

# PROPOSED REGULATION

# NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Reno, NV 89521

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## MEMORANDUM

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**TO:** Board Members  
**FROM:** Sarah A. Bradley, J.D., MBA  
**SUBJECT:** Recommended Changes to LCB File No. R055-25  
**DATE:** January 22, 2026

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After reviewing the draft prepared by the Legislative Counsel Bureau on December 5, 2025, to ensure that it meets with the original intent of the Board, I suggest that the Board make the following changes to the regulation draft prior to adopting it:

Section 2, subsection (1)(b), should be amended to read as follows (language to be omitted in **green** and new language in **purple**):

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

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

*(2) Passed an examination described in subsection 5 of section 7 of Senate Bill No. 1889, chapter 179, Statutes of Nevada 2025, at page 1099, within the 24 months immediately preceding the date of the application.*

Section 3, subsection (4), should be amended to read as follows (language to be omitted in **green** and new language in **purple**):

*The application must be accompanied by the applicable fee. If an applicant seeking licensure as a genetic counselor pursuant to this section is an active member of or the surviving spouse of an active member of the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will*

*charge one-half of the fee established pursuant to NRS 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, for the ~~initial issuance of the license application fee.~~*

Section 5, subsection (1)(b) should be omitted as shown in the following (language to be omitted in **green** and new language in **purple**):

~~*(b) Submits proof of registration for an examination described in subsection 5 of section 7 of Senate Bill No. 1889, chapter 179, Statutes of Nevada 2025, at page 1099.*~~

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

**LCB File No. R055-25**

December 5, 2025

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

AUTHORITY: §§ 1, 16-19, 22-25, and 27-31, NRS 630.130 and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; §§ 2, 6 and 8, NRS 630.130 and sections 6-8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100; § 3, NRS 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and sections 6-8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100; § 4, NRS 622.530, 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; §§ 5 and 11-13, NRS 630.130 and sections 6 and 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1100, respectively; § 7, NRS 630.130 and sections 6-8 and 12 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099-1100 and 1102, respectively; § 9, NRS 630.130 and sections 6 and 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101, respectively; § 10, NRS 630.130 and 630.268, as amended by section 23 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1106, and sections 6 and 10 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101; §§ 14 and 15, NRS 630.130 and sections 6 and 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1101; § 20, NRS 630.130 and 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1110, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 21, NRS 630.130 and sections 5.9 and 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099; § 26, NRS 630.130 and 630.336, as amended by section 32 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1112, and section 6 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099.

A REGULATION relating to health care; prescribing requirements governing the issuance, renewal or change of status of a license as a genetic counselor; prescribing requirements governing the supervision and practice of temporarily licensed genetic counselors; prescribing requirements governing the practice of genetic counselors; setting forth grounds for disciplinary action against a genetic counselor; establishing

certain procedures relating to the imposition of such disciplinary action; prescribing requirements governing the Genetic Counseling Advisory Council; revising provisions governing the discipline of certain persons who are no longer actively licensed; providing for the confidentiality of certain information relating to a genetic counselor; prohibiting the reinstatement of certain retired licenses; providing for the continued existence of the Advisory Council after a certain date; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

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

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

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

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

Existing law and regulations provide that: (1) the failure to submit evidence of completion of required continuing education or pay the required renewal fee results in the expiration of certain licenses issued by the Board; and (2) the fee to reinstate such licenses is twice the standard renewal fee. (NRS 630.267; NAC 630.153, 630.178, 630.350, 630.530, 630.750, section 11 of LCB File No. R069-23) **Section 10** of this regulation enacts similar provisions applicable to genetic counselors.

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

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

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

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

S.B. 189 authorizes the Board to require a genetic counselor to undergo an examination to determine his or her fitness to practice under certain circumstances. (NRS 630.318, as amended by section 29 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1110) **Section 20** requires a genetic counselor whom the Board requires to undergo such an examination to pay the cost of that examination.

S.B. 189: (1) creates the Genetic Counseling Advisory Council; (2) requires the Council to advise the Board on regulations and other matters relating to the practice of genetic counseling; and (3) provides that the Advisory Council expires by limitation on January 1, 2031. (Sections 5.9 and 62 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at pages 1099 and 1132, respectively) **Section 21** of this regulation: (1) requires any genetic counselor appointed to the Advisory Council after January 1, 2029, to have lived and continuously practiced in this State for at least 3 years immediately preceding the appointment; (2) provides that the Board will notify appointees to the Advisory Council of their appointment and terms of office; (3) provides that members of the Advisory Council serve until a successor is appointed; and (4) requires the Advisory Council to review and make recommendations concerning matters relating to licensed genetic counselors upon the request of the Board. **Sections 29-31** of this regulation provide for the continuation of the Advisory Council after January 1, 2031.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

***2. An applicant must submit to the Board:***

***(a) Proof of graduation from a program in genetic counseling described in subsection 4 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099;***

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

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

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

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

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

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

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

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

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

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

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

*(a) All information required by section 3 of this regulation;*

*(b) Proof that the applicant:*

*(1) Holds a corresponding valid and unrestricted license as a genetic counselor in the District of Columbia or any state or territory of the United States; and*

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

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

**2. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice as a genetic counselor to the applicant within the time required by subsection 4 of NRS 622.530.**

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

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

**(a) If the applicant does not meet the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530; or**

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

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

**Sec. 5. 1. The Board will issue a temporary license to practice as a genetic counselor to any qualified applicant who:**

**(a) Meets the requirements of subsection 1 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100; and**

*(b) Submits proof of registration for an examination described in subsection 5 of section 7 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099.*

*2. The holder of a temporary license to practice as a genetic counselor may apply to the Board to renew the temporary license in the same manner as the original application. The Board may, upon the applicant's compliance with the provisions of this section and subsection 3 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100, renew the temporary license once for a period of 1 additional year. A temporary license may not be renewed more than once.*

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

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

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

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

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

- 1. The name of the genetic counselor;*
- 2. The duration of the license; and*

**3. Any other limitations or requirements which the Board prescribes.**

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

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

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

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

**(c) May not exceed 5 hours per review.**

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

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

**2. Submits proof that he or she:**

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

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

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

**Sec. 11. 1.** *A contract entered into pursuant to subsection 6 of section 8 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1100, between a temporarily licensed genetic counselor and his or her supervising genetic counselor or supervising physician must be submitted to and approved by the Executive Director or his or her designee before the temporarily licensed genetic counselor practices under the supervision of the supervisor. The contract:*

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

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

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

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

*new contract between the temporarily licensed genetic counselor and the supervisor pursuant to subsection 1.*

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

**2. A temporarily licensed genetic counselor shall:**

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

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

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

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

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

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

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

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

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

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

***(a) Clear, legible, accurate and complete; and***

***(b) Maintained in accordance with chapter 629 of NRS.***

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

***(a) May review patient records and talk with a patient about the results of a genetic test;***

***(b) Shall abide by all state and federal laws concerning the confidentiality of health care records and information relating to patients;***

***(c) In any interaction with a patient or another provider of health care, shall:***

***(1) Identify himself or herself as a student; and***

*(2) Provide the name of the genetic counselor whom the student is assisting; and*

*(d) Shall not assist any person other than a genetic counselor in the practice of genetic counseling or perform tasks delegated by a person who is not a genetic counselor.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*(d) Must ensure the protection of the patient.*

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

*(a) His or her name and contact information;*

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

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

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

*2. A physician, physician assistant or genetic counselor to whom a person provides consulting services related to genetic counseling in this State pursuant to subsection 3 of section 9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1101, shall*

*comply with the provisions of chapter 629 of NRS regarding the preparation, retention and dissemination of any records of the consulting services.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*2. A genetic counselor may provide general information concerning genetics, including, without limitation, general information concerning the mechanics of inheritance of certain genes, to a family member or romantic partner. If the family member or romantic partner desires genetic counseling, the genetic counselor shall refer the family member or romantic partner, as applicable, to a physician or genetic counselor who can provide genetic counseling without a conflict of interest.*

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

- 1. Falsify or alter records of health care;*
- 2. Falsify or alter the records of a patient so as to indicate that testing or genetic counseling was performed by him or her which was in fact not performed by him or her;*
- 3. Render professional services to a patient while the genetic counselor is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;*
- 4. Engage in sexual activity with a patient who is currently receiving genetic counseling from the genetic counselor or who has received genetic counseling from the genetic counselor within the immediately preceding 2 years;*
- 5. Engage in disruptive behavior with any genetic counselor, physician, hospital personnel, patient, member of the family of a patient or other person if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient;*
- 6. Engage in conduct that violates the trust of a patient and exploits the relationship between the genetic counselor and the patient for financial or other personal gain;*
- 7. Engage in or conceal conduct which brings the profession of genetic counseling into disrepute;*

**8. Engage in sexual contact with a surrogate of a patient or other key person related to a patient, including, without limitation, a spouse, parent or legal guardian, that exploits the relationship between the genetic counselor and the patient in a sexual manner;**

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

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

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

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

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

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

**3. Is guilty of malpractice in genetic counseling;**

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

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

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

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

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

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

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

NEW FIRST  
PARALLEL  
SECTION

***Sec. 21. 1. In addition to the qualifications required by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, any member appointed on or after January 1, 2029, to the Genetic Counseling Advisory Council pursuant to paragraph (b) of***

*subsection 2 of that section must have resided in and continually practiced as a licensed genetic counselor in this State for at least 3 years immediately preceding the appointment.*

*2. The Board will give appointees to the Genetic Counseling Advisory Council created by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, written notice of their appointment and terms of office.*

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

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

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

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

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

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

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

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

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

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

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

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

3. The Board will:

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

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

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

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

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

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

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

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

physician assistant, anesthesiologist assistant, *genetic counselor*, practitioner of respiratory care or perfusionist to correct:

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

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

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

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

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

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal

evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue in the case which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its arguments at the hearing.

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

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

~~1-1~~ ***(a)*** The licensee is otherwise in good standing;

~~1-2~~ ***(b)*** There are no complaints or investigations pending against the licensee; and

~~1-3~~ ***(c)*** No disciplinary action is pending against the licensee.

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

**Sec. 29.** Section 21 of this regulation is hereby amended to read as follows:

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

NEW  
SECOND  
PARALLEL  
SECTION

~~this State for at least 3 years immediately preceding the appointment.~~ *The Genetic Counseling Advisory Council is hereby created.*

*2. The Board will appoint to the Advisory Council:*

*(a) One physician licensed in this State who has experience in the field of genetics;*

*(b) Three members who are actively engaged in the practice of genetic counseling and have lived and continuously practiced in this State as a licensed genetic counselor for at least 3 years immediately preceding the appointment; and*

*(c) One member who is a representative of the public.*

*3. Each member of the Advisory Council must be a resident of this State.*

*4. Except as otherwise provided in this section, the members of the Advisory Council must be appointed to terms of 2 years. Members may be reappointed.*

*5. A vacancy on the Advisory Council must be filled in the same manner as the original appointment for the remainder of the unexpired term.*

*6. The Board will give appointees to the ~~[Genetic Counseling]~~ Advisory Council ~~[created by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099,]~~ written notice of their appointment and terms of office.*

~~[3.]~~ *7. Each member of the Advisory Council serves until the Board appoints a successor.*

~~[4.]~~ *8. The Board may remove a member of the Advisory Council for incompetence, neglect of duty, moral turpitude or malfeasance in office.*

*9. The members of the Advisory Council are not entitled to compensation.*

*10. The Advisory Council shall:*

*(a) Elect from its members a Chair and any other officers determined necessary by the members of the Advisory Council at the first meeting of each year;*

- (b) Meet at least two times each year at the call of the Chair of the Advisory Council;*
- (c) Advise the Board on the adoption of regulations concerning the practice of genetic counseling and other matters related to the practice of genetic counseling; and*
- (d) At the request of the Board, ~~{the Advisory Council shall}~~ review and make recommendations to the Board concerning any matters relating to licensed genetic counselors.*

*11. A majority of the members of the Advisory Council constitutes a quorum for the transaction of the business of the Advisory Council.*

**Sec. 30.** This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

Any member who, on December 31, 2030, is serving on the Genetic Counseling Advisory Council created by section 5.9 of Senate Bill No. 189, chapter 179, Statutes of Nevada 2025, at page 1099, shall, on January 1, 2031, be deemed to have been appointed to the Genetic Counseling Advisory Council created by section 21 of this regulation, as amended by section 29 of this regulation. Any such member whose term does not expire on January 1, 2031, serves the remainder of his or her unexpired term, so long as he or she continues to possess the qualifications required by section 21 of this regulation, as amended by section 29 of this regulation, for his or her position on the Advisory Council.

**Sec. 31. 1.** This section and sections 1 to 28, inclusive, of this regulation become effective upon filing with the Secretary of State.

2. Sections 29 and 30 of this regulation become effective on January 1, 2031.

# MINUTES OF WORKSHOP

## October 28, 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive  
Reno, NV 89521

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

Edward O. Cousineau, J.D.  
Executive Director



\* \* \* MINUTES \* \* \*

REGULATION WORKSHOP ON R055-25

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

and Video conferenced to

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

*TUESDAY, OCTOBER 28, 2025 – 9:30 a.m.*

*Staff Present*

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

*Public Present*

RENO

Kate Emry  
Annette Logan-Parker

LAS VEGAS

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

## Agenda Item 1

### CALL TO ORDER AND INTRODUCTIONS

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

## Agenda Item 2

### PUBLIC COMMENT

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

There was no public comment at either location.

## Agenda Item 3

### PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R055-25

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

#### New Provision #1:

Ms. Bradley stated that in the provision the Board shall adopt by reference the Code of Ethics by the National Society of Genetic Counselors, as long as it doesn't conflict with NRS 630 or NAC 630. If a conflict exists then those provisions would control. This was created because the bill SB189 says the Board is to adopt an ethical code.

#### New Provision #2:

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

#### New Provision #3:

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

#### New Provision #4:

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

New Provision #5:

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

New Provision #6:

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

New Provision #7:

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

New Provision #8:

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

New Provision #9:

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

New Provision #10:

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

New Provision #11:

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

New Provision #12:

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

New Provision #13:

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

New Provision #14:

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

New Provision #15:

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

New Provision #16:

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

New Provision #17:

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

New Provision #18:

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

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

New Provision #19:

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

New Provision #20:

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

New Provision #21:

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

New Provision #22:

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

New Provision #23:

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

New Provision #24:

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

### New Provision #25:

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

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

### Agenda Item 4

### QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R055-25

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Agenda Item 5

#### PUBLIC COMMENT FOR PROPOSED REGULATION R055-25

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

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

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

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

Agenda Item 6  
PUBLIC COMMENT

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

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

Agenda Item 7  
ADJOURNMENT

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

\* \* \* \* \*

# MINUTES OF WORKSHOP

November 17, 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521

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

Edward O. Cousineau, J.D.  
Executive Director



**\* \* \* MINUTES \* \* \***

**REGULATION WORKSHOP ON R055-25**

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

and Video conferenced to

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

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

*Staff Present*

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

*Public Present*

RENO

None

LAS VEGAS

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

Agenda Item 1  
CALL TO ORDER AND INTRODUCTIONS

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

Agenda Item 2  
PUBLIC COMMENT

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

There was no public comment.

Agenda Item 3  
PRESENTATION AND DISCUSSION OF PROPOSED REGULATION R055-25

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

Section 2:

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

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

Section 3:

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

#### Section 4:

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

#### Section 5:

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

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

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

#### Section 6:

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

#### Section 7:

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

#### Section 8:

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

### Section 9:

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

### Section 10:

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

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

### Section 11:

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

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

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

### Section 12:

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

### Section 13:

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

### Section 14:

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

### Section 15:

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

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

### Section 16:

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

### Section 17:

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

### Section 18:

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

### Section 19:

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

### Section 20:

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

### Section 21:

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

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

### Sections 22-28:

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

### Section 29:

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

### Sections 30-31:

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

### Agenda Item 4

### QUESTION AND ANSWER PERIOD FOR PROPOSED REGULATION R055-25

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

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

Agenda Item 5  
PUBLIC COMMENT FOR PROPOSED REGULATION R055-25

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

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

Agenda Item 6  
PUBLIC COMMENT

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

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

Agenda Item 7  
ADJOURNMENT

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

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# TRANSCRIPT OF PUBLIC HEARING

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

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8                   TRANSCRIPT OF HEARING PROCEEDINGS

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10                                   PUBLIC MEETING  
11                                   FOR REGULATION HEARING  
12   R055-25

13  
14                                   Friday, January 16, 2026

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24   Reported by:   Brandi Ann Vianney Smith  
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A P P E A R A N C E S:

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

ALSO PRESENT:  
Mercedes Fuentes, Legal Assistant

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I N D E X

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E X I B I T S

Exhibit A R055-25, Public Comment Received

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

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

10 1. Call to Order and Introductions

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

14 I think both of you know me already.  
15 Thanks for coming.

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

20 2. Public Comment

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

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

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

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

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

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

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

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

CORRECTED COPY

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

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

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

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

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

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

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

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

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

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

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1 education that they need to be a genetic counselor.

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

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

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

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

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

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

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

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

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

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

1 that's the process.

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

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

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

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

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

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

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

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

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

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

25 And then we have in here if the person

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

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

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

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

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

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

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

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

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

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

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

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

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

25           Section 13, there should be a method for

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

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

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

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

1 counselor."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25           Section 20 talks about if the Board is

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 essentially.

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

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

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

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

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

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

25           And then Section 30 kind of explains that,

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

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

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

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

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

1 made.

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

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

6 DR. NUNES: Hi.

7 MS. BRADLEY: Hi.

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

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

14 I had a couple of questions or comments.

15 MS. BRADLEY: Okay.

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

18 MS. BRADLEY: Okay.

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

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

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

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

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

14 MS. BRADLEY: Yeah.

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

21 Is there any hazard here?

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

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

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

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

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

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

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

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

13 DR. NUNES: Thank you.

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

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

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

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

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

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

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

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

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

6 MS. BRADLEY: Okay.

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

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

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

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

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

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1 MS. BRADLEY: Okay.

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

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

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

9 Okay. I'm not seeing that.

10 5. Public Comment for Proposed Regulation R055-25

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

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

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

1 English competence.

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

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

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

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

25 Okay. So then we received some public

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

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

11 They also --

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

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

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

25 And I do recognize that for physician's

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

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

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

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

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

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

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

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

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

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

25 Yeah, it says: "Competency examination or

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

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

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

14 MS. BRADLEY: Yeah.

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

17 MS. BRADLEY: Oh, okay.

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

20 MS. BRADLEY: Okay.

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

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

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

5 I think that that's what this reflects.

6 MS. BRADLEY: Okay. Perfect.

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

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

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

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

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

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

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

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

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

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

1 2027.

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

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

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

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

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

1 telemedicine with Nevada citizens.

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

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

14           But generally speaking, telehealth  
15 requires licensure.

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

21           MS. BRADLEY: Okay.

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

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

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

11           MS. BRADLEY: Yeah, that makes sense.

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

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

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

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

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

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

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

25 The problem I have with practice

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

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

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

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

23 MS. BRADLEY: Okay.

24 DR. NUNES: -- regulations.

25 MS. BRADLEY: Okay. Perfect.

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

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

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

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

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

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

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

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

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

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

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

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

3 But anyway, I --

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

6 MS. BRADLEY: Okay.

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

14 I think this is covered.

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

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

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1 council.

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

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

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

21 Those are their comments.

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

25 The person is concerned that temporary

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

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

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

22           I don't know what they mean.

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

25           MS. BRADLEY: Okay.

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1 DR. NUNES: -- first and foremost.

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

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

21 MS. BRADLEY: Okay.

22 DR. NUNES: Right?

23 MS. BRADLEY: Yeah.

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

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

5 MS. BRADLEY: Okay.

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

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

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

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

1 seem to be the case here.

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

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

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

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

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

23 6. Public Comment

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

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

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

4 7. Adjournment

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

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

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

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

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

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

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



BRANDI ANN VIANNEY SMITH

[&amp; - actually]

<b>&amp;</b>	<b>2030</b> 20:16	<b>5</b>	29:7,9,10
<b>&amp;</b> 25:2	24:3	<b>5</b> 3:6,9 5:17,22	37:13 49:16,17
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<b>1</b> 3:3 4:10	24:23	<b>51</b> 3:11	<b>abuse</b> 19:14
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<b>10</b> 12:5 15:7	<b>22</b> 21:13	<b>6</b>	<b>accent</b> 32:9
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<b>11:10</b> 52:5	<b>26</b> 22:22	<b>630.318.</b> 19:5	<b>accreditation</b>
<b>11:11</b> 52:19	<b>27</b> 23:6 28:24	<b>7</b>	7:12 37:25
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<b>16</b> 1:14 4:1	<b>29th</b> 24:15 52:8	27:16	<b>accurate</b> 15:15
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<b>17</b> 17:24	<b>3</b> 3:5 5:2,3 7:18	<b>8</b>	<b>acge</b> 38:22
<b>18</b> 18:10 46:20	25:17	<b>8</b> 11:9 48:1,13	<b>act</b> 21:24
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**[form - hazard]**

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**WRITTEN COMMENTS  
RECEIVED**

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

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

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

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

Thank you.  
Sincerely,  
Weldon Havins

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

Good Afternoon All,

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

Respectfully,

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

Sarah A. Bradley, Deputy Executive Director  
NEVADA STATE BOARD OF MEDICAL EXAMINERS  
9600 Gateway Drive, Reno, NV 89521  
Tel: (775) 324-9380  
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October 27, 2025

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

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

Dear Members of the Board,

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

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

1. Renewal Penalty (Provision #4)

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

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

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

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

Recommendation: Allow alternative pathways for reinstatement such as:

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

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

3. Student Supervision & Consent (Provision #15)

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



October 28, 2025

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

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

Dear Members of the Board,

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

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

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

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

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

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

**2. Late Renewal Penalty (Provision #4)**

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

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



### 3. Student Supervision and Education (Provision #15)

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

Recommendation:

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

### 4. Rural and Frontier Access

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

Recommendation:

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

### 5. Pediatric and Undiagnosed Rare-Disease Populations

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

Recommendation:

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

### 6. Data Sharing and Registry Alignment

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

Recommendation:



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

## 7. Interdisciplinary Collaboration

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

Recommendation:

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

## 8. Financial and Equity Considerations

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

Recommendation:

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

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

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

Recommendation:

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

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



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

Respectfully submitted,

A handwritten signature in black ink that reads "Annette Logan-Parke". The signature is written in a cursive style with a large initial 'A'.

Annette Logan-Parke  
Chair, Nevada Rare Disease Advisory Council  
Founder & Chief Advocacy & Innovation Officer, Cure 4 The Kids Foundation

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

From: [Ashley Smith](#)

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

To: [Sarah A. Bradley](#)

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

Sensitivity: Normal

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

To the Nevada State Board of Medical Examiners,

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

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

1. Correlation with Regional Health Anomalies

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

2. Concerns Regarding Biomarker Data Capture

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

3. Requests for Clarification

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

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

Has the Board consulted with the Nevada Department of Environmental Protection regarding the spike in regional Helium-3 isotopes ( $^3\text{He}$ ) and its impact on the clinical genetic profiles being monitored by the state?

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

Respectfully submitted,

Michael Stephen Skylor Smith

Independent OSINT Researcher