

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 ***

LEGISLATIVE SUBCOMMITTEE MEETING

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

and teleconferenced to

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

and via Teams

FRIDAY, JUNE 26, 2026 – 2:30 p.m.

Subcommittee Members Present

Ms. Pamela J. Beal, *Chair*
Joseph Olivarez, P.A.-C
Jason B. Farnworth, RRT, MBA
Hugh L. Bassewitz, M.D., FAAOS
Ms. Kathleen A. Conoboy
Chowdhury H. Ahsan, M.D., FACC

Staff Present

Sarah A. Bradley, J.D., MBA, Deputy Executive Director
Mercedes Fuentes, Senior Legal Assistant
Kory Linn, Chief of Licensing
Lynna Pili-Eskeets, Investigations Administrative Assistant
Harry B. Ward, Deputy Attorney General

Agenda Item 1

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order by Ms. Pamela J. Beal, at 2:31 p.m. Ms. Bradley took a roll call and announced there was a quorum, with Ms. Arias-Petrel noted as absent excused.

Before moving onto the main agenda, staff announced the removal of Item 7 from discussion to be potentially added to a future meeting agenda.

Agenda Item 2

PUBLIC COMMENT

Ms. Beal stated this was the time for members of the public to provide general public comment.

Dr. Nick M. Spirtos, M.D., F.A.C.O.G., noted his presence online but stated he was only attending to listen, leaving the initial comment period empty

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

Agenda Item 3

MAY 8, 2026 LEGISLATIVE SUBCOMMITTEE MEETING MINUTES

Ms. Conoboy moved that the Committee approve the Minutes of the May 8, 2026 Legislative Subcommittee Meeting, Mr. Farnworth seconded the motion, and it passed, with all Committee members voting in favor of the motion.

Agenda Item 4

LEGISLATIVE PROCESS OVERVIEW AND THE SUBCOMMITTEE'S ROLE

Ms. Bradley and Mr. Sullivan provided an overview of the upcoming legislative session and the role the Subcommittee plays in the process. The next formal legislative session is scheduled to begin on February 2, 2027, and will run for a strict, mandated 120-day period. Mr. Sullivan explained that pre-filed bills will be tracked closely through the upcoming fall months to prepare the Subcommittee to take positions to officially support or oppose bills on the Board's behalf. Ms. Bradley reminded members of the Subcommittee that this committee takes official positions on legislation on behalf of the full Board. Individual Board members may share personal views but cannot speak for the Board unless voted upon by the Subcommittee. Ms. Bradley and Mr. Sullivan also discussed with the Subcommittee the challenges and constraints navigating Nevada's Open Meeting Law (OML) during the rapid pace of the legislative session and changes. The OML requires public meeting agendas to be posted three working days in advance, which clashes heavily with the rapid, hour-by-hour and day-by-day nature of legislative committee amendments. Mr. Sullivan noted that tracking and reacting to these fast-moving amendments in committee is consistently the most challenging component of session management and added that he always looking for bills that might affect the Board or healthcare and encouraged members to submit specific statutory issues or research requests to staff for future agendas.

Agenda Item 5

GENERAL STATUTORY PROVISIONS: REVIEW AND DISCUSSION OF PROPOSED REVISIONS TO NRS 630.007, NRS 630.144, NRS 630.307, AND NRS 630.352 TO PURSUE IN THE 2027 LEGISLATIVE SESSION

The Subcommittee evaluated proposed draft statutory changes across several sections of the Nevada Revised Statutes (NRS), with Ms. Bradley providing a summary of the changes.

NRS 630.007.

Ms. Bradley explained this was updated to explicitly specify that administrative physicians are licensed to act administratively and do not examine or treat patients in a clinical setting.

NRS 630.100.

Ms. Bradley presented a proposed amendment to the Board's current public meeting statute to align with updated Nevada OML provisions, which now permit fully remote public meetings. She explained that the existing statute requires the Board to maintain physical meeting locations in both northern and southern Nevada offices, even when meetings are conducted virtually via platforms like Zoom or Microsoft Teams. The proposed amendment would allow the Board and its subcommittees to hold entirely remote meetings without a physical location, provided that the meetings fully comply with the OML, the public is given virtual access to attend and participate, and the access information is clearly detailed in the public meeting notice.

Dr. Bassewitz spoke in favor of the proposed changes.

NRS 630.144.

Ms. Bradley stated the change in NRS 630.144 is proposing amendments to update the website requirements to include a public search tool searchable by name, license type, or other criteria deemed helpful by the Board. Individual licensee search results must display the full name, license number, and license type, license issuance date and expiration date, a brief description of any public disciplinary action taken in Nevada relating to their practice, and a brief description of malpractice payments (per statutory requirements). There is also another spot on the website that has an alphabetical list of all licensees that have been subject to discipline. The concern is to remove the specific language that requires an isolated "revoked only" roster.

NRS 630.307.

Ms. Bradley introduced a discussion concerning the reporting obligations of hospitals and medical organizations when an application for professional privileges is denied. Under current law, facilities are required to notify the Board only if a licensee is subjected to a sanction lasting longer than 30 days or faces a revocation, typically triggered by reporting thresholds established by the National Practitioner Data Bank. Ms. Bradley expressed concern that hospitals routinely deny privileges to certain Board licensed individuals without any obligation to inform the Board. She emphasized that while the Board does not automatically initiate investigations for every reported change, tracking these denials is vital for public safety, as it prevents bad actors from maintaining active licensure unnoticed.

Dr. Bassewitz, Dr. Ahsan, and Ms. Conaboy expressed unified concern that standard structural changes, such as a physician voluntarily dropping specific privileges out of personal choice or a minor procedural scope change could inadvertently trigger unwarranted Board notifications and investigations. Dr. Bassewitz noted that practitioners frequently apply for privileges but may be denied specific, minor sub-specialty requests, such as a specific surgical procedure, due to a lack of recent volume rather than a

disciplinary concern. He further added that these minor procedural limitations do not warrant formal Board notification and suggested that any new reporting language should be tightly narrowed to focus specifically on the denial of new or initial core applications.

Ms. Bradley and Ms. Beal agreed with this perspective, acknowledging the need to refine the language to ensure the Board does not inadvertently capture routine clinical administrative adjustments and rather get more towards disciplinary actions.

NRS 630.352.

Ms. Bradley stated the revisions for NRS 630.352 clarifies the definition of the recommendations made by hearing officers, and the adjudication process. The Board will consider the record of the case and the hearing officer's findings and recommendations and take action to either accept, reject, or modify those findings and recommendations. This will also clarify that only the full Board has the authority to dismiss a case and explicitly limits parties from attempting to reargue the core merits of a case during adjudications and review of the disciplinary recommendation of each party.

Following the discussion, Ms. Conaboy moved to adopt the proposed changes to NRS 630.007, NRS 630.144, and NRS 630.352, while instructing staff to defer and refine NRS 630.307 and add NRS 630.100 as an action item for approval on a future meeting, Dr. Bassewitz seconded the motion, and it passed with all Subcommittee members voting in favor.

Agenda Item 6

GENETIC COUNSELORS: REVIEW AND DISCUSSION OF PROPOSED REVISIONS TO NRS 630.257, NRS 630.283, NRS 630.286, NRS 630.291, AND NRS 630.292 TO PURSUE IN THE 2027 LEGISLATIVE SESSION

The Subcommittee evaluated proposed draft statutory revisions regarding provisions for Genetic Counselors, with Ms. Bradley providing a summary of the revisions.

NRS 630.257.

Ms. Bradley stated the update to NRS 630.257 enforces competency assessments for genetic counselors who have been out of active practice for more than 24 months, this aligns their requirements with other license types issued by the Board.

NRS 630.283.

Ms. Bradley stated these revisions adjust historical dates for accrediting boards to accommodate individuals who graduated prior to structural changes in 1997 and 2013. Ms. Bradley explained that because historical accrediting bodies did not exist until 2013, the current statutory language inadvertently excludes long term practitioners. She further proposed language to recognize programs accredited by relevant bodies between 1997 and 2013, as well as substantially similar degrees obtained prior to 1997, while also substituting "American Board of Medical Genetics" for "Genomics" to fix a technical naming error.

NRS 630.286.

Ms. Bradley explained this revision permits students to assist physicians practicing genetic counseling, whereas the previous language restricted student assistance exclusively to licensed genetic counselors, and this further broadens temporary consulting allowances to permit out-of-state practitioners in good standing to be able to consult. Addressing a question from Mr. Olivarez about the definition of "temporary," Ms. Bradley noted that while the existing rule specifies 30 days, administrative

logistics and testing delays make a 90-day window more practical, which she intends to modify in the upcoming regulatory revisions.

NRS 630.291.

Ms. Bradley recommended updating "surrender" to "retirement" for non-disciplinary cases, enabling uncontested practitioners to voluntarily retire their credentials and return as a reinstatement applicant within two years or as a new applicant thereafter.

NRS 630.292.

Ms. Bradley explained this reforms the automatic penalty for missing national renewal deadlines from administrative license "revocation" to "suspension," easing the procedural path for reinstatement.

Ms. Conaboy moved to approve the proposed revisions to NRS 630.257, NRS 630.283, NRS 630.286, NRS 630.291, and NRS 630.292, Mr. Farnsworth seconded the motion, and it passed with all Subcommittee members voting in favor.

Agenda Item 7

ANESTHESIOLOGIST ASSISTANTS: REVIEW AND DISCUSSION OF REPEALING NRS 630.26835, NRS 630.2684, NRS 630.26845, NRS 633.013, NRS 633.017, NRS 633.1225, NRS 633.425, NRS 633.4252, NRS 633.4254, NRS 633.4256, NRS 633.4258, NRS 633.426, NRS 633.4262, NRS 633.4264, NRS 633.4266, NRS 633.4268, AND NRS 633.427 IN THE 2027 LEGISLATIVE SESSION

This item was tabled to the next scheduled meeting.

Agenda Item 8

PERFUSIONISTS: REVIEW AND DISCUSSION OF PROPOSED REVISIONS TO NRS 630.0137 AND NRS 652.210 TO PURSUE IN THE 2027 LEGISLATIVE SESSION

Ms. Bradley presented proposed statutory revisions to NRS 630.0137 and NRS 652.210 aimed at eliminating dual-licensure requirements for perfusionists, who are currently forced to maintain separate credentials with the Board and as medical laboratory personnel. Under the proposed changes, the scope of practice under NRS 630.0137 would explicitly include necessary laboratory testing, while NRS 652.210 would be amended to authorize perfusionists to perform waived and certain moderate-complexity laboratory tests without separate laboratory certification, provided they are properly trained. Ms. Bradley noted that this effort mirrors corrections being reintroduced for respiratory care practitioners after the critical words "moderate complexity" were inadvertently omitted from the final statutory draft during the previous legislative session.

Mr. Farnsworth requested that staff cross check the revised language with Brad Waples at the Department of Public and Behavioral Health.

Mr. Farnsworth moved to approve the proposed draft amendments to NRS 630.0137 and NRS 652.210, Dr. Bassewitz seconded the motion, and it passed with all Subcommittee members voting in favor.

Agenda Item 9

NEVADA ACADEMY OF PHYSICIAN ASSOCIATES (NAPA) PRESENTATION REGARDING NAPA'S 2027 LEGISLATIVE PRIORITIES

Alyssa Nishihira, PA-C, President of the Nevada Academy of Physician Associates (NAPA), addressed the Subcommittee to present ongoing initiatives aimed at modernizing Physician Assistant (PA) regulations across the State of Nevada and NAPA's goals coming into the 2027 legislative session. A primary focus of her presentation was discussion on Nevada's entry into the multi-state PA Compact, which is tied to federal targets under CMS Rural Health Transformation funding totaling \$180 million. Ms. Nishihira noted that 26 states have already joined the compact to improve workforce mobility and address critical care shortages. She highlighted that Nevada remains one of the most highly restrictive states in the west coast regarding PA utilization. NAPA is seeking the opportunity to discuss with the Board and this Subcommittee any ideas there may be regarding modernizing PA practice in Nevada.

Mr. Olivarez emphasized that modernizing practice parameters, such as defining the scope of practice and co-signature requirements at the individual practice level, rather than through rigid state mandate, represents an emerging national trend that he believes Nevada is behind in.

Ms. Conaboy raised questions regarding whether a PA transitions from "Assistant" to "Associate" based on specialized hours, reverting back if they switch fields. Ms. Nishihira and Ms. Bradley corrected this, explaining that "Physician Associate" is a universal title change supported by the national AAPA to prevent patient confusion with medical assistants, rather than an earned graduation rank.

Dr. Ahsan emphasized public safety, that the Board's primary mandate is to protect patients. He raised concerns about advanced practitioners performing complex, specialized procedures without structured training pathways, noting the potential for public confusion regarding provider qualifications.

Ms. Beal welcomed the opportunity for NAPA and the Board to work together early in the process, noting that past friction often arose from a lack of initial communication before legislation was introduced. While NAPA does not yet have drafted bill language for 2027, Ms. Nishihira confirmed she is committed to remaining active on the legislative subcommittee and being collaborative. She further stated that NAPA has newly retained lobbyist, Francisco Morales of Brownstein Hyatt Farber Schreck, and will coordinate directly with Ms. Bradley and Mr. Sullivan. The PA Compact will be placed on a future agenda for a comprehensive impact review, and a previous presentation detailing potential Bill Draft Requests (BDRs) will be circulated to the Board members to help guide upcoming policy discussions.

Agenda Item 10

OTHER STATUTORY CHANGES NEEDED

This item was tabled to the next scheduled meeting.

Agenda Item 11

STAFF COMMENTS

There was discussion amongst the Subcommittee of the ability to review Bill Draft Requests (BDRs). Ms. Bradley confirmed she would recirculate the list of potential BDRs to the Subcommittee

members via blind copy email to ensure compliance with the Open Meeting Law while allowing members to review and submit additional suggestions.

Ms. Bradley proposed a series of Friday afternoon meetings at 2:30 p.m. for future Subcommittee meetings (July 17, August 14, September 25, October 16, November 13, and December 18) to avoid conflict with Board meetings. Members of the Subcommittee accepted the schedule but noted some conflicts due to outpatient coverage and surgery shifts.

There was discussion regarding possible future discussions of ongoing priorities including med spas, PA scope of practice modernization, and nutrition CME. Ms. Conoboy requested to invite representatives from the Nevada Health Authority to present at a summer meeting (July or August) regarding federal funding before formal proposals are developed.

Agenda Item 12

PUBLIC COMMENT

Ms. Beal stated this was the time for members of the public to provide general public comment.

Dr. Havins raised concerns that the current statute broadly requires reporting any “change in privileges” to the Board, which unintentionally captures positive skill expansions, such as a physician obtaining additional privileges after completed training, rather than just adverse actions. He suggested aligning statutory language with FSMB standards, which limit reporting to restrictions lasting longer than 30 days that impact patient care. Ms. Bradley acknowledged that the statutory wording is overly broad and that the Board is committed to reviewing the provision, however she did note that the Board already receives reports aligned with the 30-day patient care standard.

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

Agenda Item 13

ADJOURNMENT

Ms. Conoboy moved to adjourn the meeting, Dr. Bassewitz seconded the motion, and it passed with all Subcommittee members voting in favor. Ms. Beal thanked everyone for attending.

The meeting was adjourned at 4:20 p.m.

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