

May 12, 1975

320

MEMBERS PRESENT: CHAIRMAN BENNETT
VICE-CHAIRMAN CHRISTENSEN
MRS. FORD
MR. MANN
MR. BARENGO
MR. MURPHY
MR. VERGIELS
MR. LOWMAN
MR. CRADDOCK

MEMBERS ABSENT: NONE

GUESTS: See Guest Register Attached.

SB-304, which creates a dental hygiene examining committee, was the first bill called by Chairman Bennett at 4:15 p.m.

See Exhibits

Dr. Morris Gallagher, President of the Nevada Board of Dental Examiners, was the first speaker in opposition to the bill. The other members of the Board are present with him to protest acceptance of the bill by the Committee. The Board provides for and regulates dentistry and dental hygiene in the State of Nevada and they oppose the bill because it is not in the best interests of the people. Dentistry is a profession that can best serve the interests of the people by remaining a unit instead of being fragmented into separate groups. Rumors have come to the Board that dental hygienists in other states are seeking to have their own offices.

As the way the present law is written, hygienists must practice under the direct supervision of a dentist and this is in the best interests of the people. The dentists were hoping that educational requirements for hygienists would be increased to four years and B.S. degrees required. As it has evolved, 90% of the hygienists have only a high school diploma and associate degrees. The Board does not feel these educational requirements are adequate to establish a separate branch of the profession, and eventually separate offices.

For the past two years the Board has invited representatives of the dental hygienists to monitor the Board in its examinations. The hygienists have reported that the examinations are fair and well conducted. This bill proposes that a committee of three must attend, must be paid, must examine candidates for board examination and help regulate the practice of dental hygiene. Fees from the dental hygienists would not be adequate to finance all these activities, nor is it legal under the constitution for this committee to do this investigation then sit in judgment of the qualifications of the candidate.

The Board is also concerned about the legality of this bill and has consulted its attorney. Dr. Gallagher then read a letter from the attorney stating in effect that he felt the bill was deficient in failing to delineate more clearly the separate duties and responsibilities of the committee and the relationship of the Board and the committee especially with respect to the formulation and administration of examinations.

Mrs. Ford asked how much money was taken in from application fees. Dr. Gallagher said they take in \$75.00 apiece from applicants and pay \$15 of this to dental school. They also collect \$30 every two years. The Board does not feel there is enough money from the hygienists to support SB-304.

Dr. McCluskey of Fallon, Secretary of the Nevada State Board of Dental Examiners, said he came primarily to answer questions as Dr. Gallagher had adequately stated the Board's position on the bill. Mrs. Ford asked if the money received from the hygienists was not sufficient to take care of travel for the proposed Committee. Dr. Gallagher said it was if that was all they did, but if there is a complaint against a hygienist they would have to send an investigator out, and they have had large legal fees on one occasion where a dentist filed a complaint against the Board.

Dr. McCluskey feels that the dentists are much more qualified to judge an applicant than a hygienist. The hygienists are under the direct control and supervision of the dentist for whom they work.

Cheryl Abbott, dental hygienist from Las Vegas, stated that SB-304 provides that the Committee would assist the Board, and no where in the bill does it say the Committee would do anything by itself.

Ms. Abbott's testimony is included in the packet of material which she presented to the Committee. A copy of this testimony is attached hereto and made a part of these Minutes. The balance of the packet is included in the Secretary's official minute book only.

Ms. Abbott explained the cost breakdown for the proposed committee as set forth on page 21 of her presentation. In answer to Mr. Craddock's question, she stated that the educational requirements for hygienist school are becoming greater since there are so many applicants.

Sherry Coulon, dental hygienist, discussed the educational requirements for hygienists and how the quality of hygienists is becoming better since there are more applicants and the schools can be more selective. Ms. Coulon thinks she would be as qualified

as Dr. McCluskey to examine a dental hygienist candidate since in doing her own job she is more aware of what is required than the doctor who hires her. The hygienists are a professional group, everything about them is professional except they have no peer of review. They do not want to be independent or open their own office, they want to work for and under the supervision of a dentist, they only want to have a peer of review.

Ms. Coulon also does not understand why the Board objects to the 3-member committee since there are 7 on the Board and that would give them 4 more than the hygienists would have.

Barbara Alpers, representing the Northern Nevada Dental Hygienists Association, was the next speaker. The Northern component was strongly against the submission of SB-304. It was their feeling that the context of the bill was out of proportion to their needs. It is true that they do want representation on the Board but their request was granted last year. Any other requests they have could be negotiated with the Board directly and need not be taken to the Legislature.

Dr. James B. McMillan of Las Vegas, also a member of the Board of Dental Examiners, said he felt the Board was very well qualified to examine the hygienists. The hygienists have submitted various literature quoting what is happening in other states, but they have presented nothing showing that in other states they do plan to open their own offices. The Board is given the responsibility for oral health in Nevada and are qualified to monitor all examinations. The handwriting is on the wall that hygienists will open offices. In Washington they are now practicing in beauty parlors. He feels that the Board has acquiesced to every request of the hygienists.

Chairman Bennett said there would have to be another hearing on this matter since time was running short and the next matter to be discussed would be SB-374, which was first heard on May 7th.

Dr. Edward Quass, a psychiatrist from Las Vegas, was the first speaker. He read a statement signed by several doctors recommending that SB-374 be tabled until the Rand report is available. Dr. Quass then read a statement which he had prepared. A copy of both statements are attached hereto, marked Exhibit A.

The next speaker was Joanne Buckley, Assistant District Attorney of Clark County. She first read a report from Barbara J. Brady, Social Service Director of Clark County. A copy of this report is attached hereto marked Exhibit B. She further read a report over her signature from the Clark County District Attorney's Office. This report is marked Exhibit C and attached hereto. Ms. Buckley went over the bill in detail

and explained her various objections, quoted court rulings, etc. She feels this should not be passed until the Rand report is available and certain Supreme Court rulings are handed down.

Dr. Robert G. Whittemore, member of the Board of Psychological Examiners of the State of Nevada, spoke on behalf of such Board. A copy of his statement is attached hereto marked Exhibit D and made a part of these Minutes. Dr. Whittemore added that they do not have a quarrel with the general tone of the bill, only in the way it is presented. They would hope that some consideration would be given to waiting until the Rand report is presented.

Marcia Stapleton, Vice-President of the Nevada Chapter of the National Association of Social Workers. A copy of Mrs. Stapleton's remarks to the Committee is attached hereto, marked Exhibit E, and made a part hereof.

Dr. Eugene E. Montgomery from Reno, spoke of his concern on Sections 50, 61 and 62. He has checked with all his colleagues and they are concerned to. One of his particular concerns was Section 59 regarding the holding period of patients, and he does not feel that two days is long enough to make this decision. A letter from Dr. Montgomery to the Committee dated May 12, 1975, is attached hereto marked Exhibit F and made a part of these Minutes.

Dr. Donald A. Molde, Psychiatrist from Reno, thanked the Committee for the extra time extended for hearing this bill. He presented a number of amendments that he felt would make the bill acceptable to those concerned. A copy of Dr. Molde's proposed amendments are included in a letter to Chairman Bennett dated May 12, 1975. A copy of this letter is attached hereto marked Exhibit G.

Dr. Chuck Dickson of the Mental Hygiene and Mental Retardation Dept. stated that he had testified for this bill and similar bills for up to 18 hours. Last session the bill did not get to the Senate until 2 days before the end. He has testified before the interim committee. He doesn't feel there is time to amend this bill to satisfy everyone before the end of the session, and it is of such importance he feels it should be passed out of Committee and any amendments can be added at a later date.

He has listened to and talked to the psychiatrists perhaps a dozen times over the past two years. The meetings were discontinued because of lack of attendance on the part of the psychiatrists.

After a lengthy discussion by Committee members and Dr. Dickson, Chairman Bennett appointed Mr. Barengo and Mr. Lowman to meet at 3:00 P.M., Tuesday, May 13th, with representatives of both sides to see if an agreement as to amendments could be worked

out.

A copy of a letter from the Washoe County Department of Welfare concerning SB-374 is marked Exhibit H and attached hereto.

The following action was taken by the Committee on various bills (see Legislation Action sheets attached for detail):

SB-466: Continued until Wednesday, May 14, 1975.

AB-761: Mrs. Ford moved "do pass"; seconded by Mr. Vergiels. Unanimously passed.

AB-719: Mr. Mann moved "do pass"; seconded by Mrs. Ford. Unanimously passed.

SB-382: Mr. Vergiels moved "do pass"; seconded by Mr. Mann. Unanimously passed.

The meeting adjourned at 6:00 p.m.

Respectfully submitted,

Jane Dunne, Secretary

ASSEMBLY
HEARING

COMMITTEE ON HEALTH & WELFARE
Monday
Date May 12, 1975 Time 3:00 p.m. Room 240

319

Bill or Resolution
to be considered

Subject

THIS AGENDA CANCELS AND SUPERSEDES THE AGENDA PREVIOUSLY
PUBLISHED FOR MONDAY, MAY 12, 1975.

- Cont.* SB-304 - Creates dental hygiene examining committee; authorizes such committee to examine applicants for license to practice dental hygiene.
- Cont.* SB-374 - Enacts the Nevada Mental Health & Mental Retardation Law.
(see 5-14)
- cont* SB-526 - Relaxes certain requirements for licensing of graduates of foreign medical schools.
(see 5-14)
- Cont.* SB-586 - Increases number of physician's assistants allowed per physician in certain townships.
(see 5-14)

AB 761

AB 719

SB 382

HEALTH & WELFARE COMMITTEE

Date: May 12, 1975

Check if
you wish
to speak

NAME	REPRESENTING	
Joyce L. Richmond	Mental Hygiene & Mental Retardation	
Vicki Erickson	"	
Jane Quaker	"	
Mr. W. G. Gallagher	Gov. Bd. Mental Hygiene	✓
P. P. D. Givoni	Rea Nev. State Board of Prof. Exam	
D. Joseph Chennin	Las Vegas, Nev. State Board of Prof. Exam	
James Schmidt	Las Vegas, Nevada State Board of Prof. Exam	
W. M. C. C. C.	Fallon, Nevada State Board of Prof. Exam	
Kenneth Hansen	Mental Hygiene - Mental Retardation	
Chuck Dickson	Mental Hygiene - Mental Retardation	✓
Karen O'Byrne	Mental Hygiene - Mental Retardation	
Cecilia Ferrer	"	
John T. Combs	Attorney General	
R. Edward Quast, M.D.	Southern Nevada Psychiatrists	✓
Don Melde	psychiatrist	✓
Lucas E. Christinas	Self as Nevada Dentist	
Dorothy A. Depue	No Nev. A H. asse.	✓
Rudolph Zand	KTVN-TV	
D. S. S. S.	Nev. Health Services Lab.	
Raymond B. Graber, DDS	Self as Nevada Dentist	
KW Baxter, DDS	Self as DDS	
Brenda Wipfli	self as dental hygienist	
Nancy Jackson	UNK	✓
Jack Middleton	DMHMR	
Dorothy Edwards	DMHMR	
Tom Rejmanow	NMHI	
Muriel Reed, D.D.	NMHI	

GUEST REGISTER

HEALTH & WELFARE COMMITTEE

Date: May 12, 1975

Check if
you wish
to speak

NAME	REPRESENTING	
David E. Usher	Mental Hygiene - Mental Retardation	
Jimmy Clemens	Mental Hygiene - Mental Retardation	
Joe Burns A	Mental Hygiene - Mental Retardation	
Larry Hooper	Washoe Area for Retarded Citizens	
L.S. Beermann	Div of Mental Hygiene & Mental Retardation	
Andreas Rathbun	Division of Mental Hygiene & Mental Retardation	
Tom Buckley	Clock Co LA's office	
Lainy Murphy	Franciscan Center	
J.K. VAN BUSKIRK	LVMHC	
Dr. Zaehle	Las Vegas	

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE ~~AB-719~~ May 12, 1975

SUBJECT AB-719

MOTION:

Do Pass xx Amend ___ Indefinitely Postpone ___ Reconsider ___

Moved By Mr. Mann Seconded By Mrs. Ford

AMENDMENT

Moved By ___ Seconded By ___

AMENDMENT

Moved By ___ Seconded By ___

VOTE:

	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<u>x</u>	---	---	---	---	---
Christensen	<u>x</u>	---	---	---	---	---
Barengo	<u>x</u>	---	---	---	---	---
Craddock	<u>x</u>	---	---	---	---	---
Mann	<u>x</u>	---	---	---	---	---
Murphy	Not present		---	---	---	---
Vergiels	<u>x</u>	---	---	---	---	---
Ford	<u>x</u>	---	---	---	---	---
Lowman	<u>x</u>	---	---	---	---	---

TALLY: 8 . 0

Original Motion: Passed x Defeated ___ Withdrawn ___

Amended & Passed ___ Amended & Defeated ___

Amended & Passed ___ Amended & Defeated ___

Attach to Minutes 5-12-75
Date

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE May 12, 1975

SUBJECT SB-382

MOTION: _____

Do Pass x Amend _____ Indefinitely Postpone _____ Reconsider _____

Moved By Mr. Vergiels Seconded By Mr. Mann

AMENDMENT _____

Moved By _____ Seconded By _____

AMENDMENT _____

Moved By _____ Seconded By _____

VOTE:	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<u>x</u>	_____	_____	_____	_____	_____
Christensen	<u>x</u>	_____	_____	_____	_____	_____
Barengo	<u>x</u>	_____	_____	_____	_____	_____
Craddock	<u>x</u>	_____	_____	_____	_____	_____
Mann	<u>x</u>	_____	_____	_____	_____	_____
Murphy	Not present		_____	_____	_____	_____
Vergiels	<u>x</u>	_____	_____	_____	_____	_____
Ford	<u>x</u>	_____	_____	_____	_____	_____
Lowman	<u>x</u>	_____	_____	_____	_____	_____

TALLY: 8 . 0

Original Motion: Passed xx Defeated _____ Withdrawn _____

Amended & Passed _____ Amended & Defeated _____

Amended & Passed _____ Amended & Defeated _____

Attach to Minutes May 12, 1975
Date

58TH NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE
LEGISLATION ACTION

DATE May 12, 1975

SUBJECT AB-761

MOTION: _____

Do Pass xx Amend _____ Indefinitely Postpone _____ Reconsiderer _____

Moved By Mrs. Ford Seconded By Mr. Vergiels

AMENDMENT _____

Moved By _____ Seconded By _____

AMENDMENT _____

Moved By _____ Seconded By _____

VOTE:	MOTION		AMEND		AMEND	
	Yes	No	Yes	No	Yes	No
Bennett	<u>x</u>	_____	_____	_____	_____	_____
Christensen	<u>x</u>	_____	_____	_____	_____	_____
Barengo	<u>x</u>	_____	_____	_____	_____	_____
Craddock	<u>x</u>	_____	_____	_____	_____	_____
Mann	<u>x</u>	_____	_____	_____	_____	_____
Murphy	<u>Not present</u>	_____	_____	_____	_____	_____
Vergiels	<u>x</u>	_____	_____	_____	_____	_____
Ford	<u>x</u>	_____	_____	_____	_____	_____
Lowman	<u>Not voting</u>	_____	_____	_____	_____	_____

TALLY: 7 . 0

Original Motion: Passed xx Defeated _____ Withdrawn _____

Amended & Passed _____ Amended & Defeated _____

Amended & Passed _____ Amended & Defeated _____

Attach to Minutes 5-12-75
Date

9

TABLE OF CONTENTS

330

1. Senate Bill 304
2. Presentation of Bill and Testimony Cheryl Abbott, RDH
3. Original proposal by Nev. Dental Hygienist Assoc.
4. Professions' right of Self Government
5. Dental Hygienists and Registered Nurses
6. National Board Dental Hygiene Examination
7. California statute creating a dental hygiene examining committee
8. Letter regarding studies by American Dental Hygienists' Association
9. Letter regarding other states' attempts
10. 1973 Survey of dental hygienist representation to state boards
11. ADHA guidelines for clinical evaluation
12. Letter from ADHA Regional Legislative Consultant
13. Letter from the dental hygiene member of the Maryland State Board of Dental Examiners
14. Maryland statute
15. Report from the Dental hygiene observer of the Sept. 1974 Nevada State Board exam
16. N.R.S. 632.020 State Board of Nursing, creation, membership
17. Clark County Dental Society resolution for support
18. American Association of Dental Schools (position)
19. Executive Director of American Dental Association (position)
20. Letter from President of American Dental Hygienists' Association
21. Cost of proposed committee

Cheryl Abbott
1408 Carson
Las Vegas, NV

331

I represent the Nevada Dental Hygienist Association, which has requested this bill to create a committee of three dental hygienists to assist the State Board of Dental Examiners in examining candidates for dental hygiene licensure and in policy making for dental hygiene practice.

I would like you to be aware that of the multitude of professions and vocations licensed by the state of Nevada, dental hygiene is the only one to be regulated--examined and judged--by a Board whose members represent another profession--dentistry.

Dental hygienists are educated to perform intraoral procedures which include the removal of hard and soft deposits from the teeth, both above and below the gumline, with sharp instruments. To accomplish this with a minimum of trauma to the oral tissues, not only dexterity is required, but a knowledge of the anatomical, histological, and physiological characteristics of the tissues and of the nature and distribution of the deposits. The purposes of scaling go beyond removal of deposits to smoothing the tooth surfaces to minimize the tendency for reaccumulation. The ultimate objective is to maintain the gingival (or gum) tissue in a healthy state.

Dental hygienists are licensed to protect patients from having these procedures performed by incompetent practitioners.

We agree that dental hygienists should work under the supervision of dentists, and liken our situation to that of Registered Nurses, who are required to work under the supervision of physicians, but are examined by the State Board of Nursing, which is composed of 7 nurses and 1 consumer.

Quoting from the Principles of Ethics of the American Dental Hygienists' Association, "Every profession receives from society the right to regulate itself, to determine and judge its own members."

A study was conducted by the American Dental Hygienists' Association in 1973; it revealed that thirty-two states had some form of dental hygiene representation to state boards. In 14 states, the

hygienists were used as clinical examiners; ten of the 14 permitted the hygienists to assist the board in deciding or to make recommendation to the board whether a candidate should pass or fail. The other four, California, Maine, Michigan, and Oklahoma, gave the dental hygiene examining committee full authority to pass or fail a candidate. New York allows the committee to pass, but failure must be confirmed by the New England Regional Board. Most of these representatives are appointed by the board or constituent society, but in 1974 the Maryland Legislature passed the first act providing a governor-appointed hygienist a full voice on the board.

A clinical evaluation study, administered by the American Dental Hygienists' Association and sponsored by the Division of Dentistry, Bureau of Health Resources Development Division, Federal Department of Health, Education and Welfare, is currently being conducted to develop examination guidelines and establish evaluation criteria and a rating index for dental hygiene board exams.

The National Board Dental Hygiene Examination is constructed by a Master Committee whose 5 members include: a basic-scientist dentist, a periodontist, a dentist or dental hygienist with expertise in radiography, a clinical dental hygienist, and a dental hygienist with a strong curriculum background.

The Nevada Dental Practice Act presently grants the Board of Dental Examiners authority to "appoint such committees, examiners, officers, employees, agents, attorneys, investigators, and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter."

In September, 1974, a dental hygienist was invited for the first time to "observe" the board exam, and in March, 1975, two hygienists were invited. However, they were not allowed at either time to participate in the decision-making following the examination and were not remunerated for their expense.

With invitaiton by the board optional at each exam time, we have no assurance of continued representation. Without a voice, there' is no incentive to attend, especially at our own expense. We feel that by creation of the dental hygiene subcommittee

2c
to the Board of Dental Examiners, our profession will be allowed to further develop and contribute to the betterment of our patients' oral health.

33
The American Association of Dental Examiners in 1970 adopted this policy: "that boards of dental examiners give consideration to the use of qualified and licensed dental hygienists as consultants in the formulation of policies relating to the practice of dental hygiene."

In 1971, the American Dental Hygienists' Association resolved to "support the use of qualified and licensed dental hygienists by boards of dental examiners for examining dental hygiene candidates for licensure.

We believe that our profession's readiness to accept this responsibility is well documented by the examples I have related to you.

In an April, 1975 message to the American Dental Hygienists' Association, printed in its Journal, the Executive Director of the American Dental Association stated, "I would encourage you to work with us--not as subordinates, but as recognized and competent partners who have had and can have a significant part in shaping the future of the dental profession.

At the level of federal government, HEW invited the American Dental Hygienists' Association to assist in the writing of Guidelines for Expanded Function Dental Auxiliaries.

As the representative of the Southern Nevada Psychiatric community, I would like to make the following comments in clarification of the signed statement.

We in southern Nevada were aware that the Department was interested in new legislation, we did however assume, and I believe logically, that no final legislation would be considered for enactment until the results of the Rand report were known. It seems incongruous that a sum of something between 200,000 and 400,000 dollars would be spent for the purposes of a department critique and then enact legislation prior to receiving the results of that expert survey. Incidentally, the Rand survey has been completed and the final report should be forthcoming within the next two to four months.

I would further like to stress the fact that neither the medical community in general nor the psychiatric community in particular in the Las Vegas or southern Nevada area was consulted or advised regarding any input from them into the content of this legislation. I would call to your attention the fact that over 50 medical physical diseases can cause mental aberrations. As this bill is written, there is little protection for the patients who utilize the services of the Department as it allows non-medical personnel to make medical judgments. This is contrary to existing statutes regarding the practice of medicine without a license and as such opens a can of worms as far as the possibility of malpractice litigation against the Department and against the State.

Section 18.5 is one of many sections which are of special concern to us. This is the section which defines "mental Health Professionals." As stated in the bill, a psychiatrist must be licensed to practice medicine in the State of Nevada. If I proposed that this licensure requirement be deleted you would, I believe, laugh me out of these chambers - and rightfully so. However, just as there is a State Board of Medical Examiners for the purpose of licensing psychiatrists, there is a State Board of Psychological Examiners for the purpose of certifying psychologists. The bill as written does not require the certification of psychologists employed by the Department who will be making decisions which demand the knowledge and expertise which certification confirms. Additionally, there is no definition of what criteria must be met in order to qualify as a Psychiatric Social Worker. We feel that this should be clearly defined and that the minimum criteria should be a Masters Degree in Social Work.

Section 30 is also of concern. This section deals with the appointment of a Mental Hygiene and Mental Retardation Advisory Board. We feel that the composition of this Board should specifically require representation from the legal, medical and psychological professions.

The public relations efforts on the part of the proponents of this bill have stressed, at least in southern Nevada, that it is nearly a "bill of rights"

Exhibit A
Health & Welfare Comm
May 12, 1975

ATTENTION: Assemblymen of the Committee on Health and Welfare
Chairman, Marion Bennett

A review of the revised Senate Bill 374 was conducted by the undersigned,

It is the recommendation of this group that the entire Senate Bill 374 be tabled until the Rand Report - an expert survey of mental health in the State of Nevada originally commissioned by the 1973 Legislature - has been made available for study and review by an ad hoc committee of knowledgeable, professional people including medical, legal and psychological experts.

None of the undersigned has been consulted prior to publication of Senate Bill 374.

Tom J. Forman, M.D.
Harold S. ... M.D.
Lynn L. Stanley, M.D.
[Signature]
Ashlynn ... M.D.
William B. ... M.D.
David L. Silverman, M.D.

for the mentally ill. It is indeed, much more than that. We enthusiastically endorse the need for legislative protection of patients rights and with a few necessary amendments would be prepared to support that section of this bill, ie. Sections 50 through 55. We must however, strongly oppose the remainder of the bill as written. It will be unnecessarily costly, unworkable and, in our opinion, is not in the best interest of your constituents of the community or of the mentally ill patient - and I call your attention to the word patient which this bill very intentionally avoids in favor of the word client. I suggest that there is a very subtle, yet very distinct and important difference between these two words and this should be taken into account and rectified in the language of any legislation being considered for enactment.

Sincerely,



R. Edward Quass, M.D.

REQ/jm

Clark County Social Service

337

DAVID B. HENRY
County Administrator

651 SHADOW LANE
LAS VEGAS, NEVADA 89106
(702) 385-1251

BARBARA J. BRADY
Social Service Director

*Exhibit B Welfare Comm
Health & Welfare Comm
May 12, 1975*

REPORT ON S.B. 374: This is a report on S.B. 374. It enacts the Nevada Mental Health and the Mental Retardation Law.

Clark County Social Services certainly is appreciative of the fact that some sections were amended from when the Bill was first introduced. However, we still have some concerns regarding what additional responsibilities are going to be given the counties at a time when our funding remains very limited.

Section 140, which discusses the expenses of diagnostic medical and surgical services furnished to a client, has been changed so that no longer does it say when the services are not available at the Institute or Mental Health Center. It would seem, therefore, that services that are available there would be chargeable to the county and this would appear to be any type of diagnostic as well as medical or surgical services needed. In the same Section, they have deleted residency requirements which would also cause counties to have responsibility for more people than they presently have.

Section 142 has several provisions added to that Section which, though somewhat unclear, could possibly add some expenses to the county indigent budget. NRS 435.020 No. 3: "If Division facilities are to be utilized whom the Division recognizes proper subject for services within the Division facilities ..." seems to be saying that the counties might have to pay for retarded children who utilize such services. It is my understanding, from Dr. Dickson in the past, that this is not what the Section means and hopes that some guarantee can be given to the counties that this will not be the case.

We, of course, are concerned about the patients' rights and feel that some provisions need to be made to guarantee patients with emotional and psychiatric problems have these rights. However, we also are concerned that other provisions in the law not be changed until the study of the Rand Company is completed so that more appropriate action based on a more knowledgeable report can be made.

We would also hope that Mental Health would be able to work with the various counties and other services so that there can be a more coordinated type of program available for the citizens of Nevada.

Barbara J. Brady

(Mrs.) Barbara J. Brady, A.C.S.W.
Social Service Director

BJB:dm1 (5/9/75)



Exhibit C
Health & Welfare
May 12, 1975

Office of the District Attorney

CLARK COUNTY COURTHOUSE
LAS VEGAS, NEVADA 89101
(702) 386-4911

GEORGE HOLT
DISTRICT ATTORNEY

THOMAS D. BEATTY
ASSISTANT DISTRICT ATTORNEY

GEORGE F. OGILVIE, JR.
COUNTY COUNSEL

CHIEF DEPUTIES

DONALD K. WADSWORTH

ADDELIAR D. GUY

338

RAYMOND D. JEFFERS

MELVYN T. HARMON

DAN M. SEATON

LAWRENCE R. LEAVITT

JOE PARKER

CHIEF INVESTIGATOR

KELLY W. ISOM

ADMINISTRATIVE OFFICER

May 12, 1975

Report on S.B. 374
Clark County District Attorney's Office
Las Vegas, Nevada

The paramount right of the mentally ill is the right to receive adequate medical treatment. Proposed Senate Bill 374 tends to criminalize the mentally ill and completely fails to recognize the basic clinical facts of mental illness. Mentally ill persons are a helpless minority; however, they are patients with an illness that by nature impairs their judgment, not clients who, as this bill implies, can recognize, waive or exercise the rights this bill purports to give them.

The Clark County District Attorney's Office feels this bill will so frustrate the experienced psychiatrists that it will drive them out of our state institutions. I attended a meeting in Las Vegas between the Clark County psychiatrists and Senator Lee Walker, the sponsor of the bill. Seven psychiatrists were present, including Dr. William Pike, who has had five years experience evaluating patients and testifying at civil commitments, and Dr. William O'Gorman, a psychiatrist of long-standing in the community. Every psychiatrist at that meeting opposed the bill, including two psychiatrists on the staff at the Las Vegas Mental Health Center. I think it is imperative that we defer to and respect the judgment of those who have the responsibility of treating our mentally ill.

Section 50 (a) through (e) should be deleted.

This section is meaningless for voluntary patients, as they have the right to discontinue their treatment. The section is superfluous, insofar as Court commitments are concerned. This provision is logically inconsistent with the reasons for a Court commitment. Those reasons are:

1. A person has refused to submit to voluntary treatment.
2. Despite the fact he has refused voluntary treatment, he is so ill he requires treatment.
3. Therefore, the Court orders his commitment for treatment.

To commit someone for these reasons and then give him the right to refuse treatment renders the commitment procedure not only meaningless, but ABSURD.

How can this legislature pass this provision when the present case law holds that a civilly committed patient has the Constitutional Right to such treatment as will help him to be cured or to improve his mental condition? Donaldson v. O'Connor, 493 F. 2d. 507 (1974). I hope every committee member understands the Donaldson case as it is the law today. Donaldson argued that he should have been treated or released. Interestingly enough, Donaldson had refused certain kinds of treatment but the Court did not hold he had the right to refuse treatment. What will happen if the patient refuses treatment? This bill does not face this issue. As a practical matter, should a mental patient be released when he is not medically ready to be released into society? Will all patients be automatically declared incompetent so they can be treated? Or will the burden be on the psychiatrist to declare an emergency when he wants to administer treatment? The end result of this bill is that more patients will be deprived of their civil rights as incompetency hearings will increase in order for the patient to be treated.

Section 50 (e) is an invitation to litigation. The words "unusual, experimental or generally occurring" are too vague. What may be unusual to one physician may not be unusual to another. The idea that a social worker or nurse is competent to approve an unusual medical procedure, such as a lobotomy, is ludicrous.

Section 50 (2) (8) "To other rights as specified by regulation of the division" is too broad.

Section 52 of the act will lead to incomplete record keeping by the physician. The physician simply will not include that in his records which may not be in the best interests of the patient. Incomplete record keeping could be costly in litigation to the division and the physician.

Section 69 eliminates the seven day extension period for the purpose of emergency treatment and observation. This provision in N.R.S. should remain. We have estimated this deletion will increase the number of commitments in Clark County by 40%.

Section 76 allows "anyone" to petition for a Court commitment. Any interested person can incur financial liability for a committed person or members of his family. If anyone is going to be railroaded into a mental institution, it would be through this provision.

The Clark County District Attorney's Office requests this bill be tabled so that a comprehensive study could be made and a bill drafted which is in keeping not only with the present case law but with sound medical judgment.

Joan Buckley

Joanne Buckley, Assistant District Attorney
Clark County District Attorney's Office

JB/cie



Southern Nevada Dental Hygienist Society

February, 1975

The Nevada Dental Hygienist Association has prepared the enclosed proposal (p.20) requesting the state legislature to amend the Dental Practice Act, to include representation from the dental hygiene profession to the State Board of Dental Examiners. This representation would be as a three member subcommittee to the Board.

A study was conducted by the American Dental Hygienists' Association in 1973; it revealed that thirty-two states had some form of dental hygiene representation to state boards. In fourteen states the hygienists were used as clinical examiners; ten of the 14 permitted the hygienists to assist the board in deciding or to make recommendation to the board whether a candidate should pass or fail. The other four, California, Maine, Michigan, and Oklahoma, gave the dental hygiene examining committee full authority to pass or fail a candidate. New York allows the committee to pass, but failure must be confirmed by the New England Regional Board.

Most of these representatives are appointed by the board or constituent society, but in 1974 the Maryland Legislature passed the first act providing a governor-appointed hygienist a full voice on the board.

The ADHA is now conducting a clinical evaluation project to develop clinical examination guidelines, evaluation criteria, and a rating index for dental hygiene board exams.

Nurses, like dental hygienists, are required to work under supervision (by physicians). Nurses are judged by their own examining board, which, in Nevada, consists of five registered nurses, two practical nurses, and one consumer, all appointed by the governor.

The Nevada Dental Practice Act presently grants the Board of Dental Examiners authority to "appoint such committees, examiners, officers, employees, agents, attorneys, investigators, and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter".

In September 1974, a dental hygienist was invited for the first time to "observe" the board exam. She was permitted to examine all twenty-four dental hygiene candidates but was not allowed to participate in the discussion or decision-making following the exam. She was not remunerated for her expense.

With invitation by the board optional at each exam time, we have no assurance of continuous representation, Without a voice, there is no incentive to attend, especially at our own expense.

We are asking you to support our position and to be willing to say that yes, dental hygienists should be allowed a measure of self-government, and should be part of the board which examines dental hygienists, and to urge the Nevada legislature to pass this amendment.



Nevada Dental Hygienist Association

January 1975

36
341

The Nevada Dental Hygienist Association, in the interest of providing for future applicants for licenses to practice dental hygiene in Nevada to be examined by a group of persons trained in the same profession, proposes the following amendments to NRS 631:

631.190 Powers and Duties of the Board

add: A dental hygiene examining committee shall be appointed by the board.

631.191 (new section) Dental Hygiene Examining Committee

1. The dental hygiene examining committee shall consist of 3 members to be appointed from the list submitted by the Nevada Dental Hygienist Association, if such a list is submitted.
2. Members of the dental hygiene examining committee shall possess all of the following qualifications:
 - a. Shall have a valid license to practice dental hygiene in this state and shall have been legally and ethically engaged in the practice of dental hygiene for at least 5 years, the three most recent in Nevada.
 - b. Shall not be an officer or faculty member of any college, school, or institution engaged in dental hygiene instruction.
3. Members of the committee shall hold office for two years.
4. Duties
 - a. The committee shall assist the board in the examination of applicants for a dental hygiene license at least twice a year, pursuant to 631.170.
 - b. As directed by the board, the committee may investigate each applicant applying for a license to practice dental hygiene and recommend to the board whether an applicant shall be admitted to the examination and whether a license shall be issued, pursuant to the requirements of this chapter.
 - c. As directed by the board, the committee may receive and investigate complaints and obtain information and evidence relating to any matter involving the conduct of dental hygienists, or any violation of any of the provisions of this chapter by dental hygienists.
5. Members of the dental hygiene examining committee shall serve as consultants to the board in the adoption of rules and regulations pertaining to dental hygienists.
6. The board has the power to remove from office at any time any member of the dental hygiene examining committee for continued neglect of duty required by this chapter or for incompetency or unprofessional or dishonorable conduct.
7. Each member of the committee shall receive a per diem and expenses, pursuant to section 631.180.

Change 631.180 and 631.300 to include the words "and dental hygiene examining committee" wherever "the board" appears.

References to dental hygiene as a self-governing profession
and its capabilities as such

In a report by Dr. W.G. McIntosh, Executive Director of the Canadian Dental Association, delivered at the Federation Dentaire Internationale Congress in London, quotations are given from a newspaper article written by M.J. Trebilcock, professor of law at the University of Toronto, to substantiate Dr. McIntosh's position on the rights of selfgoverning professions:

"Mr. Trebilcock believes that a master-policy in relation to the self-governing professions should be established. He identifies six 'touchstones' such a master policy should meet.

(1) No profession should be conceded any self-governing rights whatever unless there pre-exists a comprehensive, cohesive, professional association which commands the adherence of most members of the relevant profession."

The American Dental Hygienist's Association has been in existence since 1923. The Nevada Dental Hygienist Association, a constituent of ADHA, was formed in 1961. The majority of licensed dental hygienists in Nevada are members of these organizations.

The next four of the six points do not pertain to our request; we proceed to quote #6:

"(6) No self-governing profession should have statutory control over others who are not members of that profession, for example, dentists over dental hygienists--dentists over denturists, except for matters of work supervision. There seems to be a growing attitude that this form of paternalism inhibits the development of paraprofessionals and auxiliaries, who because of lower educational backgrounds may be capable of providing certain routine professional services for the public at reduced prices."

Similar testimony, reinforcing our position, is included in a report by Justice McRuer, chairman of the Royal Commission of Ontario's Inquiry into Civil Rights, which was published by the Queen's Printer, Ottawa, Ontario, in 1968, in three volumes. The McRuer report is in Report #1, Volume 3. Excerpts from it are on p.4, this testimony.

American Dental Hygienist's Association policy statements regarding
the use of dental hygienists on state boards of dental examiners

House resolution # R-6, 1971

RESOLVED, that the ADHA endorse the following position as adopted by the American Association of Dental Examiners at their annual session in 1970:

"that boards of dental examiners give consideration to the use of qualified and licensed dental hygienists as consultants in the formulation of policies relating to the practice of dental hygiene."

House resolution # R-7, 1971

RESOLVED, that the ADHA support the use of qualified and licensed dental hygienists by boards of dental examiners for examining dental hygiene candidates for licensure.

The Maryland Dental Hygiene Association has, in an unprecedented move, in 1974, prevailed upon the legislature in Maryland to back them for a voice on the Maryland State Board of Dental Examiners. The term of office for the dental hygiene member on the Maryland State Board of Dental Examiners will be four years--dentists serve for six years.

(from the Bulletin of the American Association of Dental Examiners
August-Sept. 1974)

DENTAL HYGIENISTS AND REGISTERED NURSING ASSISTANTS

343

By section 12(a) of the Dentistry Act⁵ power is given to the Board of Directors of the Royal College of Dental Surgeons of Ontario to provide for "the establishment, development, regulation and control of an ancillary body known as dental hygienists".

The powers provided by these acts have been exercised⁵ and in neither case are the regulations satisfactory.

In any event, the situations created with respect to dental hygienists and nursing assistants are quite anomalous and entirely unjustifiable. These are not cases of delegation of power to self-governing bodies to control their own affairs but rather of delegation of legislative and judicial powers to regulate and control the affairs of others who have no part in making the rules by which they are governed.

We recommend that these powers be abrogated. One would have thought that the normal, commercial powers of hiring and dismissing which dentists and hospitals have would provide sufficient "quality control". If, however, some form of regulation is required, then we think that these are clearly cases for provincial licensing boards. We can see no justification for the present situations which are thoroughly undemocratic.

Recommendation 27. No self-governing body should have statutory control over others who are not members of the body. If employees of members of a self-governing body are required in the public interest to be controlled, this should be done by some form of licensing and not by the conferring of legislative and judicial powers exercisable over them.

from McRuer Report, Inquiry into Civil
Rights by the Royal Commission of Ontario

THE NATIONAL BOARD COMMITTEE ON DENTAL HYGIENE

The 1973 ADHA House of Delegates passed a resolution creating a new committee, Committee on Dental Hygiene, of the Council of National Board of Dental Examiners. This action recognized the efforts of numerous hygienists who have served as consultants to the National Board since 1961. It was also a welcome move toward demonstrating to the general membership the active participation ADHA has had in the National Board Dental Hygiene Examination. The contributions of ADHA date back further than the beginning of the National Board program for dental hygienists, however, the first involvement of hygienists was in the three year achievement testing project which started in the late 1950's. By means of this project, the Association showed that uniformity among dental hygiene programs did exist, a factor which was essential in order to make a national testing program possible.

When it became apparent that a National Board was going to become a reality for dental hygiene, ADHA conducted its fourth Workshop on Dental Hygiene Education in the fall of 1961. This was structured to allow three full days for development of a recommended blueprint for the National Board Dental Hygiene Examination. These recommendations for areas of examination and weighted outlines were submitted to the Council for approval. The Council's Committee on Dental Hygiene prepared rules and regulations for the conduct of the proposed examination. These were also submitted to the Council and approved. Test construction was then begun using existing dental test construction committees in subject areas which paralleled those of the dental examination. Additional consultants or subject matter specialists who were often dental hygienists were utilized in several areas such as dental hygiene education, public health and first aid.

The initial structure of the Council's Committee on Dental Hygiene consisted of three members of the National Board of Dental Examiners and four dental hygienists appointed by the ADHA president. Of the three members of the National Board there is one each from the American Association of Dental Examiners, the American Association of Dental Schools and the American Dental Association. Of the four dental hygienists, two represent ADHA membership as private practice hygienists and two are dental hygiene educators. This committee was responsible for making recommendations to the Council concerning rules and regulations for the conduct of examination and certification of successful candidates. Requirements for participation, regulations governing re-examinations, administration, irregularities, and examination areas were included. The Committee reported to the Council and all actions were subject to the Council's approval. This structure remains essentially the same.

The first Dental Hygiene National Board examination was administered on April 2, 1962 at 49 testing centers throughout the country. Over 1,560 dental hygienists and dental hygiene students took the examination. Included in that count were 576 graduates of previous years dating back as far as 1927. The initial support and recognition of the National Board Dental Hygiene Certificate by 30 states far exceeded expectations and was greater than that initially given to any national board program in the health professions. It markedly exceeded the initial support given the Dental National Board when, almost thirty years previously, only six states were involved. At present, 51 of the 53 licensing jurisdictions accept the National Board results for the fulfillment of the state written examinations, with 23 jurisdictions requiring candidates for dental hygiene licensure to have earned National Board credentials. In 1973, 4,427 candidates were examined, bringing the total of National Board Dental Hygiene Certificates issued to 27,089.

Construction of the first comprehensive, function-oriented dental hygiene examination began more than two years ago. Appropriate existing dental test construction committees were asked to select test items conforming to their section of the original examination. The test items were then recategorized to fit the new format before being submitted. At the same time, case problems were also being developed. These were reviewed and refined by several test construction committees in 1972. All of this data was brought to a Master Dental Hygiene Test Construction Committee for final selection of items, with the exception of those dealing with community dental health. Currently, the Master Committees have five members each: a basic scientist--dentist; a periodontist; a dentist or dental hygienist with expertise in radiography; a clinical dental hygienist; and a dental hygienist with strong curriculum background. The response to the new examination format has been essentially positive.

When the national Board Dental Hygiene program began, the American Dental Association agreed to finance the examination program until it became self-supporting. From that point on, all excess income was to be turned over to ADHA for the proposed Post Certificate Scholarship Fund. The first payment to the

scholarship fund was made in 1965. During the initial years of the program, the payments from the National Board exceeded the amounts distributed. Unfortunately, this trend has reversed and in the last five years, scholarship awards have exceeded the National Board Payments. This situation was hastened by the conversion to the function-oriented examination which was more costly to produce.

In 1962, the following resolution was adopted unanimously by the Council of the National Board of Dental Examiners and transmitted to the American Dental Hygienists' Association,

"RESOLVED. . . that the Council of National Board of Dental Examiners, in recognition of the outstanding contributions made by the American Dental Hygienists' Association in the development of the National Board Dental Hygiene Examinations expresses its sincere appreciation and its pledge to conduct a quality examination service which will be a credit to the dental and dental hygiene professions."

The Council has lived up to that pledge and ADHA has continued its valuable input into the program. With the creation of the new National Board Committee on Dental Hygiene, ADHA has reaffirmed its shared responsibility in the National Board Dental Hygiene Examination.

**Creation of a dental hygiene examining committee
by California legislature
Page 8, California Dental Practice Act**

345

**Article 1.5. Examining Committee
(Added by Stats. 1971, Ch. 1011)**

1621. There is within the jurisdiction of the Board of Dental Examiners of the State of California an examining committee.

1621.1. The examining committee shall consist of 10 members appointed by the board. The board shall appoint the examining committee members from lists submitted by the dental and dental hygienists associations, if such lists are submitted.

1621.2. Members of the examining committee shall possess all of the following qualifications:

(a) Six shall have a valid license to practice dentistry in this state and shall have engaged in the practice of dentistry in this state for at least five years next preceding his appointment.

(b) Four shall have a valid license to practice dental hygiene in this state and shall have practiced dental hygiene in this state for at least five years next preceding his appointment.

(c) Shall not be an officer or faculty member of any college, school or institution engaged in dental instruction.

1621.3. The members of the examining committee shall hold office for two years.

1621.4. (a) The examining committee shall assist the board in the examination of applicants for a dental license and a dental hygiene license at least once a year, at the time and place designated by the board.

(b) As directed by the board, the examining committee may investigate each applicant applying for a license to practice dentistry and a license to practice dental hygiene and recommend to the board whether an applicant shall be admitted to the examination, and whether a license or certificate shall be issued, pursuant to the requirements of this chapter.

(c) As directed by the board, the examining committee, or subcommittees thereof appointed by the board, may receive and investigate complaints and obtain information and evidence relating to any matter involving the conduct of dentists or dental hygienists or any violation or alleged violation of any of the provisions of this chapter by dentists or dental hygienists.

(d) The examining committee shall advise the board regarding the establishment, implementation, and operation of the continuing education requirements authorized by Sections 1647 and 1749 of this chapter.

1621.5. The board has the power to remove from office at any time any member of the examining committee for continued neglect of duty required by this chapter or for incompetency or unprofessional or dishonorable conduct.

1621.6. Each member of the committee shall receive a per diem and expenses as provided in Section 103.

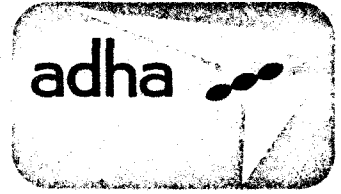
Article 2. Admission and Practice

Practice of Dentistry Defined

1625. Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malposed posi-

8

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: (312) 944-7097

Testing Division:
(312) 642-3954

January 28, 1975

Ms. Cheryl Abbott
1408 Carson Avenue
Las Vegas, Nevada 89101

346

Dear Ms. Abbott:

In response to your letter inquiring about requirements for clinical instructors in dental hygiene schools, I quote from the Requirements and Guidelines for Dental Hygiene Education Programs regarding faculty qualifications.

"Dental hygiene faculty members should have background in, and current knowledge of, dental hygiene and the specific subjects they are teaching. Faculty members' experience should include teaching, or completion of courses in education theory and practice. Individuals who do not have this background should be continuing their education in this area.

Faculty who provide clinical instruction should have recognized competence in dental hygiene procedures and clinical practice experience.

It is expected that the dental hygiene faculty will advance professionally through continuing education courses, conferences, institutes, meetings and workshops."

In 1973, the ADHA conducted a survey of dental hygienists who serve on state boards of dental examiners and I suggest that perhaps this might be more helpful to you in achieving your goal of having an examining committee of and for hygienists as part of the Nevada State Board. If you would like more information in regard to this study, I will be happy to send it to you.

You might also be interested in the fact that as an outgrowth of the survey, there is a Clinical Evaluation Project now being carried on by ADHA to develop clinical examination guidelines, evaluation criteria, and a rating index for dental hygienist board examinations.

I am interested in developing a "clearing house" of information in central office to enable me to provide constituents with pertinent information about legislative activity in other states. Such a file would give an indication of what procedures have been successful in pursuing new dental hygiene legislation. Please keep me informed of what progress you are making.

Sincerely,

Marlene Benzuly

Marlene Benzuly
Legislative Assistant

DISTRICT XI TRUSTEE
Grace Anderson, R.D.H.
DISTRICT XII TRUSTEE
Maxine Bailey, R.D.H.
WASHINGTON OFFICE
Ben F. Miller III
Suite 1006
1101 17th Street, N.W.
Washington, D.C. 20036

DISTRICT VI TRUSTEE
Ada Beth Benton, R.D.H.
DISTRICT VII TRUSTEE
Carol Grace, R.D.H.
DISTRICT VIII TRUSTEE
Carolyn Tuffy, R.D.H.
DISTRICT IX TRUSTEE
Lynn Ray, R.D.H.
DISTRICT X TRUSTEE
Elizabeth Reinert, R.D.H.

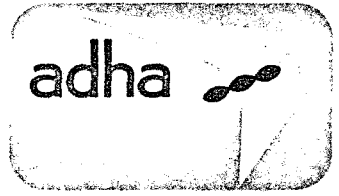
DISTRICT I TRUSTEE
Bert Hegarty, R.D.H.
DISTRICT II TRUSTEE
Jocelyn Roman, R.D.H.
DISTRICT III TRUSTEE
Kathleen Silko, R.D.H.
DISTRICT IV TRUSTEE
Patricia Brinson, R.D.H.
DISTRICT V TRUSTEE
Edith Schweikie, R.D.H.

TREASURER
Betsey Aiden, R.D.H.
SPEAKER OF THE HOUSE
OF DELEGATES
Pauline Sampieri, R.D.H.
DIRECTOR OF PUBLICATIONS
Wilma Motley, R.D.H.
EXECUTIVE DIRECTOR
Carl H. Hauber, C.A.E.

PRESIDENT
Austa M. White, R.D.H.
PRESIDENT-ELECT
Barbara J. Schnurr, R.D.H.
FIRST VICE PRESIDENT
Donna Luke, R.D.H.
SECOND VICE PRESIDENT
Jeannette Buchanan, R.D.H.
IMMEDIATE PAST PRESIDENT
Konnetta E. Putman, R.D.H.

4

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: (312) 944-7097

347

DISTRICT XI TRUSTEE
Hermine Hayden, R.D.H.
DISTRICT XII TRUSTEE
Jean Bennett, R.D.H.
WASHINGTON OFFICE
Diane McCain, R.D.H.
Suite 1006
1101 17th Street, NW
Washington, D. C. 20036

DISTRICT VI TRUSTEE
Elizabeth Powers, R.D.H.
DISTRICT VII TRUSTEE
Carol Grace, R.D.H.
DISTRICT VIII
Carolyn Tufty, R.D.H.
DISTRICT IX TRUSTEE
Linda Nichols, R.D.H.
DISTRICT X TRUSTEE
Jeannette Buchanan, R.D.H.

621 Van Buren Street
Mt. Morris, MI 48458
March 18, 1975

Ms. Cheryl Abbot, R.D.H.
1408 Carson
Las Vegas, Nevada 89101

Dear Cheryl,

At one point, Rhode Island was considering a separate state board, but my information indicates they are currently utilizing a joint committee effort for input to their state board. Other states are using various types of subcommittee structures. I'm sending you a copy of the results of a survey done by A.D.H.A. a few years ago, and which we plan to re-do this year, which illustrates the different types of representation to state boards by dental hygienists. I hope that you'll find it helpful.

Many thanks for keeping the Committee on Legislation informed about your activities, and best of luck in your endeavors.

Sincerely,

Kathleen Mast, Chairperson
Committee on Legislation

Enclosure

cc: Benzuly
Hegarty

DISTRICT I TRUSTEE
Berl Hegarty, R.D.H.
DISTRICT II TRUSTEE
Margaret D'Aprix, R.D.H.
DISTRICT III TRUSTEE
Kathleen Silko, R.D.H.
DISTRICT IV TRUSTEE
Meffie Damon, R.D.H.
DISTRICT V TRUSTEE
Edith Schweikie, R.D.H.

TREASURER
Betsey Alden, R.D.H.
SPEAKER OF THE HOUSE
OF DELEGATES
Pauline Sampieri, R.D.H.
EDITOR
Wilma Motley, R.D.H.
EXECUTIVE DIRECTOR
Carl H. Hauber, C.A.E.

PRESIDENT
Konnetta Puchner, R.D.H.
PRESIDENT-ELECT
Austa White, R.D.H.
FIRST VICE PRESIDENT
Barbara J. Schurr, R.D.H.
SECOND VICE PRESIDENT
Donna Luke, R.D.H.
IMMEDIATE PAST PRESIDENT
Jeanne Fox, R.D.H.

100-1
348

ITEMS (WITH EXPLANATION OF CODING) ON SUMMARY OF
SURVEY OF DENTAL HYGIENISTS' REPRESENTATION TO STATE BOARDS

1. Name of state reporting
2. Has your state established some form of representation to the Board of Dentistry (Board of Dental Examiners)?
3. Is action pending to provide representation to your State Board?
4. What type of representation do you have (or propose)? (Check all applicable areas)
 A = member(s) of the Board B = voting C = ex officio D = consultant(s) to the Board
 E = sub-committee of the Board (Advisory Board) F = clinical examiner G = liaison
 H = other
5. If your representation is in the form of a Sub-Committee or Advisory Board, please explain the structure. (See page 6 for summary of responses.)
6. How many Dental Hygienists serve as representatives to your State Board?
7. How are your representatives appointed to the Board?
 A = appointed by state governor B = appointed by State Board C = other

Are your representatives recommended to the appointing agency by your Constituent Dental Hygienists' Association?

Are there specific qualifications for representation? If yes, please include a copy of the qualifications.

8. What is the term of office of your representative(s)?
 If you have more than one representative to the Board, do the terms rotate?
9. Is your state a member of a Regional Examining Board?

Is utilization of a Regional Examining Board proposed in your state?

Name:

- 106 349
10. Is your representative(s) involved in administering examinations for Dental Hygiene licensure?
A = written B = clinical C = both

Are Dental Hygienists other than official representatives utilized in administering examinations?

How many Dental Hygienists are utilized in administering examinations?

Does the representative:

A = have full authority in the examination (pass or fail) B = assist in the examination
with Board member C = recommend to the Board (pass or fail)

11. Briefly explain the role of your representative(s) to the State Board (other than examination)
e.g. consults on request, involved in all Board matters. (See page 7 for summary of responses.)
12. Please provide the names of your representatives to your State Board.

351

SURVEY OF DENTAL HYGIENISTS' REPRESENTATION TO STATE BOARDS

Constituent	2		3		4 A to H	6 No.	7		8 Years	8		9		10 A to C	10		10 No.	10 A to
	Yes	No	Yes	No			Yes	No		Yes	No	Yes	No		Yes	No		
Alabama		X		X								X	X					
Alaska																		
Arizona		X	X		DEFG							X	X					
Arkansas																		
California	X		X		DEFG	4	B	X	X	2	X	X	X	C	X	4	A	
Colorado	X				CD	1	B	X	X		X	X						
Connecticut		X																
Delaware																		
D.C.		X		X								X						
Florida	X		X		G	3	B	X	X	3	X	X	X		X	0		
Georgia	X				D	3	C	X		1	X	X	X	C	X	3	C	
Hawaii	X				F	1	C	X	X			X	X	B	X	1	BC	
Idaho																		
Illinois	X		X		F									B	X	3	B	
Indiana		X		X														
Iowa	X		X		G	1	C	X	X			X			X	0		
Kansas		X		X								X						
Kentucky	X				DF	3	C	X	X	2	X	X	X	B	X	3	B	
Louisiana	X		X		G	1	C	X	X	2-3		X	X		X	0		
Maine	X				F	1	B	X	X	3		X		B	X	1	A	

SUMMARY SHEET

SURVEY OF DENTAL HYGIENISTS' REPRESENTATION TO STATE BOARDS

1	2	3	4	6	7	7	7	8	8	9	9	10	10	10	A
Constituent	Yes No	Yes No	A to H	No.	A to C	Yes No	Yes No	Years	Yes No	Yes No	Yes No	A to C	Yes No	No.	A
Maryland	X	X	CD	1	C	X	X		X	X				X	
Mass.	X	X	AD							X					
Michigan	X	X	CDEFG	4	C	X	X			X		C		X	4
Minnesota	X	X	DG	1	C	X	X	3		X		A		X	
Miss.	X	X	G							X	X				
Missouri	X	X								X					
Montana	X	X	DF	1	C	X	X	2		X	X	C		X	1
Nebraska	X	X	ACDF							X					
Nevada	X	X								X	X				
New Hamp.	X		D	1	B	X	X	1-3		X				X	
New Jersey	X	X	ABEF							X	X				
New Mexico	X		CDG	2	B	X	X	5	X	X	X	C		X	2
New York	X		DEFG	2		X	X	5	X	X		C		X	
N. Car.	X		D	1	C	X	X	1		X				X	0
N. Dakota	X	X	D	1	B	X	X			X	X			X	
Ohio	X	X	EG	5	C	X	X	3	X	X				X	0
Oklahoma	X		DF	1	B	X	X	2		X		C		X	1
Oregon	X	X	CDE	7	B	X	X	3	X	X	X	B		X	7
Penn.	X	X	ARDE							X	X				
Puerto R.	X	X								X	X				

SURVEY OF DENTAL HYGIENISTS' REPRESENTATION TO STATE BOARDS

353

Item 5: Sub-Committee/Advisory Board Structure

A. Examining Committees

1. CALIFORNIA reports a 10-person examining committee, 6 licensed dentists and 4 licensed hygienists with minimum 5 years' practice--no academicians. Additional duties include the development of requirements for continuing education.
2. OREGON reports 7 clinical examiners who are beginning to function as a committee in that they are working with the Board of Dental Examiners on dental hygiene problems.
3. KENTUCKY is actively seeking circumstances similar to California's.

B. General Liaison and Advisory Sub-Committees

1. MICHIGAN reports a sub-committee comprised of 4 dental hygienists (2 MDHA committee members, the state clinical examiner and the 4th chosen from MDHA membership at large) and 1 dentist from the State Board. Duties include liaison between the Board and MDHA and a consultant function. Note that Michigan also has clinical examiners, only one of whom serves on this sub-committee.
2. NEW YORK reports a "State Committee on Dental Hygiene" appointed by the Board of Regents, which consists of 2 licensed dental hygienists. Duties include general assistance and consultation to the "Board for Dentistry" in dental hygiene matters and examination (with authority to pass but failures must be confirmed by NERB members).
3. OHIO reports Advisory Board consisting of 5 dental hygienists appointed by ODHA, all ODHA delegates (term "delegates" not explained). Duties include general assistance and consultation to Board and the development of requirements for continuing education.
4. TENNESSEE, TEXAS and VIRGINIA report liaison committees, each consisting of 3 licensed dental hygienists appointed by the state dental hygiene association. Duties include general assistance and consultation to the Board.
5. WISCONSIN reports imminent appointment of "Periodontal Advisory Committee" consisting of 2 dental hygienists, 2 dental assistants, 2 lab technicians and 2 dental students. The dental hygienists are to be appointed by WDHA. Duties not defined.

Item 11: Role of Representative(s) to State Boards (other than examination)

A. Pre-Examination

- 1. CALIFORNIA and NEW MEXICO: Investigation of applicants
- 2. MINNESOTA: Interviewing of candidates
- 3. UTAH and WYOMING: General assistance

B. Ethics and Conduct

- 1. CALIFORNIA: Investigation of complaints and obtaining information
- 2. MICHIGAN, MINNESOTA, NEW MEXICO, NEW YORK and OHIO: Advisory capacity

C. Continuing Education

- 1. CALIFORNIA and MICHIGAN: Consultation on establishment and implementation of continuing education requirements
- 2. MINNESOTA: Service on Board continuing education committee
- 3. OHIO: Formation of continuing education courses

D. General Consultation on Board Request

- | | |
|----------------|------------|
| CALIFORNIA | OREGON |
| COLORADO | TENNESSEE |
| FLORIDA | TEXAS |
| MICHIGAN | UTAH |
| NEW MEXICO | VERMONT |
| NEW YORK | VIRGINIA |
| NORTH CAROLINA | WASHINGTON |
| OHIO | WISCONSIN |
| OKLAHOMA | WYOMING |

NEWS RELEASE

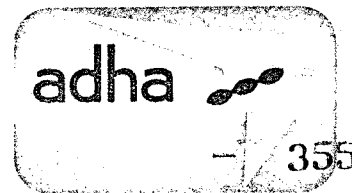
NEWS RELEASE

NEWS RELEASE

NEWS RELEASE

NEWS RELEASE

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: (312) 944-7097

March 21, 1975

FOR IMMEDIATE RELEASE

Contact: Kathleen Pendleton
Publications

CLINICAL EVALUATION STUDY IN PROGRESS

The Clinical Evaluation Study, administered by the American Dental Hygienists' Association and sponsored by the Division of Dentistry, Bureau of Health Resources Development Division, Department of Health, Education and Welfare, is now moving into phase II of the project.

The objectives of this study are to develop examination guidelines, establish evaluation criteria and prepare an instrument to clinically evaluate dental hygiene candidates for licensure.

A Planning and Development Task Force, comprised of representatives of national dental and dental auxiliary credentialing and licensing bodies, has been established. The purpose of the Task Force is two-fold: to propose acceptable minimum guidelines for dental hygiene licensure and to propose criteria for an evaluation system which can be utilized by those examining dental hygiene candidates for licensure.

Task Force members attended a two day workshop in January where they discussed the parameters of the state board clinical examination; developed criteria for selection of patients; developed guidelines for examination sequence and procedures; and drafted an examiner evaluation form.

The officers and advisors for the study are: Mary Jane Kolar, Project Director; Ben F. Miller, III, Project Coordinator; Patricia Faust, Project Officer; Dr. Richard Weaver, Project Advisor; and Dr. Raynard Dooley, Project Evaluation Specialist. The members of the Task Force are: Grace Anderson, RDH, California; Samuel Dworkin, DDS, PhD, Washington; Dorothy Fosket, RDH, Michigan; Richard Kozal, DDS, Illinois; Dwaine Kurtz, DDS, Colorado; Leon Penzur, DDS, Pennsylvania; Lynn Ray, RDH, Oklahoma; Burton Saidel, DDS, Ohio; Jennie Shafer, CDA, Oregon; and Rhame Wood, DDS, Oklahoma.

The study is scheduled for completion by November, 1975.

#

12

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: (312) 944-7097

January 5, 1975
413 South Front Street
Rio Vista, Ca. 94571

Ms. Cheryl Abbott
1408 Carson St.
Las Vegas, Nev. 89101

DISTRICT XI TRUSTEE
Hermine Hayden, R.D.H.
DISTRICT XII TRUSTEE
Jean Bennett, R.D.H.
WASHINGTON OFFICE
Diane McCain, R.D.H.
Suite 1006
1101 17th Street, NW
Washington, D. C. 20036

DISTRICT VI TRUSTEE
Elizabeth Powers, R.D.H.
DISTRICT VII TRUSTEE
Carol Grace, R.D.H.
DISTRICT VIII
Carolyn Turfy, R.D.H.
DISTRICT IX TRUSTEE
Linda Nichols, R.D.H.
DISTRICT X TRUSTEE
Jeannette Buchanan, R.D.H.

DISTRICT I TRUSTEE
Berl Hegarty, R.D.H.
DISTRICT II TRUSTEE
Margaret D'Aprix, R.D.H.
DISTRICT III TRUSTEE
Kathleen Sliko, R.D.H.
DISTRICT IV TRUSTEE
Meffie Damon, R.D.H.
DISTRICT V TRUSTEE
Edith Schweikle, R.D.H.

TREASURER
Betsy Aiden, R.D.H.
SPEAKER OF THE HOUSE
OF DELEGATES
Pauline Sampieri, R.D.H.
EDITOR
Wilma Motley, R.D.H.
EXECUTIVE DIRECTOR
Carl H. Hauber, C.A.E.

PRESIDENT
Konetta Putman, R.D.H.
PRESIDENT-ELECT
Austa White, R.D.H.
FIRST VICE PRESIDENT
Barbara J. Schnurr, R.D.H.
SECOND VICE PRESIDENT
Donna Luke, R.D.H.
IMMEDIATE PAST PRESIDENT
Jeanne Fox, R.D.H.

Dear Cheryl:

Enclosed is the page from the California Dental Practice Act which I mentioned in our conversation. The markings have no special significance -- just my doodling.

These are the ADHA policy statements which you may find useful:

House resolution # R-6 -- 1971
RESOLVED, that the ADHA endorse the following position as adopted by the American Association of Dental Examiners at their annual session in 1970:

"that boards of dental examiners give consideration to the use of qualified and licensed dental hygienists as consultants in the formulation of policies relating to the practice of dental hygiene."

House resolution R-7 -- 1971
RESOLVED, that the ADHA support the use of qualified and licensed dental hygienists by boards of dental examiners for examining dental hygiene candidates for licensure.

I hope you will find these items helpful. Please don't hesitate to call on me or on Carl Hauber for further information or support.

I look forward to seeing you in Tucson and hearing a report of your progress with the proposed legislation.

Sincerely,

Grace
Grace Anderson, Legislative Consultant
Western Region ADHA

enc.

11224 Orleans Way
Kensington, Maryland 20795

March 2, 1975

13a
357

Ms. Cheryl Abbott
1408 Carson
Las Vegas, Nevada 89101

Dear Cheryl:

Kathy Silko sent your letter for me to answer since I am the Dental Hygiene Member of the State Board of Dental Examiners in Maryland. We are the first state to have a full-fledged voting dental hygiene member and I think it is working well. There is some controversy over the position, but not from within the Board.

I am enclosing a copy of our law and will briefly describe the progression of this change. Before our law was changed, we had a dental hygiene consultant on our Board and felt the position was ineffective. With the help of a lawyer, we constructed a bill identical in wording and content to that of the law regarding the appointment of dental members of the board, substituting the words "dental hygiene" for dental and making the term 4 years, instead of 6 years. Enclosed is the copy - check the sections 2 and 2 A.

The law was well-written and we approached the legislature with as much dental support as possible. The legislature loved it and both houses passed it with a first try. They felt that it was long overdue and that no group should be denied representation on its own licensing and regulating board. Even today, some of the legislators feel that dental hygienists should be involved in all decisions affecting dentistry, not just dental hygiene. The intent of the law, was that the hygienist would be present at all meetings and hygiene exams, and vote on hygiene matters only.

Our MDHA held elections open to all hygienists in the state and selected three nominees to the governor for the appointment of one. One of the nominees was not a member and this is important because the Board regulates all dental hygienists in the state not just association members.

The acceptance has been excellent. The Board seems appreciative of dental hygienists' involvement. There is still some controversy and there have been attempts at legislation to change it, but so far they have only angered the legislators. The controversy is not within the Board, but is among some members in dentistry. I have participated in examinations, answered hygiene inquiries, and been involved in investigations of auxiliary misuse for the Board.

I was recently accepted into the American Association of Dental Examiners as their first Dental Hygiene Member. I find that communications improve when different factions start talking and empathizing.

The most important items to remember are: Make sure your law is concise (not rambling or lengthy) and well written. Don't try to change too much at once. Work first with your dental association and if all efforts fail, then go alone. Be prepared to compromise and remember that compromise is important. In presenting your changes, never become emotional, be prepared with facts, be rational, be polite. Anger, emotion, and argument never impress the legislators. If you are right, and reasonable, you will succeed.

I hope this letter is prompt enough. The added responsibilities of this new position have become very demanding since I am already working three days a week, help my husband in his business, and care for my two preschoolers. Good luck.

Sincerely,

Dana B Godbout

Mrs. Dana Beers Godbout RDH

honorable conduct. The three additional memberships created on the State Board of Dental Examiners shall be added by separate and individual appointments in the respective years 1971, 1973 and 1975; and until the full membership of the Board is reached in the year 1975, the Board shall have successively 6, 7 and 8 members until the full membership is reached.

Section 2A. Dental Hygienist member of the Board.

In addition to the dentist members of the Board, there shall be a dental hygienist member who may vote only on matters directly affecting dental hygienists. In those matters his vote shall count as fully as the vote of dentist members. The dental hygienist member shall be a registered and practicing hygienist, a resident of the State of Maryland, and shall have been in an active practice in the State for at least three years immediately preceding his appointment. No member of the faculty or teaching staff of any university or college in the State of Maryland which offers undergraduate courses in dental hygiene shall be eligible for appointment. The Governor, with the advice of the Secretary of Health and Mental Hygiene, shall appoint the dental hygienist member from a list of three duly qualified hygienists proposed and submitted to him by the Maryland Dental Hygienists' Association, and chosen by a majority vote of the members of the Association present at a meeting of the Association called for that purpose, of which meeting at least two weeks' notice, stating the time, place and purpose, shall be mailed by the Secretary to the members of the Association at their respective addresses appearing in the records. The term for which the dental hygienist member of the Board is appointed shall be four years, and until his successor shall have been appointed and qualified. No member who has served two full consecutive terms may be eligible to succeed himself. In case of a vacancy

14
359
Maryland Statute
7-1-74

occurring in the dental hygienist position by reason of death, or incapacity, neglect or refusal to act, expiration of term, or in any other way, the Governor, with the advice of the Secretary of Health and Mental Hygiene, shall, from a list of three duly qualified hygienists, chosen, submitted and proposed to him as provided, appoint a successor to the vacating member who shall hold office for the remainder of the unexpired term of the member or for a new term in the case of expiration of term. If the dental hygienist member, without adequate reason, is absent from two successive meetings, he shall cease to be a member, and the Governor, upon the recommendation of the Secretary of Health and Mental Hygiene, has the power to remove from office, at any time, the dental hygienist member of the Board for continued neglect of duty required by this article, whose duty is the same where appropriate as the duty of dentist members, or for incompetency, unprofessional or dishonorable conduct.

Section 3. Same — Election and duties of officers; adoption of rules and regulations; meetings.

Said Board shall choose one of its members, president, and one secretary thereof, whose duties shall be those usually appertaining to their respective offices, and shall adopt such rules, regulations, or bylaws as may be necessary or expedient to assist it in its organization under this article. The secretary shall also be the legal custodian of all the property, money, minutes, records, proceedings and the seal of said Board. Said Board shall hold two regular meetings as determined by the Board of Dental Examiners, and special meetings as it may deem necessary, upon call of the president or secretary thereof and upon due notice. Meetings may be held at any time and place and without notice, by the unanimous consent evidenced either by writing or by the presence of any member whose consent is necessary.

In June, 1974, a member of the State Board of Dental Examiners suggested verbally to the president of the Nevada Dental Hygienists Association that a hygienist be chosen to observe the next examination of applicants for a dental hygiene license.

I, Mary Moran, am the dental hygienist selected by that association to observe 360 the examination conducted by the State Board in Sept. 1974.

Two days prior to the examination, the secretary of the Board called me and stated that a meeting would be held on the day before the examination, at which time I could present the hygienists problems and complaints to them. I told him that we did not have complaints, but would like the opportunity to communicate with the Board and be included in the examination and rule making for the practice of dental hygiene. He stated then that there would be no need for me to attend the meeting but that I could observe the examination. This is as close to a formal invitation as we received.

On the day of the dental hygiene examination, the President of the State Board informed me that this "was to be a trial situation and that from this experience the Board would decide whether to invite an observer in the future." I was not permitted to check "in" the first group of patients, but was asked to check them "out" at the completion of the oral prophylaxis, and to check the second group of patients "in" and "out". The grading sheet used by board members has no points relevant to dental hygiene, such as patient education, scaling, stain removal, and x-ray exposure, so I made my own sheet for each candidate. I was given an examiner-number, and asked to mail my grading sheets to the Board, which I did immediately upon my return to Las Vegas. I was told I'd receive a list of those candidates who passed and their numbers, so I could compare the groups results with my own. I have not received such a list, or any other communication from the Board.

I wrote, after the exam, to the Board, in care of its secretary, thanking them for the opportunity, and stating that being an observer at the examination was one of the most rewarding and educational experiences of my professional career. At this time I felt that the Board had good feelings about my presence and would discuss the advantages of having a hygienist included in the examination of dental hygiene applicants.

It would have been more rewarding to me and to the group I represented if communication between our two groups could have continued. The hygienists' association has had no communication from the board, and we do not know if an observer is to be invited to the examination which will be held in March, 1975, just one week away.

During the September examination I noticed and discussed with Board members some inequities, including:

Each candidate was instructed to bring one "stain patient" and one "calculus patient" to the examination.

Dental hygienists are taught in school to remove all deposits from each patients' teeth, to treat each patient to the extent of our ability--not to remove one type of deposit only. Some of the earliest candidates to finish left visible stain and calculus; one even argued with me when I asked her to check an area again.

The candidates were required to bring a recent set of radiographs to the examination. The Board assumes that the candidates took these x-rays themselves as proof of their ability. Several of the candidates told me they had not exposed the films themselves, and that the instructions they received did not require that..

158

One who did take the x-rays herself freely admitted to me that the friend who posed as her patient was in her first trimester of pregnancy. Taking x-rays on a woman in the first 3 months of pregnancy is strictly unethical, and potentially hazardous to the fetus. This is certainly not in the best interest of the patient, who expects to be able to trust a licensed professional person.

361

Twenty four hygiene applicants were examined and all passed. Of 29 dentists who took their Board, only 7 passed. I feel that not all of the hygiene applicants were that qualified, and that the Board was obviously more critical of the dental applicants than of the hygienists. I wonder how the public can be protected from treatment by unqualified practitioners of dental hygiene if licenses are indiscriminately given to any hygienists who take the test.

When I expressed to the Board just prior to the examination that the Dental Hygienists' Association would like to be helpful to the candidates, I was told that this is not a purpose of the Board.

One example of the need for assistance is that some candidates have been forced at examination time to rent handpieces at a cost of \$25. They are instructed to bring a handpiece to the test but not told what size or type. A local dental supply company has volunteered the use of handpieces at no cost, but if our association can't determine the names of applicants, and the candidates can't find out from the board what type of handpiece is required, they cannot avail themselves of the service. I asked a Board member why the applicants aren't informed as to the type of handpiece needed; he said they should take the initiative to find out on their own. One hygienist called the secretary of the Board to inquire about it, and he could not answer her question.

In at least one state, a dental supply company also assists the applicants in finding suitable patients for the exam. This would be especially helpful in Nevada since the applicants are required the additional effort and expense of traveling to California for the test.

Our association has been unable to get the Board to send us a list of hygienists who have passed the exam, much less those who intend to take it, so we cannot assist them in preparation.

For these reasons I urge you to pass legislation creating a place for dental hygienists in the governing of dental hygiene practice in Nevada.

Respectfully submitted,

Mary Moran, R.D.H.

Mary Moran, RDH

632.000 Renewal of license: Fee schedule (Cont.)

	Not less than	Not more than
Examination fee for registered nurse's license	\$10.00	\$15.00
Examination fee for practical nurse's license	7.50	10.00
Rewriting examination for registered nurse's license	10.00	15.00
Rewriting examination for practical nurse's license	7.50	10.00
Duplicate license	5.00	5.00
Profiting examination for candidate from another state	10.00	15.00

8. The board may collect the fees and charge established pursuant to this section, and such fees or charges shall not be refunded.

(11:256:1947; A 1949, 536; 1955, 608) — NRS A 1963, 613 — (6:154:1949; A 1955, 547) — NRS A 1959, 188; 1963, 615) — (NRS A 1973) — (12:256:1947; A 1955, 608) — (NRS A 1963, 613) — (Added to NRS by 1959, 189; A 1963, 616) — NRS A 1973)

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. "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 chapter, administers anesthetic agents to individuals under the care of those persons licensed by the State of Nevada to practice dentistry, surgery or obstetrics.

4. "Emergency" means an unforeseen combination of circumstances calling for immediate action.

5. "Licensed practical nurse" means a person who is licensed to practice practical nursing as defined in subsection 6 of this section and as provided in this chapter.

6. "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 chiropractor, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

7. "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

632.010 Definitions of words and terms as used in this chapter.

and teaching of other personnel, or in the administration of medications and treatments as prescribed by a licensed physician, a licensed dentist or licensed chiropractor, 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. A professional nurse may also perform such additional acts, under such emergency or other special conditions as may be prescribed by rules and regulations adopted by the board, which shall include special training, as are recognized by the medical and nursing professions as proper to be performed by a professional nurse under such conditions, even though such acts might otherwise be considered diagnosis and prescription, but nothing in this chapter authorizes professional nurses to perform those functions and duties specifically delegated by law to those persons licensed as dentists, podiatrists, optometrists or chiropractors.

8. "Registered nurse" means a person who is licensed to practice professional nursing.

9. 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, 608) — (NRS A 1973)

632.020 State Board of Nursing: Creation; members

1. The state board of nursing consisting of five registered nurses, two practical nurses and one consumer is hereby created.

2. The members of the board shall be appointed by the governor.

3. The consumer shall be a bona fide public representative whose occupation is neither the administration of health activities nor the performance of health services, who has no fiduciary obligation to a hospital or other health agency, and who has no material financial interest in the rendering of health services.

(Part 3:256:1947; 1943 NCL § 4756.03) — (NRS A 1963, 609) — (NRS A 1973)

632.030 Members of Board: Qualifications: Consecutive Terms

- Each registered nurse member of the board shall:
 - Be a citizen of the United States.
 - Be a resident of the State of Nevada.
 - Have been graduated from an accredited school of nursing.
 - Be licensed as a professional nurse in the State of Nevada.
 - Have been actively engaged in nursing at least 5 years immediately preceding appointment or reappointment.
- Each licensed practical nurse member of the board shall:

16
362



Clark County Dental Society

STATE OF NEVADA

363

Minutes of the February 10, 1975 meeting

The meeting was called to order by president L. J. Hendrickson. Guests this evening are Dr. Gordon Christensen, Vickie Stien and Cheryl Abbott.

Dr. Jim Jones reported that the Delta Dental Plan has been accepted by the State Insurance Commissioner. On February 27 there will be a luncheon and a dinner and on February 28 there will be a dinner to explain the Delta Dental Plan. All dentists are encouraged to attend. Information will be sent out to each dentists informin them which meeting they are to attend.

Dr. Hendrickson introduced Cheryl Abbott who is representing the Southern Nevada Dental Hygienists on the subject of representation of Hygienists on a committee to help examine incoming hygiene applicated. (The actual proposal follows on the next page.) Dr. M. C. Hack moved that the CCDS support the hygienists in their effort to be represented on the committee to help examine the future applicants for licenses to practice dental hygiene in the State of Nevada. The motion was seconded by Dr. Kelly and carried. A letter to the State Board of Dental Examiners with the proposal will be sent showing the support of the society.

Dr. Thomason via Dr. Hendrickson reminded everyone that it is the House of Delegates duty to select nominees for NDA Vice President and Scretary. There will be a meeting at Dr. Hendrickson's home on February 17 to do this.

New Business:

There will a ski seminar at Mt. Holly, Beaver, Utah on March 7-9. All doctors are encouraged to come and bring their families.

Dr. Christensen spoke on Semi-precious metals and non semi-prescious metals. Thank you Dr.

With no further business, the meeting was adjourned.

Respectfully submitted

Kathleen F. Clark
Kathleen F. Clark
Executive Secretary

More training for dental students, hygienists urged

San Francisco—Resolutions endorsing more in-depth education for dental hygienists, and training of dental students, with an emphasis on continuing education, are among the measures passed by the American Association of Dental Schools' house of delegates at the AADS's 52nd annual meeting here.

Some 1,500 dental educators and researchers from the United States and Canada attended the meeting, which was held March 15-19 at the San Francisco Hilton Hotel.

At the first session, the AADS's outgoing president, Dr. Edwin M. Speed, assistant dean of the University of Alabama School of Dentistry, turned the gavel over to the new president, Dr. Louis G. Terkla, dean of the University of Oregon Dental School. Dr. Nancy Reynolds, a professor of dental hygiene education at the Ohio State University College of Dentistry and the former AADS vice-president for auxiliaries, was selected as AADS president-elect by acclamation.

Dr. Bruce new director

At the initial meeting of the house, it was announced that Dr. Harry W. Bruce, Jr., formerly the director of physician and health professions education with the National Institutes of Health's Bureau of Manpower Education, was succeeding Dr. Donald J. Galagan as AADS executive director, effective April 1.

Dr. Galagan, who retired as dean of the University of Iowa College of Dentistry last year, had agreed to serve as executive director on a temporary basis until another person could be found.

A notable resolution passed by the house was one that will ban smoking at all future AADS business or scientific meetings. The measure had been brought up in the past, but smoking delegates, finding themselves in the majority, were able to defeat it. This year the nonsmokers won.

During debate on the issue, one waggish delegate rose from the side of the room occupied by smoking delegates and commented: "The resolution states that 'no smoking (will) be allowed.' That means that the people on the other side of the room will be allowed not to smoke."

Three resolutions were adopted that would serve to elevate the status of dental hygienists. One of the measures

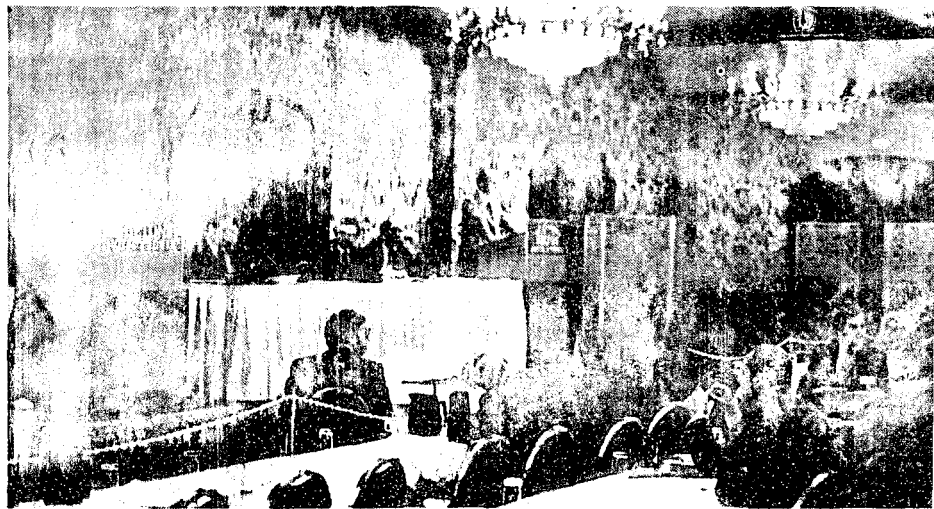
states "that boards of dentistry should support the schools of dental hygiene within their jurisdictions in teaching traditional duties and traditional specialties." Such duties, the measure says, would include pain control (local anesthesia, block and infiltration), soft tissue curettage, the placement and removal of periodontal dressings, suture removal, and other procedures.

A second resolution calls for the inclusion of hygienists on state boards of dentistry "to participate in the examination of candidates for dental hygiene licensure and to serve as full voting and policy-making members in all matters

schools to provide supervised extramural clinical experience, such as in private dental offices, dental institutions, public clinics, hospitals, etc."

The third measure states that dental education programs should emphasize quality comprehensive patient care rather than solely unit requirements as a measure of competency."

Two other resolutions offered by the Council of Students dealing with dental school education did not fare as well. Resolutions calling on dental schools to provide students with a stronger general medical background and to undertake an evaluation of the integration and co-



AADS President-elect Louis G. Terkla (podium at left) and Dr. Robert Isaacson of the University of Minnesota School of Dentistry (other podium) present resolutions to the delegates. Dr. Terkla later took over as the new president.

relating to dental hygiene."

Still another measure states that dental hygiene schools should be urged to teach their students all procedures that may be performed "in any or all" states or jurisdictions.

Three resolutions introduced by the AADS's Council of Students were adopted by the house even though the reference committee recommended that they be rejected.

The first of these calls on dental schools to develop "a team approach to patient care" in which dental students and auxiliaries would be given opportunities to work together in a clinical environment. According to the resolution, such an approach to teaching would enable each member of the team to fully appreciate the roles and utilize the skills of other team members.

Another resolution urges dental

relation of subject material within interdepartmental disciplines were both rejected by the House.

On the matter of continuing education, the house approved urging the ADA's Commission on Accreditation to establish nationwide uniform criteria for evaluation and accreditation of continuing education courses.

With continuing education becoming increasingly important to a dentist's career, the house also adopted a resolution recommending that dental schools accord the same significance to the continuing education programs as they do to their predoctoral and postdoctoral programs.

The delegates also endorsed the formation of regional dental continuing education organizations made up of member dental institutions in each region and recommended that all conti-

comprehensive patient care rather than solely unit requirements as a measure of competency.

24-75-H - Smoking Prohibition (Approved)

Resolved, that no smoking be allowed at any business or scientific meetings of the American Association of Dental Schools.

29-75-H - Third Party Payment (Approved)

Resolved, that the House of Delegates direct the Executive Committee to discuss and take appropriate action regarding the uniform acceptance of third party payer claims filed on behalf of patients for dental treatment performed by students under the supervision of faculty members.

35-75-H - Representatives to Other Organizations (Approved)

Resolved, that the Executive Committee be directed to introduce at the Opening Session of the 1976 Annual Session an amended version of Resolution 6-74-H, which reads as follows:

Resolved, that Chapter IX, Section 1 [of the *Bylaws*] be deleted and replaced with this language:

Section 1. Representatives to Other Organizations. Prior to annual sessions, the Executive Committee nominates representatives of this Association to other organizations. In addition, the eight council chairmen, acting as an *ad hoc* committee, nominate a second slate of candidates. (*The Central Office will be responsible for insuring that this process will take place.*) The final day for submitting the names of the nominees is January 15. Additional nominations for representatives of this Association to other organizations may be made from the floor of the House of Delegates during the Opening Session. Delegates elect representatives to other organizations by closed ballot during the annual session.

37-75-H (202) - Elimination of Annual Session Registration Fee (Approved)

(NOTE: Resolution 37-75-H was submitted as a substitute resolution for the original Resolution (202), which had been introduced by the Council of Sections. Resolution 37-75-H was rejected and Resolution 202 was then approved. However, in order to maintain serial numbering, the approved Resolution (202) carries the number 37-75-H.)

Resolved, that the registration fee for individual members for the 1976 Annual Session be waived and that the non-member registration fee be equal to the annual individual membership dues.

38-75-H - Committee on Association Structure (Approved)

Resolved, that the *ad hoc* Committee on Association Structure consist of the following members:

- Two representatives from the Council of Sections
 - Two representatives from the Council of Faculties
 - One member from each of the other six councils of the Association
- The three members already selected by the Executive Committee

39-75-H - Dental Hygienists on State Boards (Approved)

Resolved, that the American Association of Dental Schools support the appointment of qualified dental hygienists on all state boards of dentistry to participate in the examination of candidates for dental hygiene licensure and to serve as full voting and policy-making members in all matters relating to dental hygiene.

40-75-H - State Boards and Hygienists' Duties (Approved as Amended)

Resolved, that boards of dentistry should support the schools of dental hygiene within their jurisdictions in teaching traditional duties and transitional duties which would include, but not be limited to, pain control (local anesthesia, block and infiltration), soft tissue curettage, periodontal dressings (placement and removal), and suture removal.

41-75-H - Duties Taught in Hygiene Schools (Approved as Amended)

Resolved, that dental hygiene schools, within the limits of their resources, be urged to provide dental hygiene students with education in all those direct patient care procedures that may be performed by the dental hygienist in any or all jurisdictions so that the graduating dental hygienist shall have the competence and skill to perform such procedures.

43-75-H - Anatomical Terminology (Postponed Definitely until 1976)

Resolved, that the American Association of Dental Schools encourage all members and member institutions to adopt terminology as accepted by the American Association of Anatomists (current edition of *Nomina Anatomica*), including Anglicized versions of this terminology.

44-75-H - Continuing Education Accreditation (Approved as Amended)

Resolved, that the American Association of Dental Schools urge the American Dental Association's Commission on Accreditation to establish nationwide uniform criteria for evaluation and accreditation of continuing education courses.

45-75-H - Continuing Education Unit (Approved)

Resolved, that any continuing education courses be given quantitative certified value, preferably by the mechanism of the continuing education unit (CEU).

46-75-H - Status of Continuing Education (Approved)

Resolved, that, since continuing education is a major responsibility of schools of dentistry, it should be accorded the same relative significance in the total educational commitment of the institution as are the predoctoral and postdoctoral programs.

47-75-H - Regional Continuing Education Organizations (Approved as Amended)

Resolved, that the American Association of Dental Schools endorse the formation of regional dental continuing education organizations comprised of member dental educational institutions in the region.

Resolutions Approved and Requiring No Further Action

1-75-H - Appreciation to President Speed (Approved)

Resolved, that the House of Delegates of the American Association of Dental Schools convey to Dr. Edwin M. Speed its sincere appreciation for his outstanding service as Association president during the year 1974-1975, as well as for his numerous contributions to dentistry and dental education.

6-75-H - Executive Director (Approved)

Resolved, that the appropriate articles, chapters, and sections of the *Constitution* and *Bylaws* be amended to change the title of the Association's appointed officer from "secretary-treasurer" to "executive director."

8-75-H - Student Vice-Chairman (Approved)

Resolved, that the paragraph entitled "Chairman-Elect" in the Section entitled "Organization" of the "Standing Rules for Councils" ... be amended to read as follows:

At annual sessions, each council, except the Council of Students, elects a chairman-elect to serve a one-year term, beginning with the termination of that annual session. At the conclusion of that term,



19 president's message

austa m. white

In her last President's Message, Austa White invited leaders of the dental profession to respond to her theme by presenting their views on this page. Dr. C. Gordon Watson, Executive Director of the American Dental Association kindly replied.



People are coming to expect "quality" health services. Legislators are currently proposing various mechanisms to meet this expectation. But, everyone doesn't agree on the meaning of the word "quality." Some define quality almost entirely in terms of accessibility and economy; others define it in terms of services which lead to optimal health for the individual. There is a real dilemma here, a dilemma which reflects differing philosophies. Is it better to deliver excellent services to a segment of the population or to deliver adequate services to the whole population?

Dental hygiene and dentistry typically stand on the "excellent services" side of this issue. To perform any service at a lower level than that which is possible goes against the professional grain. But, somehow we must organize our services so that they will be accessible to the broadest segment of the population.

Does this make us socialists? I think not. It probably makes us partners. We've been partners for a long time without either one of us sacrificing our identity or blunting our development. This doesn't mean that we have always agreed on the best approach to any particular problem, but it does mean that together we have made tremendous progress in achieving mutual goals.

An example of a goal which we are accomplishing via partnership is that of delivering comprehensive dental care for the public. Den-

tal hygienists deliver a key component of the comprehensive dental care "package." Yet, no matter how crucial that component is, it is not synonymous with comprehensive dental care. The full spectrum of services which comprises comprehensive dental care includes the services of dental specialists, general dentists, dental hygienists, dental assistants, and dental laboratory technicians. The public would be less well served by lack of communication and cooperation among any member of the team.

In a similar manner, I believe that the relationship with the greatest potential for achieving the mutual goal of delivering excellent services, organized in a way so that they will be accessible to the broadest segment of the population, is that of a partnership.

A variety of trends and pressures are being brought to bear on the concept of "partnership." The woman's liberation movement and the American value for independence can foster separation of various members of the dental health team, when the need for cooperation is most critical. However, I believe that the hopes and goals which we share are stronger than these trends and pressures. Therefore, I would encourage you to work with us—not as subordinates, but as recognized and competent partners who have had and can have a significant part in shaping the future of the dental profession.

Dr. C. Gordon Watson

AMERICAN DENTAL HYGIENISTS' ASSOCIATION



211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: (312) 944-7097

Testing Division
(312) 642-3964 **367**

R.R. #1
Plainfield, Iowa
50666
April 10, 1975

DISTRICT XI TRUSTEE
Grace Anderson, R.D.H.
DISTRICT XII TRUSTEE
Maxine Bailey, R.D.H.
WASHINGTON OFFICE
Ben F. Miller III
Suite 1006
1101 17th Street, N.W.
Washington, D.C. 20036

DISTRICT VI TRUSTEE
Ada Beth Benton, R.D.H.
DISTRICT VII TRUSTEE
Carol Grace, R.D.H.
DISTRICT VIII TRUSTEE
Carolyn Tuffy, R.D.H.
DISTRICT IX TRUSTEE
Lynn Ray, R.D.H.
DISTRICT X TRUSTEE
Elizabeth Reinerth, R.D.H.

DISTRICT I TRUSTEE
Beri Hegarty, R.D.H.
DISTRICT II TRUSTEE
Jocelyn Roman, R.D.H.
DISTRICT III TRUSTEE
Kathleen Silko, R.D.H.
DISTRICT IV TRUSTEE
Patricia Brinson, R.D.H.
DISTRICT V TRUSTEE
Edith Schweikie, R.D.H.

TREASURER
Betsey Aiden, R.D.H.
SPEAKER OF THE HOUSE
OF DELEGATES
Pauline Sampieri, R.D.H.
DIRECTOR OF PUBLICATIONS
Wilma Motley, R.D.H.
EXECUTIVE DIRECTOR
Carl H. Hauber, C.A.E.

PRESIDENT
Austa M. White, R.D.H.
PRESIDENT-ELECT
Barbara J. Schnurr, R.D.H.
FIRST VICE PRESIDENT
Donna Luke, R.D.H.
SECOND VICE PRESIDENT
Jeannette Buchanan, R.D.H.
IMMEDIATE PAST PRESIDENT
Konneta E. Putman, R.D.H.

Cheryl Abbott, RDH
NDHA Legislative Chairman
1408 Carson
Las Vegas, Nevada 89101

Dear Cheryl,

Just a quick note to tell you how much I appreciated your letter of February 18 and the attached information regarding your legislative activities in Nevada.

I made sure that Marlene Benzuly in Central Office received a copy for her files.

You people have just done a fantastic job of this entire program. And, to have utilized the expertise and support of Doctor Morrison is just tremendous.

Thank you again for the information and doo keep in touch; especially with Marlene. Of course, I always enjoy such first hand news, too.

Most cordially,

Austa White

Austa M. White, RDH
President

cc: Marlene Benzuly

Cost of proposed 3 member committee:

Maximum airfare to San Francisco or Loma Linda, per person:	\$100.
Expenses, per person (1 day of examination)	25.
Per diem	45.
	<hr/>
Cost per person, per exam	\$170.

For 3 committee members to attend one examination, the cost should not exceed \$510.00, and for them to attend two examinations, the total cost of this committee would be \$1020. per year.

Fees collected from dental hygienists:

Currently there are approximately 100 dental hygienists licensed in Nevada. (This figure has to be estimated since the last list our association was able to obtain from the Board of Dental Examiners was compiled in 1971. Recent requests both by telephone and letter have elicited no response.)

Each licensee pays a biennial renewal fee of \$30.00. New applicants pay \$75.00 when making application. During the past year (1974-75), 28 application fees were collected by the Board.

100 licensed x \$15.00 /year= \$1500.
 28 x \$75. per applicant= \$2100.

\$3600. per year collected by
 the State Board of
 Dental Examiners from
 dental hygienists

\$3600. collected
 -- 1020. expenses

 \$2580. remaining after committee expenses paid

Exhibit D
Health + Welfare
May 12, 1975

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS

ROBERT MCQUEEN, PH.D.
PRESIDENT
UNIVERSITY OF NEVADA, RENO

HARRIE F. HESS, PH.D.
SECRETARY-TREASURER
UNIVERSITY OF NEVADA, LAS VEGAS

IRVING S. KATZ, PH.D.
UNIVERSITY OF NEVADA, LAS VEGAS

WAYNE O. PEARSON, PH.D.
713 E. SAHARA, LAS VEGAS

ROBERT G. WHITTEMORE, D.ED.
UNIVERSITY OF NEVADA, RENO

May 9, 1975

369

Assemblyman Marion Bennett
Chairman
Assembly Health and Welfare Committee
Legislative Building
Carson City, Nevada 89701

Dear Assemblyman Bennett:

On behalf of the Nevada Board of Psychological Examiners I should like to express serious concern about a very small but exceedingly significant portion of S.B. 374. I refer to Sec. 18.5 which defines the meaning of a "Mental health professional".

We suggest that Sec. 18.5 (2) could be much simplified and vastly improved by merely employing the words : "A psychologist certified to practice psychology in the State of Nevada." This small amendment would guarantee to the public the services of the best psychological expertise available within our State - particularly in the crucial concerns of commitment proceedings. These proceedings demand judgments to which should be brought the highest quality of training and experience. They are decisions of such over-riding individual and personal significance that on no account should they be delegated to persons of marginal or even doubtful qualifications.

The guiding principle of the Nevada Board of Psychological Examiners since its creation by the Legislature some 12 years ago has been to certify only those psychologists whose credentials clearly meet every accepted test of quality. The Board feels very strongly that its long devotion to that high professional principle should now be recognized by the Legislature as it enacts new laws affecting psychologists and the services they render. Hence, our urging today that

S.B. 374 specify Certified psychologists as Mental health professionals.

The Board of Psychological Examiners would also strongly urge that Sec. 18.5 (3) be deleted. The real danger of this part of S.B. 374 is that it confers upon anyone who is "employed as" a psychologist (or psychiatric social worker) the exact same scope of responsibility as a Certified psychologist. The unfortunate fact, in this regard, is that public agencies in Nevada have compiled a regrettable history over the years of employing ~~non-psychologists~~^{certified} in positions officially designated for psychologists. Of course, the simple act of "calling" a person a psychologist does not, in fact, make him one. Consequently, in the judgment of our Board failure to delete 18.5 (3) from S.B. 374 would pass crucial psychological decisions into the hands of people ill-equipped by training and experience to make them.

Finally, our Board appreciates full well that the legislative hour grows late and that amendments to bills are not now as much in order as they were at an earlier time. Even so, in a comprehensive 47 page bill the two small changes suggested above seem minimal, indeed. And, acceptance of these two amendments, our Board is convinced, will make S.B. 374 a better law for the people of Nevada.

Respectfully yours,



Robert G. Whittemore, D.Ed.

Member of the Board

RGW/b

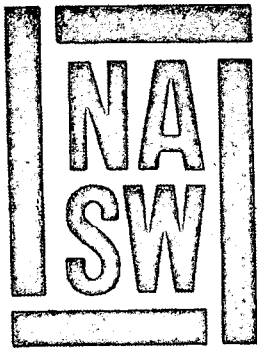


Exhibit E
Health & Welfare
May 12, 1975

National Association of Social Workers

Nevada Chapter

371

May 12, 1972

Health and Welfare Committee
Nevada State Assembly
Carson City, Nevada 89701

Re: SB374 Mental Health Statutes

The Nevada Chapter of the National Association of Social Workers objects to Section 18.5, paragraph 3, which states that a "mental health professional means:....A person employed by a public agency in the State of Nevada as a psychologist or psychiatric social worker."

A professional psychiatric social worker is one with a Masters Degree in Social Work. Until social workers are licensed and subject to definition by a professional board of examiners, the Nevada Chapter of the National Association of Social Workers proposes to amend Section 18.5 paragraph 3 to read: "A mental health professional means:....A person employed by a public agency in the State of Nevada....with a Masters Degree in Social Work.

Marcia Stapleton

Marcia Stapleton, MSW, ACSW
Vice President
Nevada Chapter
National Association of Social Workers

MS/jm

EUGENE E. MONTGOMERY, M.D., CHARTERED
RICHARD W. LEWIS, Ph. D.

1000 RYLAND STREET
PHONE 786-2421 RENO, NEVADA 89502

Exhibit F
Health & Welfare
May 12, 1975

May 12, 1975

372

Gentlemen:

I am writing this letter to indicate my support of Dr. Don Molde's views.

I feel it is important that the mental hygiene system be looked into thoroughly before enacting any legislation.

I am concerned that the current legislation could have impact in the form of making it more difficult to bring psychiatrists into the system. Each day, there is new evidence of metabolic basis for mental illness and a growing need for good psychiatric evaluation and treatment.

If the legislature should deplete our current psychiatric pool, and deny bringing new psychiatrists into the system, the result, I feel, would be in not giving the public the service they deserve. I feel the taxpayer should get their money's worth out of what ever system and am concerned that they may not be.

Furthermore, the Rand Study which was an independent study and reflects a current picture of the system, will not be out until September, 1975. I feel that better judgements in terms of the mental hygiene system could be made after such a report is available to legislators and people concerned with mental health.

Respectfully submitted,


EUGENE E. MONTGOMERY, M.D.

EEM/ln

975 RYLAND
RENO, NEVADA 89502

Psychiatric Associates of Reno

DONALD A. MOLDE, M. D.
ROBERT G. WHITTEMORE, DED

Exhibit 9
Health & Welfare
May 12, 1975

TELEPHONE
786-2865

373

May 12, 1975

Assemblyman Marion Bennett, Chairman
Assembly Health, Welfare and Institutions Committee
Legislative Building
Carson City, Nevada
89701

Re: Senate Bill 374
("Client's Rights" Sections)

Dear Assemblyman Bennett:

The following is a brief list of amendments, which would make the "Client's Rights" sections of SB374 (Section 50 through Section 55) quite acceptable to those who have indicated concern about this portion of the bill.

The entirety of Section 50 (1) should read as follows: (new added material enclosed by brackets and underlined).

1. To medical, psychosocial and rehabilitative care, treatment and training including prompt and appropriate treatment and care for physical and mental ailments, and for the prevention of any illness or disability. Such medical (psychosocial and rehabilitative care), treatment (and training) shall be consistent with community standards and shall be subject to the following conditions:

(a) Prior to instituting a plan of medical, (psychosocial or rehabilitative care), treatment, (or training), or carrying out any necessary surgical procedure, express and informed consent shall be obtained in writing from:

(1) The client, if he is 18 years of age or over, or legally emancipated and competent to give such consent, and from his legal guardian, if any;

(2) The parent or guardian of a client under 18 years of age and not legally emancipated; or

(3) The legal guardian of an adjudicated incompetent client of any age;

(b) A client admitted to a division facility through an emergency or involuntary Court-ordered admission shall be informed about the plan for medical, psychosocial or rehabilitative care, treatment or training, and his consent requested, as specified in Section 50, (1). If the client is unable to give express and informed consent because of mental illness or mental retardation and, if there is no parent, guardian or relative to provide consent, the emergency or involuntary Court-ordered admission shall, itself, constitute consent until such time as the client is able to participate in the provision of Section 50 (1).

(c) An informed consent requires that the person whose consent is sought be adequately informed as to:

- (1) The nature and consequences of the procedure;
- (2) The reasonable risks, benefits and purposes of such procedure; and
- (3) Alternative procedures available;

(d) The consent of a client as provided in paragraph (c) may be withdrawn by a client in writing at anytime with or without cause;

(e) delete as presently written

(e) The absence of express or informed consent notwithstanding, a licensed and qualified physician may render emergency medical care or treatment to any client who has been injured in an accident or who is suffering from an acute illness, disease or condition, if within a reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment would endanger the health of the client and if such treatment is immediately entered into the client's treatment record, but subject to the provisions of paragraph (f);

(f) If the proposed emergency care or treatment is deemed by the medical director to be unusual, experimental or generally occurring infrequently in routine medical practice, the medical director (may request consultation from other physicians knowledgeable about the proposed care and treatment).

Section 52 --- delete as written and add:

Section 52. (A client shall be fully) informed of his clinical status and progress at reasonable intervals of no longer than three months, in a manner appropriate to his condition.

Section 53. (1) (2) --- delete entirely.

COMMENT:

1. Section 50 (1) and (1) (a) should be expanded, as indicated, to allow the client consent in all aspects of his care and treatment.
2. Section 50. (1) (b) MUST be included to assure that clients who are admitted through involuntary means have the right to rapid and appropriate treatment such that they will not simply be "warehoused", but returned to their highest level of functioning as quickly as possible.
3. Section 50. (1) (e) must be rewritten as shown because the present language asks nurses, psychologists and social workers to, in effect, practice medicine without the necessary training (or a license), and could result in the assumption of undesirable liability risks by those individuals.

Assemblyman Marion Bennett, Chairman
May 12, 1975
Page Three
Re: SB374

375

4. Section 52 must be amended as indicated. Serious problems arise if the client can read his record, not the least of which is that no one will keep records. As proposed, Section 52 now reads in accordance with concepts of good medical practice and with federal guidelines.

5. Section 53 should be deleted because it is, firstly, redundant in that only physicians will be prescribing medication, in the context of these statutes; therefore, they will automatically be responsible. Secondly, a drug review policy should be established, by policy, by the medical director. The administrative officer has no medical expertise upon which to base any judgment in this matter.

SUMMARY:

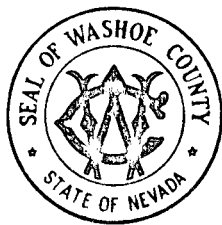
If the above amendments are adopted, Section 50 through Section 55 of SB 374 would be considerably improved and quite acceptable.

Sincerely,

Donald A. Molde, M.D.

DAM/cie
cc

*Exhibit H
Health & Welfare
May 12, 1975*



**WASHOE COUNTY
DEPARTMENT OF WELFARE**

1205 MILL STREET
RENO, NEVADA 89502
Telephone: 785-5440

376

May 9, 1975

Marion Bennett, Chairman
Health, Welfare & Institution Committee
Nevada State Assembly
Carson City, Nv

Re: Senate Bill 374 - Mental Health and Mental Retardation Law

Dear Sir:

Although there have been some revisions to S.B. 374 as originally proposed, there exists continuing concern regarding the vague and discretionary language in Sections 142 through 144 amending Chapter 435 NRS. It appears that one of the attempted effects of the proposed amendments is to make the counties directly responsible for cost of treatment and maintenance of mentally retarded in the Nevada Mental Health Institute. Specifically, Section 143 entitles children who are themselves unable, or whose parents or guardians are unable to pay for their care, to certain benefits without establishing any standards relating to inability to pay.

We are most concerned about the discretion vested in the Division by Section 143, Subsection 3, providing the Division with a means to refuse to accept children lawfully committed by the courts when there is no other resource available.

Section 144 inadequately defines what the responsibility of other agencies or subdivisions might be. If enacted as amended, it will be impossible to determine what the level of support will be because the responsibility of other agencies or subdivisions is unknown.

Although some of the provisions relating to county responsibility for payment of care have been removed, Section 150 amending NRS 435.085 remains as originally proposed and continues to be a source of concern.

When diagnostic medical or surgical services must be provided at a hospital other than a division facility, the eligibility of the patient for any other program must be determined by the agency responsible for that

program based upon the standards established. The authority of the administrator of the division facility relating to the financial situation of any party does not extend beyond the program for which the administrator is responsible. Efforts to expand his authority in this area are without precedence.

In order to remove responsibility for providing any mental health services from the counties which do not have means for providing these services, it is recommended that NRS 435.010 through 435.040 be deleted in their entirety.

If the insuring of patients' rights is indeed the primary purpose of S.B. 374, then those portions relating directly to preservation of personal rights should be added to existing law. It would appear that whether patients' rights portions are enacted or not, it would be the responsibility of the Administrator of the Division to insure protection of those rights through published and enforced administrative policy.

Sincerely,

Doris L. Carpenter
(MRS) DORIS L. CARPENTER, DIRECTOR
WASHOE COUNTY WELFARE DEPARTMENT

DLC:bjw