. Further, NRS 630.100(3) says a majority of the Board or any committee or panel of the Board constitutes a quorum. Therefore, there was no issue in this case. The Complaint was reviewed by the IC. She said the error in the Complaint that was a bit confusing was the footnote in the Complaint that says, "at the time the complaint was authorized for filing, the IC consisted of . . .," and that normally lists all three members of the IC. In this case, there was an initial error because the footnote said the IC consisted of two members because only two members considered the Complaint. The Errata was intended to clarify the composition of the IC. Therefore, it was a truthful statement that the IC was composed of three members, and it was also a truthful statement that on the day the Complaint was authorized, two members authorized it for filing.

Ms. Bradley stated the District Court had already reviewed the record in this regard and was not concerned. The Court's concern was with regard to the affirmative defenses. Dr. Kaveh, through his counsel, filed a Pre-hearing Motion to Dismiss, which was reviewed in extensive detail by the Hearing Officer, and she issued an Order denying the Motion to Dismiss. A hearing was subsequently held, the Hearing Officer made recommendations that a violation of law had been proven, the Board accepted those and issued its Order. The District Court was concerned about the affirmative defenses because they had been raised by Dr. Kaveh in his petition and his Pre-Hearing Motion to Dismiss, and she did not see them addressed in the Board's Order. Ms. Bradley then outlined the affirmative defenses contained in the Motion to Dismiss and explained why, in her view, the affirmative defenses were without merit.

Ms. Bradley said what the IC was requesting was that the Board review the Court's Order, review the Supplemental Order, and hopefully adopt the Supplemental Order because it articulates clearly all the affirmative defenses raised in the Motion to Dismiss and the Hearing Officer's analysis of each of them.

Dr. Simon moved that the Board adopt the Supplemental Findings of Fact, Conclusions of Law, and Order. Ms. Beal seconded the motion.

Dr. Spirtos requested that the motion be more specific by including that the composition of the IC was appropriate and was not in violation of NRS 630.311, that the passage of time did not result in prejudice to Dr. Kaveh, and that laches does not apply.

Ms. Bradley stated that the Supplemental Findings of Fact, Conclusions of Law, and Order addresses those items as well as other items.

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

Agenda Item 8

ELECTION OF OFFICERS AND APPOINTMENT OF INVESTIGATIVE COMMITTEE MEMBERS

Mr. Cousineau requested nominations for President. Ms. Arias-Petrel nominated Dr. Spirtos for President. Ms. Beal seconded the nomination. No other nominations were received. Dr. Spirtos was elected President by acclamation.

Mr. Cousineau asked for nominations for Vice President. Mr. Olivarez nominated Dr. Bassewitz. Ms. Conaboy seconded the nomination. Ms. Arias-Petrel nominated Dr. Ahsan. Dr. Spirtos seconded the nomination. A vote was taken on the nominations with Dr. Frey, Ms. Beal, Dr. Simon, Mr. Olivarez, Mr. Farnsworth, Dr. Desai, Ms. Conaboy and Dr. Bassewitz voting for Dr. Bassewitz and Dr. Spirtos, Ms. Arias-Petrel and Dr. Ahsan voting for Dr. Ahsan. Dr. Bassewitz was elected Vice President by a majority vote.

Mr. Cousineau asked for nominations for Secretary-Treasurer. Ms. Beal nominated Ms. Arias-Petrel. Mr. Olivarez seconded the nomination. No other nominations were received. Ms. Arias-Petrel was elected Secretary-Treasurer by acclamation.

Dr. Spirtos said that since Dr. Frey was stepping away from Investigative Committee A, Investigative Committee A would now be composed of Dr. Spirtos as the Chair with Mr. Olivarez and Mr. Farnsworth as the other Committee members. Dr. Ahsan would continue as Chair of Investigative Committee B, with Ms. Beal and Dr. Desai as the other Committee members. Investigative Committee C would consist of Dr. Bassewitz as the Chair with Ms. Arias-Petrel and Ms. Conaboy as the other Committee members.

Ms. Beal moved that the Board approve the composition of the Investigative Committees. Dr. Simon seconded the motion, and it passed unanimously.

Dr. Desai left the meeting at 10:41 a.m.

Agenda Item 9

BOARD LEGISLATIVE SUBCOMMITTEE UPDATE AND DISCUSSION REGARDING THE COMPOSITION OF THE LEGISLATIVE SUBCOMMITTEE

Ms. Bradley reported that the Legislative Subcommittee is comprised of seven Board members, that the Subcommittee met on May 8, 2026, with its next meeting tentatively scheduled for noon on June 26, 2026, and that they plan to begin working on the Board's legislative priorities for the

2027 Legislative Session. She then summarized the proceedings at the May 8, 2026 meeting. At the meeting, the Subcommittee approved moving forward on changes regarding practitioners of respiratory care and she thinks they intended to approve the changes regarding genetic counselors as well, but they ran out of time, as they discussed a variety of other items as well. Ms. Bradley stated perfusionists have a dual-license issue similar to what practitioners of respiratory care have, as they must have a license from this Board, as well as a license from the Nevada Health Authority, to perform their scope of work, and we want to clear that up for them as we attempted to do for practitioners of respiratory care last session and that we intend to complete this coming session.

Ms. Bradley stated there are several other innocuous items for the Subcommittee to work on and some others that may be more convoluted. She asked the Board members to let her know if they had questions regarding the statutes or suggestions for changes. The Subcommittee will most likely meet on Fridays, and she will send updates regarding the Subcommittee's activities to the full Board. Once the Legislative Session begins, she will maintain a spreadsheet of bills reviewed by the Subcommittee and the positions the Subcommittee has taken on those. She said the Board's lobbyist, Mike Sullivan, will be working with her as well throughout the 2027 Legislative Session.

Ms. Beal stated it would be helpful at the next Subcommittee meeting to discuss protocols for the Subcommittee to ensure everyone is aware of the Subcommittee's priorities and comfortable with the procedures. Ms. Arias-Petrel requested that the meetings be held later than noon on Fridays, and Ms. Bradley said she will create a Doodle poll for the Subcommittee members to weigh in on future meetings.

Ms. Conaboy said she reviewed the Legislative website the previous day in preparation for this discussion and noted that the health committees have had 11 meetings in the interim. She said she would like to see the Board's lobbyist attend those meetings and provide the Board with an overview of what has been discussed in the committees because she thinks it is vitally important that we anticipate issues for this Legislative Session rather than just reacting to them.

Ms. Bradley stated that once the Legislative Session begins, the Subcommittee may need to meet more frequently because there will be more to review.

Dr. Frey said he thinks it is important to have the Nevada Health Authority present on the importance of including specific requirements regarding nutrition CMEs in the Board's Chapter because this is a priority of the Governor's office and receiving Rural Transformation grant money is important for the State. Ms. Bradley said another item she knows will be an issue is med spas. She said the Board has been invited to participate in a working group that has been created by the Nevada Health Authority regarding med spas in order to work together to come up with legislative solutions that will better protect the public.

Mr. Cousineau stated that Dr. Frey was stepping away from the Legislative Subcommittee, leaving six current members – Ms. Arias-Petrel, Ms. Beal, Mr. Olivarez, Mr. Farnsworth, Dr. Bassewitz, and Ms. Conaboy. He indicated it would be best to have seven to avoid having an even number of members.

Dr. Ahsan indicated willingness to serve on the Subcommittee as the seventh member.

Dr. Simon moved that the Board approve the new composition of the Legislative Subcommittee, adding Dr. Ahsan. Ms. Beal seconded the motion, and it passed unanimously.

Mr. Olivarez nominated Ms. Beal as the Chair of the Legislative Subcommittee. Dr. Bassewitz seconded the motion, and it passed unanimously.

Agenda Item 10

GENETIC COUNSELING ADVISORY COUNCIL UPDATE AND POSSIBLE ACTION REGARDING SECTION 60.5 IN SB189 AND TERM LIMITS OF THE COUNCIL

Julia Prinzi, MS, LCGC, Genetic Counseling Advisory Council (GCAC) Chair, stated she is a genetic counselor at Children's Heart Center Nevada. She reported that the GCAC held its first meeting on April 9, 2026. At that meeting, she was elected Chair of the GCAC. The GCAC's primary focus during that meeting was LCB File No. R055-25, which establishes requirements for the regulation and licensure of genetic counselors. The GCAC also developed some cleanup recommendations for SB189 to clarify language in the Nevada Revised Statutes, and those recommendations have been submitted to the Board's Legislative Subcommittee for potential inclusion in its 2027 legislative priorities. The GCAC received some public comments on the proposed regulations, including suggestions for minor language updates to create a clear pathway to licensure for individuals who trained before a master's degree specifically in genetic counseling became the standard requirement. The GCAC discussed educational outreach regarding the new licensure requirements and a brief article has been prepared for an upcoming Board newsletter to explain licensure requirements, describe the role of genetic counselors, and outline who makes up the approximately 90 genetic counselors who are now licensed in Nevada, which includes in-state clinical genetic counselors, telehealth providers, and the majority across the country are laboratory-based genetic counselors. The article also clarifies that while physicians and other qualified healthcare professionals may continue to provide genetics-related care and counseling within their scopes of practice, Nevada law now reserves the professional title of "genetic counselor" for those who meet licensure requirements. The Genetic Counselors Association of Nevada (GCAN) has been assisting with the outreach to ensure that stakeholders are aware of the licensure change ahead of the July 1, 2026 deadline for all genetic counselors to become licensed in Nevada in order to continue working. The GCAC voted on proposed appointment terms for its members and produced a recommendation for the Board's review.

Ms. Bradley stated SB 189, Section 60.5, addresses the terms of GCAC members and the idea is to stagger the members' terms, so they do not all expire at the same time. The physician member's and one genetic counselor's terms are set to expire January 1, 2027. Therefore, the recommendation is that the terms of the physician member, Dr. Nunes, and Ms. Brown-Bindert expire on January 1, 2027, and the terms of the remaining GCAC members – Mr. Khalaf, Ms. Glass, and Ms. Prinzi – will expire on January 1, 2028. She noted that, due to timing, none of the members would receive a full three-year term under this arrangement; however, staggering the terms will benefit future appointments and future appointments will be able to serve a full three-year term.

Ms. Conaboy moved that the Board approve the proposed staggered appointment terms for the GCAC members. Mr. Olivarez seconded the motion, and it passed unanimously.

Agenda Item 11

REPORTS

(a) Investigative Committees

Dr. Frey reported that at its May 15, 2026 meeting, Investigative Committee A considered 58 cases. Of those, the Committee authorized the filing of a formal complaint in no cases, sent 7 cases out for peer review, requested an appearance in 4 cases, issued 13 letters of concern, referred no cases back to investigative staff for further investigation or follow-up, reviewed no cases for compliance, and recommended closure of a total of 34 cases. Dr. Frey said going forward, he will no longer be part of Investigative Committee A and wanted to thank Mr. Olivarez and Mr. Farnsworth for their efforts. He thanked the entire team for the last 4 years of work in bringing down what used to be a significant agenda

of probably 100 or so cases for discussion and often as many as 12 to 15 appearances in 2022, to the very reasonable agendas we have today, which is a testament to the hard work done by the staff.

Dr. Ahsan reported that at its May 6, 2026 meeting, Investigative Committee B considered 38 cases. Of those, the Committee authorized the filing of a formal complaint in 2 cases, sent 3 cases out for peer review, requested an appearance in 2 cases, issued 5 letters of concern, referred no cases back to investigative staff for further investigation or follow-up, reviewed no cases for compliance, and recommended closure of a total of 26 cases. Dr. Ahsan thanked Ms. Beal, Dr. Desai and the staff for their work.

Dr. Spirtos reported that at its May 8, 2026 meeting, Investigative Committee C considered 35 cases. Of those, the Committee authorized the filing of a formal complaint in 4 cases, sent 2 cases out for peer review, requested an appearance in 2 cases, issued 2 letters of concern, referred 4 cases back to investigative staff for further investigation or follow-up, reviewed no cases for compliance, and recommended closure of a total of 21 cases. Dr. Spirtos thanked Ms. Arias-Petrel, Dr. Bassewitz, and the staff for their work.

(b) Perfusionist Advisory Committee

Perfusionist Advisory Committee Members Richard L. Witt, MBA, BSE, CCP, LP, and Katherine White, CCP, appeared on behalf of the Perfusionist Advisory Committee (PAC).

Mr. Witt provided a brief statement on behalf of perfusionists in the State of Nevada. He said they were in attendance that day to request the Board's support in maintaining perfusionist licensure in the State of Nevada. Pursuant to Governor Lombardo's Executive Order 2023-003, perfusionist licensure is currently under review for potential repeal. If this occurs, Nevada will become the first state in the nation to repeal perfusionist licensure after initially enacting it. The physicians who rely upon perfusion services also support retention of perfusionist licensure. They have collected signatures from the cardiac surgeons and anesthesiologists in Nevada who support continued licensure and these signatures will be provided to Ms. Bradley for the Board's review and consideration. They respectfully urged the Board to recognize and continue the necessity of perfusionist licensure as a matter of patient safety, public protection, and professional accountability, and asked that the Board recommend the preservation of perfusionist licensure and oppose any effort to repeal this important licensure category.

Ms. Bradley stated the PAC met on May 26, 2026, and the meeting was attended by both Nevada perfusionists and national perfusion leaders in the perfusionist community. She explained that in 2023, Governor Lombardo issued Executive Orders 2023-003 and 2023-004. In making those orders, the Governor essentially said if a licensed profession is not licensed in more than 25 states, licensure is presumed unnecessary. The Board was asked to draft and submit a report regarding each of its license types, answering questions about license qualifications and how many other states also license that profession. After submitting that report, the Board had not heard more about this issue, until recently, when it received some questions regarding what action the Board had taken with regard to perfusionist licensure. The Board has not taken a position on the matter to date.

Ms. Bradley explained that following the May 26 meeting, she prepared a memorandum summarizing the comments that were received during the meeting, which had been provided to Board members. The PAC is concerned about patient safety, and it believes licensure is necessary to ensure that. She reviewed the research provided by the national leaders in the perfusion community, and she believes that the data supports this. Nineteen states currently license perfusionists and approximately 58% of certified perfusionists in the U.S. practice in states that require licensure, which means that patients are

likely to receive better perfusion care in states that license perfusionists. Additionally, there is support from all national perfusionists associations and certification bodies. She indicated the Board may need to vote on this issue but could not do so that day because that action had not been agendized.

Ms. Beal asked whether the PAC had met with the Governor's staff to convey their concerns regarding patient safety, and Mr. Witt indicated they had not.

Discussion ensued regarding the national trend with respect to licensure of perfusionists.

Ms. Conaboy asked whether the PAC could provide a list of states that are contemplating perfusionist licensure.

Ms. Bradley said the Government Relations Committee of the American Society of ExtraCorporeal Technology is the entity that is working with those states and she should be able to obtain a list from them.

Dr. Bassewitz inquired as to whether there was a population of perfusionists in states that currently do not license perfusionists who are credentialed by the American Board of Cardiovascular Perfusion and are opposed to licensure.

Mr. Witt said, as someone who has been in the profession for 42 years, he has seen a lot of advancements in technology and also the creation of perfusion licensure. The impetus for licensure was initially created because of scope creep by other professions wanting to provide perfusion-like services, such as ECMO, which is a specialized therapy perfusionists provide, and they did not have the depth of knowledge or specialized training to perform these services.

Ms. Bradley said the American Board of Cardiovascular Perfusion indicated it would perform research in this area and provide the data to her.

(c) Nevada State Medical Association

No report was provided at this meeting.

(d) Clark County Medical Society

Amber Carter, Executive Director of the Clark County Medical Society, was not present, but had submitted a written report prior to the meeting, which had been provided to all Board members.

(e) Nevada Academy of Physician Associates

Alyssa Nishihira, PA-C, President of the Nevada Academy of Physician Assistants (NAPA), said she wanted to thank the Board for its leadership and public service to Nevadans. She said she wanted to discuss how NAPA's goals align with the Board's mission to protect the public and with Governor Lombardo's Executive Order that Nevada must address its healthcare workforce shortage, so more patients receive quality care and access to quality care statewide. The Governor further recognized that the demand for healthcare is expected to continue rising faster than supply and directed state leaders to identify strategies to strengthen Nevada's healthcare workforce, to improve access to primary care and public health services and remove unnecessary barriers to recruiting and retaining healthcare professionals. NAPA believes that the Governor's Order recognizes that physician assistants (PAs) are an important part of Nevada's healthcare workforce and help to expand access to high quality, team-based care in both rural and urban communities. She said she also wanted to recognize that PAs trained at the University of Nevada, Reno rank among the top 10% in the nation. She stated NAPA remains committed to team-based care and values

the strong foundation and collaborative relationships that already exist between PAs and physicians in Nevada.

Ms. Nishihira said NAPA intends to support the reintroduction of the PA Licensure Compact (Compact) as the Compact represents an important first step in strengthening Nevada's healthcare workforce and improving workforce mobility. However, in order to realize the benefits of the Compact and the Governor's mission of expanding access to care, Nevada should continue to explore opportunities to modernize PA practice laws and regulations, so they reflect contemporary practice models emerging nationwide. She said NAPA looks forward to continued collaboration with the Board and the Board's Legislative Subcommittee, as well as the relevant stakeholders during the upcoming 2027 Legislative Session. She announced a leadership change effective July 1, 2026. She said she will remain an active member of the Executive Leadership Team serving as Past President over the coming year to ensure continuity as well as provide support to the incoming leadership.

Mr. Olivarez thanked Ms. Nishihira for her leadership with NAPA and said he appreciated the efforts of NAPA in working with the Board.

Ms. Arias-Petrel also thanked Ms. Nishihira for her participation and urged her to encourage incoming NAPA leadership to continue to attend the Board's meetings.

Ms. Conaboy said at some point it would be interesting to receive additional information regarding Ms. Nishihira's comments regarding 'modernization' and her description of it as contemporary practices nationwide.

Ms. Nishihira asked what opportunities there might be for engagement in conversations with the Board beyond regular Board meetings.

Dr. Spirtos suggested participation at the Board's Legislative Subcommittee meetings as a good starting point.

Dr. Simon stated that when NAPA representatives participate in Legislative Subcommittee meetings, they need to ensure they represent only NAPA's positions and avoid the appearance that they are representing the Board's positions.

Dr. Spirtos thanked Ms. Nishihira and said the Board looks forward to continuing to work with NAPA.

Agenda Item 12
CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DANA RALPH MARKS, M.D.*, BME CASE NO. 25-18131-1

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

Mr. Cumings stated a formal Complaint had been filed against Dr. Marks alleging two violations of the Nevada Medical Practice Act and stated this was the second formal Complaint that had been filed against Dr. Marks. Mr. Cumings then outlined the terms of the proposed Settlement Agreement.

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

Agenda Item 13

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SHAHAB MOKHTARE, M.D.*, BME CASE NO. 26-32772-1

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

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

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

Agenda Item 14

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. CHIRAG MAHESHBHAI PANDYA, M.D.*, BME CASE NO. 26-56835-1

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

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

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

Agenda Item 15

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ZIA UDDIN KHAN, M.D.*, BME CASE NO. 25-12590-1

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

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

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

Agenda Item 16

CONSIDERATION OF ACCEPTANCE OF VOLUNTARY SURRENDER OF RESPIRATORY CARE LICENSE OF JOHN GAUL, RRT, LICENSE NO. RC1398

Ms. Contine explained that Mr. Gaul had notified the Board of his intent to voluntarily surrender his respiratory care license while under investigation and did not request a period of years before he could reapply for licensure. She said it does not appear by the information he has submitted that he intends to return to practice in the State of Nevada. Under the statute, the Board can institute a period of from 1 to 10

years, so she recommended the Board accept the voluntary surrender of Mr. Gaul's license for a period of 10 years.

Mr. Farnsworth said 10 years seemed very extreme and recommended 5 years. He then made a motion that the Board accept the voluntary surrender of Mr. Gaul's respiratory care license for a period of 5 years. Ms. Beal seconded the motion, and it passed unanimously.

Agenda Item 17
CONSIDERATION OF ACCEPTANCE OF VOLUNTARY SURRENDER OF MEDICAL LICENSE OF NERI MARIA BLANCO-CUEVAS, M.D., LICENSE NO. 10819

Ms. Contine explained that Dr. Blanco-Cuevas had submitted a request to voluntarily surrender her medical license in conjunction with a plea agreement on criminal charges that required that she be out of practice for a minimum of 3 years, which was included as part of her request. Ms. Contine said she wanted to add one additional piece of information, which is that this was submitted based on the fact that sentencing on those criminal charges would take place on June 11, 2026, and Ms. Contine had subsequently been notified the sentencing had been continued and she does not know the new date. However, she still wants to move forward with the request.

Discussion ensued regarding the procedure the Board would follow upon a reapplication for licensure by an individual who has voluntarily surrendered his or her license.

Dr. Simon said he did not agree to a period of 3 years because if the criminal allegations are true, this is the egregious conduct we keep reading about in the newspapers and the Board has a duty to protect the public in the State of Nevada. He suggested 5 to 10 years, perhaps closer to 10.

Dr. Frey moved that the Board accept the voluntary surrender of Dr. Blanco-Cuevas' medical license for a period of 10 years. Mr. Farnsworth seconded the motion, and it passed unanimously.

Agenda Item 18
EXECUTIVE STAFF/STAFF REPORTS

(a) Investigations Division Report

Mr. Diaz reported that from March 5, 2026, through June 3, 2026, the Investigations Division received a total of 391 complaints. Of those, 131 cases were opened as formal investigations, 72 were not within the Board's jurisdiction, 49 were referred to other agencies and regulatory bodies, predominately the Board of Nursing, 18 were resolved through proactive measures, and 73 were either still pending review or were duplicate complaints. The total case count was 362, for an average of 45 cases per 8 investigators, including supervisors, and there were a total of 26 peer reviews, 15 of which had been assigned to a peer reviewer and 11 of which were pending assignment. There were 17 licensees in compliance or diversion.

(b) Quarterly Compliance Report

Ms. Jenkins reported that for the first quarter of 2026, the total costs outstanding were $143,300.22 and the total fines outstanding were $46,166.62. Total costs collected during the quarter were $52,992.20 and total fines collected were $50,942.71.

Dr. Spirtos asked whether Ms. Jenkins had noticed any changes in compliance. Ms. Jenkins stated she had not and said she works really well with the Legal Division and appreciates everything Ms. Contine

and her staff do to support the collections process. There are some collections that are written off occasionally, but it does not happen very often.

(c) Quarterly Update on Finances

Ms. Jenkins said she would review a few key figures for the record. She highlighted various sections of the Balance Sheet for the quarter ending March 31, 2026. The total current assets were $14,560,500 and the total assets were $20,578,800. The total current liabilities were $8,616,600, with total liabilities and net position of $20,578,800. The net position of the Board is rounded to $1,847,300. The Board is in a positive net position.

Ms. Jenkins then highlighted various sections of the Profit and Loss Budget vs. Actual for the first quarter of 2026. The total income for the quarter was 4.5% over budget. The personnel expenses were under budget by 7.6%, and total expenses were at 90.6% of budget. The interest income for the quarter was $52,200. The addition to net position for the quarter is rounded to $535,000. The reserves of the Board are at 10 months.

Dr. Spirtos asked how the reserves compared with previous months. Ms. Jenkins said the reserves was at 8 months at the end of last year, and year-end adjustments plus the roughly $500,000 addition to net position brought reserves to 10 months. She noted there would be adjustments to the post-retirement benefits likely in August, which will be reflected in the annual financial audit, and said these could affect the Board's reserves; however, we do not know to what extent at this time.

Ms. Arias-Petrel expressed appreciation to Ms. Jenkins for the always very accurate financials. She then noted the additional income related to the licensure of genetic counselors during the first quarter. Ms. Jenkins stated the Board began licensing genetic counselors in the first quarter of 2026, and the application fees received were included in the income section of the Profit and Loss Budget vs. Actual under Category 420. She said a greater-than-expected number of licenses had been issued -- currently over 100.

(d) Legal Division Report

Ms. Contine reported that the current total case count for the Legal Division was 54 cases. Of those, there were 18 cases in which complaints had not yet been filed. She noted most of the unfiled complaints were from 2025 or 2026, and there were a few being held pending outside litigation. During the quarter, the Division filed 8 complaints, conducted 2 formal hearings, resolved 8 cases, issued 21 letters of concern from the Investigative Committees and the Investigative Committees authorized the filing of formal complaints in 7 cases.

Ms. Contine advised the Board that Alexander Hinman, J.D., had left the employment of the Board for a position elsewhere and said the Legal Division would continue its work with the remaining staff.

Dr. Spirtos asked clarifying questions about the cases in which complaints had not yet been filed. Ms. Contine explained the oldest of the cases was about a year old and, aside from a few matters that are on hold based on circumstances outside of the administrative process, the caseload was largely current.

(e) Licensing Division Report

Ms. Linn reported that for the first quarter of 2026, the total number of active licensees was 18,280, including 13,861 physician licenses, of which 13,698 were unrestricted, 1,728 physician assistants,

1,986 respiratory therapists, 564 residents, 92 perfusionists, 8 anesthesiologist assistants, and 41 genetic counselors. During the quarter, the Board issued 508 physician licenses, which was up from 422 for the previous quarter, 325 of those were issued through the Interstate Medical Licensure Compact (Compact). Compact licenses issued during the quarter accounted for approximately 64% of physician licenses issued during the quarter. In addition, the Board issued 53 physician assistant licenses, 33 respiratory care licenses, and 41 genetic counselor licenses during the quarter. No perfusionist or anesthesiologist assistant licenses were issued during the quarter. During the quarter, the average licensing time for physicians was 34 days if those issued through the Compact are included, which is a one-day improvement over the previous quarter, and was 92 days for traditional physician applicants only. The average licensing time during the quarter for physician assistants was 69 days, 77 days for respiratory care licensees, 18 days for perfusionists, 50 days for anesthesiologist assistants and 40 days for genetic counselors.

Ms. Linn reported that the Licensing Division had been processing both new resident applications as well as resident renewals since April 2026, and as of June 4, 2026, the Division had renewed 154 resident licenses and issued 68 new resident licenses. She said the Licensing staff would continue working diligently over the next three weeks to ensure all remaining residents were licensed or renewed before July 1, 2026. As a reminder, the Board began licensing genetic counselors on January 1, 2026. Since then, the licensee base has grown steadily and as of the prior day, the Board had issued 100 genetic counselor licenses with 6 additional approved and awaiting registration.

Mr. Farnsworth commended the Licensing staff for the remarkable improvement in processing times for respiratory therapy licensure. He said he also wanted to recognize the team for being willing to look at a novel licensure category of respiratory therapy interns, which were never licensed before. He then inquired regarding the low licensure count for anesthesiologist assistants, given the State has required licensure for them for the past couple of years.

Ms. Linn stated there was a small influx of applicants when the Board first began licensing them; however, since then we have very rarely received applications for anesthesiologist assistant licensure. She is not sure what hospital rules are or whether they are checking licensure of these individuals when they hire them.

Discussion ensued regarding anesthesiologist assistants versus anesthesiologist technicians and the possibility that hospitals may be referring to anesthesiologist technicians as anesthesiologist assistants and badging them accordingly. Ms. Bradley stated there is no approved anesthesiologist assistant education program in Nevada, which may have something to do with the low number of licensed anesthesiologist assistants in the State. She said she thinks Colorado is the closest state with both anesthesiologist licensure and a program. Mr. Olivarez said there are 20 programs in the country and Nova Southeastern University out of Florida is planning to open a location in Nevada. Ms. Bradley suggested we may want to look into whether the title is being misused.

Dr. Spirtos inquired about steps the Board was taking with regard to the use of artificial intelligence to assist in reducing licensing times and improving communication with applicants and licensees.

Ms. Linn stated the Board was currently looking at software systems and AI integration was a huge part of that. Dr. Frey stated it was important to ensure there was a built-in cybersecurity component with any system the Board may choose.

Agenda Item 19

LICENSURE RATIFICATION

- Ratification of Licenses Issued, Reinstatements of Licensure and Changes of Licensure Status Approved Since the March 6, 2026 Board Meeting

Dr. Frey moved that the Board ratify the licenses issued, reinstatements of licensure and changes of licensure status approved since the March 6, 2026 Board Meeting. Mr. Olivarez seconded the motion, and it passed unanimously.

Agenda Item 20

APPEARANCES FOR CONSIDERATION OF ACCEPTANCE OF APPLICATIONS FOR LICENSURE

(a) Ihsan Ul Haque, M.D.

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

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

Upon returning to open session, Mr. Cousineau stated that based upon the discussion, there is the potential Dr. Haque may not be granted a license to practice medicine. It was suggested by Dr. Frey that Dr. Haque could potentially withdraw his current application and consider applying for an administrative license. Dr. Haque said that is not viable; however, he said he wanted to remind Dr. Haque that if the Board votes on his application and denies his application, that will be a reportable event with the National Practitioner Data Bank and could impact him negatively in other jurisdictions in which he is licensed or in future applications for licensure.

Dr. Haque asked whether applying for an administrative license would be a long or short process. Mr. Cousineau stated the process depends upon the applicant; however, in his case, the Board probably has most of the direct-source verification information in place already, so he thinks it would be rather expeditious. However, an administrative license would not allow him to practice clinically or perform utilization reviews, or anything along those lines.

Dr. Haque stated he wanted to withdraw his application.

Ms. Beal left the meeting at 12:20 p.m.

(b) Stanton Thomas Smith, M.D.

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

Dr. Bassewitz summarized Dr. Smith's medical education and training and his practice history. He then questioned Dr. Smith regarding his response to the question on his application for licensure regarding staff privileges.

Dr. Smith explained the circumstances surrounding the temporary suspension of his hospital privileges at Sky Lakes Medical Center in Klamath Falls, Oregon, in September 2025, and the subsequent investigation undertaken by the Oregon Medical Board related to that temporary suspension.

Dr. Bassewitz asked Dr. Smith what he planned to do if granted a license to practice medicine in the State of Nevada, and Dr. Smith said he intended to practice locum tenens.

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

(c) Marcel Javon Hawkins, RRT

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

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

Upon returning to open session, Mr. Farnsworth moved that the Board deny Mr. Hawkins' application for licensure. Dr. Spirtos seconded the motion.

Mr. Farnsworth stated documenting hours he did not perform and entering into a settlement agreement wherein he agreed he did that is an argument against having a license in Nevada. Although falsification of documentation does not impact patient safety, it does bring into question moral values and integrity.

Discussion ensued regarding the events that were alleged in the California Respiratory Care Board case, whether those events in fact occurred, Mr. Hawkins' entering into the settlement agreement, the fact that Mr. Hawkins had remained licensed as a respiratory therapist and had maintained a good record since then, and the fact that the Board has given other people second chances.

A vote was taken on the motion and the motion failed, with Dr. Spirtos and Mr. Farnsworth voting in favor of the motion and all remaining Board members voting against the motion.

Mr. Olivarez moved that the Board grant Mr. Hawkins' application for licensure. Ms. Conaboy seconded the motion, and it passed, with Dr. Spirtos and Mr. Farnsworth voting against the motion and all remaining Board members voting in favor of the motion.

(d) Barry Lynn Eppley, M.D.

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

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

Upon returning to open session, Dr. Bassewitz moved that the Board grant Dr. Eppley's application for licensure. Mr. Olivarez seconded the motion, and it passed, with Ms. Arias-Petrel voting against the motion and all remaining Board members voting in favor of the motion.

(e) Hong Hanh Hannah Vu, M.D.

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

Dr. Frey explained that Dr. Vu had passed the Special Purpose Examination (SPEX) in October 2025 and was not certified by the American Board of Medical Specialties. He said she had relocated from Canada for family reasons.

Dr. Vu confirmed that if granted a license to practice medicine in the State of Nevada, her intention was to practice aesthetics in Las Vegas.

Dr. Frey stated that Board staff had provided regulatory language to Dr. Vu indicating that her intended practice would be out of her scope of practice and asked her to explain why she thinks that practice would not be out of scope.

Dr. Vu said she had a well-established cosmetic practice in California where she performed in-office procedures. The majority of those procedures were Botox, fillers and lasers, and she also performed local anesthetic procedures. She said she did not plan to open a practice in Nevada and envisioned working for a med spa performing Botox, dermal fillers and laser procedures. She said she would work within the scope as allowed by the Board.

Dr. Bassewitz stated the regulations were created to ensure the safety of the public and asked Dr. Vu to explain why the public would not be put in danger if the Board granted her a license.

Dr. Vu said she would limit her practice in Nevada to lower-risk aesthetic procedures as listed in the letter she provided to the Board. She stated she pursued continuing education regularly and invested in technology and training to maintain competency in the procedures she performs.

Dr. Frey stated med spa practice is one of the most sensitive issues the Board has dealt with in the last 5 to 10 years and it has resulted in significant movement in the State Legislature to define scope of practice in med spas specifically.

Dr. Frey questioned Dr. Vu regarding her resignation from her Otolaryngology residency at King Drew Medical Center, and Dr. Vu described the circumstances surrounding that.

Dr. Frey asked Dr. Vu why she did not pursue board certification in otolaryngology, and Dr. Vu said she chose to focus on cosmetic practice.

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

(f) Ayoola Samuel Awofadeju, M.D.

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

Dr. Awofadeju summarized his medical education and training and his practice history. He confirmed that he previously held an active-status license in Nevada license that he had placed in inactive status and that he was applying for a change of status to active in order to practice internal medicine, general practice and urgent care.

Dr. Spirtos questioned Dr. Awofadeju regarding his affirmative response to Question 5 on his application for status change.

Dr. Awofadeju described the circumstances surrounding the two cases of malpractice that had been filed against him.

Dr. Spirtos noted that Dr. Awofadeju's medical training was in internal medicine and oncology/hematology, yet he has been working in emergency rooms as an emergency medicine physician when he had no formal training in emergency medicine.

Dr. Awofadeju said a lot of family practice physicians and internal medicine physicians work in emergency rooms in the United States.

Dr. Spirtos stated that Dr. Awofadeju had indicated his practice plans in Nevada were to practice internal medicine and urgent care, and Dr. Awofadeju confirmed that was his intent.

Ms. Arias-Petrel asked Dr. Awofadeju where he planned to practice in Nevada, and Dr. Awofadeju said he planned to practice in Las Vegas.

Dr. Frey asked Dr. Awofadeju whether he had ever received formal training in pediatric medicine. Dr. Awofadeju stated he had completed a three-month rotation in pediatrics during his internship.

Dr. Bassewitz moved that the Board grant Dr. Awofadeju's application for a change of status to active status. Mr. Olivarez seconded the motion, and it passed unanimously.

Agenda Item 21
CONSIDERATION AND APPROVAL OF 2025 BOARD ANNUAL REPORT

Mr. Cousineau highlighted the items and statistics contained in the proposed Annual Report. He noted a slight down-tick in overall discipline between 2024 and 2025, which he attributes to the Board's work catching up on the prior backlog. He commended Ms. Contine and the Legal Division staff for those efforts and said he does not anticipate the number to decrease much in 2026. He stated that since approximately two-thirds of the Board's medical doctor (MD) licenses are now issued through the Interstate Medical Licensure Compact and the vast majority of those practice via telemedicine, there is less opportunity for potential standard-of-care deviations compared with in-person care and treatment.

Mr. Cousineau reviewed license counts, observing a slight increase in the number of in-state MDs and a slight decrease in out-of-state MDs, which he attributed in part to those licensed through the Compact who may have required a license for a short-term need which no longer exists. He reported growth in physician assistant licensure counts in some counties, while some other counties showed declines, and characterized overall licensure numbers as steady.

Ms. Conaboy moved that the Board approve the 2025 Board Annual Report. Dr. Bassewitz seconded the motion, and it passed unanimously.

Agenda Item 22
DISCUSSION AND POSSIBLE ACTION REGARDING PROPOSED FEES FOR LICENSURE OF TRANSITIONAL PHYSICIANS PURSUANT TO SENATE BILL 124 FROM THE 2025 NEVADA LEGISLATIVE SESSION

Mr. Cousineau explained that licensure for transitional physicians would be effective on July 1, 2026. He directed the Board's attention to NRS 630.268 and stated because these licensees are termed "limited licensees" in statute, the Board is constrained from charging the same fees for these licenses as for other physician licenses. He reminded the Board that during the 2025 Legislative Session, the Board's

bill increased the application and registration fees for limited physician licenses to a maximum of $600 each. He said staff had discussed possible fees for transitional physicians. One view is that transitional physicians may be more on par with physician assistants with regard to salary and billing, and the other view is that transitional physicians should pay higher fees, more akin with physicians. He said it is up to the Board to determine what fees to charge in accordance with the statutory parameters. He said the Board currently charges physician assistants a $300 application fee and a $400 biennial registration fee and charges physicians a $600 application fee and an $800 biennial registration fee.

Ms. Arias-Petrel said it needs to be fair to everyone, and these transitional physicians will be subject to earning as much as a physician, so they should pay the same fees as a physician.

Dr. Simon concurred but noted the Board is constrained to charging $600 for the registration fee, so he thinks the Board should charge $600 for the application fee and $600 for the registration fee. Dr. Frey concurred.

Dr. Frey moved that the Board set the application fee and the biennial registration fee for transitional physicians at $600 each. Dr. Spirtos seconded the motion, and it passed unanimously.

Agenda Item 23

CONSIDERATION AND DISCUSSION REGARDING ITEMS FOR INCLUSION ON BOARD RETREAT AGENDA

Mr. Cousineau said that Ms. Bradley and Ms. Contine had created a draft agenda for the Board retreat, which had been provided to Board members with their meeting materials. He proposed that the retreat be held Thursday, September 17, 2026, the day before the Board's September Board meeting. He said by law, the meeting must be videoconferenced to southern Nevada, and one potential location for the retreat meeting would be the Guinn Room at the State Capital. If that is not available, staff will look for an alternative site in a State-owned building.

Dr. Simon asked whether alternative dates had been contemplated. Mr. Cousineau explained that attaching the retreat to a regular board meeting was preferable to avoid expending additional resources; however, the date of the retreat was the Board's decision.

Ms. Bradley outlined the topics included on the draft agenda and said those items were included in response to what staff believed the Board wanted; however, strategic planning or other topics could be added and the agenda adjusted according to the wishes of the Board. She invited the Board members to provide suggestions for incorporation into the final agenda.

Discussion ensued regarding potential agenda items for the retreat and whether any agenda items could be treated as non-public exceptions to the Open Meeting Law. Ms. Bradley noted there are limited exceptions for purely training and she would look to the most recent legal guidance in that regard; however, unless advised otherwise, the retreat will be conducted as a public meeting.

Dr. Simon said he would not be able to attend the retreat if held on September 17, 2026. Ms. Bradley suggested a poll to determine availability of Board members on either September 17, 2026, or the day prior to the December Board meeting.

Agenda Item 24
NEW BUSINESS

Dr. Spirtos asked whether any Board members had any matters they would like to include on a future meeting agenda. No items were proposed.

Agenda Item 25
STAFF COMMENTS/UPDATES

Mr. Cousineau thanked everyone who attended the 2026 Federation of State Medical Boards' annual meeting in Baltimore and reported that feedback on the content of the meeting had been largely positive.

Mr. Cousineau provided an update regarding the new office space for the Board's office in Las Vegas. He said he could not provide specifics with respect to the current status; however, the goal was to have the office space ready by the September Board meeting. If it is not ready for the September meeting, it should be ready for the December Board meeting, which will emanate from the Las Vegas office.

Mr. Cousineau said there may be a special Board meeting towards the end of this month and if he has an update regarding the office space, that item may be included on the agenda for that meeting. He asked Ms. Bradley to handle scheduling and ensure a quorum for that meeting.

Ms. Bradley said the Nevada State Medical Association (NSMA) will hold its annual meeting on August 21-23, 2026, in Las Vegas, and it will include a continuing medical education portion. She said NSMA has invited the Board to consider presenting or doing something to assist with the meeting.

Ms. Bradley said the Nevada Society for Respiratory Care will be holding a conference on September 8, 2026. She suggested the Board may be able to assist with this as well, noting there are many respiratory care practitioners in Nevada, and it would be a good opportunity to collaborate more closely with them.

Agenda Item 26
PUBLIC COMMENT

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

Agenda Item 27
ADJOURNMENT

Mr. Farnsworth moved that the Board adjourn the meeting. Mr. Olivarez seconded the motion, and it passed unanimously. The meeting was adjourned at 3:22 p.m.

* * * * * *