

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR**

**Eighty-First Session
February 8, 2021**

The Committee on Commerce and Labor was called to order by Chair Sandra Jauregui at 2:07 p.m. on Monday, February 8, 2021, Online. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sandra Jauregui, Chair
Assemblywoman Maggie Carlton, Vice Chair
Assemblywoman Venicia Considine
Assemblywoman Jill Dickman
Assemblywoman Bea Duran
Assemblyman Edgar Flores
Assemblyman Jason Frierson
Assemblywoman Melissa Hardy
Assemblywoman Heidi Kasama
Assemblywoman Susie Martinez
Assemblywoman Elaine Marzola
Assemblyman P.K. O'Neill
Assemblywoman Jill Tolles

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Terri McBride, Committee Manager
Louis Magriel, Committee Secretary
Gina Hall, Committee Secretary
Cheryl Williams, Committee Assistant



OTHERS PRESENT:

Sarah Bradley, Deputy Executive Director, Board of Medical Examiners
Sandra Reed, Executive Director, State Board of Osteopathic Medicine
Cathy Dinauer, Executive Director, State Board of Nursing

Chair Sandra Jauregui:

[Roll was called. Committee protocol and virtual rules were discussed.] Our first item on the agenda today is a presentation by the Board of Medical Examiners.

Sarah Bradley, Deputy Executive Director, Board of Medical Examiners:

[Ms. Bradley read from a letter submitted to the Committee, [Exhibit C](#)]. I have provided a handout [\[Exhibit D\]](#) to give a little overview of the Board. The Board of Medical Examiners is a Title 54 licensing board. The Board uses *Nevada Revised Statutes* (NRS) Chapter 630 and the *Nevada Administrative Code* (NAC) Chapter 630. The Board is the oldest licensing board in the state of Nevada. We have a creation date of March 15, 1899.

We have six physicians and three public members on the Board for a total of nine Board members. We have two investigative committees which are composed of Board members. There are two physician members and a public member on each committee. The Board licenses four profession types: medical doctors, physician assistants (PAs), practitioners of respiratory care, and perfusionists. We also have residency training licenses as provided on the handout [\[Exhibit D\]](#) so that you can see the number we have in that category as well. We have advisory committees of physician assistants, respiratory care practitioners, and perfusionists which can help advise the Board on issues relating to those professions.

The Board has two offices with our main office in Reno and an office in Las Vegas. We are actually really excited because we just moved locations in Las Vegas and we have a bigger space with more availability to have Board meetings and other things which occur in our Las Vegas office, so we are excited about that. I also wanted to highlight that we have new licenses which we have issued. We have actually licensed more in 2020 during the pandemic; we are increasing. Last year, the total of new licenses was 1,648. In 2019, it was 1,469 new licenses. I did break it down for you with each of the categories [\[Exhibit D\]](#).

As far as disciplinary actions go, last year there were 501 investigations opened. That includes complaints, obviously, received by the Board and does not include things that were sent to us in error, such as something that we do not have jurisdiction over or somebody that does not license through us. We send those to the appropriate entities. Last year, 620 investigations were closed. Obviously, there were some from the prior year. There were public disciplinary actions taken in 32 matters. The most frequent kinds of complaints we received include: standard of care, which would be anything relating to patient care; prescribing, which is also related to patient care but we categorize that one separately as it is such an important issue; demeanor, as we get a lot of complaints where someone is upset with the way they were treated by their physician or physician assistant; and records. We have two kinds of records complaints listed there [\[Exhibit D\]](#). The most common complaint

that we can discipline with is probably going to be where the records are not timely, legible, accurate, or complete. That is required by statute and is an issue that we see problems with frequently. We also have situations where patients are requesting records and are not receiving them in a timely manner. Generally, we get involved and help the patients receive the records that they have requested from those doctors.

I want to highlight our significant accomplishments. We are really excited about new licensing software that we have. This software allows us to have a portal for all licensees so they can actually go online, create an account, and then they are able to view their address and make real changes live. That will be really nice. They will also be able to renew their licenses online, contact us, see documents, upload continuing education documents, and other things like that. It will be a lot more interactive for our licensees, so we are really excited about it. Our new applicants will be able to do the process entirely online, which is new to us. We have always done renewals online, but now we will do new applications as well.

As far as outreach in education, the Board has tried to do it so that our stakeholders around the state are aware of our operations. Last year, as you can imagine, we did not do as many given COVID-19. However, we did do a presentation to the PA program at the University of Nevada, Reno which I thought was fun. I like doing those sorts of things. We also have a website that we helped to put together. It is sponsored by the State Board of Nursing, the State Board of Pharmacy, and our Board. It is about prescription drug abuse. Consumers can go there and learn about different drugs that they are taking, the side effects, and things like that. There are resources there to help consumers. We have a link to that site from our main website as well.

The other thing we wanted to highlight was our increased staffing. We are growing with our licensing numbers, and our complaints, as you can imagine, are also increasing. We hired new staff last year and are planning to hire new staff this year in order to keep up with all of our operations so that we can better serve our new applicants and our licensees.

If there are any questions, I would be happy to answer them.

Chair Jauregui:

Committee members, do you have any questions? [There were none.]

You said some of the complaints you address are with records and the timeliness of receiving them. What is a normal turnaround time to receive records or records requests?

Sarah Bradley:

In NRS 629.061, I believe they have five business days to provide those records if the records are stored in Nevada and ten if they are stored outside the state. Generally, when we get a complaint it is past that time frame. I would say, though, that those complaints are not excessive. My entire career has been with licensing boards and I have seen times where licensees took more than a year to provide records. We do not have that situation. Generally

speaking, it is someone who needs his or her records for whatever reason and has not received a response. Usually, it is a miscommunication in the office of some kind and we are able to call and get that taken care of immediately. I would say we are looking at not more than a month in the cases that we have. If you want more specifics, I can certainly get that from our Chief of Investigations.

Chair Jauregui:

That was actually perfect; it was exactly what I was looking for. Committee members, does anyone have any questions for the Board of Medical Examiners?

Assemblywoman Carlton:

Could you give us an idea of the turnaround time for licensing right now and about how long it is taking to get the fingerprints back? We have had issues with that over the last couple of biennia and it was getting much better, but I wanted to check to see how long it actually takes to get the license processed and the fingerprints taken care of.

Sarah Bradley:

I have the checklist here. When we have a completed application, we can actually issue the license within a day, or by the next business day. It does sometimes take a while to have a completed application. I think we are averaging about 50 days according to my Chief of Licensing who is here with me. Fifty days is the time we are averaging to have a completed application from when they start it to when they complete it. As I said, on that fifty-first day they would be licensed. As far as fingerprints, I know we have had some issues during COVID-19 with not all of the centers being open for fingerprinting. It is still four to six weeks for us to get the fingerprints back with results.

Chair Jauregui:

I saw that you issued a total of 1,648 licenses in 2020 [[Exhibit D](#)]. How many applications did you receive in total?

Sarah Bradley:

I can find that out and send that to you. I do not have that number off the top of my head. I can tell you that I do not believe that we rejected any applications. There would have probably been some applications that were received but not issued a license before the end of the year. I would be happy to follow up with the Committee and give you that exact number. I apologize that I do not have that on this handout.

Chair Jauregui:

If you could send that to the Committee, that would be great. Assemblywoman Marzola, did you have a question?

Assemblywoman Marzola:

I did, but Ms. Bradley just answered it.

Chair Jauregui:

One last call Committee members, are there any other questions? [There were none.] Our next presentation is going to be from the State Board of Osteopathic Medicine.

Sandra Reed, Executive Director, State Board of Osteopathic Medicine:

[Ms. Reed referred to written testimony submitted to the Committee, [Exhibit E](#)]. The State Board of Osteopathic Medicine licenses osteopathic physicians and physician assistants. Those are the only two occupations we license. We are governed under NRS Chapter 633 and NAC Chapter 633. Our Board consists of seven members: five are osteopathic physicians and two are public members. We have four full-time staff, including myself. The staff consists of a license specialist, a complaint specialist/investigator, and an administrative assistant/licensing assistant. Everyone does about two jobs.

We are a Board that meets monthly, so we license fairly efficiently. The only month we do not meet in is July. For this fiscal year so far, we have over 2,279 licensees. That includes such licensee types as active, inactive, resident, doctors of osteopath, and PAs. We have grown exponentially since I first started four years ago. The licensing total was almost 1,800. We have grown over the last four years. Our licensing process can take around 60 days or so, depending on if it is a clean license. You should have a flowsheet [[Exhibit F](#)] that shows our licensing process which we submitted to the Federation of State Medical Boards to give an idea of how our processing works. It goes through 2019 because we made it last year.

Due to COVID-19, we can now license someone without waiting for the fingerprints that are submitted to come back because they will state on their application whether they have had previous discipline. To this day, that has worked out. We have not had anyone who was deceptive on their application by stating they had no discipline or arrest and who would later come back proven otherwise. That change has increased the efficiency of licensing, as waiting for fingerprints could take around 30 to 45 days. Another way we speed up the fingerprinting is by having it done electronically rather than by the hard copies that are sent. That has helped as well.

We have two different ways to submit applications. Licensees can apply and renew online, or they can download the application, complete it by hand, and send it by hand. Most people do it online; they can also pay online. It is a fairly efficient process. We do renewals once a year on December 31 for all our licensees, except for residents who are renewed annually after they are issued a license.

The fees for residents are lower than for the regular licensees. We did a review of our fees a year and a half ago to evaluate them and see if they were a little bit higher than some of the other boards, which they were. We also based our review on our reserve policy. We lowered our fees by \$100 for licensing and for renewals. That was approved under the adopted regulation of the State Board of Osteopathic Medicine, Legislative Counsel Bureau file No. R011-19. Our new fees were implemented January 1, 2020. Our licensing applications have actually gone up since that passed, although I do not know if that is the reason.

We are also members of the Interstate Medical Licensure Compact (IMLC), which is interesting. It allows license portability between states. Once an application comes in from out of state—which is a minimal amount of paperwork, they do not need the same proof that they do for regular licensing if they were coming from Nevada—they could be licensed within ten days. There is something called the state of principal license, which is kind of an anchor state that handles the background information. Once that state approves this type of compact license, the licensee can then use other states as subsidiaries, so to speak, but they would still be regularly licensed. It would just be a quicker process. A lot of physicians using telehealth have found this license portability to be quite advantageous for them, and it serves the public better throughout the country. We have been a member of the IMLC since 2015, when the Legislature approved it [[Senate Bill 251 of the 78th Session](#)].

With regard to our disciplinary actions, we do not have extra committees because we are a small Board. We will get a complaint in, then I will review it, and the investigator will prepare the case and the process to get all the information. Then I will assign it to one Board member who will review all of the information. At this point it is all confidential. It is up to the Board member to decide to either dismiss the complaint or discipline the person. Most of our cases, about 80 percent, are dismissed. As for the ones that do go up for discipline, we mostly use a settlement agreement that is written by our Board counsel. I will look at it and so will the Board member who was the investigator on the matter. After that is all approved by the licensing specialist and the Board member, we will present it to the Board for final approval. Every case is reviewed individually in regard to how discipline is handled.

You might have the handout sheet [[Exhibit E](#)] of all the statistics. What I have sent to you is basically the calendar year for last year. Eighty-one complaints were reviewed and investigated; one complaint was settled. There were 13 letters of caution, which are also letters of concern. As you can see [[Exhibit E](#)], 67 complaints were closed, typically meaning dismissed. Most of them are dismissed. We also have different types of complaints: For medical malpractice complaints, we had 14; for prescribing matters, we had 3; for standard of care complaints, we had 29; for unprofessional conduct, we had 31; for non-reporting complaints—if they do not report that they had an action—we had 1; and then we had several that were out of our jurisdiction. Note that some of these complaints do overlap.

That is the general information about our Board. If you have any questions, I would be happy to take them.

Chair Jauregui:

Committee members, do you have any questions for Ms. Reed? [There were none.]

You said it is about a 50-day process for a new licensee, and through the IMLC you said it takes about 10 days for them to get their license here in Nevada. Do they still have to fill out the same application and provide the same information that a Nevada licensee would as far as doing the background checks?

Sandra Reed:

They do not fill out the same application because they go through a centralized portal for the Interstate Medical Licensure Compact. There is a website that has a portal and people can apply that way. It has got a Grand Central location where they can get their licensing.

Let us say that we are a member state of the IMLC and that the licensee has their anchor license from another state. They get approved to have a regular license in Colorado. Colorado will do the background check and ask whatever they need of that person to be licensed. Once the license is approved, the anchor state will send a letter of qualification which will be in the person's application. Once that letter is issued, the licensee can submit it to all of the other states they apply to because the main state, the state of principal license, has already done the checks. That is why the process goes quickly. This is only for physicians; we do not have a physician assistant compact.

Now, we as a state can ask for background checks, and we do ask for that just to make sure, but the paperwork is more minimal. We are basically going by and approving the anchor state's process. That is how the IMLC is set up. We can do additional work if we like, if there is something that we see on the application that maybe does not look right or that the anchor state bypassed. We can ask about it and look into that. But typically, once everything is done, I submit it via an online portal to approve it. The Board has no involvement with these applications and licensing approvals. They are not on our agenda. I approve it and then the person has a full license.

One other thing I would like to add is that one of the requirements for them to be licensed this way is that they have no disciplinary actions. They can have a medical malpractice case on their record, but if there is any disciplinary action of any type, be it criminal or medical from their Board, they are not eligible for this process. If there is anything that happens after they are licensed, they can be removed from the IMLC. Or, if they do not renew their license from their anchor state and it expires, all of their member state licenses will be invalid.

Chair Jauregui:

I was curious about the process because I saw the number of licenses go up. I believe you said that we joined the IMLC in 2015, so the number of licenses approved through the IMLC increased a lot from 2017 to 2019. I saw that you actually included how many licensees your Board denied [[Exhibit F](#)]. It was two in 2017, one in 2018, and one in 2019. Could you give us an explanation as to some of the reasons someone would be denied a license?

Sandra Reed:

Typically, it would be where someone falsified their application and they would not be fully truthful. We have questions on our application such as, "Have you ever been investigated," and there are times where people will apply and they may say no. We go back and give people opportunities. We will tell them we found something on their record because maybe they do not realize that we do background checks, even though it is stated. That is one instance. We had one case where someone continuously falsified all of his discipline records and was not being up front with what actually happened. I remember in that case, we

brought the person in to meet before the Board so the Board could question him. If the Board is not comfortable with what they hear, that could be a denial.

In another instance, I know there was one person who came in from another state and wanted to be licensed, but there was a lot of negligence in his standard of care matters that were not fully explained and which did not make sense. The Board was concerned about someone like that practicing in the state because there were many, many issues, both recent and from several years ago. The Board always gives someone a chance; we always tell the person to come to the Board and let us ask you questions, and bring an attorney if you like. It is rare for someone to be denied, but it happens and those typically would be the reasons.

Assemblywoman Considine:

I have a question about the complaints. I know that complaints are confidential unless the results become formal discipline, but just in case there is a person whose complaints start to add up, are those complaints kept on file somewhere or are they completely dismissed and taken out?

Sandra Reed:

Complaints that are dismissed are kept for at least three years. After that, we can shred them. But to be frank, we pretty much keep everything on our server just to have it. We will shred hard copies because there is so much paper. We follow the guidelines of public records. But we will have just about everything on our server.

Assemblywoman Marzola:

On the application question, "Have you ever been charged, investigated, or arrested," if any of those answers are a yes, is that an automatic denial? Are they allowed to provide additional information?

Sandra Reed:

That is not an automatic denial. We will ask them for information. The licensing specialist who collects all the information and files for the application process will typically ask for background information or any other information before I review it. If it is a court case, we will ask for court documents and the disposition because we have found that sometimes, when people respond, they will not be fully upfront. We like to see the court documents, we want to see what the matter is, and there might be multiple matters that are the same which are not expressed to us. We like to get all the information, but it is definitely not a denial at all. It depends on what it is. If it is a DUI from ten years ago and there has been nothing since, and they have fulfilled everything they needed to fulfill, that is okay. We will just put it on the agenda. If there seems to be a history, even a recent history of something like that, or if there is criminal violence or domestic violence, I will talk to our Board president and say that we may need to bring this before the Board for them to ask some questions. We can do that and then the Board can decide.

Chair Jauregui:

Committee members, are there any other questions? [There were none.]

I was looking at the license types and there is one on here that says temporary license with only one issued [page one, [Exhibit E](#)]. Is that for a licensee who is coming in to practice for a month or two months and just needs a temporary license, and then goes back to their home state?

Sandra Reed:

That is correct. We give them up to six months. The temporary licensing process is not as intense as the regular process. We had a person who was filling in for another physician in the state. It is as you said it, yes.

Chair Jauregui:

So, they can come in and apply for a temporary license for six months. Can they renew it?

Sandra Reed:

That is a good question. I can look into that and get back to you. They might be able to, but I would have to get back to you on that.

Chair Jauregui:

I was curious because maybe people would come into the state on a temporary license and just keep renewing it forward.

Sandra Reed:

No, that is why there is only one that has been approved. I am almost certain that if they wanted to stay longer and thought they would stay, it would go through a regular licensing process. We would tell them that maybe they would like to go through the IMLC, that is another way they could come in. But no, we would never allow continual renewals that I know of. We may allow it once, but I can look into that and see as I am not 100 percent sure, to be frank.

Chair Jauregui:

I do not see any other Committee members with questions. The third item on our agenda today is a presentation from the State Board of Nursing.

Cathy Dinauer, Executive Director, State Board of Nursing:

[Ms. Dinauer referred to written testimony submitted to the Committee, [Exhibit G](#)]. The Board of Nursing was established in 1923 by the State Legislature under NRS Chapter 632 which regulates the practice of nursing. The State Board of Nursing is one of several Title 54 boards and is made up of seven members appointed by the Governor. The seven-member group includes four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member. The Board appoints a Nevada licensed registered nurse to serve as the Executive Director.

We have two offices in the state, one in Reno and one in Las Vegas, to best serve the nurses in the state. We are funded through licensure fees and we do not receive any general funding. We have several functions: administrative, education, licensure and certification, discipline, and compliance. I did provide a one-sheet document [[Exhibit H](#)] that summarizes all of our departments.

We licensed and certified 63,637 individuals in our state as of last week. That includes registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), advanced practice registered nurses (APRNs), emergency medical services registered nurses (EMS-RNs), and certified registered nurse anesthetists (CRNAs) as well. We processed 7,700 applications in fiscal year (FY) 2019-2020. The information I am giving you is from that fiscal year. We just put out our recent statistics.

We are able to issue a license and reissue temporary licenses to our nurses. For temporary RN licenses, for somebody that does not necessarily have any problems with their license, it is about a three-day turnaround time. We know that when getting fingerprints, it can take a while to get those results back so we will issue a temporary license in about three days. It takes a little longer for CNAs because they have to provide us with documentation of employment. Other than that, it is a fairly short time frame.

In regard to our fees, as you can see on the document I provided [page 2, [Exhibit G](#)], we have not changed the fees or raised the fees in 20 years.

The next department that we have is our discipline department. In FY 2019-2020, we received 456 practice-related complaints. We try to get an average turnaround time of about 60 days to complete a case. We have five investigators and they work diligently in getting these cases done.

We have an online system which I did not mention earlier. It is a web-based system and it has been very valuable in allowing us to continue during the COVID-19 pandemic. We have not had to worry too much about getting paper applications because everything is web-based. We have been able to continue operations.

Along with the discipline information, I have provided some of the types of complaints that we received in the last year with APRNs. Those complaints generally involve prescribing, maybe overprescribing or not prescribing appropriately. The RN complaints involve customer standards, failing to collaborate with the healthcare team, and acting outside of their scope. The primary complaints we receive for CNAs have to do with privacy, confidentiality, abuse, and patient abandonment.

With regard to discipline, I also want to mention that we have an in-house alternative to a discipline program. For nurses who are experiencing some sort of substance abuse disorder, they can enter our nondisciplinary program and temporarily relinquish their license or certificate. They are able to go get treatment and then, when they are ready to come back, they go into a five-year agreement with us in which their practice is monitored, they have

to have drug tests, they have to attend AA meetings, et cetera. If they do not participate in the alternative to discipline program, we also have a monitoring program for those who are on probation. We handle all of that in-house.

The next department we have is education. Part of our responsibility is to regulate all of the prelicensure nursing programs, of which we have 14 in the state, and our CNA programs, of which we have 24. As you can see on the document [[Exhibit H](#)], it shows the number of nursing graduates that we have this year from our nursing programs. I will say that our nursing programs have done a stellar job during this pandemic in trying to manage clinical experiences for their students while students have been unable to go into facilities for a period of time.

During the pandemic, we issued waivers under the Declaration of Emergency Directive 011 that the Governor issued on April 1, 2020. To date, we have issued 2,800 emergency waivers for individuals coming to the state who are not required to get a license or certificate in Nevada.

I also want to mention that normally, before COVID-19, we provided presentations all around the state as part of our function. We were on the road quite a bit providing presentations to nursing students, recent graduates, and APRN students, but we have not been able to do so with COVID-19. What we have been doing instead is virtual meetings. Any time somebody asks us to do a presentation, we are happy to do so virtually because we want to make sure that we have safe individuals out there practicing.

We have six advisory committees that advise the Board: a nursing practice advisory committee, an APRN advisory committee, a CNA advisory committee, an LPN advisory committee, a disability advisory committee, and an education advisory committee. They meet on a fairly regular basis and review policies, standards of care and practice, and advise the Board on evidence-based issues.

Legislatively this session, we are looking at two big pieces of legislation. The first is the Nurse Licensure Compact (NLC). We are not part of the NLC currently. Thirty-four other states are. The NLC would allow a nurse to have one multistate license in their primary state of residence and practice in other NLC states. It is an important tool in removing barriers to licensure, expanding our healthcare workforce, and preparing us to respond to public health emergencies.

The second piece of legislation is BDR 54-60 [later introduced as Assembly Bill 91], sponsored by Majority Leader Benitez-Thompson, which would revise the provisions relating to the membership of the Board and would mandate that one of the registered nurses on the Board be an APRN. Currently we have two APRNs on our Board, but that is not a mandate. This would mandate that an APRN be a member of the Board. Those are two primary pieces of legislation that we are looking to enact this session. I am prepared to answer any questions.

Chair Jauregui:

Committee members, do you have any questions?

Assemblywoman Considine:

Where do we stand on nurses per capita? How many do we need to make up for our shortage? Can you answer that or give me an idea of where I could find that?

Cathy Dinauer:

I do not have that information. That would be more through the Workforce Consortium. I can certainly see about getting that information for you.

Chair Jauregui:

Committee members, are there any other questions?

Assemblywoman Carlton:

As far as licensure goes, this is basically the same question I asked earlier today of the Medical Board. About how long does it take to do your licensure process? I know you mentioned for a temporary license it is three to five days. I believe for full licensure it is close to that, but I just wanted to find out. Also, do you have a lag time on fingerprints?

Cathy Dinauer:

Yes, you are correct. Getting a temporary license is about three days. That is what it would take when you are endorsing into the state. It is about the same length of time if you have completed those fingerprints. There is a lag time right now of about ten weeks of waiting to get fingerprint results. It is a little bit out of our control. We just get them when we can. We do them and we process them; we have somebody working full-time on processing fingerprints. For somebody who is just graduating from nursing school or who is entering their initial application, it might take a month or so to get that license processed because there is a little more paperwork to do as far as getting their transcripts reviewed. For somebody coming in that already has a license from another state, it is a pretty short window.

Assemblywoman Carlton:

Out of the little over 63,000 nurses that you have licensed now, can you tell me how many are active and how many are inactive?

Cathy Dinauer:

I would have to get that for you to find out how many active nurses there are. The 63,637 figure is the number of licenses that we have. I believe that is the number of active ones. I am going to make sure of that and get back to you.

Chair Jauregui:

I know you said that for the fiscal year you had 7,700 applications. Would you be able to tell us if all 7,700 applicants were issued licenses? If you do not have the information now, if you could get it to us that would be great.

Cathy Dinauer:

There were 75 total applications denied in FY 2019-2020. There were 4 that were denied by our Board and 71 that were denied by staff. We have policies that staff can follow that gives them the option to do that. Otherwise, the rest of those applications were processed.

Chair Jauregui:

Could you give us a little bit more detail into what would cause staff to deny an application?

Cathy Dinauer:

When somebody is filling out an application for licensure, there are some questions that they must answer such as, "Have they had actions taken on their license in another state," "Have they had a conviction," "Do they have a felony," those sorts of things. Anybody who has answered yes to those questions will have their applications kicked out of the queue and reviewed by an individual who reviews all of those yes answers. Let us say somebody had a license in California and their license was revoked and taken away from them. They then come to Nevada and want to practice. That application would have to go to the Board for their review. That would be an example of something that might be denied.

Chair Jauregui:

Do the applicants appeal the decisions and come before the Board?

Cathy Dinauer:

Yes, there is a due process for them. All applicants have the opportunity to come before the Board and to plead their cases.

Chair Jauregui:

How long are the terms for the Board members and how many terms can each member serve?

Cathy Dinauer:

Right now, it is a four-year term, eight years total. They can serve two terms.

Chair Jauregui:

Committee members, do you have any further questions? [There were none.]

We have one last item on our agenda, and that is public comment. Do we have anyone on the line for public comment? [There was no one.]

We can give the people who are listening on the Internet a couple of minutes to call in. Members, if you would please stand at ease to give people time to call in for public comment. [There was no one.]

That concludes our business for the day. Our next meeting will be on Wednesday, February 10 at 1:30 p.m. We are adjourned [at 2:56 p.m.].

RESPECTFULLY SUBMITTED:

Louis Magriel
Committee Secretary

APPROVED BY:

Assemblywoman Sandra Jauregui, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 8, 2021, signed and submitted by Sarah Bradley, Deputy Executive Director, Board of Medical Examiners, regarding an overview of the Board of Medical Examiners.

[Exhibit D](#) is a document titled "Nevada State Board of Medical Examiners," presented by Sarah Bradley, Deputy Executive Director, Board of Medical Examiners.

[Exhibit E](#) is written testimony presented by Sandra Reed, Executive Director, State Board of Osteopathic Medicine, regarding an overview of the State Board of Osteopathic Medicine.

[Exhibit F](#) is a document titled "The Nevada State Board of Osteopathic Medicine," presented by Sandra Reed, Executive Director, State Board of Osteopathic Medicine.

[Exhibit G](#) is written testimony, dated February 8, 2021, presented by Cathy Dinauer, Executive Director, State Board of Nursing, regarding an overview of the State Board of Nursing.

[Exhibit H](#) is a document titled "Nevada State Board of Nursing," dated February 1, 2021, presented by Cathy Dinauer, Executive Director, State Board of Nursing.