

SENATE COMMITTEE ON  
HEALTH, WELFARE AND STATE INSTITUTIONS

MINUTES OF MEETING # 17

MARCH 26, 1973

The meeting convened at 8:30 a.m.

Senator Walker in the Chair.

PRESENT: Senators Herr  
Neal  
Drakulich  
Raggio  
Swobe

Other interested citizens, list of which is hereto  
attached as Exhibit A.

SB 504 Creates position of staff attorney for Indian Affairs  
Commission.

Mr. Raymond Yowell, Inter-tribal Council, testified  
on this bill, stating that a staff attorney was needed badly  
by his people, mostly in civil matters. He stated that there has  
been instances where indians have been jailed for as long as 15  
days, without charges declared.

Senator Herr Moved for "Do Pass" with referral  
to the Finance Committee. Senator Drakulich seconded the  
motion, and it was so carried.

SB 448 Regulates separately practice of Chinese Medicine.

Mr. Bryce Rhodes, Attorney for the Nevada State Medical  
Association and State Board of Pharmacists spoke as witness on  
behalf of these organizations, who unequivocally opposed this  
bill, as it now reads. They (these organizations) felt that  
acupuncture should be evaluated under the proper setting such  
as controlled hospital study, which would allow for the necessary  
research needed before it could be classified as a 'medicine'.  
Mr. Rhodes stressed the point that in his opinion, this bill  
was written for one person.

Senator Swobe commented that it was his understanding  
that 'hospital space' was at a premium, and thus questioned the  
above suggestion, adding that to amend this way in this fashion  
would be to keep away the multitudes were in greatest need of  
acupuncture treatment. Senator Herr concurred with this statement.

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Senator Herr asked why, all of a sudden, the interest from the medical factions, when in fact, acupuncture has been in existence for thousands of years? Why did they not make their sentiments known prior to the introduction of SB 448?

Mr. Rhodes replied that he would rather see AB 673 passed in lieu of SB 448.

Dr. Sande, President of the Nevada Medical Association, testified also, reiterating much the same content as that of Mr. Rhodes. See Exhibit B hereto attached for detail. He requested that he go on record as supporting AB 673, instead of SB 448.

Master Ju, an experienced and licensed acupuncturist of high esteem appeared before the committee with Steve Rosenblatt, a Ph.D. candidate in Physiology - UCLA, who acted as his interpreter. Mr. Rosenblatt is also a licensed acupuncturist in California and heads the UCLA Acupuncture Clinic. Master Ju is founder of the NAA (National Association for Acupuncture), with 30 years' experience and practice in acupuncture.

These gentlemen spoke on behalf of SB 448, outlining briefly, the work they have accomplished in Southern California, and the research experiments currently being conducted there. The results of this research, using squirrel monkeys, was unavailable at this time, due to pending completion of papers on same. Their testimony was well documented, and objective in nature, approached from a scientific view rather than emotional desperation as has been the testimony in the past.

Mr. Rosenblatt explained that acupuncture is now taught in conjunction with medical courses at most universities in China.

Senator Walker asked if it did more than neutralize pain, to which the reply was 'yes'. E.g., it has proven effective in the removal or disintegration of blot clots, muscular dystrophy, and various phases of mental illness.

Senator Walker then asked how, if acupuncture were instated into law, control of this facet of Chinese medicine would be obtained.

Mr. Rosenblatt replied 'by a board', and offered to confer with this committee, to lend whatever assistance he and his group could, in order to set standards for such a board.

Mr. Rosenblatt felt that it was imperative to initiate

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in this country, a 'Health Care Delivery System'. As further attempts to assist, Mr. Rosenblat offered names and references of M.D.'s in California who had helped establish the California legislation, -- define the boundaries, and initiate a method of control. Refer to Exhibit C hereto attached, for details.

Senator Walker asked if there was so far, any proof. which would substantiate the 'flow of energy' theory upon which acupuncture is based.

Mr. Rosenblat replied in the affirmative, describing a new technique developed in Russia, utilizing acropetal photography.

Senator Swobe asked if he felt that the interference of M.D.'s had impeded their efforts. Mr. Rosenblat replied that M.D.'s using acupuncture without the proper training have done 'horrendous' damage. On this note, he again stressed the need for safeguards in considering this kind of legislation, and suggested an interim committee be established for a period of 6 months, and let them decide the limits, dangers, etc., that would dictate the safeguards necessary, and that as director of such a committee, a licensed acupuncturist be instated. He suggested that this committee inquire of Dr. Duffy, the procedure to follow and criterion necessary to establish. He advocated restrictions on acupuncturists, such as not being allowed to write prescriptions, or treat broken limbs, etc.

Senator Drakulich felt that we should not restrict such a committee during its trial period, and hence, moved for a "Do Pass" on SB 448. Senator Herr seconded the motion, and it was thus carried, at a meeting held that evening.

Dr. Cavelle, Ear, Nose, and Throat Specialist from Reno, then testified against this bill, on the basis of lack of medical diagnosis, aided by x-rays, E.K.G.'s and E.E.G.'s, etc. He referred to acupuncture in terms of 'a religious experience', and urged the committee to consider the welfare of citizens first.

Senator Neal responded that the committee did indeed have the welfare of the people in mind, and its responsibility was to provide health care to those people. Further, that if the AMA was not prepared to accept this responsibility, that this committee was ready, willing and able to accept it for them.

SB 448 having received a "Do Pass" vote, further discussion was tabled.

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AB 116 Revises chapter regulating practice of nursing, making various substantive and technical changes.

Mr. Milford Crandall, CRNA, President of Nevada Association of Nurse Anesthetists, stated that registered nurses who are allowed to administer anesthesia, should be accredited first by a school of anesthesia. Refer to Exhibit D, hereto attached, for his comments and amendment.

Mrs. Dorothy Button, Nevada Nurses' Association, opposed Mr. Crandall's stand, on the grounds that the standards he was trying to enact into law were already handled adequately in the State Board of Nursing's Rules and Regulations.

Discussion followed.

Due to lack of time, AB 116 was tabled, pending agreements of amendments from both Mrs. Button and Mr. Crandall. Refer to Exhibit B hereto attached, for suggested amendments as offered by Mrs. Button.

The meeting adjourned at 10:45 a.m.

Respectfully submitted,

  
Ann N. Hughes, Secretary

APPROVED:

\_\_\_\_\_  
Lee E. Walker, Chairman

4631 Corral Place  
Las Vegas, Nevada 89109  
October 26, 1972

Dorothy J. Button, R.N., Chairman  
NNA Committee on Legislation  
1590 Hillside Drive  
Reno, Nevada 89503

Dear Mrs. Button:

As we discussed on the telephone October 25, 1972, following much work by our Government Relations Committee, the following information and the information on the insert is as near as we can conceive at this time our final draft of the definition of the "Registered Nurse Anesthetist" that we feel should appear in the Nevada statutes.

Since this is the culmination of almost two years of research and effort, the Nevada Association of Nurse Anesthetists feels it is vital that this be included in the proposed revisions of the Nurse Practice acts at this time. We feel that any further extension of time would not result in appreciable change and that there might be a loss of continuity to the work already expended.

We sincerely hope that your committee feels, as we do, that the defining of a specialty group of registered nurses which has functioned in the state of Nevada for so many years as we have is necessary.

We also hope that other specialty groups such as Pediatric Nurse Practitioners, Nurse Midwives and others will form bodies which will work more closely with the NNA in the future with an aim to have these specialties more clearly defined.

We will look forward to hearing of your committee's views on our proposals, for as we all know, time is growing short for the presentation of your material. We of the NANA would also like to state it has been a pleasure to work with you and your committee and hope that this will be only the first of many cooperative ventures concerning the future of all nurses in the state of Nevada.

Sincerely yours,

Milford W. Crandall, CRNA, Pres.  
Nevada Assoc. of Nurse Anesthetists

#17 - 3/26/73 :

X  
Proposed  
Amendment

THE ADMINISTRATION OF ANESTHESIA  
IN THE STATE OF NEVADA  
BY NURSES

BE IT ENACTED IN THE GENERAL ASSEMBLY OF THE STATE OF NEVADA THAT, Chapter 632 of the Nevada Revised Statutes be amended by adding the following to 632.130

It shall hereafter be unlawful for any person licensed as a registered nurse to administer anesthesia unless such a person is a Specially Qualified Registered Nurse.

1. A Specially Qualified Registered Nurse shall be a person qualified as a Registered Nurse in accordance with chapter 632 of the revised statutes of the State of Nevada and who:

a) Has successfully completed the educational program of a school of nurse anesthetists accredited by the American Association of Nurse Anesthetists; and

b) Is certified as a Registered Nurse Anesthetist by the American Association of Nurse Anesthetists within one year following completion of the educational program aforesaid, and continues to maintain such certification current; and

c) Administers such anesthesia under the direction of and in the immediate area of a physician licensed to practice medicine or an osteopath or a dentist or a chiropractist or other persons licensed to practice surgery or obstetrics.

2. Any person employed to administer anesthesia prior to (the effective date of this law) shall not be restricted by the requirements of subsection a or b hereof. Nothing herein shall prevent any person employed in the State of Nevada prior to the (effective date of this law) from continuing to administer anesthesia provided that such employment is continuous in the State of Nevada and not broken for a period of more than one year. However, persons employed to administer anesthesia after (the effective date of this law) shall be legally bound by the requirements herein contained.

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Senator or Representative

This Bill Amending Nevada Revised Statute 632:

1. Is necessary for public safety.

It is essential for the public health and welfare that any person administering anesthesia be recognized and licensed by that profession. To allow an untrained person to perform these duties, even though employed by a doctor or a hospital is dangerous.

2. This bill upgrades the medical standing of this State.

Other states have enacted similar legislation, or are in the process of doing so, West Virginia, Rhode Island, Arkansas, New York, *Arizona*. This bill would upgrade the Nursing profession in Nevada, and would recognize Certified Registered Nurses as a Specialty.

3. This is important in smaller communities.

In the smaller communities CRNAs are the only person available who are properly trained to administer anesthetics.

4. Makes a technical correction in the Nurses Act to rectify an inequity.

Federal regulations for Medicare require that a Certified Registered Nurse Anesthetist be recognized in the law of the state.

4. This bill is self administered - DOESN'T COST THE STATE ANY MONEY.

This bill does not create a new board, no new positions on the state payroll, and applies with no cost to the state. The American Association of Nurse Anesthetists administers the Certification.

*Original  
Definitions*

## DEFINITIONS

632.010 Definitions of words and terms. As used in this chapter:

1. "Accredited school of nursing" means a school of nursing which has been accredited by the board or other body or agency authorized by law to accredit or approve schools of nursing in the state in which the school is located.
2. "Board" means the state board of nursing.
3. "Licensed practical nurse" means a person who is licensed to practice practical nursing as defined in subsection 4 of this section and as provided in this chapter.
4. "Practice of practical nursing" means the performance for compensation of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, a licensed physician, a licensed dentist or a licensed chiropodist, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.
5. "Practice of professional nursing" means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, in the maintenance of health or prevention of illness of others, in the supervision and teaching of other personnel, or in the administration of medications and treatments as prescribed by a licensed physician, a licensed dentist or licensed chiropodist, requiring substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science, but does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.
6. "Registered nurse" means a person who is licensed to practice professional nursing.
7. Unless the context otherwise requires, the masculine gender shall include the feminine gender, and the singular number shall include the plural number.

[2:256:1947; A 1949, 536; 1943 NCL § 4756.02] + [2:154:1949; 1943 NCL § 4759.02] — (NRS A 1963, 603)

(add) (no. 7 or other) "Certified Registered Nurse Anesthetist" means a Registered Nurse who has completed a nationally accredited program in the science of anesthesia, who when licensed under the provisions of this act, administers anesthetic agents to individuals under the care of those persons licensed by the State of Nevada to perform Surgery or Obstetrics.

Reason for proposed addition:  
Defines the term Certified Registered Nurse Anesthetist, the educational requirements of persons holding that title, and describes the functions of persons performing nursing in that specialized capacity.



EXHIBIT

Meeting Agenda

# Print Plainly

and have printed matter for the committee, please give a copy to the secretary before you begin your testimony. A total of 10 copies are needed. Thank you

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NAME	DEPARTMENT AND POSITION OR TITLE	TELEPHONE	CHECK ONE PLEASE	
			(v) WITNESS	(v) Obse
1				
2	JOE BRASWELL <i>Director - Social Services Dept. Inter-Tribal Council of Nev.</i>	882-0525	<input checked="" type="checkbox"/>	Bill # 504
3	ROSS MINNES <i>EX DIR. NV INDIAN AFFAIRS COMMISSION</i>	7797	<input checked="" type="checkbox"/>	504
4	Belma Jones <i>Tribal Rep - Wash. Tribe</i>	916-696-2189	<input type="checkbox"/>	504
5	JEAN DEYTER <i>Carson Colony Chm.</i>		<input type="checkbox"/>	504
6	Ray L. Bennett <i>Chairman ITC of 7400</i>	786-3128	<input checked="" type="checkbox"/>	
7	Jim Joyce <i>Asst. Secretary of Nevada</i>	312-8410	<input type="checkbox"/>	448
8	Lou Nelson <i>Las Vegas Sun</i>	312-7111	<input type="checkbox"/>	
9	BRYCE Rhodes <i>Asst. Nevada Atty Gen</i>	332-2000	<input type="checkbox"/>	448
10	Richard D. Grundy, MD <i>Physician</i>	982-1324	<input checked="" type="checkbox"/>	448
11	Richard E. Park <i>NEVADA MED ASSN</i>		<input type="checkbox"/>	
12	Norothy Halden <i>Medical Asst.</i>	825-0278	<input type="checkbox"/>	448
13	Dorothy Halden <i>Nev. Medical Assn</i>	825-0278	<input type="checkbox"/>	448
14	MARJORIE K. TUNA <i>Registered Nurse</i>	323-6944	<input type="checkbox"/>	448
15	R. J. CAVELL MD	322-4574	<input checked="" type="checkbox"/>	448
16	Fern Elaes	623-3028	<input type="checkbox"/>	
17	M. L. HERMAN MD <i>CH. MAN. PHS</i>	825-7488	<input type="checkbox"/>	
18	John Taylor <i>PRES. NEV MED ASSN</i>	225-6000	<input checked="" type="checkbox"/>	HWT

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Exhibit A

#17  
3/1/11

NAME	DEPARTMENT AND POSITION OR TITLE		(v) WITNESS	Bill #	(v) Obser
19. KENNETH F. MACLENN	10. NOV. MED. ASST			#4118	
20. NELSON J. RICE	11. SOC. ASSTANT ASST			448	1
21. Dr. W.M. EDWARDS	Nelson's Social Health Div.	511-2111		4118	1
22. NAOMI A. SARKIS					
23. NAOMI SARKIS					
24. MICHAEL M. GRANDE	12. ASST. DIR. OF HEALTH			4118	1
25. LUTHER D. HALL	13. ASST. DIR. OF HEALTH				1
26. THOMAS J. ...	14. ASST. DIR. OF HEALTH				
27. ...	15. ASST. DIR. OF HEALTH				
28. ...	16. ASST. DIR. OF HEALTH				
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# Nevada State Board of Medical

3660 BAKER LANE • RENO, NEVADA 89502 • TELEPHONE (702) 825-5183

## Examiners

LESLIE A. MOREN, M.D., President  
REUBEN ZUCKER, M.D., Vice Pre  
KENNETH F. MACLEAN, M.D., Secretary-Tre  
RICHARD D. GRUNDY  
KIRK V. CAMMACK

MR. NELSON B. NEFF, Executive Sec

The objective, purpose and function of the State Board of Medical Examiners is to insure the best medical care for the people of the state and to protect the citizens in all ways so the best possible medical care is obtained and to protect the people of Nevada from methods which have not been scientifically proven.

In the opinion of this Board the practice of acupuncture constitutes practice of medicine as defined by the statutes of the State of Nevada.

Although acupuncture has been an important part of the theory and practice of Oriental medicine for several centuries, its concepts and uses are not understood by Western medicine; only recently has it been considered in the United States for its potential value. Very little scientific literature on this topic has been published in Western nations or even in China. Because of the lack of understanding by Western medical scientists, and because of potential harm which acupuncture might produce in patients for whom the treatment of symptoms would mask a serious or perhaps fatal condition otherwise amenable to treatment aimed at the cause, the Nevada State Board of Medical Examiners has concluded that at this time, acupuncture is not sufficiently well understood to be an acceptable method for use in the practice of medicine in this state.

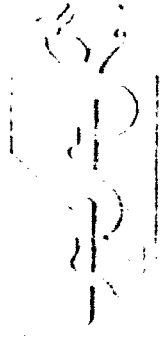
To our knowledge acupuncture has not been licensed in any state in the U.S. Research in a university or hospital setting is supervised by the National Institutes of Health which has initiated a major study of acupuncture.

March 8, 1973

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3/26/73

Exhibit B  
p. 1 of 5 pgs



NEVADA  
STATE  
MEDICAL  
ASSOCIATION

3660 BAKER LANE • RENO, NEVADA 89502 • TELEPHONE (702) 323-6788

JOHN P. SANDE, M.D., President  
THOMAS K. HOOD, M.D., President-Elect  
JOHN W. CALLISTER, M.D., Secretary-Treasurer  
WILLIAM D. O'GORMAN, M.D., Immediate Past President  
HUGH C. FOLLMER, M.D., AMA Delegate  
C. NORMAN CHRISTENSEN, M.D., AMA Alternate Delegate  
NELSON B. NEFF, Executive Director

March 17, 1973

Hon. Lee E. Walker, Chairman  
Committee on Health, Welfare and State Institutions  
Nevada State Senate  
Legislative Building  
Carson City, Nevada

Dear Senator Walker:

In a meeting held today, the Executive Committee of the Nevada State Medical Association voted in support of A.B. 673 which will allow evaluation of potential hazards and benefits of acupuncture.

Sincerely yours,

*John P. Sande, M.D.*  
John P. Sande, M.D.

February 27, 1973

Senator Lee Walker  
Chmn Health Welfare and State Institutions

RE: Information on pending acupuncture legislation

Dear Senator Walker:

The California State Assembly has certified the National Association for Acupuncture (NAA) as the official agency for the licensing of qualified persons to practice acupuncture. Steven Rosenblatt, a PH. D. candidate in Physiology at UCLA and a licensed acupuncturist in California, is the head of the UCLA Acupuncture Clinic and would be pleased to appear before your committee or to offer any information he can concerning the practice and licensing of acupuncture. Also willing to testify is the Chairman of the Board of NAA, William Prensky.

The NAA requires that its members have at least five years of training. Mr. Rosenblatt has completed three and one-half years of study at the Hong Kong University of Acupuncture and has trained for five and one-half years under Mr. Gim Shek Ju, Master of Acupuncture and founder of the NAA with thirty years of practice in acupuncture. Mr. Prensky has eight years of training in acupuncture.

The NAA would like to see licensing in Nevada done by a board consisting of equal numbers of NAA members and MDs and the practice of acupuncture done only in the presence of a Medical Doctor.

Mr. Rosenblatt and Mr. Prensky would prefer a week's notice before any hearing. If given sufficient notice they could also arrange for Master Ju to attend. Mr. Rosenblatt can be reached at his office (213-478-1036) or at his home (213-826-6771). Two proponents of the legislation in California, Ass. Gordon Duffy, Chmn of Health and Manpower, and Doctor Thomas Elmandorif, President-elect of the California State Medical Association who is referring his patients to an acupuncturist, might also be useful to contact.

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- Exhibit C

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Chairman Walker, Members of the Committee:

# 97 Mr. Jandell  
E. J. Jandell  
C

I am here to present the views of the Nevada State Medical Association relative to proposed legislation concerning acupuncture. Some of the members of this committee have already been <sup>treated by</sup> ~~subjected to~~ acupuncture or witnessed the demonstrations by Professor Lok through the efforts of Mr. Arthur Steinberg. Even the Nevada State Journal Editor got into the act Sunday in an editorial with the headline "Acupuncture deserves unbiased consideration" and this was followed by <sup>a plug to legislation of</sup> ~~the promotion of~~ acupuncture pronto. I do not believe this editorial writer would be selected to sit on a jury to judge acupuncture because he already has a definite opinion.

Acupuncture is not new to the western world. In 1836, an article appeared in the Boston Medical Surgical Journal extolling the virtues of acupuncture in pain relief. As noted in the New York Times December 27, 1972, acupuncture has been practiced in New York for more than 100 years in Chinatown, sometimes in filthy holes in the back of a store.

Recently other states have been confronted with proposed legislation relative to acupuncture so may be we should evaluate how other state legislatures have reacted:

(1) NEW YORK STATE

New York State generally requires that only licensed physicians may practice medicine. Therefore, the state board of medicine <sup>and</sup> Dept. of Education declared acupuncture may only be performed in conjunction with experiments by or under supervision of a licensed physician in approved institutions (example: medical school and affiliated hospitals).

This ruling was handed down originally on July 26, 1972, and was reaffirmed on November 18, 1972, On January 3, 1973, Gov. Nelson A. Rockefeller in his message to the New York State legislature appointed a state commission on the uses and regulations of acupuncture. The commission will have the responsibility for the collection and evaluation of current scientific and clinical information on the validity of acupuncture as a preventive

diagnostic and therapeutic technique. The commission will also be charged with assessing the need for necessary legislation specifying the conditions under which acupuncture may be practiced, and the qualifications, training, regulation, and licensing of persons permitted to practice acupuncture.

The following is a partial list of some of the projects established or in the process of development in regard to acupuncture. in N.Y

- (1) Mt. Sinai School of Medicine is co-sponsoring projects with:
  - (a) The Hospital for Joint Disease- study aimed especially at arthritis sufferers.
  - (b) New York League for the hard of hearing - treatment of nerve deafness in children.
- (2) New York Medical College in conjunction with Grasslands Hospital
  - Pain clinic under the responsibility of the Department of Anesthesiology.
- (3) New York University School of Medicine - Basic research in pain controls on anesthesia in dentistry.
- (4) Plus studies by Albert Einstein Medical College, Downstate Medical Center, and Albany Medical College.

In regard to other state legislative action, California added section 2145.1 to the Business and professions Code to read:

The performance of acupuncture by an unlicensed person alone or in conjunction with other forms of traditional Chinese medicine, when carried on in an approved medical school for the primary purpose of scientific investigation of acupuncture, shall not be in violation of this chapter, but such procedures shall be carried on only under the supervision of a licensed physician and surgeon.

(3)

conjunction with other forms of Chinese medicine, when carried on in a hospital offering courses of medicine, shall not be in violation of this chapter, but such procedures shall be carried out only under the supervision of a licensed physician and surgeon.

There may be other states that have passed legislation on acupuncture at this time but I do not have the information.

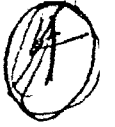
The sentiments of most of the doctors of medicine practicing in Nevada could be expressed by the comments of the commissioner of Education of the State of New York. The following is a verbatim presentation:

"Acupuncture, an ancient oriental method for treatment of <sup>PAIN</sup> ~~pain~~ and production of anesthesia, has been used for centuries without any basic scientific explanation of how the procedure actually produces its effect. Until fairly recently, its use in the Orient followed a diagnosis based upon an analysis of the "twelve pulses." At the present time, this oriental diagnostic technique has been discarded, even in the Peoples Republic of China, for a "Western-style" medical diagnosis prior to the administration of acupuncture.

Acupuncture has produced beneficial results in many well documented cases; its use has been totally without benefit in other patients. If the procedure is not performed properly, it can produce side-effects by altering functions of the internal organs, the levels of blood pressure, etc. Some of these undesired side-effects may be harmful in certain patients. Almost nothing is known about this aspect of reactions to acupuncture. If the needles are not sterilized and properly inserted, local infections at the puncture sites may result or infectious diseases, such as hepatitis, may be transmitted.

Perhaps the greatest danger is the possibility that acupuncture treatment of recurrent or chronic pain may mask the development of serious inflammatory disease or even the growth of a benign or malignant tumor, thus delaying established medical or surgical treatments which would combat the cause of the underlying disease process, perhaps save the patient's life, and not simply treat the symptom of pain. For these reasons it is especially im-





portant that patients should be examined thoroughly first by a physician, before selection and referral for acupuncture administration"

*legislature*

Therefore, the NSMA supports bill AB 673 which states or reads as follows:

1. Acupuncture shall only be practiced under the following conditions:
  - a. In hospitals accredited by the Joint Commission on Accreditation ~~or~~ of Hospitals
  - b. By or under the supervision of a licensed practitioner of medicine, surgery or obstetrics who is a member of the staff of any such hospital; and
  - c. Pursuant to the regulations of the hospital.
2. Any such hospital permitting acupuncture to be practiced by its staff shall keep records pertaining to the patient's identity, his complaints, diagnosis, treatment and the results of any such treatment.
3. No later than November 30, 1974, each hospital permitting the practice of acupuncture by its staff shall submit a report to the legislative commission containing a synopsis of the information required by subsection 2 and a staff report concerning the suitability of acupuncture as a therapeutic technique and the performance standards of persons who performed acupuncture.
4. Any person who viola es any provision of this section is guilty of a misdemeanor.

In summation, the NSMA position is that acupuncture should be evaluated under the proper setting such as controlled hospital study. This would allow for the needed research of acupuncture.

Mrs. Joy Rogers, who lives in Reno and was treated by Master Ju in a demonstration, has much at stake in seeing acupuncturists licensed to practice in Nevada. She very anxious to volunteer information and can be reached at home after school hours (358-1343). Her treatment for rheumatoid arthritis, as she says, "relieved her intense pain and repaired 15 years of damage," and further treatment would be "saving her life." So, she is most committed to seeing acupuncture practiced in Nevada. The NAA can also document successful treatment of asthma, sinus conditions, migraine, hepatitis, ulcers, kidney disease and disk injuries. And with multiple sclerosis and muscular dystrophy, acupuncture can consistently relieve pain and initiate some walking improvement.

Self-evidently, Joy Rogers is depending much on friendly action by your committee and the rest of the legislature. Please contact her with any questions, she has a great deal of pertinent information to offer.

Thank you sincerely,

*Terry Gomes*

Terry Gomes UNR student  
(747-0726)

cc; Senate Health Welfare and State Institutions  
Assembly Health and Welfare

CHAPTER 826

*An act to add Section 2145.1 to the Business and Professions Code, relating to acupuncture, and declaring the urgency thereof, to take effect immediately.*

[Approved by Governor August 11, 1972. Filed with Secretary of State August 11, 1972.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1500, Duffy. Acupuncture.

Permits performance of acupuncture and other forms of traditional Chinese medicine by unlicensed person in approved medical school for primary purpose of scientific investigation of acupuncture under specified circumstances.

Requires medical school conducting such research to make specified annual report to Legislature.

To take effect immediately, urgency statute.

*The people of the State of California do enact as follows:*

SECTION 1 Section 2145.1 is added to the Business and Professions Code, to read:

2145.1. The performance of acupuncture by an unlicensed person, alone or in conjunction with other forms of traditional Chinese medicine, when carried on in an approved medical school for the primary purpose of scientific investigation of acupuncture, shall not be in violation of this chapter, but such procedures shall be carried on only under the supervision of a licensed physician and surgeon.

Any medical school conducting research into acupuncture under the provisions of this section shall report to the Legislature annually on the fifth legislative day of the regular session of the Legislature concerning the results of such research, the suitability of acupuncture as a therapeutic technique, and performance standards for persons who perform acupuncture.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting such necessity are:

The recent rising interest in acupuncture and other forms of traditional Chinese medicine has stimulated a desire on the part of practitioners of modern western medicine to explore these forms of medicine in order to determine whether such forms of medicine may be of benefit to the people of this state. In view of the promising possibilities of acupuncture and other forms of traditional Chinese medicine, it is necessary that this act take effect immediately so that the investigation and selection process with respect to these forms of

medicine may proceed as soon as possible

1 AN ACT Relating to the practice of medicine and surgery; and adding a H -  
2 new section to chapter 18.71 RCW. 4136

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 001

4 NEW SECTION. Section 1. There is added to chapter 18.71 RCW PART  
5 a new section to read as follows: ;00

6 The performance of acupuncture by an unlicensed person, alone  
7 or in conjunction with other forms of traditional Chinese medicine,  
8 when carried on in a hospital offering courses of instruction in the  
9 field of medicine, shall not be in violation of this chapter, but 1  
0 such procedures shall be carried on only under the supervision of a 1  
1 licensed physician and surgeon. 1

ACUPUNCTURE

Board of Medical Examiners  
State of Oregon  
Adopts Position on Acupuncture

October 14, 1972

"Acupuncture is not an accepted medical procedure in the State of Oregon at the present time. The Board of Medical Examiners of the State of Oregon regards acupuncture involving the human body as an experimental procedure which falls within the practice of medicine, and hence, can be performed lawfully in Oregon only by or under the direct supervision of a physician license by this Board.

The Board recognizes the need for, and desires to encourage, further research in the techniques, mechanisms of action, and uses of acupuncture. However, because acupuncture is considered at this time strictly as an investigational procedure, it should be performed only in medical centers and teaching hospitals having committees on research."

# Acupuncture— A Chinese Puzzle

The use of needles to treat a wide range of human ailments has for centuries been a part of Oriental medical practice. But how does it work?

Condensed from *PSYCHIC*  
JOHN WHITE

“**T**HAT A NEEDLE stuck into one’s foot should improve the functioning of one’s liver is obviously incredible. The only trouble is that, as a matter of empirical fact, it does happen.”

So wrote novelist Aldous Huxley ten years ago, in his foreword to Dr. Felix Mann’s book, *Acupuncture: The Ancient Chinese Art of Healing*.<sup>\*</sup> Mann described how a skilled acupuncturist can, by inserting needles into the body at various points and depths, cure, improve or arrest a wide range of afflictions: migraine headache, ulcers, arthritis, high blood pressure, conjunctivitis, hay fever, acne, sciatica, hepatitis, asthma, hemorrhoids, angina pectoris, lumbago, weak eyesight, tonsillitis, anemia, insomnia. No surgery or drugs, mind you—just needles.

<sup>\*</sup>Recently revised by Dr. Mann as *Acupuncture: Cure of Many Diseases*.

to China several months earlier with cardiologist Dr. Paul Dudley White. On their return, both indicated that acupuncture anesthesia warrants further investigation. In addition, two New York medical men recently back from China, Dr. Samuel Rosen of Mount Sinai School of Medicine and Dr. Victor Sidel of Montefiore Hospital and Albert Einstein College of Medicine commented favorably about acupuncture anesthesia to the press.

The headlines sparked by such serious interest in acupuncture have

Today, as China’s bamboo curtain begins to lift, Americans are becoming aware of the Oriental therapeutic and anesthetic treatment-by-needles. Last year, in China, Seymour Topping, assistant managing editor of the *New York Times*, and his wife, Audrey, witnessed heart surgery performed on a woman whose only anesthetic was acupuncture. During the operation the surgeon actually held the patient’s heart in his hands for all to see. The woman, who was calmly sipping orange juice through a straw, apparently felt no pain and smiled at observers. “We almost fainted,” said Mrs. Topping.

Last December, the prestigious *Journal of the American Medical Association* carried a long article about acupuncture by Dr. E. Grey Dimond of the University of Missouri. Dr. Dimond had made a trip

made some scientists uncomfortable, even angry. “It’s all in the mind,” they say. “Needles instead of sugar pills. Hypnosis. Traditional Chinese stoicism. Trickery.” To which others respond that acupuncture also is supposed to work well on animals, which presumably are not receptive to hypnosis and placebos. And so controversy rages.

What do we actually know about acupuncture (from Latin *acus*, “needle,” and *punctura*, “puncture”) so far? Legend has it that the system originated in the chance dis-

covery that arrows shot into one part of soldiers' bodies could cure illnesses in other parts. Acupuncture was known, according to tradition, as early as 2600 B.C., during the reign of Emperor Huang Ti. More than 2000 years later, the practice was described in the *Yellow Emperor's Classic of Internal Medicine*, and since then has been an ever-present method of healing in the Orient. Today Japan has 50,000 licensed acupuncturists, and China has about one million, of whom 150,000 are physicians.

Traditional acupuncture theory is intimately bound up with Chinese philosophy, Taoism and the *yin-yang* concept of dynamically opposing, yet harmonizing, energies in the universe—energies which are believed to wax and wane rhythmically. Man is a microcosm of the universe, and therefore also has the same regular change in his body's vital energy—variously identified as *chi*, *qi* or *i'chi*. The skilled acupuncturist, using a little-known method of pulse diagnosis, determines his patient's *yin* and *yang* condition

and, if there is an imbalance, treats him for what he foresees will go wrong if not corrected. He aims at prevention rather than cure.

Should illness actually arise, he treats the person, not the illness. A disorder is thought to be due to a malfunction or imbalance of the *chi* as it circulates throughout the body along 12 bilateral channels called meridians. Each meridian is associated with an internal organ such as the heart, lungs or stomach. And on the meridians are about 900 puncture points, each about 1/10 of an inch in diameter and carefully located on charts of the human body. By inserting fine, stainless-steel (bone, porcelain, gold and silver have been used in the past) needles\* into appropriate points and varying the depth and speed of insertion, the traditional acupuncturist claims that he affects the energy flow—either stimulating or dispersing it. He thus restores equilibrium to the energy system, and the patient is returned to health. (Since the points of insertion avoid vital organs, the needles do not damage the body, although they may cause a little soreness.)

Besides using acupuncture for treatment, the Chinese now use it as a means of anesthesia. Classically, needles were placed in the skin superficially and left for 10 to 30

minutes. In a new anesthetic as well as therapeutic technique, sparked by Mao Tse-tung's exhortations to improve medicine, needles are sometimes placed deeper, up to two inches. In addition, they are constantly manipulated in a rapid half-inch, up-and-down motion (about 120 times a minute) while being twirled between thumb and fingers. In a yet more dramatic innovation, electro-acupuncture has been developed, primarily by a woman, Chu Lien. In this procedure, a patient receives through implanted needles a 0.5-milliampere current for 20 minutes, which completely anesthetizes the area to be incised.

Recent newspaper reports indicate that the list of ills which acupuncture can cure is growing. In 1968, a Chinese army medical team located the acupuncture points that affect hearing by experiments on themselves. They say they have successfully treated deafness in 90 percent of cases resulting from a childhood disease. They offer as proof 11 children, deaf and mute prior to 1969 but now completely cured. Lately, also, Chinese doctors have combined acupuncture with herbal medicine, modern drugs and doctor-patient discussions to treat mental illness. They claim that such treatment has cured 79 percent of the inmates at a mental hospital in Hunan Province.

Similar advances in using acupuncture have been reported in the U.S.S.R., where there are said to be 1000 specialists in the art. Stanley Krippner, a psychologist at New

\*An alternative to the needle treatment is moxibustion, in which small cones of powdered *Artemisia vulgaris* (commonly called mugwort) leaves are placed on the appropriate points, ignited and left to burn until the skin reddens. Massage of the puncture points is still another treatment possibility.

York's Maimonides Medical Center, visited the Soviet Union last year and reported that Moscow physiologist G. S. Vassilchenko has successfully applied acupuncture to treat bedwetting, sexual impotence and frigidity. But Russian acupuncturists rarely use needles. Instead, they employ electrical stimulation, massage, ointments and occasionally laser beams. Moreover, the Russians do not completely rely on the ancient charts. They have found that Caucasians have acupuncture points at slightly different places than Orientals, and that the placement may vary even with different individuals.

I asked Dr. John W. C. Fox, assistant professor of anesthesiology at the State University of New York's Downstate Medical Center in Brooklyn, if he could explain acupuncture. "Western physicians are not at all satisfied with the classical Chinese theory," he said. "They want to explain acupuncture in terms that are readily understood or will fit in with our neurophysiological concepts."

Perhaps the most promising modern explanation of acupuncture anesthesia has been offered by Ronald Melzack, a neuropsychologist at McGill University in Montreal, and Patrick Walls, a neurophysiologist at University College in London. They

suggest that there are certain inhibitory mechanisms in the spinal cord that allow or block the transmission of impulses which, when they reach the brain, are interpreted as pain. Under this conception, there is a possibility that certain peripheral stimuli, such as a needle prick, can eliminate pain by altering the transmission of pain-producing impulses.

An electronic theory of acupuncture is offered by a French physician, Dr. Georges Cantoni. Dr. Cantoni has found that people in good health have an electrical potential difference of 30 to 40 millivolts between the head and the fingertips, the head being the positive pole and the fingertips the negative pole. If one's health is less than good, this difference in potential decreases or can even get inverted. This electrical balance or imbalance is, according to Dr. Cantoni, one of the main aspects of what the Chinese mean by "the circulation of energy."

Science will continue to search for an explanation of what is presently an inexplicable phenomenon. In last winter's *Yale Review*, Arthur Galston, a plant physiologist, offered sane counsel: "Since the Chinese seem happy to blend Western medicine with traditional Chinese practices, should we be less willing to learn from the wisdom of the East?"



## Capsules

► Though American doctors are still debating the risks, virtues and mysteries of acupuncture, two major U.S. insurance companies have already decided that for their purposes the ancient Chinese medical art is a legitimate procedure. Chicago-based Continental Assurance and Continental Casualty companies have given their aye to the needle by announcing that they will pay for acupuncture when it is administered by a licensed physician in accordance with law. Needle treatment by unlicensed practitioners—the kind given in some Chinatown dispensaries—would not be covered. The insurance companies have no idea what their decision will cost them in claims, but they do not expect to be overwhelmed. The few doctors in the U.S. currently wielding needles are doing so on an experimental basis for the most part. They are generally so eager to understand acupuncture that they have not yet become concerned with its costs.

► Smallpox was the first disease shown to be preventable by vaccination, but doctors are still searching for an effective way of treating it when it does erupt—usually among the unvaccinated. A team of Bangladesh and Cana-



ACUPUNCTURE IN ACTION  
*Aye for the needle.*

dian physicians believe that they have now found a way. They report in *Lancet* that cytosine arabinoside (ara-C), a drug known to check the multiplication of several viruses that have DNA cores, may be potent against variola, the virus of smallpox. During the April-May epidemic in Bangladesh, they gave

ara-C by continuous-drip injection to nine victims. Seven made rapid recoveries with minimal scarring, one showed no benefit, and one died (apparently of variolar pneumonia). By contrast, among 97 untreated cases in the district, there were 42 deaths. The doctors suggest that these preliminary results are encouraging enough to warrant further tests.

► A healthy person normally breathes fairly deeply, and spontaneously takes in an extra-deep breath every five or ten minutes. A patient flat on his back after major surgery, however, breathes less deeply and omits the extra inspirations. His lungs get less oxygen and, as a result, parts may collapse and eventually stop functioning altogether. To overcome this problem, Dr. Robert Bartlett of the University of California at Irvine proposes a simple solution: yawning. Bartlett urges doctors to teach and encourage patients to yawn deeply every five minutes or so, filling the lungs to near ideal capacity. He has invented a spirometer that registers the depth of breathing to encourage patient cooperation, but admits that most patients should be able to go it alone. The boredom of a hospital stay may be enough, he says, to keep them yawning their way to recovery.

January 27, 1973

To: Senators and Representatives  
State of Nevada

From: Nevada Association of Nurse Anesthetists

Dear Sirs:

There has recently been presented or will soon be presented to the floor of the Senate or the House, a request from the Nevada Nurses Association to consider proposed revision to Chapter 632 of the Nevada Revised Statutes.

During the past year, The Nevada Association of Nurse Anesthetists has worked with the Nevada Nurses Association on an addition to have been included in their proposal. However, the Nevada Nurses Association saw fit, without notification to the Nevada Association of Nurse Anesthetists, to submit their proposals omitting the portion which had been requested by the Nevada Association of Nurse Anesthetists. We have been unable to obtain any valid reason from the Nevada Nurses Association for their having done this. The Nevada Association of Nurse Anesthetists spent much time in committee, and in meetings with the Nevada Nurses Association trying to satisfy their requirements.

The Certified Registered Nurse Anesthetist belongs to a group of Nurses which have been recognized as a specialty for over 30 years. Because of the standards of education our National organization, the American Association of Nurse Anesthetists, has been recognized by the Department of Health, Education and Welfare as the national accrediting organization for schools of Nurse Anesthetists. We are recognized by the Joint Commission of Accreditation of Hospitals.

Because we believe it is essential to the health and well being of the citizens of the State of Nevada, we are asking all Senators and Representatives of the State of Nevada to consider for amendment by addition to Nevada Revised Statute 632.130

Paragraph 3. Administration of anesthesia by Nurses:

Only those Nurses who have satisfactorily completed the prescribed educational program in a school of anesthesia which is accredited by the American Association of Nurse Anesthetists, may administer anesthetics in the presence and under the supervision of a licensed physician, dentist, podiatrist, or other persons licensed in the State of Nevada to perform surgery or obstetrics.

303

# 17 - 3/26/73

Exhibit D  
R 1 1 10

Enclosures include:

1. Copy of proposal to be submitted to the Legislature.
2. Copy of a similar amendment to the Nurse Practice Act of the State of Arkansas - Subsection d. of Section 2 of Act 315. Approved and signed by the Governor of Arkansas on February 5, 1973.
3. Copy of a similar law from West Virginia Mandatory Nurse Licensure Law 1965.

Certified Registered Nurse Anesthetists are and have always been required to hold a valid Nursing License in the State of Nevada.

We sincerely appreciate your consideration of our proposal, and thank you for any efforts on your behalf to help to seek the enactment of such a proposal to protect the health and welfare of the People of the State of Nevada.

Sincerely,

Milford N. Crandall CRNA  
President  
Nevada Association of Nurse Anesthetists  
4631 Corral Place  
Las Vegas, Nevada  
89109

372-0486

I am Dorothy Button. I live at 1590 Hillside Drive in Reno. I am chairman of the Nevada Nurses' Association Committee on Legislation. The Nevada Nurses' Association is the professional organization of registered nurses.

I suppose the focus of our discussion this morning is to be the amendments to A.B. 116 suggested on March 21. First was the amendment proposed by Mr. McDonald pertaining to the dentists, the optometrists and the podiatrists. The dentists/are already included in our definition of "practice of professional nursing." We know for a fact that the podiatrists have not been contacted about this amendment. If you want to include the amendment proposed by the optometrists, I think it should say only optometrists. I really cannot see that such an amendment is appropriate in the Nurse Practice Act. The Board of Nursing can only stop persons from practicing nursing; it is the responsibility of the Board of Optometry to stop persons from practicing optometry. If they cannot do this with their present law, they should be working to strengthen their own law instead of trying to weaken everyone else's. In the event that you do decide to include Mr. McDonald's amendment, he did agree that it does not have to be added to the definition of "practice of professional nursing."

Second was an amendment suggested by Mrs. Greene representing the Nevada Hospital Association suggesting that the sentence on lines 19 and 20 on page 9 which reads: "The program shall be in an accredited institution of higher education." be removed. You may do what you please about that. We think you should keep in mind the fact that the patient pays for nursing education, in addition to what he is already paying, in hospitals that have diploma schools of nursing. Also the pattern of nursing education is changing-- diploma schools are closing. Nevada has had no diploma school since

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*Re Pass -  
w/ refer to Finance*

**S. B. 504**

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SENATE BILL NO. 504—SENATOR WALKER

MARCH 20, 1973

Referred to Committee on Health, Welfare and State Institutions

SUMMARY—Creates position of staff attorney for Indian affairs commission.  
Fiscal Note: No. (BDR 18-1645)



EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

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AN ACT relating to the Indian affairs commission; providing for a staff attorney to represent the commission and Indians of this state; making an appropriation; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly,  
do enact as follows:*

- 1 SECTION 1. Chapter 233A of NRS is hereby amended by adding  
2 thereto a new section which shall read as follows:  
3 1. *The commission may appoint a staff attorney who shall be a mem-*  
4 *ber of the State Bar of Nevada.*  
5 2. *An attorney appointed pursuant to this section shall provide legal*  
6 *services in civil matters for Indians of this state, either individually or as*  
7 *a tribe.*  
8 SEC. 2. There is hereby appropriated from the general fund in the  
9 state treasury to the Indian affairs commission the sum of \$60,000 for the  
10 fiscal years 1973–1974, and 1974–1975, to be disbursed by the commis-  
11 sion to employ a staff attorney.

*SB  
504*

to prepare professional nurses in both Clark and Washoe Counties. We think this legislature should provide the funds to keep those programs going instead of starting new ones.

Third was the amendment regarding the nurse anesthetists. We have had communications from nurse anesthetists in Elko and Lovelock, who have not been contacted by this Las Vegas Group of nurse anesthetists who call themselves the Nevada Association of Nurse Anesthetists, and who would prefer our/proposed change in the law to that proposed by the Las Vegas group of nurse anesthetists. In adding such an amendment, we know that you must be very careful not to jeopardize the position of some other nurse. For example, the nurse midwife who may need to use a local anesthetic or a pudental block, which she is perfectly capable of doing, at the time of a baby's delivery. As we understood the reaction of the committee on Monday, March 26, we think you feel we should add something to the law regarding nurse anesthetists. This is what we propose and it should be added to the definition section of the law: 632.010 A "Certified Registered Nurse Anesthetist" means a person who has completed a nationally accredited program in the science of anesthesia, who when licensed as a registered nurse under the provisions of this act, administers anesthetic agents to individuals under the care of those persons licensed by the State of Nevada dentistry to perform surgery/or obstetrics.

If you decide to add this amendment then the change we made on page 5 line 15 is no longer appropriate and the words registered and anesthetist should be removed leaving that portion of the law as it is now.

*Between L. 92 & 43*

*P 2 Rec. 632.010 (N.A.A.)*

*Page 1398*

*L. 15 delete "Registered nurse"*

We have all come here today at our own individual expense to try to show you that we are serious about the necessity for these changes in the Nurse Practice Act and to urge you to get this bill out of Committee with a "do pass" recommendation with no further ado. Thank you.

Do Pass

S. B. 448

SENATE BILL NO. 448—SENATOR WALKER

MARCH 13, 1973

Referred to Committee on Health, Welfare and State Institutions

SUMMARY—Regulates separately practice of Chinese medicine.  
Fiscal Note: No. (BDR 54-1396)



EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

58  
448

AN ACT relating to Chinese medicine; regulating its practice separately; providing standards, qualifications and licensing of practitioners; providing a penalty; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:*

- 1 SECTION 1. Title 54 of NRS is hereby amended by adding thereto
- 2 a new chapter to consist of the provisions set forth as sections 2 to 27,
- 3 inclusive, of this act.
- 4 SEC. 2. The practice of Chinese medicine and any branch thereof is
- 5 hereby declared to be a learned profession, affecting public safety and
- 6 welfare and charged with the public interest, and therefore subject to
- 7 protection and regulation by the state.
- 8 SEC. 3. Unless the context otherwise requires, the words, phrases and
- 9 derivatives thereof employed in this chapter have the meanings ascribed
- 10 to them in this section.
- 11 1. "Acupuncture" means the insertion of needles into the human
- 12 body by piercing the skin of the body, for the purpose of controlling and
- 13 regulating the flow and balance of energy in the body.
- 14 2. "Board" means the state board of Chinese medicine.
- 15 3. "Doctor of acupuncture" means a person who has been licensed
- 16 under the provisions of this chapter to practice the art of healing known
- 17 as acupuncture.
- 18 4. "Doctor of herbal medicine" means a person who has been
- 19 licensed under the provisions of this chapter to practice the art of healing
- 20 known as herbal medicine.
- 21 5. "Doctor of traditional Chinese medicine" means a person who has
- 22 been licensed under the provisions of this chapter to practice the art of
- 23 healing through traditional Chinese medicine.
- 24 6. "Herbal medicine" and "practice of herbal medicine" mean sug-
- 25 gesting, recommending, prescribing or directing the use of herbs for the



1 cure, relief or palliation of any ailment or disease of the mind or body, or  
2 for the cure or relief of any wound, fracture, bodily injury or deformity.

3 7. "Herbs" means plants or parts of plants valued for medicinal qual-  
4 ities.

5 8. "Licensed acupuncture assistant" means a person who assists in  
6 the practice of acupuncture under the direct supervision of a person  
7 licensed under the provisions of this chapter to practice traditional Chi-  
8 nese medicine or acupuncture.

9 9. "Traditional Chinese medicine" means that system of the healing  
10 art which places the chief emphasis on the flow and balance of energy in  
11 the body mechanism as being the most important single factor in main-  
12 taining the well-being of the organism in health and disease and includes  
13 the practice of acupuncture and herbal medicine.

14 SEC. 4. 1. A school or college of Chinese medicine may be estab-  
15 lished and maintained in this state only if:

16 (a) Its establishment is approved by the board.

17 (b) Its curriculum is approved annually by the board for content and  
18 quality of instruction in accordance with the requirements of this chapter.

19 2. Graduates of school or college of Chinese medicine are qualified  
20 for licensing under this chapter only if it requires for admission to its  
21 course of study that each applicant for a doctorate of traditional Chinese  
22 medicine, herbal medicine or acupuncture be a medical doctor licensed  
23 to practice medicine by some state, district or territory of the United  
24 States.

25 SEC. 5. A school or college of Chinese medicine shall require as a  
26 prerequisite to graduation with a degree of doctor of traditional Chinese  
27 medicine, the successful completion of a course requiring an attendance  
28 of 48 months in the following subjects:

29 1. Anatomy, embryology, toxicology, histology, physiology, bacteri-  
30 ology, hygiene, electrical diagnosis and diabetics;

31 2. Theory and philosophy of acupuncture, including methods of acu-  
32 puncture, needles, cauterization and cupping; meridians and points and  
33 diagnosis including pulse diagnosis and needle technique;

34 3. Herbs, including analysis of herbs and herbal pharmacology;

35 4. The practice of traditional Chinese medicine which shall include  
36 study of diseases of the nervous system, alimentary tract, heart and vas-  
37 cular system, genito-urinary system, ductless glands, metabolism, respira-  
38 tory tract, bones and joints, eyes, ears, nose and throat and orificial  
39 diseases and acute and infectious diseases and shall include study of cor-  
40 rective gymnastics, pediatrics, dermatology, psychiatry; diagnosis includ-  
41 ing pulse diagnosis, clinical practice, case recording, gynecology,  
42 obstetrics, professional ethics and efficiency; and

43 5. Principles of Chinese medicine.

44 SEC. 6. A school or college of Chinese medicine shall require as a  
45 prerequisite to graduation with a degree of doctor of acupuncture, the  
46 successful completion of a course requiring an attendance of 36 months  
47 in the following subjects:

48 1. Anatomy, embryology, toxicology, histology, physiology, bacteri-  
49 ology, hygiene, electrical diagnosis and diabetics;

1 2. Theory and philosophy of acupuncture, including methods of acu-  
2 puncture, needles, cauterization and cupping; meridians and points and  
3 diagnosis including pulse diagnosis and needle technique;

4 3. The practice of traditional Chinese medicine which shall include  
5 study of diseases of the nervous system, alimentary tract, heart and vas-  
6 cular system, genito-urinary system, ductless glands, metabolism, respi-  
7 ratory tract, bones and joints, eyes, ears, nose and throat and orificial  
8 diseases and acute and infectious diseases and shall include study of  
9 corrective gymnastics, pediatrics, dermatology, psychiatry; diagnosis  
10 including pulse diagnosis, clinical practice, case recording, gynecology,  
11 obstetrics, professional ethics and efficiency; and

12 4. Principles of Chinese medicine.

13 SEC. 7. A school or college of Chinese medicine shall require as a  
14 prerequisite to graduation with a degree of doctor of herbal medicine, the  
15 successful completion of a course requiring an attendance of 36 months  
16 in the following subjects:

17 1. Anatomy, embryology, toxicology, histology, physiology, bacte-  
18 riology, hygiene, electrical diagnosis and diabetics;

19 2. Herbs, including analysis of herbs and herbal pharmacology;

20 3. The practice of traditional Chinese medicine which shall include  
21 study of diseases of the nervous system, alimentary tract, heart and vas-  
22 cular system, genito-urinary system, ductless glands, metabolism, respira-  
23 tory tract, bones and joints, eyes, ears, nose and throat and orificial  
24 diseases and acute and infectious diseases and it shall include study of  
25 corrective gymnastics, pediatrics, dermatology, psychiatry; diagnosis  
26 including pulse diagnosis, clinical practice, case recording, gynecology,  
27 obstetrics, professional ethics and efficiency; and

28 4. Principles of Chinese medicine.

29 SEC. 8. 1. The state board of Chinese medicine, consisting of three  
30 members appointed by the governor, is hereby created.

31 2. The governor shall appoint the members on July 1, 1973. Their  
32 terms shall be as follows:

33 (a) One member shall hold office for 1 year;

34 (b) One member shall hold office for 2 years;

35 (c) One member shall hold office for 3 years; and

36 (d) Thereafter, all terms shall be for 3 years.

37 3. A person is eligible for appointment as a member of the board  
38 even though he is not a citizen of the United States or a resident of  
39 Nevada.

40 4. The governor shall appoint persons to fill vacancies for the  
41 remainder of an unexpired term.

42 5. Each member of the board shall, before entering upon the duties  
43 of his office, take the oath of office prescribed by the constitution before  
44 someone qualified to administer oaths.

45 SEC. 9. All persons:

46 1. Who hold licenses under this chapter to practice traditional Chi-  
47 nese medicine;

48 2. Who are affiliated with a school, college, society or organization  
49 chartered or licensed by the State of Nevada for the primary purpose of  
50 promoting the teaching of Chinese medicine or any branch thereof or the

58  
48

1 scientific research of any branch of such medicine or to promote the  
2 establishment of schools or colleges to teach Chinese medicine or any  
3 branch thereof; or

4 3. Who are physicians licensed by any government, state, territory  
5 or province to practice Chinese medicine and who practiced traditional  
6 Chinese medicine for at least 10 years,  
7 are eligible to be appointed to serve on the board.

8 SEC. 10. Each member of the board shall receive:

9 1. A salary of not more than \$25 per day, as fixed by the board,  
10 while engaged in the business of the board.

11 2. Actual expenses for subsistence and lodging, not to exceed \$25 per  
12 day, and actual expenses for transportation, while traveling on business  
13 of the board.

14 SEC. 11. The board shall annually elect from its members a president,  
15 vice president and secretary-treasurer, and may fix and pay a salary to  
16 the secretary-treasurer.

17 SEC. 12. The board may:

18 1. Employ attorneys, investigators and other professional consultants  
19 and clerical personnel necessary to discharge its duties. For the purpose  
20 of conducting its examinations, the board may call to its aid persons of  
21 established reputation and known ability in Chinese medicine;

22 2. Maintain offices in as many localities in the state as it finds neces-  
23 sary to carry out the provisions of this chapter;

24 3. Promulgate rules and regulations, or either of them, not inconsis-  
25 tent with the provisions of this chapter; and

26 4. Compel the attendance of witnesses and the production of evi-  
27 dence by subpoena and the board may administer oaths.

28 SEC. 13. The board shall:

29 1. Hold meetings at least once a year and at any other time at the  
30 request of the president of the majority of the members;

31 2. Have and use a common seal;

32 3. Deposit in interest-bearing accounts in the State of Nevada all  
33 moneys received under the provisions of this chapter, which shall be used  
34 to defray the expenses of the board;

35 4. Operate on the basis of the fiscal year beginning July 1, and end-  
36 ing June 30; and

37 5. Keep a record of its proceedings which shall be open to the public  
38 at all times and which shall also contain the name and business address of  
39 every registered licensee in this state.

40 SEC. 14. An applicant for examination for a license to practice tradi-  
41 tional Chinese medicine or any branch thereof, shall:

42 1. Submit an application to the board on forms provided by the  
43 board;

44 2. Submit satisfactory evidence that he is 21 years or older and meets  
45 the appropriate educational requirements; and

46 3. Pay a fee of \$100.

47 SEC. 15. 1. Examinations shall be given at least twice a year at a  
48 time and place fixed by the board.

49 2. Applicants for a license to practice as a traditional Chinese doctor  
50 shall be examined in the subjects of anatomy including nerves, arteries

1 and veins, physiology, pathology, bacteriology, herbal pharmacology, tox-  
2 icology, diseases of the skin, eye, ear, nose, throat and genito-urinary sys-  
3 tem, general medicine, obstetrics, gynecology, pediatrics, theory and  
4 philosophy of Chinese medicine, methods of acupuncture including merid-  
5 ians, points and pulse diagnosis and such other subjects as the board may  
6 determine.

7 3. Applicants for a license to practice as a doctor of acupuncture  
8 shall be examined in the subjects of anatomy including nerves, arteries  
9 and veins, physiology, pathology, bacteriology, herbal pharmacology,  
10 toxicology, diseases of the skin, eye, ear, nose, throat and genito-urinary  
11 system, general medicine, obstetrics, gynecology, pediatrics, theory and  
12 philosophy of Chinese medicine, methods of acupuncture including  
13 meridians, points and pulse diagnosis and such other subjects as the  
14 board may determine.

15 4. Applicants for a license to practice as a doctor of herbal medicine  
16 shall be examined on the subjects of anatomy including nerves, arteries  
17 and veins, physiology, pathology, bacteriology, herbal pharmacology,  
18 toxicology, diseases of the skin, eye, ear, nose, throat and genito-urinary  
19 system, general medicine, obstetrics, gynecology, pediatrics, theory and  
20 philosophy of Chinese medicine and such other subjects as the board may  
21 determine.

22 5. Applicants for a license to practice as an acupuncture assistant  
23 shall be examined in the subjects of anatomy including the nerves, arteries  
24 and veins, physiology, pathology, bacteriology, toxicology, diseases of the  
25 skin, eye, ear, nose, throat and genito-urinary system, general medicine,  
26 obstetrics, gynecology, pediatrics, theory and philosophy of Chinese medi-  
27 cine, methods of acupuncture including meridians, points and pulse  
28 diagnosis and such other subjects as the board may determine.

29 **SEC. 16.** Persons licensed pursuant to this chapter are not subject to  
30 the provisions of chapters 629 and 630 of NRS.

31 **SEC. 17.** The board shall waive examination and grant a certificate of  
32 doctor of traditional Chinese medicine to any applicant who:

33 1. Has applied in writing to the board not later than 120 days after  
34 the effective date of this act;

35 2. Was present in this state for at least 30 consecutive days immedi-  
36 ately prior to December 25, 1972;

37 3. Obtained a certificate from the Republic of China, the People's  
38 Republic of China, Korea or Japan acknowledging that the applicant was  
39 qualified to practice Chinese medicine;

40 4. Has practiced traditional Chinese medicine for at least 20 years  
41 immediately prior to December 25, 1972; and

42 5. Submits with his application a filing fee of \$100.

43 **SEC. 18.** The board shall issue a license for the practice of tradi-  
44 tional Chinese medicine or a license for the practice of acupuncture  
45 where the applicant:

46 1. Has a license or certificate from the government of the Republic  
47 of China, People's Republic of China, Korea or Japan which acknowl-  
48 edges that the applicant has the qualifications to practice Chinese medi-  
49 cine or acupuncture;

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1 2. Has practiced traditional Chinese medicine or acupuncture for  
2 10 years; and

3 3. Passes the examination of the board.

4 SEC. 19. An applicant for a license for acupuncture assistant shall be  
5 issued a license by the board if he:

6 1. Has successfully completed a course of study in acupuncture in  
7 any college or school in any country, territory, province or state requir-  
8 ing an attendance of 36 months;

9 2. Practiced acupuncture for not less than 3 years; and

10 3. Passes the examination of the board for acupuncture assistant.

11 SEC. 20. It is unlawful for any person licensed under the provisions of  
12 this chapter to prescribe herbal medication unless the herbs prescribed  
13 have been approved by the Food and Drug Administration for use for the  
14 prevention or alleviation or cure of illness or disease or for relief from  
15 suffering.

16 SEC. 21. 1. Every person holding a license authorizing him to prac-  
17 tice traditional Chinese medicine, acupuncture, herbal medicine or to  
18 serve as an acupuncture assistant in this state shall record his license in  
19 the office of the county clerk of the county of his office and residence.  
20 Every licensee upon a change of residence or office shall have his certifi-  
21 cate recorded in like manner in the county to which he has changed.

22 2. Every license shall be displayed in the office, place of business or  
23 place of employment of the holder thereof.

24 3. Every person holding a license who is a resident of the state shall  
25 pay an annual registration fee of \$20 to the secretary-treasurer of the  
26 board on or before February 1. If the holder of a license fails to pay the  
27 registration fee his license shall be suspended. The license may be rein-  
28 stated by payment of the required fee within 90 days after February 1.

29 4. A license which is suspended for more than 3 months under the  
30 provisions of subsection 3 may be canceled by the board after 30 days'  
31 notice to the holder of the license.

32 5. Every person holding a license who is not a resident of the state  
33 shall pay an annual registration fee of \$5 to the secretary-treasurer of the  
34 board on or before February 1.

35 SEC. 22. The board may either refuse to issue or may suspend or  
36 revoke any license for any one or any combination of the following  
37 causes:

38 1. Conviction of a felony, conviction of any offense involving moral  
39 turpitude or conviction of a violation of any state or federal law regulat-  
40 ing the possession, distribution or use of any controlled substance as  
41 defined in chapter 453 of NRS, as shown by a certified copy of record of  
42 the court;

43 2. The obtaining of or any attempt to obtain a license or practice in  
44 the profession for money or any other thing of value, by fraudulent mis-  
45 representations;

46 3. Gross malpractice;

47 4. Advertising by means of knowingly false or deceptive statement;

48 5. Advertising, practicing or attempting to practice under a name  
49 other than one's own;

- 1 6. Habitual drunkenness or habitual addiction to the use of a controlled substance as defined in chapter 453 of NRS;
- 2
- 3 7. Using any false, fraudulent or forged statement or document, or
- 4 engaging in any fraudulent, deceitful, dishonest or immoral practice in
- 5 connection with the licensing requirements of this chapter;
- 6 8. Sustaining a physical or mental disability which renders further
- 7 practice dangerous;
- 8 9. Engaging any dishonorable, unethical or unprofessional conduct
- 9 which may deceive, defraud or harm the public, or which is unbecoming
- 10 a person licensed to practice under this chapter;
- 11 10. Using any false or fraudulent statement in connection with the
- 12 practice of traditional Chinese medicine or any branch thereof;
- 13 11. Violating or attempting to violate, or assisting or abetting the
- 14 violation of, or conspiring to violate any provision of this chapter;
- 15 12. Being adjudicated incompetent or insane;
- 16 13. Advertising in an unethical or unprofessional manner;
- 17 14. Obtaining a fee or financial benefit for any person by the use
- 18 of fraudulent diagnosis, therapy or treatment;
- 19 15. Willful disclosure of a privileged communication;
- 20 16. Failure of a licensee to designate his school of practice in the
- 21 professional use of his name by the term traditional Chinese doctor,
- 22 doctor of acupuncture, doctor of herbal medicine or acupuncture assistant, as the case may be;
- 23
- 24 17. Willful violation of the law relating to the health, safety or welfare of the public or of the rules and regulations promulgated by the
- 25 state board of health; and
- 26
- 27 18. Administering, dispensing or prescribing any controlled substance
- 28 as defined in chapter 453 of NRS, except for the prevention, alleviation
- 29 or cure of disease or for relief from suffering.
- 30 SEC. 23. The board shall not refuse to issue, refuse to renew, suspend
- 31 or revoke any license for any of the causes enumerated in section 22, of
- 32 this act, unless the person accused has been given at least 20 days' notice
- 33 in writing of the charge against him and a hearing by the board.
- 34 SEC. 24. 1. Traditional Chinese doctors and doctors of acupuncture
- 35 licensed under this chapter shall have the same rights as physicians and
- 36 surgeons of other schools of medicine with respect to the treatment of
- 37 cases or the holding of offices in public institutions.
- 38 2. Traditional Chinese doctors and doctors of acupuncture shall
- 39 observe and be subject to all state and municipal regulations relative to
- 40 reporting all births and deaths in all matters pertaining to the public
- 41 health, with equal right and obligations as physicians of other schools of
- 42 medicine. The reports shall be accepted by the officers of the department
- 43 to which the same are made.
- 44 3. Traditional Chinese doctors and doctors of acupuncture licensed
- 45 under this chapter shall have the same rights as physicians and surgeons
- 46 of other schools of medicine.
- 47 SEC. 25. This chapter does not apply to:
- 48 1. Chinese physicians who are called into this state for consultation.
- 49 2. This chapter does not prohibit:

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1 (a) Gratuitous services of druggists or other persons in cases of emer-  
2 gency;

3 (b) The domestic administration of family remedies;

4 (c) Any person from assisting any person in the practice of the healing  
5 arts licensed under this chapter, except that such person may not insert  
6 needles into the skin or prescribe herbal medicine.

7 SEC. 26. 1. The board may maintain in any court of competent juris-  
8 diction a suit for an injunction against any person or persons practicing  
9 Chinese medicine or any branch thereof without a license.

10 2. Such an injunction:

11 (a) May be issued without proof of actual damage sustained by any  
12 person, this provision being understood to be a preventive as well as a  
13 punitive measure.

14 (b) Shall not relieve such person from criminal prosecution for prac-  
15 ticing without a license.

16 SEC. 27. A person who engages in the practice of traditional Chinese  
17 medicine in this state without holding a valid license issued by the board  
18 is guilty of a gross misdemeanor.