

SENATE COMMITTEE ON  
HEALTH, WELFARE AND STATE INSTITUTIONS

MINUTES OF MEETING # 6

FEBRUARY 26, 1973

The meeting was called to order at 9:00 a.m.

Senator Walker in the chair.

PRESENT: Senator Herr  
Senator Drakulich  
Senator Raggio

Other interested parties which list is attached hereto as Exhibit A.

S.B. 274 : SUMMARY—Provides a physician's assistant program for the State of Nevada. Fiscal Note: No. (BDR 54-837)

Mr. Nelson Neff, Nevada State Medical Association, requested that hearing this bill be postponed until the committee had received copies of AB 116 and others, since these pending bills dealt with the same subject matter, and covered the same areas.

Senator Herr expressed concern for the fact that this bill as written does not make provisions for the inclusion of Registered Nurses, since there were a number of them (already trained) who were currently Unemployed.

Ms. Marjorie Neff explained that Registered Nurses were provided for in the forthcoming bills, and that they were not totally excluded within this bill.

Mr. Neff explained that there were several different types of programs under this one heading, and that the one which will be chosen will depend on a 'good many factors'. Senator Monroe's bill contains much of which would come under the rules and regulations of the new "Medical Practices Act".

Senator Herr stated she could not agree with the hiring of out of state personnel, - that we should employ Nevada people first. In reply, Senator Monroe explained that was often not plausible, since in many cases, the outlying areas could get medical personnel much more rapidly

from Utah, Salt Lake City, for example, than they could from Elko.

Mr. Neff added that supervision of this program was headquartered in Utah.

Mr. Robert McDonald, representing the dental and optometry professions, was second witness. He requested S.B. 274 be amended as follows: (Refer Exhibit B & C hereto attached).

Page 1, Line 23:

After "physician", delete "." - insert ", except that nothing in this act shall be construed to authorize a physician's assistant to perform any specific functions and duties specifically delegated by law to those persons licensed as dentists under NRS 631.090 or as optometrists under NRS 636.025, or any other health care profession requiring licensing under Nevada law."

Mr. Thomas Wilson, Director of Comprehensive Health Planning spoke as third witness, asking that hearing this bill be delayed until such time as he had had an opportunity to clarify the problem of communication legalities as represented in this bill. Also, he wanted a chance to have present, qualified people which could discuss the ramifications and deal with the questions herein to the committee's satisfaction, since he was not informed as to the minute details.

In order to hear further testimony as requested, S.B. 274 was tabled and rescheduled for Wednesday, March 8, 1973.

S.B. 257: SUMMARY—Enlarges provisions for emergency medical care.  
Fiscal Note: No. (BDR 3-923)

Senator Blakemore spoke as first witness, urging "Do Pass" on this bill, explaining the urgency in rural areas.

The State Department of Comprehensive Health Planning, represented by Mr. Wilson and Mr. Edmundson, expressed concern regarding 'definitions', and asked for another hearing on this matter. Further, there was the problem of lack of standards which had not yet been established for Emergency Health Care, citing ambulance drivers, etc., as examples. He requested that one person, or one department be responsible for certification or licensing of such people. As it is written, local boards may set these standards (of which there are 17). Thus, he would have the Emergency Medical Service made a division of the State Health Department.

Senate

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Further, Mr. Wilson stated that there was a bill being drafted at this time which would deal more comprehensively with matter, and he asked that the committee hold S.B. 257 until receipt of this forthcoming bill .

For full details, refer to Exhibit D, hereto attached.

S.B. 257 was tabled, and rescheduled for Wednesday, March 14th, 1973.

The meeting was adjourned at 10:40 a.m.

Respectfully submitted,

Jo Ann N. Hughes, Secretary

APPROVED:

Lee E. Walker, Chairman

Date \_\_\_\_\_

## SENATE COMMITTEE ON HEALTH, WELFARE &amp; STATE INSTITUTIONS

Exhibit A  
Meeting # 6  
2/26/73PLEASE PRINT PLAINLY

NAME	DEPARTMENT AND POSITION OR TITLE	CITY	(Check One)	
			(v) WITNESS	(v) Observer:
William Lawton	ADMINISTRATIVE INTERN	RENO		Bill # ✓
J. L. Reveley	Admin - St Marys <sup>323</sup> <sub>2011</sub>	Reno		248 ✓
Thomas Pie Meyer	ADMIN. -	Reno	<sup>323</sup> ✓	248
Clara Bennett	Administrative <sup>Ryan Health</sup> Center	Reno	<sup>323</sup> ✓	248
Wilda Sabba	Admin. Presby. Gen. Hosp.	Fallbrook		248 ✓
Helen Ahlison	BH7 - State Health Division	C.C.	<sup>2458</sup> ✓	248 ✓
Jean Peavy	Ex. Sec. Board of Nursing	Reno	✓	248
Roland S. Hebert	Pharm. Ass'n	Reno	✓	248
GEORGE T. BENNETT	INSPECTOR - BO OF PHARMACY	<sup>RENO</sup> Carson City	<sup>322</sup> ✓	248
STANLEY BRADFORD	PHARMACIST (RETIRED)	Reno	✓	248
Frank L. Titus	Pharmacist	Reno	✓	248
Earl Yamashita	Welfare Dir		<sup>323</sup> ✓	
EARL YAMASHITA	" "		<sup>323</sup> ✓	
FRANK DESMOND	PHARMACIST	Reno		248
W. J. LABADIE	WELFARE	C.C.		✓
Alois Handley	Nurse	Carson City		✓
DOROTHY BUTTON	NEV. NURSES' ASSN	RENO	✓	248
Ellen H. Pope	NEV. LPN ASSN	Fallon	✓	18 ✓

# BILL DRAFTING AND AMENDMENT REQUEST

[Please use separate sheet for each request]

To the Legislative Counsel:

From \_\_\_\_\_

Date \_\_\_\_\_

Please prepare a bill/amendment as follows:

on page 1 of S.B. #274 in line 23  
substitute a ", " for the character ". "  
and insert the following:

except that nothing in this act shall  
be construed to authorize a physician's  
assistant to perform <sup>(any)</sup> those specific  
functions and duties specifically  
delegated by law to those persons  
licensed as dentists under NRS 631.090  
or as optometrists under NRS. 636.025,  
or any other health care profession  
requiring licensing under Nevada Law  
pursuant to statute

I HEREBY CONSENT TO RELEASE  
OF THIS INFORMATION TO ANY  
LEGISLATOR BY THE LEGISLATIVE  
COUNSEL.

\_\_\_\_\_  
REQUESTER

STATEMENT OF THE NEVADA OPTOMETRIC ASSOCIATION  
REGARDING CERTIFICATION OF PHYSICIANS' ASSISTANTS

The Nevada Optometric Association is the state-wide organization representing over 95% of the practicing optometrists in the State of Nevada. All members of the Nevada Optometric Association are graduates of accredited colleges of optometry and licensed to practice optometry pursuant to N. R. S. 636.025.

The Nevada Optometric Association does not oppose the concept of improved health care through greater utilization of para-professional personnel. But, the Association is firmly opposed to legislation such as SB 274, which would authorize the certification of physicians' assistants without any standards being established by law for the education, examination, supervision, and activities of such personnel.

Specific qualifications have been established by law in Nevada for non-medical personnel who are engaged in providing health care, including dentists, dental hygienists, podiatrists, optometrists, psychologists, physical therapists, chiropractors, opticians and pharmacists.

There is no justification for ignoring established standards in these professions through the enactment of a physicians' assistants law which would impliedly permit the practice of any of these professions by a person who could not otherwise meet the educational qualifications now required by law.

In the case of optometry, a licensee in Nevada must complete at least six years of college work, including four years at an accredited college of optometry. By comparison, the Duke University program for physicians' assistants permits the enrollment of a person with a high school diploma and graduates that person in two years to become a PA. To allow such a graduate to attempt to practice optometry, podiatry, dentistry, or any other profession would only dilute and downgrade the quality of professional health care in Nevada.

In the 15 states whose legislatures had passed some type of law by the end of 1971 authorizing physicians' assistants, only two (Utah and North Carolina) failed to provide some specific educational standards for PAs, or place definite limitations upon the areas in which paramedical personnel might practice. For example, the Colorado Child Health Associate Law allows a PA only in the field of pediatrics, establishes specific qualifications for licensure, and provides definite limitations upon the practices in which the PA may engage. In New York, a PA may not practice in any area in which allied health professions are licensed under other laws. California, New Hampshire, Washington, Connecticut, Oregon, and Delaware prohibit a PA from engaging in the practice of optometry. Iowa, Arkansas and Alabama limit the activities of an assistant in conducting examinations of the eye. West Virginia prohibits an assistant in ophthalmology. A number of the states mentioned above prohibit practice by a PA in other fields such as dentistry, chiropractic, nursing, opticianry, etc.

If the justification for authorizing physicians' assistants in Nevada is the need for better medical care in rural areas, as stated by SB 274, there can be no reason for allowing physicians' assistants to be involved in the examinations and treatment of visual problems. Medical personnel who specialize in diseases of the eye are concentrated in urban areas in Nevada and could not supervise the work of assistants in rural communities. On the other hand, optometrists in Nevada are now providing vision care in almost all of the 17 counties in the State of Nevada. There is no demonstrated failure to provide vision care throughout the state in both rural urban areas, and any deficiencies which may arise in this field cannot be solved through the use of unsupervised physicians' assistants.

The Nevada Optometric Association urges that any legislation recognizing or approving the use of physicians' assistants in the health care system should specify minimum qualifications for the certification of such persons to act as PAs, and should prohibit any PA from engaging in the practice of optometry, or any other health care profession requiring licensing under Nevada law.

MAJOR REVISIONS PROPOSED  
for the  
DRAFT EMERGENCY MEDICAL SERVICES PLAN

- A. Structurally the document should be divided into two volumes with the following content:

- Volume I    A. Summary of Findings  
              B. Recommendations  
              C. Proposed Legislation
- Volume II    A. Supportive Analysis and Statistics  
              B. Raw Data  
              C. Questionnaires Used  
              D. Other materials

Volume I should be shorter than the present Plan. It should include an implementation plan.

- B. The recommendations (pgs. 52-56) should be amended as follows:

1. The Nevada Highway Patrol academy curriculum should be amended to include the Standard Emergency Medical Technician Course.
2. In-service training courses for highway patrolmen should be implemented in order to insure that other patrolmen complete the Standard Emergency Medical Technician Course by July 1, 1978.
3. Other peace officers should complete the first 16-hour module of the Standard Emergency Medical Technician Course by July 1, 1978, through programs presented within their geographic area.
4. County and city law enforcement academy curricula should be amended to include the Standard Emergency Medical Technical Course.
5. Regional Emergency Medical Services Councils should assist in the development of standard operating procedures to improve coordination of ambulance, fire and police services by July 1, 1974.
6. By July 1, 1974, Regional Emergency Medical Services Councils should provide assistance to ambulance services and hospitals to develop methods for mutual review of care given emergency patients.
7. The Good Samaritan Act should be amended to include members of search and rescue organizations. (pg. 53)
8. The State Communications Board should complete a study of the feasibility of implementing a single, toll-free emergency telephone number such as the "911" system by July 1, 1975. (pg. 54)
9. The State Office of Emergency Medical Services, Emergency Medical Services Councils, and the Nevada Highway Patrol should assist ambulance services in deliniating geographic areas of coverage based in part on proximity of the service to the scene of the accident. (pg. 54)



10. The State Office of Emergency Medical Services and Regional Emergency Medical Services Councils should assist ambulance services in establishing mutual back-up arrangements by July 1, 1974. (pg. 54)

11. The State Office of Emergency Medical Services will develop a standard reporting form for air and land ambulance services by January 1, 1974. The form should be designed to obtain limited information concerning the nature of the patient's injury or illness, and care given. Such a form should not be considered a record of diagnosis and a legal signature of the driver, pilot or attendant should not be required. (pg. 55)

12. The State Office of Emergency Medical Services should develop by January 1, 1974, a standard form to be used in applying for an ambulance permit from the State Health Division. (pg. 55)

13. By July 1, 1975, the State Office of Emergency Medical Services should develop a standard emergency room record form. The form development should be carried out in cooperation with the Nevada Hospital Association. (pg. 55)

14. One professional in the State Office of Emergency Medical Services should devote a least one-half of his time instructing ambulance personnel in the field. He should also assist in organizing local training programs, and should provide as much assistance as is practicable in helping services and attendants in completing requirements to obtain permits and licenses. (pg. 55)

15. Under direction of the State Board of Health and State Health Officer, the Office of Emergency Medical Services will be responsible for updating, refining and improving the Emergency Medical Services Plan. (pg. 55)

16. The State Office of Emergency Medical Services will develop a plan to implement a paramedic program in Nevada by July 1, 1974.

17. The State Office of Emergency Medical Services will assist local groups in obtaining non-state funds for pilot projects and programs for paramedics.

18. Legislation enacted on paramedic programs should clearly designate the State Board of Health as the certifying and regulatory authority for pilot projects in which emergency care personnel are trained to use the following and similar techniques:

Cardiopulmonary resuscitation; defibrillation; and,  
administration of parenteral injections.

19. The allocation of state resources for paramedic programs will be secondary to meeting the other goals laid out in this plan for upgrading emergency medical services, training, communications, and equipment.