



# **NEVADA LEGISLATURE JOINT INTERIM STANDING COMMITTEE ON COMMERCE AND LABOR**

**(Section 6 of [Assembly Bill 443](#), Chapter 392, *Statutes of Nevada 2021*,  
at page 2505)**

## **MINUTES**

**February 1, 2022**

The second meeting of the Joint Interim Standing Committee on Commerce and Labor for the 2021–2022 Interim was held on Tuesday, February 01, 2022, at 9 a.m. Pursuant to *Nevada Revised Statutes* (NRS) [218A.820](#), there was no physical location for this meeting.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Joint Interim Standing Committee's meeting page. The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) ([publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us) or 775/684-6835).

### **COMMITTEE MEMBERS PRESENT:**

Assemblywoman Sandra Jauregui, Chair  
Senator Patricia (Pat) Spearman, Vice Chair  
Senator Roberta Lange  
Senator James A. Settelmeyer  
Assemblywoman Beatrice (Bea) Duran  
Assemblywoman Melissa Hardy  
Assemblywoman Heidi Kasama  
Assemblywoman Elaine Marzola

### **LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Marjorie Paslov Thomas, Senior Principal Policy Analyst, Research Division  
Cesar Melgarejo, Senior Policy Analyst, Research Division  
Crystal Rowe, Research Policy Assistant, Research Division  
Bryan Fernley, Legislative Counsel, Legal Division  
Jaimarie Mangoba, Principal Program Analyst, Fiscal Analysis Division

*Items taken out of sequence during the meeting have been placed in agenda order.*

## **AGENDA ITEM I—OPENING REMARKS**

### ***Chair Jauregui:***

Good morning, everyone and welcome to the second committee meeting of the Joint Interim Standing Committee on Commerce and Labor. Thank you, members for joining us this morning, and thank you to those tuning in online.

Before we get started with public comment, I would like to let committee members, presenters, and anyone else who is joining us on Zoom, know that the Zoom chat is specifically reserved to communicate with Information Technology Services (IT) and Broadcast and Production Services (BPS) for any technical assistance that you may need. I would like to again remind everyone, please do not write any questions in the Zoom chat. All questions must be made verbally so that they can be documented for public record.

## **AGENDA ITEM II—PUBLIC COMMENT**

### ***Chair Jauregui:***

Let us get started. Public comment will be limited to three minutes per speaker. An additional opportunity to make public comment will be available at the end of the meeting. My intention is to take 30 minutes at the beginning of the meeting and then we will take the remainder of public comments at the end. Broadcast and Production and Services, please add the first caller with public comment to the meeting.

### ***BPS:***

Thank you, Chair. To participate in public comment, please press the "raise hand" in your Zoom window or "star nine" on your phone to take your place in the queue.

Chair, it appears that there are no participants wishing to speak at this time in public comment.

### ***Chair Jauregui:***

Thank you so much BPS. We can move on to our next agenda item.

## **AGENDA ITEM III—PRESENTATION ON NATIONAL TRENDS IN OCCUPATIONAL LICENSING POLICY**

### ***Chair Jauregui:***

I am really excited about today's agenda because the focus of our meeting is on occupational and professional licensing, an area I have gotten to learn over my last three terms on Commerce and Labor. At our last meeting, it was noted that Nevada regulates more than 50 different occupational groups. Independent boards oversee most of them, with the remainder administered through state agencies or officials. During the last Legislative Session, the Commerce and Labor Committee heard many bills relating to occupational and professional licensing. We heard 26 bills relating to this subject that were passed in 2021.

Our first item on the agenda is a presentation on the national trends in occupational licensing. Most state licenses are governed at the state level and requirements vary by

state, which require workers who move to apply for a new license. Matt Shafer and Kaitlyn Bison with the Council of State Governments (CSG) will provide an overview of best practices and state licensing directed at allowing states to safeguard consumers while maintaining a modern regulatory system that meets the needs of workers and businesses. Mr. Shafer and Ms. Bison, when you are ready to begin the floor is yours.

***Matthew Shafer, Associate Policy Director, National Center for Interstate Compacts, CSG:***

Thank you, Madam Chair. I just wanted to give a brief introduction about CSG. The Council is a nonpartisan, membership association that serves all three branches of state government. We provide policy resources, respond to research requests, and host convenings and leadership development for legislators, governor's staff, and judiciary to help promote excellence in state government. We have four regional offices, including CSG West which is headquartered in Sacramento as some of you may be familiar with. We are excited to be with you today. I am going to hand it over to Kaitlyn to run through our presentation ([Agenda Item III](#)). We will both be available for questions and answers after the presentation. Thank you.

***Kaitlyn Bison, Policy Analyst, CSG:***

My name is Kaitlyn Bison, and I am a policy analyst with CSG. Like Matt mentioned, if you have any questions, please save them for the end, and we will answer them the best we can.

To begin, we are going to start with a bit of Occupational Licensure 101. Occupational licensure protects public health and safety by requiring practitioners of certain professions, such as health care, massage therapy, social work, and other fields, to undergo certain training and education, as well as enforce oversight in any cases where harm occurs. For the most part, each state has full autonomy over licensure and determines what education and training will be required to obtain licensure, including other factors such as a criminal record.

In the 1950s, licensed workers accounted for only 5 percent of the employee population, but over the last six years the number of jobs requiring an occupational license has grown to 25 percent, or nearly one in four. For health care, this number is even higher with about three in four health care occupations requiring a license. With this growth, the requirements for professions across states remain inconsistent and can make it difficult for workers to move across state lines.

With this increase in licensed professions, as well as differences in licensure requirements across state lines, certain barriers to licensure can arise. The first would be the cost of licensure, either in terms of monetary cost, time, or opportunity cost. For monetary cost, the fees for licensure exams and other materials they might need to be able to meet their states requirements can be a barrier to licensure, for example low-income workers. Depending on a lot of different factors, the licensure process can also take a bit of time from people while they wait for their application to be processed, such as the time spent fulfilling education and experience requirements and the time studying for exams. Lastly, while working to fulfill a licensure requirement, there is an opportunity cost by not spending that time working in another profession.

These barriers can also hinder certain populations considerably more. For example, military spouses, veterans, and immigrants often have difficulties with states recognizing their prior

experiences, and may have to go through certain education and training a second time to obtain a license. Many states have a good moral character clause that can hinder individuals with criminal records from obtaining licensure, even if the criminal record was unrelated to the profession's scope of practice.

With these barriers to licensure, we have found that increasing licensure mobility and portability can aid with a number of things including fulfilling workforce shortages in certain professions; improving access to telehealth for those who want to practice in multiple states; aiding in the licensure process of specific populations, such as military spouses who might have to move to multiple, different states in a short amount of time; and aiding in disaster relief efforts, as we saw in the beginning of the pandemic and even today.

States have been working to remove these barriers to licensure and increase license portability in a number of different ways. We have seen many trends popping up in how states approach this issue including targeted reform for specific populations, universal license recognition policies, enacting interstate compacts, changing their regulatory structure, implementing digital licensing systems, and expanding apprenticeships. I will now go over each of these trends in more detail and give some state examples.

The first trend will be targeted reform for specific populations. We see reform and legislation surrounding targeted populations. It is usually for reducing time to licensure for these three disproportionately affected populations: (1) individuals with criminal records; (2) military spouses, members, or veterans; and (3) immigrants with work authorization.

To get more specific, for individuals with criminal records, some trends we have seen in states is legislation that can be categorized as "fair chance" licensing policies. These include provisions that prohibit denial of licensure based on convictions without a direct or substantial relationship to the duties of the occupation. Currently, 40 states have a standard that convictions must have a direct or substantial relationship to the occupation. Also, most states with a direct or substantial relationship provision that include requirements to consider each conviction with an individualized approach. This could include reviewing each conviction in question and considering factors, such as the nature of the events, the age of the applicant when the crime occurred, the number of years since conviction, and other factors. As of now, about 26 states have such policies in place. There are prequalification provisions in 19 states that set up avenues for individuals with criminal records to petition a licensing board to determine whether that individual's criminal history disqualifies them from licensure before they formally apply. Lastly, in 28 states there are provisions requiring licensing boards to provide a written response to applicants on why their particular criminal history prohibits them from being licensed.

Moving on to military spouses and veterans. Many states provide them with a number of ways to reduce their time to licensure. With licensure by endorsement, this allows military trained applicants, who have been awarded a military occupational specialty, and military spouse applicants, who are licensed in another jurisdiction, to receive certain occupational licenses in their state. Almost all states allow military spouses to receive a temporary license upon relocating, which allows an individual to practice their profession while filling requirements needed to qualify for a permanent license or while awaiting verification of documents to support an endorsement. Additionally, at least 35 states afford military spouses an expedited review for licensure, in order to ease the time burden placed on them. A few states also provide exemption from licensure for military spouses and veterans and assistance with fees for military spouses.

The last targeted population is immigrants with work authorization. There are around two million unemployed or underemployed college educated immigrants in the United States. At least 60 percent of them hold international credentials, with over 100,000 of which are health related. States have passed legislation to modify the requirements to licensure to accommodate for immigrants with work authorization and their foreign experience for credentials. They have been working to employ pathways to licensure that better recognize these existing foreign training or to provide more transparency with online guides about the licensing process. States have been working to fill gaps in the English language proficiency with job related English language classes and training such as Maine's [House Bill 1684](#) (2021).

The second trend we have seen is with universal licensure recognition (ULR) policies. These ULR policies are where a single state determines its unique process to grant a license by endorsement to a license holder from another state or territory. These laws sometimes have residency requirements, provisions for substantially similar requirements, and exemptions for compacts. You can see on the chart the states without a substantially similar requirement [slide 12].

A report ([2021 Survey of Universal License Recognition Laws](#)) was published by CSG last December that includes a survey of licensing boards in seven states. We collected 31 responses from licensing bodies in seven states, 16 of which were from state boards in Pennsylvania. The questions assessed staff member experiences with implementing the ULR policy, the challenges they faced, unintended consequences, and whether the policy has positively contributed to the state's workforce. Respondents were also asked to discuss the impact of the policy on the state's ability to respond to the Coronavirus Disease of 2019 (COVID-19) pandemic and any resulting workforce challenges. When asked whether the ULR policy had positively contributed to their state's workforce, 35 percent of the respondents either agreed or strongly agreed that it positively contributed to their workforce; however, about 55 of respondents were neutral.

The third trend has been the enactment of interstate licensure compacts, which I will go into a little bit of detail on, but you will hear more about that later with some of the other agenda items. Interstate compacts are statutorily enacted agreements among states that allow licensees to practice across state lines. They can allow for practitioners to practice in multiple states, such as with telehealth, which can help alleviate practitioner shortages in high demand or rural areas. Currently, Nevada is a member of two interstate licensure compacts, the [Psychology Interjurisdictional Compact](#) and the [Interstate Medical Licensure Compact](#). The rest of the active compacts are for nursing, psychology, occupational therapy, medicine, emergency medical services (EMS), counseling, physical therapy, audiology and speech pathology, and advanced practice nursing. There is a map showing the states and how many compacts they are members of [slide 17]. As I mentioned before Nevada, is a part of two. Georgia is a member of the most compacts with about eight total. Then there are some states like New York and California that have not joined any.

This table shows some similarities and differences between universal recognition laws and interstate compacts [slide 18]. While both methods require practitioners to abide by the scope of practice, the new jurisdiction allows for expedited movement of practitioners during emergencies and reduce barriers for out-of-state practitioners. Universal license laws do not reduce barriers for in-state practitioners looking to practice in multiple states. They do not gather a coalition of states to establish uniform licensure standards, and they do not create a multi-state database of licensure information to facilitate investigations and a few other things on this chart.

We will move on to another trend, which is how states are changing their regulatory structures. States changing their regulatory structure stems from worries about active supervision, such as with the North Carolina dental board case. Many centralized their licensing boards by grouping agencies and departments, delineating single lines of authority to the top, and administering the department by an individual instead of boards or commissions.

To break it up into several models, states might have no central agency with only autonomous boards, or they might have autonomous boards with the central agency, but only for administrative functions. The step up would be that the central agency could have slightly more functions, such as budgetary, personnel, and some disciplinary activities, like in Model C. In Model D, a board's actions can be subject to review by the central agency. Lastly, in Model E the central agency has complete authority, and the boards are advisory only. Some changes might have a mix of these models depending on the professions.

Here are some examples of states changing the regulatory structure: Michigan combined similar occupations under an umbrella board; Kentucky centralized all of their licensing boards under the [Public Protection Cabinet](#); Mississippi created the [Occupational Licensing Review Commission](#), Office of the Secretary of State; Oklahoma centralized their licensing boards under the [Department of Labor](#); and Colorado has the [Division of Professions and Occupations](#), Department of Regulatory Agencies, to centralize their licensing boards.

The next trend in licensing reform has been in creating digital licensing systems to create a paperless licensure process. The pandemic heightened awareness about the need to provide licensing services online as offices switched to remote work. Around 26 states have at least a partial online licensing system, a couple even before the pandemic. Some features of these online licensing systems include online initial applications and renewal, digital licenses, online continuing education credits, and the ability to pay fees online. By digitizing the licensing processes, states can lower costs and processing times, lessen the need for physical office locations, and utilize the ability of the state databases to increase accountability.

Finally, states have been making efforts to expand apprenticeship programs across the U.S. Apprenticeships are an earn-while-you-learn program, with on-the-job training for future practitioners of a trade or profession. According to the U.S. Department of Labor, 94 percent of those who complete an apprenticeship program, maintain employment, and earn an average salary of \$70,000. There has been a 128 percent increase in new apprenticeships since 2009, and 12,000 new apprenticeship programs have been created in last five years. These programs are available in over 1,000 occupations including careers in high growth industries such as health care, cybersecurity, information technology, and energy.

Here are some examples of states expanding their apprenticeship programs: Iowa passed legislation ([Senate Bill 424](#) [2021]) to require licensing boards to grant licensure to those who complete an apprenticeship program that meets certain requirements; this bill in Idaho ([House Bill 178](#) [2021]) creates provisions for the recognition of apprenticeships for licensing purposes; and the Maine Apprenticeship Program is very robust with apprenticeships available for nurses and medical assistants.

With that, we will set aside the remaining time for any questions you may have, feel free to ask anything that came to mind during the presentation. We will answer them the best we can.

***Chair Jauregui:***

Thank you so much Kaitlyn, that was such a wonderful presentation, I was fortunate enough to see CSG present portions of it during the conference in the Fall. I was excited that you were able to present today and share it with the Committee. I think it is important to see the trends and what other states are doing. I have a handful of questions, but am going to let the Committee have the first opportunity to ask questions. I believe we have questions from Senator Spearman, so we will start with our Vice Chair. Vice Chair Spearman, you have the floor.

***Vice Chair Spearman:***

Thank you, Madam Chair. Thank you so much, the information was very informative. One of the questions I have is, are there any studies that look at the impact of licensure, or lack thereof, on military spouses. Since we have Nellis Air Force Base, Creech Air Force Base, and several the other U.S. Air Force bases in the rural areas, when military members are stationed at a particular place, most of the time the cost of living demands that there is more than one income earner. Have we looked at anything related to how the licensure process impacts military spouses particularly?

***Chair Jauregui:***

Vice Chair, I am going to let Ms. Bison answer that, but the next agenda item we do have Ms. Kelli May Douglas. I am sure she can help answer some of those questions too with the U.S. Department of Defense (DoD) presenting on barriers to employment based by veterans, military members, and their spouses.

***Vice Chair Spearman:***

I know when we were in Puerto Rico a couple of years ago, we dealt with that a little bit. I am trying to make sure that we are doing an integration of what CSG is doing and the National Conference of State Legislatures (NCSL) is working on some of it, but sometimes the information is compartmented. I think it is important for us, as legislators, to understand the total picture because that is what impacts our military. I am really passionate about that.

***Mr. Shafer:***

Thank you, Senator Spearman. I can speak to that point a little bit, certainly I think Kelli May Douglas is the best equipped to handle that question. There is a significant cost to licensure for military spouses. I know the DoD sites they move on average every one to two years. Just imagine it takes you six to nine months to receive a license in a new state and then, before you know it, you have to pack up and move again, so there is a significant cost. I think Kelli May might have data to show this, but a lot of times military spouses either drop out of the workforce completely or move to a non-licensed sector, doing something that is not in the field which they have the training and experience.

That is very unfortunate and something, at CSG, we are really working hard to try to alleviate through the passage of interstate compacts, which Kaitlyn mentioned. Currently, there are nine active interstate compacts, and we are working on five new ones for teaching, social work, cosmetology, dentistry, and massage therapy. These interstate compacts all have provisions for military spouses that say while your spouse is active duty you can designate a home state. If you are moving around the country to any other compact member state, you do not have to get a new license in that state, that state will

recognize your home state license. It is seamless, there are no extra hoops, no extra training, and no extra exams. It is instantaneous that the spouse is granted authority to practice in the new state through the interstate compact that is in place. The DoD has said that compacts are the gold standard for portability for their spouses. That is the primary issue that spouses face, portability and interstate compacts are great way to help alleviate those burdens.

***Vice Chair Spearman:***

Madam Chair, if I can just say this. One of the things that I have pressed hard for the last four years, that I was on the Executive Committee, is to make sure that we have this information integrated, because when it is compartmentalized, it is very easy, especially at the state level, for us to forget how the impact of non-compact states impact our service members. Just for the record, I am just trying to make sure that the information, as thorough as it is, to make sure that we are always integrating that with the information that is there, that Ms. Douglas will present as part of her presentation as the regional representative for DoD.

***Chair Jauregui:***

Any other questions Vice Chair before I turn it over to other members? Members, any other questions? I do have a couple and I will try to keep the list short. Since I have this opportunity, I want to make sure Committee members get to hear all of the information as well. In the presentation, you talked about some of the barriers to licensure and we talked about how one of the barriers is for the low-income population, are there any trends that you see with boards across the states where they offer scholarships or grants to help cover the cost of licensure to help get more people into that workforce?

***Ms. Bison:***

I am not sure completely about grants or scholarships. I know, with military spouses they sometimes waive the fee. Especially with the pandemic, we saw a lot of waived fees with temporary provisions. I think the biggest push for helping with those fees, would be in terms of the apprenticeships, so they could continue to earn money while fulfilling those licensure requirements. That would be the most helpful thing that states are doing that I am aware of. Matt did I miss anything?

***Mr. Shafer:***

The only thing I would add, the unfortunate situation is a lot of times these state boards live completely off their licensure fees for their revenue. They are very hesitant to do anything around lowering fees or waiving fees unless they have the explicit purpose to aid populations like military spouses. For their general licensing population, a lot of times those independent state boards are really reliant on those licensure fees for their revenue, it is their only source of revenue. That is something that is tough for boards to get behind and not something that we have really seen a significant amount of.

***Chair Jauregui:***

Thank you. Ms. Bison, you touched a little bit on the waving of fees as a temporary provision as a result of COVID-19. Are there any other beneficial temporary provisions that came out of the COVID-19 pandemic that you think boards are looking to continue?



**Ms. Bison:**

There were some where they waived exam requirements, those would obviously continue to be temporary. There have been some with exam requirements, rather than being in-person continuing to be online. Things like that may continue to pop up and more permanent.

**Mr. Shafer:**

We saw some things around agreements between states, like temporary agreements to recognize each other's licensees. Particularly in those professions in high demand during the pandemic like nursing, respiratory therapy, and some of those provisions especially around telehealth too. We saw during the pandemic the significant rise of telepractice. I think that could be lasting out of the pandemic, a state's willingness to adopt telepractice as a viable means of practice and doing that in a way that makes sense across state lines, so you are not asking someone to go through the licensure process again when they are seeing someone through telephonic or electronic means.

**Chair Jauregui:**

Thank you, Mr. Shafer. The publication, that you referenced in your presentation, that examined or studied the universal licensure, do you have a similar publication that studies compacts and one that studies the regulatory structure? I am curious to see how those states that have umbrella regulatory bodies, or different regulatory structures, responded and if they saw a benefit to their state.

**Mr. Shafer:**

That is a great question, we have a lot of resources on interstate compacts. [The Council of State Governments: A Policy Program](#), that we have at CSG, is our national center for interstate compacts. We are really the only organization out there that is working on compacts. There are plenty of educational resources about compacts that we can provide to the Committee.

Regarding regulatory structure, we do not have anything specific in terms of a survey or report. I would point you to the [Council on Licensure, Enforcement and Regulation](#), it is an organization called CLEAR, and their members are regulatory bodies. They do a lot in this space as well, helping states examine their regulatory framework and make adjustments where needed. They have a lot of educational resources around state regulatory structure. I would be happy to provide that to the Committee after the meeting.

**Chair Jauregui:**

I want to thank you Mr. Shafer and Ms. Bison for your presentation. Before I let you go, I do see another question from our vice chair. I am going to go back to her and then we will move on to our next agenda item. Vice chair.

**Vice Chair Spearman:**

I know that one of the things that was presented to us, about six years ago, was the changing demographics here in Nevada, that we are a graying state. What effect, if any, would the licensure compacts have on the number of medical personnel who are retiring, and making sure we still have enough medical personnel? Specifically, those who address needs in particular populations, such as the seasoned citizens or rare diseases, especially in

the pediatric population. Is there anything related to licensure in the compact agreements that would be able to help us in those areas?

**Mr. Shafer:**

Thank you for the question. I think we have seen compacts fill shortage areas, particularly in health care. We can circulate that list again of all the active licensure compacts, but they are basically all in health care. In terms of the aging population, the retirement population, those folks are going to need doctors, nurses, occupational therapists, and physical therapists. There is a compact in all those professions that would allow for the mobility of workers in those shortage areas, so practitioners from other states could come to Nevada and potentially fill those shortage areas. We have certainly seen that as a big benefit of compacts in the health care space.

**Chair Jauregui:**

Thank you, Mr. Shafer. I want to thank you Mr. Shafer and Ms. Bison again for joining us this morning and for all the information you provided. I think it is so important to see where the trends are in occupational licensing.

#### **AGENDA ITEM IV—PRESENTATION ON BARRIERS TO EMPLOYMENT FACED BY VETERANS, MILITARY, AND THEIR SPOUSES**

**Chair Jauregui:**

Committee, we can move on to our next agenda item. We heard a little bit about this from our vice chair, but certain populations who frequently move across state lines may have difficulty obtaining professional license such as veterans, military members, and their spouses whose training inside the military may not align with state licensing requirements. The Legislature has considered this issue in previous sessions, for example in 2015, we passed [Assembly Bill 89](#). Among the various provisions of the bill, certain regulatory boards were required to issue a license by endorsement to qualified veterans, military members, and their spouses. Each session we continue to remove barriers to occupational licensing and this topic does deserve our attention. We have with us today Ms. Kelli May Douglas, the Pacific Southwest Regional Liaison and State-Defense Liaison to the DoD. She will provide a presentation on the barriers to employment faced by veterans, military members, and their spouses ([Agenda Item IV](#)). Ms. Douglas when you are ready, the floor is yours, you may begin.

**Kelli May Douglas, Pacific Southwest Regional Liaison, Defense-State Liaison Office, DoD:**

Good morning, Chair Jauregui and members of the Committee, I really appreciate you having me. For the record my name is Kelli May Douglas, I work for the DoD in the Defense-State Liaison Office. Our office has been in place since 2004, and was established by the Office of the Under Secretary of Defense for personnel and readiness. We are charged to address designated personnel and readiness key issues with state policymakers to change laws and policies to improve military family well-being. We have helped enact over 1,000 bills over the last 16 years. They have covered a wide range of issues such as family law, K-12 education, voting, health policy, and of course military spouse employment, and occupational licensing.

As I mentioned, we work with policymakers and stakeholders throughout the states. We identify ten issues each year that we focus on, and those issues are developed in

collaboration with the service headquarters, the military services, communication with local commanders, military spouses, and veterans. We identify what changes policymakers can make at the state level that crossover the whole nation. It is something that we look at every year, and we prioritize what is most important to the military community at that moment, and if it is a priority for military families that is what we work on. If you are interested in our other issues, you can look at our [website](#). You can see in this visual here the 2022 key issues [slide 3]. Three of the top quality of life issues that we are working are all related to easing barriers to licensure for military spouses. I will talk about those three approaches that DoD is taking.

I wanted to provide a snapshot experience from the mouths of actual military spouses. The first quote is a military spouse that works in the education system. It details how much work is needed to go through obtaining a license each time that spouse moves and the requirements, not just for the fees that we have talked about before, but also the substantial amount of documentation that must be collected before the application is even submitted. The second one, is a quote from a speech and language pathologist, who was living in Nevada at the time, that is sharing how challenging it can be every single time a military spouse moves with his or her service member and the delays in employment that he or she experiences every single time.

It has already been mentioned, Matt Shafer and Kaitlyn did a great job of giving an overview of the military spouse experience, but military spouses do move across state lines ten times more than their civilian counterpart. There are 34 percent of military spouses that are in a licensed profession, which is typically about 10 to 15 percent higher than their civilian counterparts. At the same time, they are moving and any sort of delay or barrier that they experience is disproportionate for them because we found that more military spouses are in those licensed professions. That is an interesting perspective for you.

The DoD has been focused on reducing barriers to licensure, not just for military spouses but for service members and separating service members who are joining the civilian population. Since 2011, we have really been focusing on military spouses, pretty exclusively, realizing what effect the lack of career portability is having on our active-duty force. We have done many studies. One of the key findings of a recent study was that a big proportion of active-duty service members have stated that their spouse's ability to maintain their career path, or their lack of ability to do so, is a number one factor in whether they decide to stay in military service or not. This affects national security because a lot of these military spouses that are in licensed professions, are further along in their career path than younger spouses. The military member's spouse is regarded as very highly experienced, and the DoD has put millions and millions of dollars of training into each individual service member that has risen in the ranks. When you lose that type of experience it has a direct effect on national security. I only say that to explain why this is such a high priority for DoD.

I want to highlight some of the things that have happened recently that demonstrate how important this is to DoD. In February 2018, the three service secretaries sent a letter to the [National Governors Association](#) explaining how important career portability and licensure portability is to all three services. In 2020, the Deputy Secretary of Defense sent a letter to each governor, including Governor Sisolak, with a detailed individual report on where each state stood as far as DoDs perspective in terms of providing licensure portability for military spouses. As we have talked about earlier in this hearing, there have been things that Nevada has done, and we did report that, but there is still a lot more that we can do to ensure that it is a friendly place for military spouses to continue their career at the level they deserve.

Most recently, in December 2020, the [H.R.4350](#) (National Defense Authorization Act for Fiscal Year 2022) of the 117<sup>th</sup> Congress, had a requirement for each of the services to develop criteria to evaluate each state's laws in terms of how portable the military spouse licensure is in those states. They are required to include those criteria in all basing decisions moving forward, so not just closing a base, but also where a major mission might be placed or removed, military spouse licensure, portability, and reciprocity now have to be one of the quality-of-life measures that are included in those decisions. This is just a snapshot here, the Air Force led the way as far as meeting that requirement [slide 5]. They have a website, and they share this information publicly for military spouses to understand where each state stands in terms of their level of support for licensure portability. You can see it here, Nevada is in that yellow range, that mid-range, and that comports with the DoD criteria as well, which I will talk about next.

Each service branch has to come up with their own criteria or they can use the DoD criteria. The DoD criteria is more broad, it is really about progress and helping states to make incremental change, rather than a snapshot evaluation. It is not used for basing, but the military services can use our evaluation for their basing decisions.

As you can see here, our approach is a continuum of opportunities to transfer an occupational license between states [slide 6]. The continuum goes from the bottom to the top, short-term to long-term, and you can see it also matches with the color red to green. We use three lines of effort to meet each of these points of the continuum. At the very bottom, a state with no portability is a state that has no laws at all that allow for any sort of waiver, exemption, or temporary license. There is just nothing there for portability. Then you move up into states that have some language, but we found the language to be either weak, as in using "may" instead of "shall" language or being very vague about what is required of the boards to issue a license in an expedited fashion for military spouses.

Nevada does have, as you mentioned Chair, AB 89. It is a good start and focuses mainly on health care occupations. It provides a license by endorsement within 45 days, but there is still language about substantial equivalency. There is a substantial amount of documentation that military spouses would have to provide at the point of application, which means that upfront work military spouses have to do is creating the delay before application. I just really wanted to make that point.

Then we move to the immediate term, where we have assessed that the state has implemented everything that they have, and if you go to each board's website it would be very accessible to military spouses. Then at the near term, these are states that have policies providing expedited endorsement or temporary license, but with minimal paperwork upfront. Then you go into the top tier of the state law continuum, where a state has exempted part or all their requirements, as in Arizona and Utah as mentioned earlier today.

Our long-term approach is licensure compacts. We believe this is the gold standard, as Matt has mentioned, we do see interstate compacts as the gold standard for providing for long-term reciprocity and long-term career portability for military spouses. That is our end goal and what we would like to see states do, but we appreciate all efforts on the continuum moving up.

Taking a little time here just to get more specific on Nevada, these are the current demographics [slide 7]. We have almost 5,500 military spouses in the state, 3,300 of those are in the workforce, and a little over 1,800 are licensed in Nevada. Then just a breakdown here, 19 percent of military spouses are in health care fields and 10 percent are in education fields.

Looking at our gold standard here, interstate compacts. We believe this is the true definition of reciprocity, in that it is a mutual agreement among states and not just something that helps, for example, a military spouse who is coming into Nevada, but not leaving Nevada. These are the current compacts, and they have already been mentioned today [slide 8]. These are the compacts that we are helping the states with. Nevada has passed the psychology compact, but as you can see, we have seven other compacts that are existing and hoping that Nevada will consider joining more of these compacts. As you can see on the little note here, 42 states have joined 142 compacts and that is in the last five to six years. It is great progress, but obviously we are hoping to move this piece along in Nevada.

These are the future compacts, again Matt already mentioned them [slide 9]. I wanted to point out again, as far as the DoD's prioritization of licensure and specifically compacts, the DoD entered into an agreement with CSG to help fund the establishment of additional compacts. These five compacts here, are already approved and funded, will be coming in the next year or so and that is a result of that collaboration between DoD and CSG. This is continual and we really do see it as the wave of the future in terms of portability.

The second tier of our continuum approach is to enhance state law. We are asking states to look at what they currently do for military spouse portability, and look at ways to streamline the process further. For Nevada, looking to further streamline the endorsement that is already provided by reducing the amount of upfront paperwork and other documentation that is required, such as coursework and exams; expanding the one-year temporary license to additional occupations; expediting the adjudication of the license to move it from 45 days to 30 days; and then finally to change all permissive language from "may" to "shall."

Finally, we are looking at our near-term request for states to consider improving accessibility to existing policies for military spouses. This could include having additional information more specific to military spouses on the board's website and on all applications; providing professional development for staff to understand the military life, as well as how to help military spouses to navigate the system within your state; and then another idea that some states have done is they have designated a military spouse and veteran liaison within the each board that is specifically to help military spouses and the military community. I know there is a reporting requirement in Nevada for the boards regarding the number of veterans that have applied and various data points, we just ask that military spouses be added to that reporting requirement to the Legislature.

As far as recent legislation, all of these bills did fail but we were really excited that we had bills in play last year that addressed each of the components of our approach to licensure portability [slide 12]. We are hoping that we can revive these efforts and really move forward to make progress here in Nevada. I am happy to answer any questions that you may have, and I appreciate the time chair and vice chair.

***Chair Jauregui:***

Thank you so much Ms. Douglas, that was a great presentation, definitely very informative. I appreciate you being here and sharing that with us. I know we are going to have questions. I am going to go directly to our vice chair because I believe she will have some questions for you. Vice Chair, do you have questions?

***Vice Chair Spearman:***

Yes, and I will try to make sure they are condensed. I think everyone knows my passion about this, and it comes directly from my experience. The last three years of my military

career were spent at the Pentagon in the Army Operations Center where I saw both wars from a bird's eye view. I also worked with people who were paraplegics coming back from Afghanistan and Iraq, many of whom were under the age of 30 and had lost their limbs. It is for those reasons that I believe we have an obligation to those who make sacrifices for our country. We have an obligation to not only their lives, but their families too, because when we serve, our family serves as well. Our families are the ones that are up at night hoping that the phone does not ring at 2 o'clock. Our families are the ones that when the doorbell rings, they do not want to see the chaplain or senior enlisted person standing there in Class As getting ready to give them some bad news. For me this is personal.

Many of the military spouses who cannot get work because we do not have compacts in place are women. I believe we have to look at this from the standpoint of yes, it is a military spouse, but it is also women. We cannot claim to be concerned about the economic status of women unless we also put in place some things that help the economic status of women, who are also military spouses; the 35 percent unemployment rate among military spouses. There are a number of articles and academic peer review journals that talk about how being a military spouse screws up your career.

Ms. Douglas mentioned there is the whole issue of national security. We have people who are language experts, fighter pilots, and those who have recently joined the United States Space Force. We have people that we put millions of dollars of training in to, their spouse cannot find work, and then they leave the service, that means that we, as taxpayers, have not been judicious in terms of our stewardship for that type of training.

The whole piece about retirement, we had [Senate Joint Resolution 6](#) (2021) where we were urging Congress to establish some kind of federal retirement system for our spouses.

The cost mitigation, I heard this from CSG, that a lot of boards are reluctant because of the cost, I say balance that against the cost of someone losing their life, balance that against the cost of someone losing a limb, and balance that against the cost of all the other sacrifices that our military members make because we love this country. The \$35 or \$50 or whatever the licensure costs, let us figure out a way to make that happen.

This is very important for me. Madam Chair, I am going to stop because I am getting really emotional. For me, I hate it when people say thank you for your service, and then do nothing to tangibly say thank you for your service. This is one of those instances where we can do something better, and we can do more. I believe the people who are sacrificing already for us are being inconvenienced and they are uncomfortable. I think that we should at least make the extra step to help make sure that their lives are more comfortable.

The cost of living in southern Nevada is about \$3,500. When you stop and you look at what an E4, an E3, an E2, an E1, a Private, a PFC, a Specialist, and a Sergeant make, they barely make enough to come up to that \$3,500 and most of them are on Supplemental Nutrition Assistance Program (SNAP).

My question is, what can we do in the next Legislative Session, because we have to do something? For the last six Sessions we have been bringing bills to address this. What do we need to do? Is there anything we can do to prioritize and make sure that bills like [Senate Bill 402](#) (2021) get passed?

***Chair Jauregui:***

We do get the opportunity to introduce Committee bill draft requests (BDRs) for the next Legislative Session, so I am hopeful that we will work together, you, me, and Ms. Douglas on some BDRs to help move the needle on this. I am going to go to Senator Lange next, and then we will go to Assemblywoman Hardy.

***Senator Lange:***

Thank you, Chair and thank you for the presentation, I found it very enlightening. I just have a couple questions. I am really interested in the compacts. If I were to do some research and look at three states that are on the forefront of creating compacts in their states with other states, what would those states be?

***Ms. Douglas:***

Thank you for the question, Senator Lange. I would have to get back to you, I do not want to misspeak. I know there are a handful of states that have passed almost every single compact. Utah was leading the way in terms of compacts, but I believe Texas is one that I can think of and Florida. I would like to get back to you with better data. We have it on our website, but I do not have it off the top of my head.

***Senator Lange:***

Great, that would be terrific, because I would like to do a little bit of research.

***Chair Jauregui:***

That is a great question. I am wondering if we could have our policy analyst, Ms. Paslov Thomas, reach out to CSG too, and see if they have any recommendations on three states leading in compacts, and then share it with the Committee. Thank you, Senator, that was a great question.

***Senator Lange:***

That would be great. My next question is, and I was caught up in this, I have a K-12 certificate for teaching that says I can teach any subject, and it is supposed to be able to be used in every state. Although when I came to Nevada, they did not want to accept that. I see that education is on your list. When I look at that list of professions that you are looking at getting compacts for, they are all professions that we are having trouble getting people in the workforce to fill those positions, and we are short on those specialties. I am really interested in, as Senator Spearman is, in the military spouses and making sure that we could get military spouses into those positions, that we have a void in our state, sooner. You mentioned reducing the period to 30-days is that correct?

***Ms. Douglas:***

Yes.

***Senator Lange:***

In the compacts that have been negotiated, are most people doing the 30-days or are some do less?

***Ms. Douglas:***

Thank you, Senator Lange. The 30-days we have listed is for that midrange policy enhancement that we are asking for. Some compacts are even better than 30-days, it does not take any time at all, it is immediate.

***Senator Lange:***

Okay, that is great. Thank you, Chair.

***Chair Jauregui:***

Thank you, Senator for those great questions. I am going to go to Assembly Member Hardy next.

***Assemblywoman Hardy:***

Thank you, Chair and thank you for this presentation. There was just so much great information that we, as legislators and policymakers, need to be aware of because this is really an important area. As Senator Lange and Senator Spearman eloquently said, we have a shortage in so many of these key areas, and I have no doubt there are very qualified, educated spouses that can fill these positions. We should do whatever we can and follow what other states have done. It is obviously working; they have figured it out and we can do that here in Nevada. One thing I was surprised to see, was there were seven bills in 2021, that addressed those key areas and all of those failed. I do not know off the top of my head what all those were, but is there any way some of those could be worked on and sorted out? Things that were wrong with them, why they did not pass, and revisit those in 2023?

***Ms. Douglas***

Thank you. The only thing I could identify as one of our hurdles, and it is a big hurdle, not just in Nevada but everywhere. There is a disconnect with many of the labor unions and workers associations between the actual employees and the laborers who support these types of initiatives. The perception and maybe some misconceptions about how these interstate agreements work. I think that is probably the biggest hurdle.

***Assemblywoman Hardy:***

Thank you for that answer. At least if we can identify some of the issues, we can work with those groups and work those out before we get to Session to answer their concerns or see where we can implement these important policies. Thank you.

***Chair Jauregui:***

Thank you, members, any other questions? Ms. Douglas, I do have one question. The five compacts that you said you were going to be focusing on with CSG, are those compacts already in existence, or created, or will you and CSG be creating those compacts because of their areas of need?



***Ms. Douglas:***

Matt probably could answer that question better than me. They are established and they are being developed. They have not been rolled out for states to join yet, Matt correct me if I am wrong, but I think we are looking at probably sometime late Fall this year or Winter.

***Chair Jauregui:***

I believe we have lost our CSG presenters, but we will touch base with them. You answered my question. The compacts have not been rolled out yet, they are new compacts that are going to be rolled out because their areas of need.

***Ms. Douglas:***

Chair, each of those national boards or associations are working through the details of what the compact will entail for each of them specific to their occupation.

***Chair Jauregui:***

Thank you, Ms. Douglas. I trust that you and our vice chair will work together on some bills. I hope that we can sponsor some Committee bills here from this Joint Interim Committee to help alleviate some of those barriers for not just our active military members, but veterans and their spouses as well. Thank you so much for your presentation. I think it was a wealth of information, and obviously an area that we need to improve and focus on.

I am going to come back to Senator Lange. Senator Lange, did you have a comment or a question before we move on to our next agenda item?

***Senator Lange:***

I just have one more question. In the process of creating the compacts, you said they were talking to the national boards. Do the people at the national boards then talk to our state boards, or how does that process work?

***Ms. Douglas:***

Typically, to move forward in the state, the state board needs to take the leadership role and have buy-in and want to have that compact in the state. If we do not have the buy-in of the state boards, we are not going anywhere in the state. That has been a huge asset with the compacts that we have worked so far in Nevada, the physical therapy compact, the nurse licensure compact; we had that buy-in.

***Chair Jauregui:***

Thank you, Senator, and thank you again Ms. Douglas. I really appreciate you being here with us and for your presentation. I look forward to working very closely together throughout this Interim and next Session.

## **AGENDA ITEM V—PRESENTATION ON THE SUNSET SUBCOMMITTEE OF THE LEGISLATIVE COMMISSION AND REVIEW OF SURVEY OF CERTAIN REGULATORY BODIES DURING THE 2019–2020 INTERIM**

***Chair Jauregui:***

We are now going to move on to our next agenda item. Agenda item number five is a presentation on the [Sunset Subcommittee of the Legislative Commission](#) and review of the survey of certain regulatory bodies during the 2019–2020 Interim. For those who are tuning in over the Internet, the Sunset Subcommittee was established in 2011 to review the over two hundred of Nevada's boards, commissions, and similar entities to determine the need of the board, and to make recommendations on whether they need to be modified, consolidated, terminated, or continued. With us to present, we have Mr. Cesar Melgarejo with the Research Division of the LCB, he serves as our policy analyst for the Sunset Subcommittee this Interim. Mr. Melgarejo, when you are ready you may begin your presentation.

***Cesar Melgarejo, Senior Research Analyst, Research Division, LCB:***

Thank you, Madam Chair. For the record, my name is Cesar Melgarejo, I am a Senior Policy Analyst with the Research Division of the LCB. I would like to make a note that as nonpartisan staff of the LCB, we can neither advocate nor oppose for any of the topics discussed today.

As you mentioned, this morning I will provide a summary of the Sunset Subcommittee, which a lot of you are members of, so some of this information might sound a little bit repetitive from our meeting last week. I will also be summarizing the Sunset Subcommittee of the Legislative Commission's Special Survey of Certain Regulatory Bodies from the 2019–2020 Interim ([Agenda Item V](#)). This report has been uploaded to the meeting page and is accessible to members of this Committee, as well as members of the public.

Just by way of background, in 2008, former Governor Jim Gibbons established the Nevada Spending and Government Efficiency (SAGE) Commission during a declining economy. In the [Commission's final report](#), Recommendation 17 created a Sunset Commission to review government operations for the purpose of improving efficiency.

As the chair stated, the Sunset Subcommittee was formally established in 2011, with the passage of [Senate Bill 251](#) (2011) with bipartisan support. According to the National Conference of State Legislatures, there is roughly 37 states that have passed a similar form of sunset review.

The Sunset Subcommittee is composed of six legislative members that are appointed by legislative leadership. As well as three additional nonvoting members that are nominated by the governor and appointed by the chair of the Legislative Commission.

The duties of the Sunset Subcommittee are codified in [Chapter 232B of NRS](#) which regulates legislative review of public agencies. The Subcommittee is responsible for the review of all boards and commissions in Nevada created by the Legislature of which there are approximately 230. The Subcommittee is also required to recommend to the Legislative Commission whether each board that has been reviewed should be continued, modified, consolidated with another entity, or terminated. Only those boards and commissions established by the *Nevada Constitution* and those established by Executive Order are outside the purview of the Sunset Subcommittee. The Subcommittee is required to conduct

a review of each professional or occupational licensing board and regulatory body in this state to determine whether the restrictions on the criminal history of an applicant for an occupational or professional license are appropriate. This new duty was enacted in 2019, and relates to the measures that CSG commented on about removing burdens for licensing.

In five interims, Sunset has reviewed an average of nearly 27 boards and commissions each interim, yet statute only requires Sunset to review a minimum of ten each interim. Of the nearly 126 boards and commissions that have been reviewed, several have been reviewed twice, primarily the occupational and professional licensing boards. Twenty boards, commissions, and similar entities have been repealed at the recommendation of the Sunset Subcommittee. However, to put this in perspective, the 2019 Legislature created 23 new boards and commissions, and the 2021 Legislature created 7 new entities.

Since its creation, the Sunset is about halfway through its review of the statutory boards and commissions. Some of these boards were created back in the 1800s and may not have been reviewed by the Legislature in a long time. The Subcommittee provides an opportunity for the Legislature to look into their operations. It also offers boards and commissions an opportunity to come before a legislative committee and make requests for revisions to statutes that might make their operations more efficient.

A final note on the Sunset Subcommittee, the NRS provides it is the burden of the board or commission to prove that there is a public need for its continued existence.

I will move on to the special report that was uploaded to the Committee's meeting page. This report consolidates the responses collected from each independent professional and occupational board, commission, or entity pursuant to [Title 54 of NRS](#), which in this report they are referred to as a regulatory body. The report was initiated when the Legislature passed [Senate Concurrent Resolution 6](#) (2019), directing the Subcommittee to conduct an interim study concerning the operations of regulatory bodies that regulate occupations or professions pursuant to Title 54.

Over the past several interims, the Sunset Subcommittee has reviewed all these boards. Because it reported concerns about the way some of the boards manage their business affairs. The Subcommittee was directed to dig a little bit deeper into those operations and practices during the 2019–2020 Interim.

By way of background, Title 54 of NRS, which regulates professions, occupations, and businesses, contain the provisions governing more than 55 professions, occupations, and businesses. Of these, independent regulatory bodies regulate 33 categories of occupations, while the remainder are administered through state agencies, officials, rely on local officials, or civil action for enforcement.

This report in front of you contains a table of 33 independent regulatory bodies. The survey responses provided from each of the regulatory bodies are hyperlinked to the body's name in this table, which includes any attachments the body may have submitted with their response. On page one, you will find the table with the regulatory body's name and the links to their reports. The survey was emailed to each of the 33 independent bodies and 31 regulatory bodies responded to the survey. The two bodies that did not respond include the Nevada Board of Homeopathic Medical Examiners, the reason they did not respond was because, at the time and still today, there have been several vacancies for the membership of this board and this board has not been in full operation for the last couple of years. The other board that did not reply was the Nevada State Board of Optometry.

The survey and the report consist of four sections. Section 1 is the required information pursuant to SCR 6, which asks questions about the make-up of finances and operations of the regulatory body. These specific questions are laid out in the resolution. In the report, we tried to group responses, and we tried to provide a summary of all the responses that we received under each of the questions.

Section 2 of the report is required information pursuant to [NRS 232B.237](#) and [622.085](#). *Nevada Revised Statutes* 622.085 requires certain regulatory bodies to develop a process for applicants to petition for a review of whether their criminal history would disqualify them from licensure. This is from the passage of [Assembly Bill 319](#) (2019), which attempted to remove some of the barriers of licensure for those with a criminal history. *Nevada Revised Statutes* 232B.237 requires the Sunset Subcommittee to conduct a review of professional or occupational licensing boards to determine whether the restrictions on the criminal history of an applicant for an occupational or professional license are appropriate.

Section 3 of the report is additional information regarding licensure by endorsement and reciprocal licensure—identifying which bodies practice licensure by endorsement and/or reciprocity, how many individuals have been licensed in the past five years through these means, and how the various bodies implement these initiatives. As you have heard in the previous presentations, the Nevada Legislature has been pretty active in attempting to remove barriers for licensing for specific individuals, but they have also passed several measures increasing opportunities for applicants to be licensed by endorsement and reciprocity.

Section 4 of this report is additional information regarding licensing practices of military spouses. Identifying efforts by regulatory bodies to support the expedited licensure of military spouses relocating to the state.

Sections 3 and 4 were included at the request of the members of the Sunset Subcommittee because they wanted to address the licensing practices within the last five years. There have been several measures by the Legislature that have been enacted to try to increase licensing practices. I believe this is the first time that we have really studied those measures and tried to get information on their impact.

Because of the conversation we previously had; I want to highlight some of the responses on Section 4 concerning military spouses. Of the 33 regulatory bodies surveyed, 13 report they do not track military spouse applicant information specifically. As Kelli May Douglas stated, there is no specific statute that requires the boards to separately identify military spouse applicants. We do have statutes that require the boards to track military and veteran applicants for licensure. For the majority of these boards, this type of information is consolidated, and the military spouses cannot be extrapolated.

On page 26 of the report, Table 14 breaks down the number and status of applications received from military spouses and provides the average processing time for these applications. From the ten regulatory bodies that provided information, the number of applications received from military spouses within the last five years ranged from 1 to 1,500 and the average processing time ranged from 1 to 60 days.

Additionally, in the report, on the very last page, we have consolidated responses from the boards as to those that provide a waiver of fees for military spouses. Fifteen of the 33 regulatory bodies indicated they do not waive application fees for military spouses. Most of the boards that do waive the fees for military spouses, are directed in statute under their

individual chapters to provide a waiver of application fees. The waiver of application fees in statute is not a blanket across all boards, only under individual chapters.

Madam Chair, that is my summary of the report, but I am happy to dive into some of these sections a little further if there are any specific questions.

***Chair Jauregui:***

Before I turn it over to the members, I do have a quick question Mr. Melgarejo. I am looking at Table 14, under the medical board applications, it shows that three applications were received but that five applications were approved. Do you know if they had an explanation? How they approved more applications than applications that were received?

***Mr. Melgarejo:***

Madam Chair, Cesar Melgarejo for the record. I believe that is the average days from receipt to approval. I can go back to some of the notes from this report and try to get a better answer for you.

***Chair Jauregui:***

I was just curious if maybe those were applications from a previous year that were approved this year.

***Mr. Melgarejo:***

Madam Chair, I will have to go back to the notes from when we consolidated this report and double check on that information.

***Chair Jauregui:***

I will turn it over members, members do you have any questions? I do see Senator Lange's hand up. Senator Lange.

***Senator Lange:***

Mr. Melgarejo, you noted that there were two boards, the optometry board, and the homeopathic board, that you did not receive responses from. Do you have a mechanism to be able to get responses from them? Are they required to respond, what is the process? I feel this is our checks and balances about what is going on, and if they are not responding that is concerning to me.

The second thing that is concerning to me, you mentioned that the homeopathic board does not even have enough people to fill their committee. Does that give us pause and a reason to put them with somebody else that would be more responsive? I remember some bills last Session about homeopathic medicine, and it gives me pause they are not filling out the required reporting and that they cannot fill their committee.

***Mr. Melgarejo:***

Senator Lange, for the record, Cesar Melgarejo, Committee Policy Analyst. We knew the homeopathic board was not going to be able to respond because of their situation. With the optometry board, we reached out several times and did not receive a response. There really is no mechanism to enforce the response. They either provide it, or they do not at this

moment. With the homoeopathic board situation, I do not have all the details currently; however, the situation with the homoeopathic board goes back to the 2017–2018 Interim. The Sunset Subcommittee did a review of the homeopathic board and found several discrepancies with their operations, and they submitted legislation in the 2019 Session to...I am looking up my notes.

***Chair Jauregui:***

I believe it was to remove the board members and replace them.

***Mr. Melgarejo:***

Exactly, thank you Madam Chair. The board members that were removed were never replaced during the 2019–2020 Interim. Then, there was further legislation the Sunset Subcommittee discussed that would terminate the board and transfer the responsibility for regulating the practice of homeopathic medicine to the State Board of Health; however, there was no action taken during the 2021 Session.

As staff of the Sunset Subcommittee, we have been in contact with the governor's office and about half of the members have been appointed. They have had their first meeting, in some time, in December where they voted on new leadership positions. They are working with the attorney general's office to consolidate some reports and some old debts. As staff of the Sunset Subcommittee, we are working with the homeopathic board to provide a presentation on their progress, hopefully at the March meeting.

***Senator Lange:***

Thank you. Madam Chair, I think that is something we should put on our watch list because it seems like it has been going on for a while. I do remember having some conversations about them creating a new board and getting some of those positions filled, but I just think that is something we need to watch. May I ask one more question?

***Chair Jauregui:***

Absolutely Senator. It is something we have been following in the Sunset Subcommittee. I know you asked about enforcement, but that is one of the things we look at in the Sunset Subcommittee when we select boards to review. *[Inaudible]* Future Sunset Subcommittees can pull them again and always make the recommendations to the Legislative Commission if they are not abiding, filing their reports, or sending in their reports when staff requests them. We do recommend they be consolidated or terminated. We cannot forget that we do have that mechanism as an enforcement tool to use as well. Senator, you had a follow up question, please.

***Senator Lange:***

I know it was mentioned in the report that it takes 1 to 60 days to process military spouse applications. I think our Committee should look at ways we can reduce that; 60 days is a long time. We heard in the last presentation, some states take zero days, they just make it happen. In going with the comments Senator Spearman made earlier, I think that is something that we should look at.

***Chair Jauregui:***

Thank you, Senator. I do want to note, if you look at Table 14, it was not all boards, only the osteopathic board. There are some boards that do a great job of approving applications for military spouses. The accountant board has a one-day average of approving, the cosmetology board has one to seven days on average. Most boards are very expedited, so I want to give credit to those boards who do have an expedited process at approving military spouses. It looks like there was that one board that took over 30 average days to approve. I want to make sure the other boards are getting credit to work there as well. Now, Vice Chair Spearman.

***Vice Chair Spearman:***

Thank you, Madam Chair. I just want to say in conjunction with something that we experienced last time when our roles were switched. As vice chair, the difficulty we had in trying to get that information from the boards, two or three times we sent the information out to get it disaggregated, what does it look like in terms of spouses, veterans, and that sort of thing coming in. In [Senate Bill 402](#) (2021), one of the bills that did not get across the finish line last Session, there was a clause that would allow the governor to freeze their funds if they did not submit that information.

To your question Senator Lange, I think there must be a price to pay if they are not doing the things that the Legislature asked them to do; repeated requests to get the information from many of the boards were ignored. Until there are some teeth put in place, it is unfortunate they do not see the need to make sure that we are doing what we said we are going to do for veterans and military spouses. That information will continue to be cloaked in an aggregated fashion. We must have legislation that requires the disaggregation of that information, otherwise we will never have it. People ought to know how important it is for us to show our dedication to the service of our military members and their spouses.

As we look at possible legislation for next Session, I think it is going to be important to know that when BDRs go out, keep in mind the fiscal notes that are attached by the boards. It was a mistake that I made last time in terms of looking at the fiscal notes sent by the boards. When you get those the fiscal notes, it is the regulatory bodies saying this is how much it will cost them, and has absolutely nothing to do with the general budget. It is how many of the bills wind up getting stopped or stalled because you look at the fiscal note and think it has an impact on the general budget.

***Chair Jauregui:***

Thank you, vice chair and members any other questions? Before we move on, I do want to thank you vice chair, because this is an area that you have worked so hard on, and I know you are going to continue to work hard on it. *[Inaudible]* I know that I can trust in you as a vice chair to help with BDRs for this Interim Committee coming into the next Legislative Session. I do, again, want to thank you for your work in this area and thank you and Mr. Melgarejo for your service to our country, both of you.

## **AGENDA ITEM VI—PRESENTATIONS FROM SELECTED OCCUPATIONAL AND PROFESSIONAL LICENSING BOARDS REGARDING BOARD OPERATIONS, BEST PRACTICES, RECENT LEGISLATION, AND OPERATIONS DURING THE GOVERNOR'S EMERGENCY ORDERS IN RESPONSE TO THE COVID-19 PANDEMIC**

### ***Chair Jauregui:***

Committee, our next agenda item is agenda item six, which is a presentation from five boards that we have selected that frequently come before our standing Commerce and Labor Committees. The boards are going to present on their best practices, operations, recent legislation, and how they have operated during the COVID-19 pandemic. As you know, the Legislature creates occupational and professional licensing boards and sets the public policy governing them. Most of the laws regulating occupations and professions in Nevada are in Title 54 of NRS. These regulatory bodies are mandated to enforce the provisions of state law for the protection and benefit of the public. The boards are also invested with the authority to adopt regulations regarding the licensing and practice of the various professions subject to review by the Legislature. We have selected five boards that will present today.

### **A. STATE BOARD OF COSMETOLOGY ([NRS 644A.200](#))**

### ***Chair Jauregui:***

We will start with our first board which is the State Board of Cosmetology, and we have Executive Director Gary Landry here to present. Mr. Landry are you with us?

### ***Gary K. Landry, Executive Director, State Board of Cosmetology:***

Good morning, Chair Jauregui, members of the Commerce and Labor Committee, and staff members. My name is Gary Landry, and I am the executive director of the Nevada State Board of Cosmetology. I will be presenting the work accomplished by the entire Board of Cosmetology staff during my tenure starting in 2013. Without the entire team working together, we could not have accomplished much of what I am presenting today. Today we are presenting the Board's operational procedures and best practices before and during Governor Sisolak's emergency declaration in response to COVID-19 ([Agenda Item VI A](#)).

The slides that follow will include our mission statement, an overview of the board and board staff, number of licensees and those we are licensing from the armed forces, a review of the number of licenses and their economic impact, a summary of the services we provide, the team approach we take, a timeline of the accomplishments we have achieved since 2013, the time savings we have put into place, the risks found in the beauty services, risk charts where we will include the risk document findings and other areas of the beauty industry, what happened in the Legislature in 2021 and what to expect in 2023, and finally what impact did we face under Governor Sisolak's emergency orders and what did we overcome. I hope you find the presentation informative and enjoyable.

The Nevada State Board of Cosmetology's mission is to protect the public health, safety, and welfare of those who obtain cosmetology related services. We deliver testing, licensing, and inspection services to beauty service industry stakeholders for the purpose of consumer protection.



Since 2017, over 70 percent of the more than 3,000 cited violations from our inspections were the result of failed infection prevention and safety standards by a licensed beauty service industry participant or a salon facility.

Our services are delivered in English, Mandarin, Spanish, and Vietnamese. We are a diverse agency of 16 members that operates in a team-based processing manner with an evolving modernized operation. You will note our ethnicity and gender charts that highlight our boards desire to be reflective of our licensees. We have made some changes to our organization with the inclusion of an executive team composed of executive director, chief financial officer, chief operating officer, and chief compliance officer. Our executive team has staff with multiple degrees; we have staff that are military veterans; we have staff that are bilingual in English coupled with Spanish, Vietnamese, and Chinese. We also have many of our staff who are licensees, so they can relate to those they are servicing.

Modernizing our operations and our current structural flexibility has helped us deliver better testing and licensing services to more than 37,000 licensed beauty professionals. The modernization has helped us deliver better quality inspections on behalf of the consumers we protect, and it has helped us develop educational and informational content to better communicate infection prevention and safety best practices. Modernization includes online services for testing, licensing, and inspection converting our operations to a paperless office with online access to all of our information and other time saving operations.

We perform more than 7,000 health and safety inspections, conduct more than 500 consumer complaint inspections, and deliver more than 400 salon opening inspections annually to an industry with more than 37,000 licensed participants.

Nearly 1,500 of the licensed professionals indicated military experience on applications. You can see in the military chart, we have many licensees from active-duty personnel and veterans in the Army, Air Force, Navy, and Marines, along with other groups in the armed forces. This is accomplished by providing licensing and an easy to fill out online form and expedited procedures to license all persons who wish to be licensed. Our fees are very reasonable, we charge \$35 a year to get a license. We have not found anyone who finds the fees unreasonable as we provide great service, and we provide it fast and efficient. Since our fees are reasonable and our service are world class in operations, we have not had to adjust our fees for COVID-19, the military, or veterans. We do have an apprenticeship program for those who live more than 60 miles from cosmetologist school.

We serve more than 37,000 licensed or registered beauty service professionals that generate more than half a billion dollars in sales in salons with employee/employer relationships or salons with commission employees. We do not have data on the estimated 40 to 60 percent of the licensed beauty service professionals that are independent contractors. If independent contractor data was included, we predict the beauty service industry generates over a billion dollars in sales in Nevada annually.

We are steadfast on our mission to protect the health, safety, and welfare of consumers that likely spend over a billion dollars a year for their hair, nail, and skin care services in the State of Nevada.

Back in 2013, before planning and designing the structure of our current operations, we went to the licensees who were experiencing our services to learn where we needed to improve. We listened to the students that waited more than six weeks to test and get their licenses after graduating school. We listened to salon owners who waited more than a month to open their business. We listened to the new Nevada residents that waited

three weeks to transfer to Nevada. Through attentive listening, we learned the obstacles from those that experienced them firsthand. We did this before we started planning the operational structure in place today. We believe we have removed nearly all unnecessary operational barriers.

The Board's operations deliver three core services that focus on consumer protection. Those services are testing, licensing, and inspection services. The Board's testing services validates the applicant's knowledge in infection prevention, best practices, and safe delivery of services with basic skills competency. We also provide a law test that allows us to know that the licensee understands the laws that affect cosmetology. The Board's licensing services promote consumer confidence that the beauty service should be clean, safe, and performed with some level of competency and skill.

The Board's inspection services inspect industry participants for compliance with the health and safety regulations established by the Nevada State Legislature. We go out and inspect all salons an average of two times a year. We inspect and investigate salons that have received complaints. Any subject that is discussed between the teams has only two outcomes: (1) we need to do a better job communicating the information via the communication channels; or (2) we need to take the matter before the Board for a review or a decision. This operating structure has helped with efficiency, diverse points of view, transparency, and the speed of our services. It has helped to improve our ability to learn about industry innovation faster and respond with consumer protection information when needed. The teams are composed of a variety of individuals who are selected each year to allow cross training on each team, so that we are never without a backup in any group.

The current Board administration did not inherit this operating structure. We started planning it in 2013. We established improvement themes each year to help us piece together the structure that we have today. In 2015, we focused on improving the processing times of the entry point into the licensed beauty service industry by improving our testing and licensing services. In 2016, we focused on our consumer protection measures through improving our inspection services, so they are consistent throughout the state and focus on the NRS and the *Nevada Administrative Code* (NAC)—regulations that protect the health and safety of consumers. We made software and technological improvements, which is mission critical to the speed and efficiency of our services. In 2017, we organized our internal operating structure to match the technological improvements that were made, and we established online applications and other online services. In 2018, we developed operating procedure guides to match the efficient processes that were developed through technology, and we laid the foundation to our education services by starting the Nevada Risk Project. In 2019, we improved our education services through our information content development and community outreach events, and we strengthened our internal operation structure with skills sets that match the positions. In 2020, we built upon our existing knowledge base to make the Nevada State Board of Cosmetology the national leader in consumer protection for beauty services. In 2021, we continued to operate in the efficient effective manner providing services to the licensees and protecting the consumers of beauty services.

The licensing and testing services are more focused on servicing the licensed beauty professionals. It is important that we deliver fast and efficient services so they can get to work. The results of our accomplishments can be clearly measured as we compare 2013 to 2021 processing times for core application services. We reduced the processing time for testing to initial licensing from 48 to 5 days. This time efficiency has eliminated the concern of lost wages for each new market participant by more \$1,500. We reduced the processing time for reciprocity, which is the ability to transfer a license from another state to Nevada,

from 21 to 1 day. This time efficiency has eliminated the concern of lost wages for experienced market participants entering a new jurisdiction by more than \$2,100 per individual. We reduced the processing time for renewing a license from 14 to 2 days. We reduced the processing time for verifying licensing information with other states from 21 to 1 day. We reduced the processing time for opening a new salon from 30 to 3 days. Through this reduction in processing time, we have increased revenue by more than \$10,000 per new salon.

I will go through a few slides on [The Nevada Report: Identifying Risks in Beauty Services](#). The idea for this report originated from the legislative mandate that passed in [Senate Bill 69](#) in 2017. That bill referred to services that were performed by licensed occupations and the necessity to be able to identify areas of that service that could adversely affect public health. We started the risk project in February 2018, and it is currently a 65-page report that identifies areas of risks in 21 beauty services. The report is a living document that we expect will continue to grow.

The project started with multiple industry stakeholders licensed in Nevada, and the project grew to include multiple stakeholders licensed in 16 state jurisdictions and included a multi-state agency collaboration with California, Maryland, Minnesota, North Carolina, and Wyoming. We all worked together to build the Nevada Risk Report. In total, the project has included over 40 collaborators, with more than 500 years of licensed cosmetology experience in 16 states.

The project identifies risks in 21 beauty services and puts them into three risk types: (1) an infection risk relates only to tools that could cut, puncture, or extract bodily fluid, intentionally or unintentionally; (2) a malpractice/safety risk relates to the practical or theoretical malpractice, the misuse of a product or an implement would be considered a malpractice/safety risk; and (3) a product reaction risk is based on the consumer's irritation, allergic reaction, or the product's counteraction with a consumer's prescription medication. The risk percentage indicator is designed to communicate the number of steps within a service, which, if improperly performed, could adversely impact a consumer.

The project findings resulted in the development of [Beauty Service Information Sheets](#) that communicate the areas of risks, the types of risk, lists the service steps, the tools, the implements, and the products used for each service. The information collected could be used at a national level for consumer awareness information. It can provide legislative information for any cosmetology board to use in crafting bills. It can be used to develop educational content and curriculum development. It can form the foundation for improved sanitation inspection processes. It can be used for developing theory examination content development. There is an unlimited number of areas that it can be used.

Let us talk about legislation. We worked with LCB to streamline [Chapter 644A of NRS](#), so that various license type requirements were all in one section. This did not require legislation, but it made the statutes more accessible for the public and licensees.

I will now discuss legislation that came out of the 81<sup>st</sup> Legislative Session held in 2021, and what we expect going forward. In 2021, we received approval of an advanced esthetician license, through [Senate Bill 291](#), sponsored by Senator Roberta Lange. This license covered both the basics of esthetician work and the advanced medical procedures that estheticians needed to be trained for if they wished to practice in a medical spa under the guidance of a medical professional.

We currently have a law review committee who convenes an open meeting for stakeholders. Currently this group has not identified any need for changes to Chapter 644A of NRS. The group is ready to implement any change the legislative body deems necessary, and we invite any of you, or your legislative friends, to work with the committee if you are interested in so doing.

We will now discuss what we had to do when Governor Sisolak established the emergency orders to help guide us through the COVID-19 pandemic. We continued to work from home with our entire board staff, as we had already developed operational procedures for every position and job classification. The immediate items that we had to face included the closure of all our salons and schools of cosmetology. We implemented emergency measures for salon operations and developed videos that taught our licensees how to handle customers during the pandemic. We developed guidelines and extended our phone hours on the days the governor was speaking to answer any questions from our licensees and the public. Finally, when cosmetology schools were allowed to reopen, we allowed distance learning to be used to allow students to learn from their homes over the Internet. We continue to allow distance learning at all schools until the emergency orders are lifted.

We had several areas that were not adversely affected by the COVID-19 pandemic. We continued testing, issuing, and renewing licenses. We brought our inspectors up to speed on how to conduct inspections safely during the pandemic. We split up our board staff into two working groups with one part working in the office Monday/Tuesday and the other group working from the office Wednesday/Thursday. The days that you did not work in the office, we provided for staff to work from home. We continue to work with a split staff even today.

On behalf of the staff at the State Board of Cosmetology, I would like to thank you for the opportunity to communicate how we serve the licensees, the public, and achieve our mission of consumer protection. We hope that we have adequately communicated our history, best practices, and operations to demonstrate our transparency, and our participation in practice to promote a more open government. Thank you, Madam Chair for this opportunity. I can answer any questions that you may have of our organization.

***Chair Jauregui:***

Thank you so much Mr. Landry. I always appreciate your presentation and thank you so much for being a model board as well. Having sat on the Interim Sunset Subcommittee and having to review boards, you were great to work with and getting your information in and your presentation, so thank you. Members, any questions for Executive Director Landry? Vice chair, please.

***Vice Chair Spearman:***

Thank you, Madam Chair. I want to say I really appreciate working with you, and I consider you among some of the most progressive regulatory boards that we have. I am impressed by the way you have been able to disaggregate the information regarding veterans, military, and spouses, et cetera. Last year we dealt with an issue of an establishment making claims about a beauty procedure that were not necessarily true. That raised the issue about how people were filing paperwork regarding the address of the owner, et cetera. Have we been able to tighten that up, in that area of estheticians?

**Mr. Landry:**

Yes, we have tightened that up and we have a lot more focus on that group. We have an advanced esthetician license that is going to provide us with more opportunity to get into the esthetic groups. We did investigate and that tighten that up. I can get specific information on it from our staff and will send it to you.

**Vice Chair Spearman:**

I appreciate it. I do not know if this comes under your purview or not, but the other thing that we discovered during that time was who is handling tattoo parlors and people who were doing some peripheral work adjacent to the tattoo industry.

**Mr. Landry:**

We do not handle the tattoo industry and we do not do anything with tattoos, that is outside of our purview.

**Vice Chair Spearman:**

Is there anyone who is responsible for making sure that industry is following best practices and consumer protection?

**Mr. Landry:**

I believe the health department licenses the tattoo artist, but I am not sure who regulates them on an ongoing basis.

**Vice Chair Spearman:**

We can talk about it offline, but that was the loophole that allowed some of them to be doing some of the more unscrupulous things that we discovered. The last thing I was going to ask, there are some veterans who want to use their GI education bill. Are you set up for that and if so, how do you do that? If not, is that a possibility?

**Mr. Landry:**

We do not handle the financial aspects of veterans or students who want to become licensed. That is handled between the student and the schools, we are not involved. I could have the schools give me a report on whether they accept GI benefits or not.

**Vice Chair Spearman:**

Thank you, that would be important because I know that is one of the areas that I have received several calls in terms of we have this benefit and this is what we want to do, but it does not appear to be a way to use this to offset the costs. We can talk about it offline and any assistance I can give, I am happy to do that.

**Chair Jauregui:**

Thank you, vice chair for your questions. Mr. Landry, I do have a couple of questions. You mentioned an apprenticeship program for students who live more than 60 miles from a school, is that an earn-while-you-learn type of program, or is it completely up to the apprenticeship program?

**Mr. Landry:**

It is an earn-while-you-learn program while the student is going through the program. It involves apprenticeships in the cosmetology salons. They must have a licensed cosmetologist, nail tech, or esthetician, because we have apprenticeship programs in all of those license types, say they are going to sponsor that person. The student then goes to work for them, and it is double the number of hours.

**Chair Jauregui:**

Thank you. My second question is, you mentioned that when you took over, you were able to reduce some of the time periods for licensure. I was interested in getting more information on how the cosmetology board went from 21 to 1 day to approve a license from another state when it came to reciprocity. How are you able to accomplish that? There are some boards who are lacking in that area, and you went from three weeks to one day, which is great.

**Mr. Landry:**

We put the information online, let the applicant fill that out and send it to us. It allowed us to get the information in and we could get it quickly. If the information was complete, then we review it and get it out that day. We had to do a lot of things to reduce the time involved, we got it down to where we could have one person review it and approve it. We do not think there is a great deal of benefit in delaying the people coming in, and that is why we are working to try and get all our processes down to a single day. Sometimes it is not possible, but we are trying to get everything down to one day.

**Chair Jauregui:**

Then before, everything had to be mailed in or hand delivered to the board and now it is all digital?

**Mr. Landry:**

Correct, previously it went from one person's desk to another person to another person, with each person doing individual review of that section of the application. We took that out and made it so that one person reviewed the whole application.

**Chair Jauregui:**

Thank you, I appreciate that Director Landry. We appreciate you being here with us Director Landry, thank you so much for your presentation.

**B. BOARD OF DENTAL EXAMINERS OF NEVADA ([NRS 631.120](#))**

**Chair Jauregui:**

Committee members, the next board that will be presenting is the Board of Dental Examiners of Nevada. We have a representative from the Board here, thank you so much for joining us, when you are ready, the floor is yours.

**Hardeep Sull, Esq., Director, Board of Dental Examiners of Nevada:**

Thank you so much. Good morning honorable members of the Legislature and the public. Please allow me to introduce myself as Hardeep Sull, also known as Dee, and I am the

newly minted director of the Nevada State Board of Dental Examiners. It is with great pride that I will be sharing the Board's history, best practices, updates on recent legislation affecting our Board, and any possible recommendations the Board is considering for the 2023 Legislative Session ([Agenda Item VI B-1](#)).

As you are all aware, the mission of the Nevada State Board of Dental Examiners is to protect the dental health interests of Nevadans by developing and maintaining programs to ensure that only qualified professionals are licensed to practice dentistry and dental hygiene, and ensure that violators of the laws regulating the dental and dental hygiene professions are sanctioned as appropriate.

Currently, we have 11 board members who are tasked with this mission and many who are new to the Board and reflective of our community and profession. Our staff is composed of seven individuals who are dedicated servants to the State of Nevada and are tasked with this very important work to serve Nevadans, and one, who I am proud to say, is a veteran of our armed forces.

During COVID-19, we were severely impacted, like all Nevadans, but we rose to the occasion and ensured that we provided the very essential services to our state. As you are well aware, COVID-19 severely impacted Nevadans but as I stated, the Nevada State Board of Dental Examiners ensured that our work continued and minimized the effects of the pandemic. With that, we adopted and posted emergency declarations, Centers for Disease Control and Prevention (CDC) recommendations, CDC recommendation adoptions, Department of Health and Human Services (DHHS) memorandum adoptions, ensured continuing education requirement adjustments and extension, processed licenses and made adjustments, postponed nonessential dental treatment and closure of dental offices, and introduced new regulations for the administration of vaccines, in addition to emergency regulation for COVID-19 vaccine administration effective March 8, 2021. Indeed, we responded in a timely, effective, and succinct manner to serve all citizens of Nevada and our profession.

For example, on March 16, 2020, following the state of emergency issued by Governor Sisolak regarding COVID-19, the Board issued a reminder that all Nevada dental offices are required by law to follow the latest CDC recommendations for cross contamination and infection control, which are the most stringent of recommendations. The Nevada State Board of Dental Examiners recommended that Nevada dental health care providers postpone elective procedures for the next two weeks and listed universal precautions and measures, including the required use of face masks and appropriate personal protective equipment (PPE) as recommended by the American Dental Association (ADA). The Board also issued recommendations regarding self-quarantining in accordance with CDC guidelines.

The Board noted that due to the numerous cancellations of continuing education events and meetings, it would accept live webinars as alternative sources for in-person meetings. If additional time would be needed to complete continuing education requirements, a waiver form was made available.

The Board also indicated that it would be ready to mobilize dental offices in Nevada to serve as screening and testing centers if they should be called upon to do so by the governor. Given that dental offices in Nevada are already at or above national recommendations for infection control.

On March 27, 2020, the Board posted the [Declaration of Emergency for COVID-19 Directive 003](#) issued by the State of Nevada, as well as the March 2020, memorandum from DHHS and reiterated the Board's support of postponement of elective dental procedures until at least April 16, 2020.

On April 2, 2020, the Board posted the [Declaration of Emergency for COVID-19 Directive 010](#) issued by the State of Nevada and reiterated its support of the postponement of elective dental procedures until at least April 30, 2020. In response to inquiry by practitioners, the Board indicated that telehealth is within the scope of [NRS 631.215](#) as moved during the public meeting in 2019.

On April 8, 2020, the Board announced the National Dental Association (NDA) had organized a response team to help equip Nevada hospitals and urgent care facilities with PPE material and urged practitioners with spare PPE to contact the NDA.

April 13, 2020, the Board referenced the interim infection prevention and control guidance for dental settings during the COVID-19 response as recommended by the CDC. The Board repeated that if emergency dental treatment is medically needed for a patient with known or suspected COVID-19, airborne infection precautions and parameters should be strongly considered, and if treatment is offered for dental emergencies, customary infection control protocols should continue to be followed.

April 29, 2020, the Board reiterated that, according to [NAC 631.178](#), practitioners in Nevada must comply with CDC guidelines, and issued a reminder that services should be limited to emergency visits only during the period of the pandemic and that all elective procedures, surgeries and non-urgent dental visits be postponed until further notice.

At its April 30, 2020, Board Telephone Conference Meeting, the Board voted to adopt portions of the "[Guidance for Dental Services in Nevada](#)," memorandum issued by DHHS, effective on Monday, May 4, 2020.

At its July 14, 2020, Board Telephone Conference Meeting, the Board voted to approve and adopt the [CDC's interim dental settings guidelines](#), updated June 17, 2020, pursuant to NAC 631.178, and to no longer follow the "Guidance for Dental Services in Nevada" DHHS memorandum that it had previously adopted at the April 30, 2020, Board meeting. The Board posted a copy of the current CDC guidelines for reference.

September 16, 2020, the Board provided contact information for the CDC's [Clinician Outreach and Communication Activity](#) (COCA) for practitioners to utilize as well as posted the CDC [Interim Reopening Guidance for Dental Settings](#) updated on August 28, 2020. The Board posted a copy of the current CDC guidelines for reference.

At its October 8, 2020, Board Telephone Conference Meeting, the Board voted to approve the CDC's interim dental settings guidelines, updated August 28, 2020, pursuant to NAC 631.178, with modifications to allow for the use of N95 or equivalent, namely a level three surgical mask, face shield, and eye protection and to not approve the CDC's interim dental settings guidelines, updated August 4, 2020. The Board reiterated that per NAC 631.178, licensed dentists and dental hygienists in Nevada "shall comply" with the CDC's guidance for dental settings, which now include the CDC's August 28, 2020, interim dental settings guidelines with modifications that allow the use of N95 or equivalent. The Board posted a copy of the current CDC guidelines for reference.



At its January 5, 2021, Board Telephone Conference Meeting, the Board voted to approve the CDC's interim dental settings guidelines, which was updated December 4, 2020, pursuant to NAC 631.178, with the modification that where the guidelines recommend use of N95 respirators, licensees can, instead, use the combination of a level three surgical mask, face shield, and eye protection.

June 1, 2021, the Board issued a [memorandum](#) to all licensees regarding updates to the CDC guidelines and interim dental settings.

As you are aware, the mission of the State Board of Examiners is to protect the dental health interest of Nevadans by developing and maintaining programs to ensure that only qualified professionals are licensed to practice in dentistry and dental hygiene, and ensure that violators of the laws regulating the dental and dental hygiene professions are sanctioned as appropriate. As you can tell, the Nevada State Board of Dental Examiners not only rose to the occasion but made certain that our mission was not deterred even by a pandemic. We were particularly pleased with the dental profession as a whole who limited infections in a time where almost nothing was known of COVID-19 and placing members of the profession in very volatile situation dealing with individuals' saliva. As you may recall, this was a very scary issue to deal with especially when members of the public were advised to wipe down groceries and surfaces.

With respect to licensing, we have 2,061 dentists and 1,590 hygienists who are active. As mentioned earlier, the Board remained flexible and made the appropriate adjustments to ensure that we served the members of the public and the State of Nevada. In addition, applicants for active or retired military or spouses of military personnel do have the ability for reciprocal licensure.

Currently, we are working on the following regulations: immunization administration, dental therapy, disciplinary process, and licensing. When we speak of immunization administration, under this regulation, our licensees have the option to file for a special endorsement to administer vaccinations in their own practice settings. In respect to dental therapy, we have been working on this since 2020, and a regulatory workshop was held in October 2020. In respect to the disciplinary process, the proposed changes are to mirror the changes requested by the governor's auditors pursuant to the 2019 audit of the Board. Lastly, as to licensing, proposed changes among other things reflect newly formed dental specialties that have been approved as well as updated CPR requirements.

We look forward to ensuring that our mission is fulfilled, which is to maintain the dental interests of all Nevadans by developing and maintaining programs to ensure that only qualified professionals are licensed to practice dentistry and dental hygiene. Ensure that violators of the laws regulating the dental and dental hygiene professions are sanctioned as appropriate.

***Chair Jauregui:***

I wanted to say congratulations on your new role, I know this is a recent appointment for you in the last couple of weeks. I am going to go to the members to see if we have any questions. I know Vice Chair Spearman reached out to me that she has some questions. I am going to turn the floor over to her.

***Vice Chair Spearman:***

Thank you, Madam Chair, and thank you for the for the report. I have a question and I wanted to direct your attention to the Board's [agenda](#) for October 29, 2021, it looks like it is a continuation, the top of the agenda it says "Continuance of Formal Hearing and Agenda for Antonina Capurro, DMD (Day 14)." It looks like this person has been on the agenda for quite a while, can you tell me why that is and if there is anything unusual going on that would require the person to be a part of the agenda for such a long time?

***Ms. Sull:***

Senator Spearman, Hardeep Sull, for the record. Because it is an ongoing disciplinary matter, I cannot get into it very much. I do want you to know that there is nothing improper going on. Unfortunately, with the pandemic and the way the hearings were being handled, they were in the evenings, after hours, usually between 6:00 p.m. and 9:00 p.m. This is an ongoing disciplinary matter and obviously I cannot comment to specifics, but I can attest I have reviewed the documents as well Senator Spearman.

***Vice Chair Spearman:***

This was a matter brought to my attention during Session. I understand it is a personal matter, but I do need to get on the record that it is a great concern. Senator Hardy and I looked into it, and there have been some other people looking into it, and I know you cannot discuss the particulars of it. I cannot find another instance where there has been someone on the agenda of a regulatory board consistently and as noted here, day 14. I am really concerned about this, and I really would like to get some clarification about this offline.

I have been getting calls from people, who are members of the dental family, that have some concerns about the way disciplinary action is being administered. It does not look like it has been done fairly across the board. It came to my attention because of some legislation we passed regarding racism as a public health crisis. Do you have information on the demographic makeup, such as veterans, women, and BIPOC (Black, Indigenous, and People of Color) communities, of the total Board, applicants for licensure, accepted applicants, licensees, and disciplinary action? It has also come to my attention, that there have been some instances of reopening of investigations for people who were previously cleared of any type of improprieties.

I would really like to see that information. When I get calls from people wanting to come to Nevada, and they say to me that they are not coming because of some instances that do not look right. Why would they come to Nevada and risk losing their license, when they can go to another state that is close to Nevada? We have issues with respect to the number of dentists in this state, not just general practice but those who are in specialty practice too.

One of the things that concerns me is the court case in North Carolina with their dental board. I said this as a matter of record in 2019, 2021, and I will say here in this meeting, there do appear to be some similarities that led to that case. I need to make sure the state is not being put into any type of legal jeopardy because the people who would pay for any type of lawsuit are the people who already pay taxes here. It is the Nevada State Dental Board, which means that we are the people who are paying for lawsuits or settlements that come about. I am concerned about that and need to make sure we are not anywhere close to that line where the North Carolina dental board was. I do not want to see taxpayers

having to pay for something that could be avoided, if there was more judicious activity going on with respect to the people who are licensed, people who are applying, and staff.

***Ms. Sull:***

Let me break this down a little bit and try to respond to as much of it as I can. The first item was the Capurro matter. For the record, it was originally scheduled for two full days, May 21 and May 22. The second day was not able to go forward due to religious observances of the participants in proceedings, so we honored that.

Regarding the issues with how disciplinary actions are being handled and the information on demographic makeup. Our applications collect some of that demographic information and I am going to check on the disciplinary demographics. I am also a woman of color, so I am going to look into those matters very seriously. We want to have an even hand, but very transparent and fair to all Nevadans and equal to everyone. Senator Spearman, I hear what you are saying, and it is a grave concern to me not only as an individual, but as the executive director, that nothing improper happens on the states dime. We are here to serve the public and obviously we do not want to risk the public in anything. That goes back to the mission when it comes to investigations, technically, we are there to investigate the sanctioned activities that our members can do, but not go beyond. Neither do we have the budget to be reopening old cases and that is not typical. The only the way that happens, is someone would have to complain again on something and there would be a new issue. I do not know of any, at this point, that were reopened.

I am happy to discuss that offline. I want to make sure that we are operating into the purview of what our mandate is and that is my mission as the executive director. I know there may be some testing history, but I am also a member of the bar and I take that very seriously. I take service to the public and to the Legislature, transparency and fairness, and rule of law to be very big hallmarks, not only in my career as an attorney but really my next step in this position as an executive director. I commit to that to you all. I am always accessible to members of the public and the Legislature because that is what we are here to do, to serve within the purview of our mandate and that is what I am tasked with. I hope you appreciate that.

***Vice Chair Spearman:***

I just wanted to say thank you so much. Let us get together offline, because I am getting more and more of these calls, and they are concerning to me. They started long before the 2021 Session and throughout the 2021 Session. I am sure you know there were some areas of interest that came before myself and Senator Hardy.

***Chair Jauregui:***

Thank you, vice chair for those questions. Director Sull, if you do gather that information on the demographics, would send it to our policy analyst so that it can be shared with the entire Committee. Thank you so much for your presentation, we appreciate you and congratulations again on the new appointment.

[Subsequent to the meeting, Ms. Sull submitted information on North Carolina Board of Dental Examiners v Federal Trade Commission ([Agenda Item VI B-2](#)).]

### **C. STATE BOARD OF NURSING ([NRS 632.020](#))**

#### **Chair Jauregui:**

Members, we are going to move on to our third board which is the State Board of Nursing, and we have the executive director here, Ms. Cathy Dinauer, with us to present. Ms. Dinauer, when you are ready the floor is yours.

#### **Cathy Dinauer, M.S.N., R.N., Executive Director, State Board of Nursing:**

Thank you so much Chair Jauregui and members of the Committee. My name is Cathy Dinauer, and I am the executive director of the Nevada State Board of Nursing. Thank you for the opportunity to speak to you today. I have provided information to you about the Board, I will review it and go over some of the highlights ([Agenda Item VI C-1](#)) ([Agenda Item VI C-2](#)).

The Nevada State Board of Nursing is a Title 54 board, made up of seven governor appointed members. We are a self-funded board; we do not take any general funding. The main function of the Nevada State Board of Nursing is to license and certify, to provide an oversight of our nursing programs, and discipline and compliance. We have a compliance program, which is a program that we run in-house for nurses who are experiencing substance use disorders and we want to keep them in the field, but we also have to monitor them.

The mission of the State Board of Nursing is to protect the public's health, safety, and welfare through effective regulation. This includes helping prospective nurses with proper view of their applications and issuing a license to qualified applicants. Currently, we license and certify just over 70,000 individuals, that includes registered nurses, licensed practical nurses, certified nursing assistants, advanced practice registered nurses (APRN), and certified registered nurse anesthetists.

We process approximately 7,500 to 7,700 applications every year and it seems to be growing every year. We pride ourselves on issuing a temporary license within four to six days, even with COVID-19 we have been able to continue that. We have an online application process that has greatly helped, not only those nurses who are wanting to get a license, but for the staff as well because we are able to process licenses via our online system.

Nurses in our state are required to get fingerprints, so we have two offices, one in Reno and one in Las Vegas, where we can fingerprint nursing applicants. Even during COVID-19 we have kept a minimum staff, but enough staff, so that we can continue that process.

We have our licensure fees that we have not increased in over 20 years and there do not seem to be any plans to increase that, but one never knows. I currently work with a variety of different stakeholders in looking at different ways to streamline our processes and to not be a barrier to licensure. Our best practices are through scientific literature research, we look at best practice positions through national nursing organizations. We have a membership with the [National Council of State Boards of Nursing](#), which is an organization that all 50 states belong to and provides us with an opportunity to look at research, study what other boards are doing, and they provide great information on making sure that we are in compliance with regulatory requirements.

With regards to recent legislation, in the 2021 Legislative Session, the Board of Nursing was active in passing [Assembly Bill 91](#), which mandated that an APRN become a permanent member of our Board. Prior to that, we had been fortunate enough to have nurse practitioners, or APRNs, on our Board but it was not a requirement. This bill will now require that an APRN become part of the Board, which is important since we have over 4,000 nurse practitioners in our state.

In addition, as has been discussed in earlier presentations today, the nursing licensure compact. We have tried several times to pass the nurse licensure compact, including this last Session where we attempted to get it introduced and passed, but we have been unsuccessful with each attempt. Our Board has been very supportive of the nurse licensure compact. I have worked with other stakeholders, including Kelli May Douglas, who spoke earlier, and it is unfortunate we were not able to get that passed.

Currently, we are working with the Division of Public and Behavioral Health (DPBH), DHHS, on making some regulatory changes that would allow our nursing assistants and apprentice nurses to perform point of care testing. This would allow them to do glucometer finger sticks, which is a task many nurses do in their everyday existence and would help offset some of their workload. I will talk about that a little bit as I talk about COVID-19.

With COVID-19, the pandemic hit us like everyone else and now we are seeing this enormous nursing shortage throughout the country, and especially in Nevada. At the Board of Nursing, we do not want to be a barrier to practice in any way, and we do not believe we are. We can issue a temporary license in a relatively short amount of time. We have accepted waivers, and have received over 5,500 waivers that allows nurses to come to the state and begin working without having to get a Nevada license if they have a license or certificate in another state. We have minimum staff working in our offices at any given time, but we are still able to process fingerprints and applications as necessary. We have been working with DPBH and health care facilities with regards to the nursing shortage and recently, working through the governor's office on our apprentice program.

We have an apprentice program. It has been around for a very long time, but I am not sure that it was as well-known to students and facilities as it is now because of ongoing discussions with facilities and nursing students. We have about 900 students in nursing programs at various levels of their instruction and working with facilities. We have facilities around the state that have apprentice programs, in the north, south, and even in the rural areas. It really is a great opportunity to allow that student, while they are a nursing student, to work at a facility and perform the skills they have been taught in their program. We are constantly pushing out that program and hopefully we will be able to extend it to other types of facilities.

We have been posting messages to all our 70,000 licensee and certificate holders about volunteering for Battle Born Nevada. I am a volunteer with Battle Born Nevada, it is a wonderful group, and I have had the opportunity to provide some volunteer work. As I mentioned, we have had over 5,500 waivers that have been received and are continuing to get daily. We continue to work with our stakeholders in the community to look at how we can help the nursing shortage and increase the nursing pipeline. I will entertain any questions.

***Chair Jauregui:***

Thank you so much, Committee members, do you have any questions for Director Dinauer? I have a question for you director. This is the first time I am hearing an apprenticeship

program for nursing licenses, how long has it been around, and do you know how many licenses have been issued through the program?

***Ms. Dinauer:***

Thank you, Chair Jauregui. I cannot say how many people have completed an apprenticeship program, but it has been around for over 20 years. It is a great opportunity for the student. It is a relationship between the student and a facility. The student nurse must be enrolled in an accredited program of nursing and then he or she is hired by a facility that allows him or her to perform the skills he or she has learned in school. It really turns out to be a win for everyone because the facility gets an opportunity to see how that student is going to perform during the time he or she is in school, given orientations when he or she graduates, and that transition of practice time frame may be shorter. It is great for the student because the student gets an opportunity to get to know the facility. We know of one facility here in the north, that has hired apprentice nurses into their specialty areas, which might not normally have happened five to ten years ago. We are seeing this increased interest in apprentice programs. We have a list of our apprentice facilities listed on our website, and we currently know that about 350 to 375 nursing students are currently employed as apprentice nurses. I get requests, almost daily, from facilities wanting to start a program.

***Chair Jauregui:***

I appreciate it. You said they are employed, so these apprenticeships are employed while they are going to school, and they are also earning in their field of study, which is great. I do have a question from Vice Chair Spearman.

***Vice Chair Spearman:***

Thank you, Madam Chair and thank you Ms. Dinauer for your presentation. We have done a lot with respect to how our nurses are taking care of patients. My question is how are we taking care of those who take care of us? Are there any EAP protocols in place? What does that look like from the mental health standpoint? What does that look like in terms of protecting families and their own personal health for that matter?

***Ms. Dinauer:***

Thank you, Senator Spearman. We at the Board of Nursing do not have any regulatory oversight of what programs may be available for nurses. I can only speak to you anecdotally, maybe other groups such as the Nevada Hospital Association may know. I do hear anecdotally from nurses in the field and nurses at the bedside, is that there is a high burnout and nurses are leaving the profession. I do know there are facilities who have implemented EAP programs, as you mentioned, and there are other services for nurses to get help, hopefully the help that they need.

***Vice Chair Spearman:***

Thank you. I am concerned about that because we must take care of those who are taking care of us.

***Chair Jauregui:***

Great question vice chair, thank you for that. Thank you so much Director Dinauer for being here with us and for your presentation.

#### **D. BOARD OF MEDICAL EXAMINERS ([NRS 630.050](#))**

##### ***Chair Jauregui:***

Let us go ahead and move forward with the Board of Medical Examiners. We have Deputy Executive Director Sarah Bradley here to present.

##### ***Sarah A. Bradley, J.D., M.B.A., Deputy Executive Director, Board of Medical Examiners:***

Sarah Bradley, Deputy Executive Director of the Nevada Board of Medical Examiners. A little bit about our Board, it is a Title 54 licensing board, and we have nine members that are appointed by the governor. Six of those are medical doctors licensed by the board and three are public members. I am excited to say that one of our newest public members is a retired Air Force Colonel. Seven members of the nine are in the south and two of them are in the Reno area.

The Board was created on March 15, 1899, and it is the oldest licensing board in the state. The Board is governed by the Nevada Medical Practice Act, which is codified in [Chapter 630](#) of NRS and NAC. We have two investigative committees that are made up of board members. We have two physicians and one public member that actively review complaints and cases that are received by the Board and determine the appropriate disciplinary action that should occur. If there is a settlement agreement or other resolution of a case, the investigative committee would approve that before it goes to the public members. They act as part of the investigative arm, and again it is two physicians and one public member.

The Board has a Physician Assistant (PA) Advisory Committee, a Practitioner of Respiratory Care Advisory Committee, as well as a Perfusionist Advisory Committee. Those are three other licensed types that the Board issues, in addition to medical doctors.

The Board's mission statement is to protect the public and serve the State of Nevada by ensuring that only well qualified competent physicians, PAs, practitioners of respiratory care, and perfusionist receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees, by conducting fair and complete investigations that result in appropriate action. In all Board activities, the Board shall place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we approve the quality of medical practice in Nevada.

I have provided a handout with some information regarding licensing, disciplinary actions, and some significant accomplishments ([Agenda Item VI D](#)). To highlight, COVID-19 did not slow down our operations at all. In fact, we issued 1,648 new licenses in 2020 and 1,675 licenses in 2021. That is an increase over previous years. The total number of licensees in the state, this includes active and inactive, is 14,436. Of those, 10,767 are medical doctors; 1,348 are PAs; 1,759 are practitioners of respiratory care; and 71 are perfusionists. Then we have 491 residency training licenses, those are individuals who have completed their medical school, they are licensed, they are supervised by a medical doctor while they complete their residency, and they are providing care to Nevada citizens.

We have seen an increased number of complaints. In 2021, we opened 1,015 investigations and is an increase of almost double. The last time I reported this information for 2020, we were at about 542. The number of complaints we received and opened investigations on has increased, but so has our license population. In 2021, 725 of those investigations, and it



may be some from the prior year, so I cannot say all of them that were received in 2021, were dealt with in 2021, but 725 investigations were closed, 46 resulted in public disciplinary action, so the total number of closed investigations was 771.

The most frequent kinds of complaints that we receive is regarding standard of care, which I think makes sense. There is either a concern from a patient, their family, or another health care practitioner regarding care received. Prescribing issues, we continue to address those issues. We have been meeting with the pharmacy board, as well as other entities, to try to make sure that we are acting appropriately regarding prescribing cases and issues and reviewing things that may come from that. Demeanor is another popular complaint. These do not often result in public action, but certainly the Board takes it seriously when a patient complains regarding how they were treated by a physician. It is not uncommon for those individuals to have to address the investigative committee regarding their possible demeanor issue. Records, we get complaints both regarding patients saying they have not received records in a timely manner after a request or that records are not timely, accurate, legible, or complete. It is an issue, obviously, as you could imagine because if the record is not detailed enough, other health care practitioners may not have information they need when treating patients. It is actually a very serious issue, not having complete and accurate records, so we do look at those a lot.

We have done some significant accomplishments, one of the things we are very excited about is last year, in early 2021, we launched a new licensing software that allows all our applications, as well as a licensee portal, to be accessible online. Licensees can log in, they can update their address and other information right away without having to send a form into the office. They can do renewals online, in recent years we have had online renewals available, but this software has greatly impacted our ability to do online applications and online renewals.

As far as outreach and education, COVID-19 has impacted that slightly. We did a presentation last year to the PA program at the University of Nevada, Reno. We did present in person and gave an overview of how the Board works, Nevada law, and things they should know as they become new licensees.

We have increased our staffing, both prior to COVID-19 and during COVID-19, to better manage and serve our licensees and the public. We have just hired a new person. Our new count from 2020, the increase total is eight new staff members with new positions areas that have been created in legal, investigations, and licensing and we also have one that is in administration. So that helps us to do a better job in supporting the individuals we need to support.

There was a lot of talk today regarding the licensure compact. I wanted to let members of the Committee know that the Nevada State Board of Medical Examiners has been a member of the medical licensure compact since it was enacted in Nevada in 2015; when the law passed to allow it. It took us a little bit of time before we started getting applications, the notes I have is, we probably got our first applications in 2017. The total number of licenses we have issued through the compact is 1,434. That is just for medical doctors, it is not any other license type because the compact is only for medical doctors. Whether they are osteopathic physicians or medical doctor, either of those physician types. It usually takes zero to ten days, depending on weekends and holidays, for us to issue a license. Our average is the next business day, when we receive the application through the compact, for them to be licensed in Nevada. We have not seen increasing numbers through the compact the longer we have had it. In 2021, we issued 457 licenses through the compact, again for physicians. This year, in January alone, our one-month total is 26. Once physicians are



licensed, either traditionally or through the compact, they can change to have Nevada be their primary state, it is called state of principal licensure. We have issued 283 of those, since we started with the compact, and in 2021, we have issued 112. You can see that the number of people getting licensed in Nevada and then wanting to have Nevada be their principal license or state has been increasing because almost half of the total number we have received was all last year. We are excited about the compact. I was excited to hear to the DoD liaison believed it was a helpful thing for allowing reciprocity for military spouses and veterans. We are glad to be a part of that.

I want to tell you that our executive director had served on the Interstate Medical Licensure Compact Committee for quite some time. He is now a part of the Board of Directors of the [Federation of State Medical Boards](#). The Federation of State Medical Boards is a supporter of the medical licensure compact as is our Board and our staff. If you have any questions, I would be happy to answer them. Thank you.

***Chair Jauregui:***

Thank you so much Deputy Director Bradley, I appreciate you being here and for the presentation. As you were reading those numbers, did you say that since inception there has been 1,434 licenses issued through the compact?

***Ms. Bradley:***

Yes, that is the number, 1,434.

***Chair Jauregui:***

Thank you. If a doctor from a neighboring state comes in and submits his or her application for licensure, can he or she be practicing in Nevada within ten days?

***Ms. Bradley:***

Sarah Bradley, for the record. It is not necessarily a neighboring state, they have to be a member of the compact. For example, I do not believe California is a member and obviously it is very close to us. There are 32 states that are members of the compact and of course that number is growing. I checked the website this morning and New Jersey was added recently. If they were in a member state yes, zero to ten days. I will say the ten days is if we have weekends and holidays in the middle. Generally speaking, we get a letter of qualification from their state of principal licensure that says Doctor Smith, for example, is licensed through the compact here and basically once we receive that letter and they pay the fee, they are licensed, usually the next business day. It is very fast, and we do think it is a good thing to help with mobility.

***Chair Jauregui:***

Thank you and helping with our shortage of providers. Members, any questions? Thank you so much Deputy Director Bradley, I appreciate you being here, and I appreciate the information that you provided.

## **E. STATE BOARD OF OSTEOPATHIC MEDICINE ([NRS 633.181](#))**

### ***Chair Jauregui:***

Members we are going to move on to our last presentation from the board. We have the State Board of Osteopathic Medicine, and we have Executive Director Reed here to present. Ms. Reed, when you are ready, you may begin.

### ***Sandy Reed, Executive Director, State Board of Osteopathic Medicine:***

Madam Chair and Committee members, my name is Sandy Reed. I am the executive director, for over five years, for the Nevada Board of Osteopathic Medicine. You have an information sheet that I provided, that I will be going through ([Agenda Item VI E](#)). If you have any questions at the end, please feel free to ask.

The mission of the Board is to protect and safeguard the public by licensing and disciplining well educated, competent doctors of osteopathy and PAs. Those are the two types of licenses that we issue. The Board was formally formed on July 1, 1977, though osteopathic physicians were able to get licenses before that, probably under the Board of Medical Examiners. The Osteopathic Board is governed by [Chapter 633 of NRS](#) and [Chapter 633 of NAC](#), we have our own statute.

The Board consists of seven members, five of whom are osteopathic physicians, two are public members, and one who must represent the interest of persons or agencies that are indigent, uninsured, or unable to afford health care. The Board has four full time staff, myself the executive director, an investigator, a licensed specialist, and an administrative assistant/licensing assistant, we are a small board.

Currently, we have about 2,433 total licensees, which includes osteopathic physicians, PAs, residents, and those who come through the compact, that I will mention a little bit later.

The Board is a member of the Federation of State Medical Boards Administrators in Medicine, which is an administrative membership for executive directors and those who are typically not in the medical field for support and the [National Practitioner Data Bank](#), which tracks disciplinary actions, reports, or background checks on all the licensees.

The Board adheres to all statutes and regulations for best practices, and we always strive to improve our processes. Since we have noticed that our number of licensees has increased, we found that we needed to reevaluate our licensed database system. Upon doing that, we decided to implement and revise a new database system, which we are in the process of contracting with right now. The Board has approved a company, which other boards use so they come highly recommended. By using a company, it will facilitate our initial licensing application and create an easier process for licensees to go online, create their own portal, renew their application, pay online, and upload all their continuing education credits. We can manage complaints easier and track reports. It will be a much improved and anticipated process that we are excited to have so we can work efficiently and maintain our small staff, because we are not as large as some of the other boards. We want to do continuous improvements.

The Board followed and adhered to all of the governor's emergency directives under COVID-19. When he issued the first directives in March 2020, the Board's staff worked from home, but went into the office separately to process mail and documents. Work continued and people got licensed, there was no real interruption. As time went on and restrictions

were loosened, when the governor said the board offices can now have public meetings, under [Declaration of Emergency for COVID-19 Directive 44](#), we opened the office but made sure all the staff were vaccinated. We always followed CDC guidelines, we posted them, required the public to wear masks, and we now work in a hybrid environment, because a lot of people seem to enjoy working from home as well as going to work. We work three days a week in the office, and two days at home. It has worked very well, and the staff has been happy. All of the licensees have been attended to regarding any matters that we have to address.

Recent legislation that passed, have not had major impacts. We have been implementing [Senate Bill 184](#) (2021), which allowed PAs to be licensed dually from the Board of Medical Examiners and the Osteopathic Board. At this time, we have five applications in process for dual applicants, most of those are from people who are newly graduated. We do not charge them to go inactive, we used to charge that fee, and we do not require annual certification with the [National Commission of Certification of Physician Assistants](#), so the process has become a little bit easier.

The proposed legislation for 2023, since our Board renews all our licenses annually on December 31<sup>st</sup>, we have a small staff, and we keep increasing our license numbers, we have been discussing that it may be best to renew half our licensees one year and the other half another year. For example, even and odd years and by alphabet. It may make it a little easier for the staff and for the licensees, this way they only renew every two years.

Currently, we audit 33 percent of our licensees annually. Last year it was almost 600 people, that was quite a bit because they must send in all their CME credits and continuing education credits. We are looking at possibly reducing that percentage to 10 to 15 percent to be more in line with some other boards and will be discussing that as time goes on. Those are the only two things that we see at this time that might be legislative.

I stated earlier, through December 31, 2021, we have 2,433 license total licenses, which include about 1,600 active doctors of osteopathic medicine (DO), 161 active PAs, and 135 licensed through the Interstate Medical Licensure Compact, which the Legislature voted to enact in 2015 and went live in 2017. The good thing about the compact is once we get everyone's application and they meet the requirements, they can be licensed immediately. It could be ten days or less, it just depends on when we get everything in. It has moved the process dramatically. I know we do not have as many as other boards, but we are a smaller board. As far as osteopathic physician numbers, they are increasing partly because I think the residency opportunities have expanded in the state. We are seeing larger numbers, which is a good thing.

Another thing we did to expand licensing was reducing our fees under the regulation in 2019, which went into effect January 1, 2020. We lowered them by \$100 for the initial application and renewals. Not every fee was lowered, but most of the fees that were a little bit higher, so we think that may have assisted with bringing on more licensees as well.

We removed the requirement that they had to send in their medical papers and transcripts through the [Federation Credentials Verification Service](#). They could still do that, but we now allow them to send the qualifying applications from their own sources directly, which can save 30 days or more for licensing.

I am very proud to say that our Board meets every month, except for July, so our licenses get expedited quickly and everyone is licensed every month. As soon as we get their applications and all the required documents, they go on to the next Board meeting. If they

do not have all the documents and they wait for the next meeting, they know it is coming in 30 days.

We also license through endorsement, to those who qualify. When we get their application, I will review it and give it to the president who signs off on it. It does not have to go through the Board to be licensed by endorsement.

Through the compact, the Board does not have to approve it. I just sign off on it when we have all the documents. I believe it is a very efficient system of licensing people.

If someone is active military, he or she does not have to pay an initial licensing fee. If he or she is a veteran or a spouse of military, he or she pays a 50 percent discount for the initial application. The typical licensing for anybody that goes through the regular process, and not the compact or endorsement, is 30 to 60 days depending on when we get his or her documents.

We let them get their fingerprints through the electronic system, which expedites the licensing about 30 days, rather than the hardcopy fingerprints. I am proud to say we have a very quick licensing process, and we do not have any complaints about it, we just license as many people as we can as long as they are qualified.

The Board handles complaints on a case-by-case situation and does not have a committee, like some of the other boards. We have an individual board member who is assigned complaints and we act on them quickly. When we get a complaint, we write a letter to the person they complained about and they can write a response, we will do our investigation, write a summary, and send it to a board member to review. The turnaround time is quick and if it seems to be lagging, I will send reminders to the board member. If there is discipline, it will go before the full Board to make a determination, but around 90 percent of our cases are dismissed. The types of complaints we received include medical malpractice or standard of care. Last year we had about 52 standard of care complaints and 11 medical malpractice complaints. We usually get those after the case has been settled. Like I said, because we have a smaller board, we do not receive as many complaints as some larger boards. I have not noticed a difference in the number of complaints. We have gotten some about licensees adhering to COVID-19 protocol, which again the Board takes on a case-by-case basis.

We do conduct outreach, well we did more before COVID-19. Twice a year we will speak to Touro University Medical School students of PAs and DOs to tell them information about our Board, what to expect, and we go over the statute. We also work with other medical boards about anything that we need to share. I am a member of the administrative collaborative, which is an organization brought together for all the state boards in Nevada, no matter what type of board it is, it does not have to be medical. The state board executive directors come together, share information, and support each other, it has been very helpful.

Any time we get information about COVID-19 we take that seriously and we follow the CDC guidelines in our office. I make sure to put all that information on our website and our website lists all the resources. We just sent a recent newsletter to all of our licensees and interested parties. There was a question about burnout and emotional distress, in our newsletter we have an article from the American Osteopathic Association for General Wellness about physician burnout and a list of resources available. We thought that was important because these have been trying times for everybody. I think that is it, I am open to any questions you may have.

***Chair Jauregui:***

Thank you, Director Reed, I appreciate all the information. We really appreciate you being here and for the information that you had sent. We appreciate the expedited processes in issuing the licenses. We have heard a lot of discussion throughout today's meeting about how important that is to get people working as soon as they move to Nevada, especially our military spouses who are often relocating from state to state and have to go through this process. We appreciate the presentation.

**AGENDA ITEM VII—PUBLIC COMMENT**

***Chair Jauregui:***

Committee members we are getting to our last agenda item, public comment. Before we take our first caller, I am going to remind everyone listening and calling in, that public comment must be kept to three minutes so that everyone interested in speaking can be accommodated. I am going to ask BPS if there is anyone waiting on the line to make public comment?

***BPS:***

Chair, the public line is open and working, however; there are there are no callers at this time.

***Steven Cohen, Alumni, Lee Business School, University of Nevada, Las Vegas:***

Prior to the meeting, Mr. Cohen submitted public comment consisting of proposed amendments and narratives of various *Nevada Revised Statutes* for consideration by the Committee ([Agenda Item VII](#)).

## **AGENDA ITEM VIII—ADJOURNMENT**

### ***Chair Jauregui:***

Members, that concludes our meeting for today. Our next meeting is scheduled for April 5, 2022, beginning at 9 a.m., we will not be meeting in March. Thank you, Committee members, our meeting is adjourned.

There being no further business to come before the Committee, the meeting was adjourned at 12:13 p.m.

Respectfully submitted,

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Crystal Rowe  
Research Policy Assistant

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Marjorie Paslov Thomas  
Senior Principal Policy Analyst

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Cesar O. Melgarejo  
Senior Policy Analyst

APPROVED BY:

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Assemblywoman Sandra Jauregui, Chair

Date: \_\_\_\_\_

## MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<a href="#">Agenda Item III</a>	Matthew Shafer, Associate Policy Director, National Center for Interstate Compacts, The Council of State Governments (CSG), and Kaitlyn Bison, Research Associate, CSG	PowerPoint Presentation
<a href="#">Agenda Item IV</a>	Kelli May Douglas, Pacific Southwest Regional Liaison, Defense-State Liaison Office, United States Department of Defense	PowerPoint Presentation
<a href="#">Agenda Item V</a>	Cesar Melgarejo, Senior Research Analyst, Research Division, Legislative Counsel Bureau	Report
<a href="#">Agenda Item VI A</a>	Gary K. Landry, Executive Director, State Board of Cosmetology	PowerPoint Presentation
<a href="#">Agenda Item VI B-1</a>	Hardeep Sull, Esq., Director, Board of Dental Examiners of Nevada	Written Remarks
<a href="#">Agenda Item VI B-2</a>	Hardeep Sull, Esq., Director, Board of Dental Examiners of Nevada	United States Federal Trade Commission, Office of Administrative Law Judges, Initial Decision – Docket 9343
<a href="#">Agenda Item VI C-1</a>	Cathy Dinauer, M.S.N., R.N., Executive Director, State Board of Nursing	Written Remarks
<a href="#">Agenda Item VI C-2</a>	Cathy Dinauer, M.S.N., R.N., Executive Director, State Board of Nursing	Handout
<a href="#">Agenda Item VI D</a>	Sarah A. Bradley, J.D., M.B.A., Deputy Executive Director, Board of Medical Examiners	Handout

<b>AGENDA ITEM</b>	<b>PRESENTER/ENTITY</b>	<b>DESCRIPTION</b>
<a href="#"><u>Agenda Item VI E</u></a>	Sandy Reed, Executive Director, State Board of Osteopathic Medicine	Handout
<a href="#"><u>Agenda Item VII</u></a>	Steven Cohen, Alumni, Lee Business School, University of Nevada, Las Vegas	Written Comments

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