



NEVADA LEGISLATURE
SUBCOMMITTEE OF THE LEGISLATIVE COMMITTEE
ON HEALTH CARE TO REVIEW THE LAWS AND
REGULATIONS GOVERNING PROVIDERS OF
HEALTH CARE, THE USE OF LASERS AND
INTENSE PULSED LIGHT THERAPY, AND THE
USE OF INJECTIONS OF COSMETIC SUBSTANCES
(Senate Bill 4, Chapter 4, *Statutes of Nevada 2007, 23rd Special Session*)

SUMMARY MINUTES AND ACTION REPORT

The third and final meeting of the Nevada Legislature’s Subcommittee of the Legislative Committee on Health Care to Review the Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and the Use of Injections of Cosmetic Substances (Senate Bill 4, Chapter 4, *Statutes of Nevada 2007, 23rd Special Session*) was held on June 3, 2008, at 10:30 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of “Summary Minutes and Action Report,” including the “Meeting Notice and Agenda” ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature’s website at www.leg.state.nv.us/74th/Interim. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau’s Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

SUBCOMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Maggie Carlton, Chair
Senator Joseph J. Heck

SUBCOMMITTEE MEMBER ABSENT:

Assemblywoman Susan I. Gerhardt

OTHER LEGISLATOR PRESENT IN LAS VEGAS:

Assemblyman Joe Hardy

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Kelly S. Gregory, Senior Research Analyst, Research Division
William L. Keane, Senior Principal Deputy Legislative Counsel, Legal Division
Anne Vorderbruggen, Senior Research Secretary, Research Division

OPENING REMARKS

- Senator Maggie Carlton, Chairwoman, called the meeting to order and welcomed Subcommittee members, presenters, and the public to the third meeting of the 2008-2009 Interim. Chairwoman Carlton stated that Assemblyman Hardy was present at the meeting at her request to share his medical expertise.
- Kelly S. Gregory, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), noted that at the May 2, 2008, meeting, the Subcommittee members had asked for an update regarding the number of dentists per capita in Nevada and stated that information has been provided to the members ([Exhibit B](#)). She further noted that several of the health care board representatives who testified at the May 2 Subcommittee meeting were asking for authority to send fingerprint cards for background checks directly to the Federal Bureau of Investigation. Ms. Gregory explained that additional research regarding the requirements for submission of fingerprint cards is provided as [Exhibit C](#).

Continuing, Ms. Gregory reported that the Subcommittee received a letter from Loretta L. Ponton, Executive Director, Board of Occupational Therapy, containing their remarks regarding the “Work Session Document” ([Exhibit D](#)). She also stated that David Perlman, Administrator, Commission on Postsecondary Education, submitted comments regarding the National Laser Institute ([Exhibit E](#)). Comments regarding credentialing were also submitted by Debra Scott, M.S.N., R.N., A.P.N., Executive Director of Nevada’s State Board of Nursing ([Exhibit F](#)), and Allison Tresca, Executive Director of Nevada’s State Board of Physical Therapy Examiners ([Exhibit G](#)).

APPROVAL OF MINUTES OF THE MAY 2, 2008, MEETING

THE SUBCOMMITTEE UNANIMOUSLY APPROVED THE MINUTES OF THE MAY 2, 2008, MEETING HELD IN LAS VEGAS, NEVADA.

PUBLIC COMMENT

There was no public comment at this time.

WORK SESSION—DISCUSSION AND ACTION ON RECOMMENDATIONS

The following list of recommendations was compiled by the Chair and staff of the Subcommittee of the Legislative Committee on Health Care to Review the Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and Injections of Cosmetic Substances. The “Work Session Document” contains recommendations that were either submitted in writing or presented during the Subcommittee’s hearings on January 10, 2008, and May 2, 2008.

The recommendations listed in the document are in no particular order and do not necessarily have the support or opposition of the Subcommittee Chair or members. The recommendations are organized by topic so that the members may review them to decide if they should be adopted, modified, rejected, or left for later discussion. If action is taken to adopt a recommendation, it will become part of the Subcommittee’s final report and will be presented to the Legislative Committee on Health Care (*Nevada Revised Statutes* [NRS] 439B.200) for consideration.

Recruiting Hurdles Faced By Applicants

Recommendation No. 1: Remove or modify the requirement that an applicant for a license to practice medicine must prove to the Board of Medical Examiners he is a citizen or lawfully entitled to remain and work in the United States. (NRS 630.160)

- Chairwoman Carlton noted that the issue of citizenship requirements for applicants for a license to practice medicine was brought up at the Subcommittee meeting of May 2, 2008, by Carl Heard, M.D., Chief Medical Officer and Interim Chief Executive Officer, Nevada Health Centers. For the record, Chairwoman Carlton disclosed that she is associated with Nevada Health Centers.

Chairwoman Carlton noted that the citizenship requirement significantly slows down the application process for J-1 Visa physicians and stated a request was made at the Subcommittee’s May 2 meeting to eliminate or modify that requirement to be able to expedite applications to the State for J-1 Visa Waiver applicants.

- Dr. Hardy noted that the physician’s J-1 Visa would have already been accepted, so this change would not take away from that requirement; it would just allow the licensing process to be expedited.
- Chairwoman Carlton said that she envisions this as a concurrent process where everything is happening at the same time, rather than a consecutive process.
- Lynn O’Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Health Division, Department of Health and Human Services (DHHS), stated that once the U.S. Department of State and the U.S. Department of Homeland

Security approve the J-1 Visa Waiver, the physician must start work within 90 days. Thus, being able to do some processes concurrently to ensure that the physician can begin practice within that 90-day period is important.

Ms. O'Mara further noted that the Bureau is not able to obtain all of the data necessary to determine where the J-1 Visa physicians are practicing and how much time they are practicing to accurately and more expediently have areas designated as health professional shortage areas (HPSA). Ms. O'Mara submitted a memorandum regarding the collection of the necessary information to identify HPSAs ([Exhibit H](#)).

- Caroline Ford, Assistant Dean and Director, Center for Education and Health Services Outreach, University of Nevada School of Medicine, referred to her memorandum dated June 3, 2008, ([Exhibit I-1](#)) and discussed the impact of deficient available data on determining the medical underservice pertaining to HPSAs in the State. Ms. Ford also provided a copy of a Pennsylvania Physician Survey ([Exhibit I-2](#)) and a copy of a letter from Ms. Ford on behalf of the Nevada Office of Rural Health to the U. S. Department of Health and Human Services regarding the designation of medically underserved populations and health professional shortage areas ([Exhibit I-3](#)), which suggested that there be a national minimum dataset that looks at full-time equivalent (FTE) status, specialty orientation, and geographic location of practice so that all states can use the data comparatively.

Ms. Ford suggested the consideration of a pilot project that would utilize one or two of the largest licensing boards in the State to determine how a voluntary survey could be crafted that could be attached to license renewals and new applications to collect the necessary data.

- Keith Lee, representing the Board of Medical Examiners, stated that the Subcommittee meeting of May 2 did not completely and accurately reflect how the Board of Medical Examiners deals with J-1 Visa applications and asked if it would be helpful for the Subcommittee to hear from their Chief of Licensing regarding the role of the Board of Medical Examiners.
- Lynette L. Daniels, Chief of Licensing, Board of Medical Examiners, said the Board does work concurrently with J-1 Visa applicants; the applicants just are not licensed until the J-1 Visa application has been approved by the Immigration and Naturalization Service (INS), U.S. Department of Homeland Security.

A lengthy discussion followed regarding the process for J-1 Physician Visa Waiver applicants to obtain a license.

- Chairwoman Carlton noted that the intent of the recommended change is to allow the applicants to practice in the State before their visa waiver is approved; they are currently being restricted from practicing until the waiver is approved by the

U.S Department of State and the INS, although they have completed all the necessary paperwork for the Board.

- Ms. O'Mara clarified that the physicians seeking a J-1 Visa Waiver already have a visa, they have been in the State for approximately seven years, and are applying for a waiver so they can stay in Nevada another three years and practice. That process is expensive and takes about 18 months from start to finish. Ms. O'Mara explained that the application goes through the State, the U.S. Department of State, and the U.S. Department of Homeland Security before the waiver is approved, and then is sent to the Board of Medical Examiners. The concern about the process is the ability of the applicant to obtain a license in order to meet the 90-day requirement.
- Chairwoman Carlton noted that the State does not want to lose the J-1 physicians to other states during the break in service while awaiting approval of the J-1 Visa Waiver because other states do not have this requirement.

In response to a question by Assemblyman Hardy, Ms. Daniels said the Board is bound by subsection 2(a) of NRS 630.160, which states that a license may be issued to any person who "Is a citizen of the United States or is lawfully entitled to remain and work in the United States."

- Senator Heck suggested an amendment to subsection 2(a) of NRS 630.160 to include "or has a J-1 Visa Waiver application pending through the Department of State," with the caveat that should the J-1 Visa Waiver be denied, the license would be withdrawn.
- Ms. O'Mara suggested that the Primary Care Advisory Council, Bureau of Health Planning and Statistics, Health Division, DHHS, and the Board of Medical Examiners work together to refine some procedural items to improve the process.

Recommendation No. 2: Allow physicians who have recently completed a residency program to be provisionally licensed upon receipt of satisfactory fingerprint reports, pending completion of the remainder of the board application process.

- Assemblyman Hardy stated that if the State encourages the transition from a clinic approach to medicine to a research-clinic approach to medicine, there will be a need for residents coming out of residency programs to practice in the State of Nevada. He was of the opinion that the proposed regulation would allow a successful resident who completed his residency in Nevada or another state and who met all the necessary criteria to be licensed in the State, to begin work and proceed with the application process.

Recommendation No. 3: Allow physicians who have recently completed a residency program to be provisionally licensed pending completion of certain examinations and/or board certifications.

- Assemblyman Hardy stated that physicians should not be precluded from practicing in the State while waiting to be board certified.
- Chairwoman Carlton asked if there should be a requirement that board certification be obtained within a certain number of years or if board certification should not be necessary in order for the physician to stay in the State.
- Assemblyman Hardy responded that there are some employers who want only board certified physicians but it was his opinion that some specialty fields do not need to be board certified. Assemblyman Hardy said that the question of requiring board certification should be open for debate.
- Senator Heck stated that there are currently three specialties in Nevada that do not have to be board certified under the current statutes: (1) emergency medicine; (2) family practice; and (3) public health. They require 36 months of postgraduate education, and this proposal would expand that exemption to other specialties.

Recommendation No. 4: Create provisions to make it easier for professionals licensed in other states to become licensed in Nevada if certain criteria are met.

- Chairwoman Carlton stated this recommendation would create a licensing provision for some of the boards where there is a need due to the lack of access to care. She noted it would not replace any options within the health care profession but would add another option for someone who was practicing in another state and had a good record to come to Nevada.
- Assemblyman Hardy remarked that, as an example, more mental health workers are needed in Nevada. Currently, a specialist would have to take an examination that includes all the basic science subjects, which they do not need to perform their specialty. He noted the Subcommittee has to consider who is needed, how they are needed, how they can be attracted to Nevada, and how the process can be simplified. Assemblyman Hardy said the goal is to attract capable, competent practitioners to Nevada.
- Chairwoman Carlton suggested that some boards could be directed and incentivized to look at national licensure, instead of in-state testing with the test being the only pathway to entering the State. She was of the opinion that if a physician is practicing in another state and there are no problems, he should be welcomed to Nevada.

- Rosalind Tuana, Executive Director, Board of Examiners for Social Workers, said that the Board of Examiners for Social Workers has reviewed its regulations and made a number of changes to the endorsement process, previously called reciprocity. One of the proposed changes is to acknowledge experience in lieu of an examination. Ms. Tuana noted that, with the exception of California, all the examinations across the United States are the same. She noted that, in many cases, the boards' regulations give them the opportunity to make some of the changes.
- Chairwoman Carlton noted that the Subcommittee is not talking about replacing tests, but about alternative pathways to licensure; having experienced professionals come here is an asset to the State.
- Ms. Tuana requested that the issue of keeping the professionals in Nevada also be considered while reviewing workforce issues. She noted that in the last year the Board of Examiners for Social Workers gained only 18 people, even though about 200 people were licensed during the year, due to practitioners leaving the State.

Access to Services

Recommendation No. 5: Specify that supervision of physician assistants can be done through telecommunications and remote file review.

- Chairwoman Carlton asked that the physicians on the Subcommittee address the issue of remote supervision of physician assistants (PAs).
- Assemblyman Hardy noted that the PA will play an important role in access to health care in the rural areas because care is needed in more places than there are physicians to provide the service.

In response to a question by Chairwoman Carlton about whether the technology for remote supervision has progressed, Assemblyman Hardy replied the technology is there and should be pursued in the rural areas, in particular.

- Senator Heck stated that as the role of the PA has matured and evolved over time, the amount of supervision that needs to be directly applied to the PA should commensurately decrease. He noted that the current requirements are in regulation, not in statute, regarding the amount of time a PA needs to be monitored. Senator Heck noted he is responsible for his PA and, if he is comfortable with his PA and he is available by phone for consultation, it is not necessary for him to spend a day a month in the field to ensure the PA is doing his job. He said he is in support of lessening the regulatory burden.

- Assemblyman Hardy concurred with Senator Heck. He noted that it may be advantageous for the PA to come to the home office to observe what is happening there.
- Vicki Chan-Padgett, President of the Nevada Academy of Physician Assistants and Program Director for Touro University, Nevada's Physician Assistant Program, stated that she has been a PA for over 25 years. She noted that the profession is built on the team concept between the physician and the PA. Ms. Chan-Padgett said she understands the concern about having a physician go to the site once a month but it is sometimes difficult for the physician to do that. She said legislation should not be enforced that would limit the ability of the PAs to service medically underserved communities.
- Caroline Ford, previously identified, said the University of Nevada School of Medicine administers the University of Washington MEDEX Physician Assistant Program for Nevada. She stated that altering the four-hour on-site requirement to allow for telecommunications as an alternative way to supervise would work well with the current system.

Board Operation

Recommendation No. 6: Allow boards to hire counsel outside the Office of the Attorney General where appropriate.

- Chairwoman Carlton stated that some boards are restricted from using outside counsel and this recommendation would allow boards to have outside counsel if they choose to do so.

Recommendation No. 7: Provide boards with the authority to investigate and refer unlawful professional practice to authorities for penalties.

- Chairwoman Carlton noted that this recommendation would allow boards to discipline someone who is not licensed and is imitating a professional and practicing in an unlawful way.
- Ms. Tuana recommended that the boards be given the ability to make an impact with the penalty and requested that the Office of the Attorney General be the office to which complaints are referred.
- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

SENATOR HECK MOVED TO ACCEPT ALL THE RECOMMENDATIONS CONTAINED IN THE "WORK SESSION DOCUMENT" DATED JUNE 3, 2008, AS CLARIFIED AND DISCUSSED, TO BE FORWARDED

TO THE LEGISLATIVE COMMITTEE ON HEALTH CARE.
CHAIRWOMAN CARLTON SECONDED THE MOTION AND THE
MOTION CARRIED.

OVERVIEW OF LASER, INTENSE PULSED LIGHT THERAPY, AND INJECTION TECHNOLOGIES AND TRAINING PROGRAMS

- Susan L. Fisher, Lobbyist, Associated Aestheticians of Southern Nevada, said that there is no definition of medical spa in statute at this time and recommended that one be added. She provided a proposed medical spa definition ([Exhibit J](#)).
- Courtney Hernandez, Certified Medical Assistant, said she is currently the Spa Director of The Skin Institute in Las Vegas, Nevada, and described her training and experience in the cosmetic and medical spa industry. She said there should be training and education requirements in this area, but was of the opinion that the people currently administering treatments should not be excluded.

In response to a request by Chairwoman Carlton, Ms. Hernandez described what a visit to her establishment would be like.

Discussion ensued regarding qualifications and requirements for medical assistants and their scope of practice.

- Cristy Thomas, Advanced Practitioner of Nursing, stated that any procedure out of the scope of the medical assistant is automatically referred and set up for a consultation, and if it is not within the scope of what can be done in the medical spa they are referred to local dermatologists or plastic surgeons.

In response to a question from Assemblyman Hardy about whether she is under the supervision of a physician, Ms. Thomas said she works with a collaborating physician.

- Senator Heck asked if it was the norm to have aestheticians and a nurse practitioner in medical spas.
- Ms. Fisher replied that most of the medical spas have various types of practitioners, but where there are injectables or lasers, a supervising physician has to be associated with the business; however, the physician does not have to be on site.

Responding to a question from Senator Heck about whether the regulations should be expanded, Ms. Hernandez said she would recommend that the training for an aesthetician be extended to include a medical aesthetician with the use of lasers and light therapy.

Discussion followed regarding the different classifications and how the certifications would be regulated.

In response to questions by Senator Heck about whether she is licensed, Ms. Hernandez verified she is a certified medical assistant.

- Ms. Fisher noted that the use of lasers is not regulated at this time.
- Senator Heck said the word “medical” in medical spa concerns him. He stated that in addition to the proposed definition, there may need to be regulation to ensure that the term “medical” is not being used incorrectly.
- Ms. Fisher stated that in order to purchase a new laser from the manufacturer, a physician of record has to be associated with the business; however, there is no such restriction for resale equipment.

In response to a question posed by Assemblyman Hardy about other states’ regulations, Ms. Gregory reported that a matrix of other states’ regulations regarding the use of lasers was provided by Ms. Fisher ([Exhibit K](#)).

Discussion followed regarding definitions, licensure, who is responsible to the general public for the procedures, and insurance.

- Debra Scott, previously identified, reported that the State Board of Nursing is providing a written decision regarding the practice of cosmetic procedures ([Exhibit L](#)).

PRESENTATION CONCERNING EDUCATION AND TRAINING PROGRAMS FOR USERS OF LASERS AND INTENSE PULSED LIGHT THERAPIES

- Kelly S. Gregory, previously identified, distributed a letter from the Professional Program Insurance Brokerage regarding insurance for laser centers ([Exhibit M](#)).
- Louis Silberman, President, National Laser Institute, testified regarding the National Laser Institute of which he is the cofounder and President, based in Scottsdale, Arizona. A summary of his comments is attached as [Exhibit N](#). Mr. Silberman also submitted a letter to the Subcommittee from the Manufacturers of Equipment for Light-based Aesthetics ([Exhibit O](#)) addressing the regulation of the use of lasers.
- Chairwoman Carlton noted that a key issue will be defining what is cosmetic and what is medical.
- Assemblyman Hardy said one of the concerns he hears is that individuals who are educators go to other states and perform demonstration procedures on people. He asked if there is any supervision for the people conducting demonstrations.

- Mr. Silberman responded that is a gray area which is not being enforced and is happening nationwide, in which sales people who are not certified are giving demonstrations.

PRESENTATION CONCERNING THE USE OF LASERS, INTENSE PULSED LIGHT THERAPIES, AND INJECTIONS OF COSMETIC SUBSTANCES AND OVERVIEW OF REGULATORY ISSUES

- Cindy L. Lamerson, M.D., Member, Nevada's Board of Medical Examiners, said she is a board certified dermatologist and also an Associate Professor of Medicine at the University of Nevada School of Medicine. Dr. Lamerson gave a Microsoft PowerPoint presentation regarding training and supervision for cosmetic and laser medical procedures ([Exhibit P](#)). Her presentation included information on: (1) noninvasive cosmetic medical procedures; (2) the availability of cosmetic medical procedures in nontraditional medical settings; (3) states' laws, regulations, and definitions; (4) a survey of physicians conducted by the American Society for Dermatologic Surgery (ASDS); (5) laser safety; (6) results from a study on cosmetic medical procedure complications; (7) patient or potential laser clients; (8) inappropriate diagnosis; (9) untrained, unsupervised practitioners and examples of results of incorrect treatment; (10) the position of the ASDS; (11) policy recommendations for patient safety; (12) recommended advertising language; (13) definitions of cosmetic medical procedure and supervision; and (13) sample regulatory language.
- Senator Heck requested a copy of the survey conducted by the American Society for Dermatologic Surgery ([Exhibit Q](#)). (This exhibit was received after the meeting and is being included as an exhibit at the request of Chairwoman Carlton.)
- Chairwoman Carlton asked how many complaints the Board of Medical Examiners received regarding these procedures within the last year and if they are followed through and found to be warranted.
- Dr. Lamerson responded there are probably two or three a month; however, if the business has a proper informed-consent process, the complaint can be dropped because the patient was informed of the risk. The matter can be pursued in a civil court case. She noted in several recent cases, the doctor was not licensed and the complaint was handed over to the Office of the Attorney General because the Board only has jurisdiction over their licensees.
- Chairwoman Carlton noted that since many of these procedures are not categorized as requiring a visit to a doctor and are not covered by insurance, the consumer gets the impression it is not a medical issue.

- Dr. Lamerson agreed that the procedures need to be defined clearly as to what is cosmetic and what is medical under risk/benefit ratios, and the public needs to be educated about the types of treatment and the consequences.

PUBLIC COMMENT

- Chris Gray, Las Vegas, said he is a sales representative for one of the world's largest laser manufacturers and Nevada is his territory. He stated it is true that anyone can purchase a used laser; however, he is not able to sell a new laser to anyone without an M.D. or a D.O.'s license in the state where the device is being sold. Mr. Gray stated that training and experience are important, regardless of who is administering the treatment.

Mr. Gray responded to a question by Chairwoman Carlton and said the laser devices do have serial numbers but he does not have an answer on how to control the sale of used lasers.

- Judi Hynds, a partner and administrator at Horizon Ridge Wellness Clinic, Las Vegas, said her name cannot be on the machine because she is considered a technician. She stated that extensive training is provided each time a machine is purchased, and she also attends continuous training classes. Ms. Hynds said that Garry R. Lee, M.D., is the clinic's medical director and is always present when she is working on a client. The clinic keeps medical records which are signed off on by the doctor, and they take before and after photographs of each client. To evaluate a client's skin, the Fitzpatrick Scale is consulted and anything that looks suspicious is referred to the doctor.
- Assemblyman Hardy noted that there are probably statistics on the risks and the complication rates of the procedures and requested that the Subcommittee obtain that information.
- B. J. Lang, Las Vegas, Nevada, said she has been an aesthetician since 1985, has worked in the medical community since 1995, and is currently a director at a medical spa. She emphasized that proper training in the use of lasers is imperative.
- Marcie Silva, Las Vegas, said she is a registered nurse in Nevada and was also licensed in Utah and Florida. She stated she has provided home care services and oncology, which involved more invasive procedures without a doctor being present and suggested the Subcommittee look at the motivation behind requiring direct supervision and whether it is really about the patients' safety. She also suggested that consideration be given to a standard that would require everyone to go through the same type of training and certification to be considered a medical aesthetic practitioner.
- Tiffany Osborn, Spa Director at Radiance Medspa of Las Vegas, said she has been in this industry for over seven years and has no medical or aesthetic background other

than in administration. Ms. Osborn stated that the treatments need to be clearly defined and that training is important. She also noted devices are coming on the market, such as hair removal devices, laser razors, et cetera, that are being mass marketed and can be sold over the counter.

- Erica White, The Skin Institute, Las Vegas, said she is a licensed aesthetician in the State of Nevada and stated that the school where she trained taught her to never diagnose a skin condition.
- Assemblyman Hardy reported that a handout was provided by Dr. Mark Witt of Las Vegas who was concerned about the chiropractic scope of practice ([Exhibit R](#)). Assemblyman Hardy noted that Dr. Witt was specifically concerned about independent medical examinations being performed by chiropractors in the State of Nevada without medical training.
- Vicki Chan-Padgett, previously identified, said the issue regarding laser therapy and cosmetics, and particularly scope of practice, has been a concern of the American Academy of Physician Assistants. She reported that 29 states have enacted laws regarding the use of laser therapy and many of the states say that the use of lasers on human tissue is a practice of medicine. Ms. Chan-Padgett noted that in North Carolina, their medical board states that the revision, destruction, incision, or other structural alteration of human tissue using laser technology is surgery; in Rhode Island, they define aesthetic procedures, including laser hair removal and Botox injections, as the practice of medicine; and in Texas, the use of lasers and the practice of medicine cannot be delegated to nonphysicians other than an advanced health practitioner without the delegating, supervising physician being on site and immediately available.
- Louis Silberman, previously identified, noted that in Arizona lasers are required to be registered. Whenever a laser is purchased, the buyer must send \$20 and notification of the serial number to the regulatory agency.

In response to a question from Assemblyman Hardy about whether it was illegal to use a laser if you have not notified the regulating agency, Mr. Silberman said he would have to research whether that applies to used lasers as well as new lasers.

ADJOURNMENT

There being no further business to come before the Subcommittee, the meeting was adjourned at 3:06 p.m.

Respectfully submitted,

Anne Vorderbruggen
Senior Research Secretary

Kelly S. Gregory
Senior Research Analyst

APPROVED BY:

Senator Maggie Carlton, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Kelly S. Gregory, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City.

[Exhibit B](#) is a memorandum dated June 3, 2008, from Kelly S. Gregory, Senior Research Analyst, Research Division, LCB, to Senator Maggie Carlton, titled “Number of Dentists in Nevada.”

[Exhibit C](#) is a memorandum dated June 3, 2008, from Kelly S. Gregory, Senior Research Analyst, Research Division, LCB, to Senator Maggie Carlton, titled “Requirements for Submission of Fingerprint Cards.”

[Exhibit D](#) is a memorandum dated June 2, 2008, from Loretta L. Ponton, Executive Director of the Board of Occupational Therapy, to the Subcommittee of the Legislative Committee on Health Care to Review the Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and the Use of Injections of Cosmetic Substances, containing the Board’s comments on the “Work Session Document” recommendations.

[Exhibit E](#) is the written testimony of David Perlman, Administrator of the Commission on Postsecondary Education, Las Vegas, Nevada, dated June 2, 2008.

[Exhibit F](#) is the written testimony of Debra Scott, M.S.N., R.N., A.P.N., Executive Director, State Board of Nursing, dated June 3, 2008.

[Exhibit G](#) is the written testimony of Allison Tresca, Executive Director, State Board of Physical Therapy Examiners, dated June 3, 2008.

[Exhibit H](#) is a letter dated May 29, 2008, to Kelly S. Gregory, Senior Research Analyst, Research Division, LCB, submitted by Lynn G. O’Mara, M.B.A., Health Planning Program Manager, Bureau of Health Planning and Statistics, Division of Health, Department of Health and Human Services, regarding the J-1 Visa Waiver Program.

[Exhibit I-1](#) is a memorandum dated June 3, 2008, from Caroline Ford, Assistant Dean and Director, Center for Education and Health Services Outreach, University of Nevada School of Medicine, to Senator Maggie Carlton, Chair, and Subcommittee Members, titled “Collection of Health Workforce Data.”

[Exhibit I-2](#) is a form titled “Pennsylvania Physician Survey” submitted by Caroline Ford, Assistant Dean and Director, Center for Education and Health Services Outreach, University of Nevada School of Medicine.

[Exhibit I-3](#) is a letter dated May 23, 2008, to the U.S. Department of Health and Human Services from Caroline Ford, Assistant Dean and Director, Center for Education and

Health Services Outreach, University of Nevada School of Medicine, titled “Designation of Medically Underserved Populations and Health Professional Shortage Areas, Proposed Rule Change.”

[Exhibit J](#) is a proposed medical spa definition submitted on behalf of the Associated Aestheticians of Southern Nevada by Susan L. Fisher, Fisher Consulting.

[Exhibit K](#) is a document titled “Use of Lasers/Delegation of Medical Functions, Regulation by State,” dated May 9, 2008, provided by Susan L. Fisher, Fisher Consulting.

[Exhibit L](#) is a document titled “Nevada State Board of Nursing, Practice Decision Regarding Cosmetic Procedures,” submitted by Debra Scott, M.S.N., R.N., A.P.N., Executive Director, State Board of Nursing.

[Exhibit M](#) is a letter dated December 7, 2007, from Susan Preston, President, Professional Program Insurance Brokerage, regarding insurance for laser businesses, submitted by Louis Silberman, President, National Laser Institute.

[Exhibit N](#) is the written testimony of Louis Silberman, President, National Laser Institute, regarding education and training programs for users of lasers and intense pulsed light therapies.

[Exhibit O](#) is a letter to Maggie Carlton, Chairwoman, from A. Wes Siegner, Jr., President, Manufacturers of Equipment for Light-based Aesthetics titled “Regulation of the Use of Lasers and Intense Pulsed Light Therapy,” dated May 19, 2008.

[Exhibit P](#) is a Microsoft PowerPoint presentation titled “Protecting Patient Safety” given by Cindy L. Lamerson, M.D., Member, Board of Medical Examiners.

[Exhibit Q](#) is a document dated March 20, 2007, titled “Analysis and Result Reporting,” a survey conducted by Perception Solutions, Inc. for the American Society for Dermatologic Surgery. (This exhibit was received after the meeting and is being included as an exhibit at the request of Chairwoman Carlton.)

[Exhibit R](#) is a letter dated June 4, 2008, from Dr. Mark Witt, Las Vegas, Nevada, to “Legislative Committee” with enclosures, addressing the chiropractic scope of practice.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.