SENATE COMMITTEE ON

HEALTH, WELFARE AND STATE INSTITUTIONS

MINUTES OF MEETING #9

MARCH 7, 1973

The meeting was called to order at 9:25.

Senator Walker in the chair.

PRESENT:

Senator Neal Senator Herr Senator Drakulich

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

Enlarges provisions for emergency medical care. (BDR 3-923)

It was requested that the hearing on <u>SB 257</u> be re-scheduled for Monday, March 12, 1973. Request so granted.

SB 274: Provides Physician's Assistance Program for the State of Nevada (BDR 54-837)

On behalf of the Hearing Aid Dealers, Mr. Keith Henrikson asked that they be added to the amendment which exempts optometrists and dentists. (Refer to Minutes # 6, and amendment of p. 1, line 23.)

Dr. Broadbent, M.D., Assemblyman from Washoe County District #25 spoke as Witness #3. Refer to Exhibit B for detailed testimony. He urged the committee 'to study SB 274 cautiously', as well as the Physician's Assistant provisions made in the newly revised Nevada Medical Practices Act. He added that AB 365 contains all necessary points which are not in SB 274, and that by passing AB 365, the necessity of enacting three instead of one piece of legislation would be obviated.

Senator Herr stated that she had several questions pertaining to the Physicians' Assistant Program, but that discussion of AB 365 at this time, without a copy of the bill to study, would be senseless.

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She expressed concern for the possibility that this bill discould undermine the nursing profession.

Senator Drakulich asked if there existed a need for legislation which would allow Registered Nurses to be employed in the capacity of medical assistants.

Dr. Broadbent and others agreed that there was need for legislation which would legalize R.N.'s employment as medical assistants.

Senator Walker expressed again, the intent of this bill, and asked the committee and witnesses to concentrate on getting R.N.'s into rural areas.

Mrs. Dorothy Button, Nevada Nurses Association, spoke as witness # 4, stating that in her opinion, it would be easier to get R.N.'s into the rural areas than it would be for medical assistants. It was pointed out that medical assistants' pay is higher than that of registered nurses. Further, she expressed concern for the lack of definition or rather, specific definition reflected by SB 274. (Refer to Exhibit C, hereto attached for detail.) She, too, urged the committee to consider AB 365 instead of this bill, or AB 116; herein is a design which would amend the Medical Practices Act.

As witness #5, Ms. Sharon Greene, Nevada Hospital Association took the chair. She stated that she had anywhere from 6-10 applications per month from medics recently discharged from the armed forces, and that she had to refer these applications to other states, due to lack of legislation here in Nevada. Considering the urgency of the need in rural areas, she felt this was incongrous. with the legislative intent reflected by AB 274. The main point of Ms. Greene's testimony was to request a verbage change in this bill which would allow physician's assistants to be employed in hospitals, and not restricted to employment in rural areas.

Senator Herr asked Mr. Neff how the Medical Board felt about employing 'out of state' physicians in this program.

Mr. Neff replied that the program thus far has had success in working with out of state physicians. He added that he didn't approve of a non-compatible attitude between Registered Nurses and Physician's assistants.

Mr. Wilson, Director of Comprehensive Health Planning, stated that if this bill is not passed, it will be very harmful

Senate

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to the efforts of those people who had been working towards this program for the past two years. Also, he had spoken with several doctors in the state, who expressed willingness to participate and undertake this program. Besides doctors, he had spoken to nurses in the rural areas (Wells, for Example) and the feelings there indicated that the nurses did not want to accept the responsibility of physician's assistants. Yet at the same time, there have been requests for physicians's assistants-in Battlemountain, for example.

He asked that it be understood that a physician's assistant was to be viewed as "an arm of the docotr" -- and therefore, as such, the State Board of Medical Examiners should have the responsibility for governing this pilot program, at least until points of the opponents of this bill has been proven or disproven.

Dorothy Button, Nevada Nurses' Association, stated that the NNA was not opposed to this bill as such, but that they were concerned with the lack of definitions therein. (Refer to Exhibit C, hereto attached for detail of testimony). She too, expressed favor of AB 365 in place of this bill.

Mrs. Lydia Piscevich, President, Nevad League for Nursing, had several objections to this bill, One of which was allowing the board such absolute power in governing this program. Her feeling was that Registered Nurses can and have done as good a job in the rural areas as the physicians' asistants could do.

Dr. Grundy testified next, requesting that the committee vote to allow the State Board of Medical Examiners do the trial and error or ground-work on this program, then to go ahead with the proper legislation as it was needed. He emphasized the need for strict control over such a program, at least in it's beginning stages, and felt that the board was the most logical place to appropriate such control.

Senator Neal made comment in reference to the "money" motivation in the medical profession, to which Dr. Grundy replied, "let the board keep this in hand'.

Senate

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PAGE 4

Time being premium, <u>SB 274</u> was tabled, rescheduled for Monday, March 12, 1973.

SB 271 Changes provisions of divorce and family law. (BDR 11-960)

Senator Drakulich moved that this bill be referred to Judiciary Committee, Senator Neal seconded, and motion was so carried.

S.B. 192: Amends special probation program for juveniles subsidized by State of Nevada (BDR 16-798)

Testimony on this bill was heard from the Honorable Judge Mendosa, 8th District, Clark County. For detail of his recommendations, please refer to Exhibit D, hereto attached, He asked the committee to not corrupt this program, nor to dilute the concept.

Mr. Wahrenbeck explained that essentially there would be no change in formula - only accountability for money we send to these districts. (refer to Exhibit E hereto attached).

Since at this time, there was no quorum present, SB 192 was tabled.

SB 248: Amends provisions relating to pharmacies, pharmacists, and hospitals. (BDR54-958).

This bill was returned with amendments as previously proposed, and due to lack of quorum, was tabled, rescheduled for vote on Monday, March 12th. From this sub-committee, a "Do Bass" was carried.

Senator Walker informed the committee that Professor Yee Lok Kang had agreed to appear before the committee and explain the benefits of acupuncture. He will be here on Monday, March 19th, 1933.

Also, the chairman asked that the committee attend an informal question and answer session on Thursday, at 5:00 p.m. Mr. Dennis Amundson, Director, Ways and Means Committee California State Assembly and Mr. Don Miller, California State

Senate

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Director of Mental Hygiene will explain facets of the program California adopted for the Mentally ill under the Lanterman-Petris-Short and Short-Doyle Acts. This program has had tremendous success, and would be most informative as faras our legislative concern with mental health.

The meeting adjourned at 1:10 p.m.

Respectfully submitted,

Jo Ann N. Hughes

Sectetary

APPROVED:

Lee E. Walker, Chairman

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Physician Assistant is a catch-all designation applied to an as yet ethereal member of the health care delivery team. His level of competence is variously described and the content of his training vague. To the laity PA means a substitute or second string doctor who's prepared to offer certain perfunctory services. To the harassed general practitioner PA means a much-needed third arm. To the orthopedist PA is someone skilled in putting on plaster casts or assembling complicated traction devices. To the pediatrician the PA is a person trained in performing certain routine pediatric procedures and routine immunizations. To the Governor the PA offers a poorly-defined degree of relief to his doctor-poor remote areas.

But PA has even more confusing and sometimes less savory connotations to other groups. To RNs and LPNs the PA poses the threat of overlap of functions and authority. Similar trepidations exist in the eyes of the purveyors of other modalities of health care delivery including the nebulous "Emergency Medical Assistant" proffered in SB 257. Also unanswered are the questions of possible conflict with the registered laboratory technician, the X ray technologist, the physical therapist, the social worker, and the ambulance operator skilled in first aid ministrations.

Who shall train our new PA's, for how long, and in what? And after the PA attains a certain degree of proficiency will the public accept his judgement, his services? Will the PA indeed fill the gap left in our rural areas by today's physicians or will he gravitate like other skilled tradesmen to the more affluent urban areas? In short, will the PA simplify or complicate our health care system?

In anticipation of legislation such as SB 274 I assigned my legislative intern the task of researching the PA situation in other states. He found, not surprisingly, that the evailable literature on this vexing subject was sketchy at best. States that are currently working with PA programs are doing so experimentally. And to date there's no way to measure the degree of success -- or failure of the existing programs.

I'll not be so presumptuous as to decry the PA concept. If PA's are good for Nevadathey'll certainly emerge as by products of the superb medical communities in all areas of our state. Nonetheless, and with all due respect to its author, I'd urge you to study SB 274 cautiously. For the needs of 1973 this measure needs some boiling down. Accordingly I'm soliciting your serious consideration of the PA provisions made in the newly-revised Nevada Medical Practices Act. It's my opinion that the enthusiasts of the PA movement will find exactly what they're seeking in a more succinct form in AB 365. Added credence is given to my argument in the knowledge that AB 365 is the product of months of study, writing, and re-writing my Nevada's Board of Medical Examiners and its experienced legal counsel. Lastly your approval of AB 365 would obviste the necessity of enacting three instead of one piece of legislation.

2 wha from

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

We have some concerns about S.B. 274 and question whether or not it provides sufficient safeguards for the public.

Page 1, lines 14 and 15: How can a physician licensed in but not in Nevada abother state/be held accountable in Nevada?

Page 1, lines 17 and 18: "program of health care training" is very broad and non specific. It sounds almost as if a nurses' aid or an L.P.N. might be approved as a "physician's assistant".

Page 1, lines 22 and 23: How is supervision defined?

Page 2, line 34: marked by close telephone or radio communication. How is close defined?

Page 3, lines 29 and 30: "a physician's assistant is not considered an unlicensed practitioner or person". If he is not unlicensed, then he must be considered licensed?

Page 2, line ll: "The board shall, from time to time, review the quality of the curriculum, faculty, and facilities"etc. "from time to time"

/Another example of this bill's being broad and non-specific.

We think this is a poor bill in relation to definition of two year terms. We favor a/moratotium on the licensure of any new health occupations. We believe you should not pass S.B. 274 without extensive amendment. We think for a tritue throught out hie or physician's assistants, you should consider campally AB. 365 which is de. Apolle consider campally AB. 365 which is de.

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CLARK COUNTY JUVENILE COURT SERVICES

TO:

J. C. N. Le

Senator Lee Walker, Chairman

Health, Welfare, and State Institutions Committee

FROM:

Honorable John F. Mendoza

James P. Carmany

DATE:

15 February 1973

RE:

Testimony Relative to Senate Bill 192

NRS 213.220-213.290 was passed by the 1971 Session of the Nevada State Legislature with the specific intent of reducing the number of unnecessary new commitments of juveniles to state correctional institutions. Prior to passage of the bill, there was considerable time spent in the development of a program which would ensure that the problems experienced in the financing and operation of the probation subsidy programs in the states of California and Washington would be avoided in Nevada.

As documented in the Evaluation Report of Initial Efforts in Juvenile Probation Subsidy, submitted to the 57th Session of the Nevada State Legislature on December 26, 1972, Clark County and the other participating judicial districts have demonstrated that probation subsidy has effectively reduced unnecessary new commitments to state correctional facilities while, at the same time, providing closer control of juveniles on probation in the community.

Following are our comments relative to Senate Bill 192.

I. By amending NRS 213.240 to consider the commitment of children to state-supported institutions as well as to state institutions changes the entire funding and operational concept of the probation subsidy program as it was passed two years ago.

The Juvenile Advisory Committee (Justice David Zenoff, Chairman), which was formed and met two years ago in response to the request of the Senate Finance Committee, spent months in the preparation of a funding formula which provided for judicial districts to receive funds based on their reduction of commitments to state institutions.

The proposed amendment to 213.240, as contained in SB 192, would now ask that the entire formula be revised to also include reduction of commitments to Spring Mountain Youth Camp and the Home of the Good Shepherd. The primary reason that these two institutions were not included two years ago is that the cost of state support to these two institutions is less than the amount of money the state would be paying to keep a chitd on probation subsidy.

Secondly, the state was faced with the need to immediately provide additional capital funds and operating monies for the two state institutions in order to increase the bedspace available if some other treatment alternatives for children were not developed. Probation Subsidy, therefore, was seen as a viable method of keeping juveniles who should not be committed out of state institutions and making it mandatory upon judicial districts that the county probation departments develop new programs and not finance and supplement their existing services.

The current budget recommended by the Governor for funding probation subsidy during the next biennium follows exactly the funding formula as developed two years ago. However, the amendment to NRS 213.240 would change the number of children to be placed on Probation Subsidy considerably. We have attached for your review—as Exhibit A—the manner in which the formula would need to be applied if state—supported institutions are to be considered a part of the probation subsidy program.

The budget request for probation subsidy—based on the formula only considering state institutions—indicates that Clark County would be required to have a total of 118 youngsters (at \$4,000 per child) in probation subsidy during the next biennium—or available funds for the biennium of \$472,000.

Applying the formula to state-supported institutions would mean that Clark County would be required to have an additional 38 children placed in the probation subsidy program during the next biennium—or 156 youngsters and available funds in the amount of \$624,000.

As you can see, we are therefore concerned that the amendment to NRS 213.240 and the funding for the next biennium are not compatible.

Health, Welfare, and State Institutions Committee 15 February 1973 Page Three

II. SB 192--to the best of our knowledge--does not provide for the type of accountability on the part of judicial districts that we feel should be required. If the purpose of probation subsidy is to reduce unnecessary commitments to state institutions, we are of the opinion that a judicial district which does not reduce its commitments should be required to adjust the funds received from the state in line with its performance.

We do not find that SB 192 contains any provision mandating performance by the judicial districts in connection with the receipt of funds. It would be our recommendation that the funding formula be applied and that, if a judicial district does not reduce its commitments to state institutions, the funds to which that district is entitled be adjusted.

DISTRICT 8

CLARK

The following statistics are based on the 5 year (1966-70) commitments and returnees from the three institutions; Elko, Caliente, and Spring Mountain.

There was an average commitment of 389 to the three institutions per year.

There has been an average of a 10% increase per year to the institutions.

Based on 10% of the yearly average, or 389, and the projections for 1971-72 (428) and 1972-73 (471), it is projected 518 would be committed in calendar year 1973-74 and 560 in 1974-75.

471	471	518	518
x.10	+47	×.10	+52
47.10	518	51.80	560

Over the past 5 years, District 8 has committed 58% of the total.

Based on this, District 8 will commit 300 during 1973-74 and 325 during 1974-75.

25% of the above figures or 25% of 300 = 75 for 1973-74 and 25% of 325 = 81 for 1974-75

Based on these figures the quota for District 8 is:

$$75 \times \$4,000 = \$300,000 \text{ for } 1973-74$$

81 × \$4,000 = \\$324,000 \text{ for } 1974-75

\$624,000 Total commitment quota for the biennium.



DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION

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March 5, 1973

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HEALTH
MENTAL HYGIENEMENTAL RETARDATION
NEVADA STATE HOSPITAL
NEVADA GIRLS TRAINING CENTER
NEVADA YOUTH TRAINING CENTER
REHABILITATION
SERVICES TO THE BLIND

WELFARE

MEMO #59

TO:

SENATOR LEE WALKER, CHAIRMAN

HEALTH. WELFARE AND INSTITUTIONS COMMITTEE

FROM:

ROGER S. TROUNDAY

SUBJECT: SB 192

The current juvenile probation subsidy program was initiated by the last Session of the Legislature, and is contained in NRS 213.220 through 213.290, inclusive. Several factors contributed to the passage of that legislation, namely:

- 1. The growing concern and conviction among professionals that many youthful offenders can be more adequately and effectively treated in their own community.
- 2. There were far too few alternatives available to the courts for rehabilitative programs for youth.
- 3. Considerable funding to initiate the program was available through the Nevada Crime Commission.
- 4. The above factors were given great weight and some degree of urgency due to the fact that both Elko and Caliente were operating at near capacity.
- 5. The Legislature was then faced with the alternative of making an additional capital investment at both Elko and Caliente to increase their capacity or authorize the beginning of a subsidy program.

The legislature's decision was to initiate the probation subsidy program.

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In SB 192, we are suggesting that the original concept of accounting for institutional placements in the program be expanded, but that that funding formula not be changed.

If we are to remain committed to the philosophy that, where appropriate and until facts indicate otherwise, a juvenile offender is better treated in his own community, then the concept adopted two years ago requires expanding. It should be expanded to include both state operated and state supported institutions. During the current biennium, the Legislature has appropriated \$684,000, for the support of juvenile institutions not operated by the state (Spring Mountain and the Home of the Good Shepherd). The budget for the next biennium contains a total recommendation of \$744,000.00. We feel that there should be some accountability in probation subsidy for these funds.

The Home of the Good Shepherd is available to any court in the state as a resource. During the present biennium, however, it has been used exclusively by the 2nd and 8th judicial districts. Spring Mountain boys camp is available to any court in the state as a resource. Any court, other than the 8th judicial district, however, is billed the difference between the amount of state support and the actual cost per boy. As a practical matter, then, Spring Mountain becomes a resource only to Clark County when you pose the question, why should a court send a boy to Spring Mountain at a fee of \$300 per month, when they can commit the same boy to Elko without any expense?

The above comments should in no way be construed as program or value judgements. Both institutions provide a needed and worthwhile service to youthful offenders.

Our intent in SB 192 is to develop an accountability factor in the coming biennium for institutional placements of any nature where state dollars are involved.

Respectfully submitted,

Roger S. Trounday Director

RST/1s



SENATE BILL NO. 386—COMMITTEE ON HEALTH, WELFARE AND STATE INSTITUTIONS

March 7, 1973

Referred to Committee on Health, Welfare and State Institutions

SUMMARY—Extends regulation of medical laboratories previously exempt from regulation. Fiscal Note: No. (BDR 54-1291)



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

AN ACT relating to medical laboratories; partially regulating medical laboratories operated by licensed physicians for their own private practices; and providing other matters properly relating thereto.

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

SECTION 1. NRS 652.050 is hereby amended to read as follows: 652.050 "Laboratory director" means a person responsible for the administration of the technical and scientific operation of a [clinical] medical laboratory.

SEC. 2. NRS 652.080 is hereby amended to read as follows:

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652.080 1. [No] Except as provided in section 4 of this act, no person, corporation, partnership or other form of business entity may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the board pursuant to the provisions of this chapter.

2. Such license shall be valid for 12 months and shall be renewable annually on or before the date of its expiration.

3. No license may be issued to a laboratory which does not have a laboratory director.

SEC. 3. NRS 652.230 is hereby amended to read as follows:

652.230 The provisions of this chapter apply to all public and private medical laboratories except:

1. A laboratory of any college, university or school which is conducted for the training of its students, actively engaged in research and approved by the state department of education.

2. Laboratories operated by the Federal Government.

- 3. Laboratories operated by the state department of agriculture.

 [4. Laboratories operated by licensed physicians solely in connec-
- tion with the diagnosis or treatment of their own patients.

new section which shall read as follows:

1. A licensed physician may operate a medical laboratory solely in connection with the diagnosis or treatment of his own patients if such medical laboratory complies with the provisions of this section.

2. Each such medical laboratory shall:

(a) Register with the health division of the department of health, welfare and rehabilitation.

(b) Comply with the rules and regulations promulgated by the board pursuant to NRS 652.130.

(c) Submit to the inspections and tests provided for in subsections 1

and 2 of NRS 652.140.

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