

Members present:

Chairman Jeffrey	Assemblyman Sena
Vice Chairman Robinson	Assemblyman FitzPatrick
Assemblyman Bennett	Assemblyman Rusk
Assemblyman Chaney	Assemblyman Tanner
Assemblyman Horn	Assemblyman Weise

Chairman Jeffrey called the meeting to order at 2:15 p.m.

AB 691: Mr. Allen Bruce stated that this bill was introduced so that the general contractor would have a better handle on whether or not there had been liens placed on jobs which they were responsible for, because the general contractor would have to be notified before the lien could be recorded. He suggested a change on page 2, line 5 so that that line would read, " A subcontractor under a subcontract or a materialman who.. .." He said that he felt this would clarify the language of the bill. In answer to a question from Mr. Chaney, Mr. Bruce said that a materialman was simply a person or company who supplied supplies to a contractor or subcontractor.

AB 692: Mr. Bruce stated that this bill would eliminate a lot of extra recordkeeping and reporting which was brought about by the change in the law last session. He stated that he did not feel, since most public works jobs are done under federal scrutiny and by union companies, that the contractors should have to make out additional reports for the labor commissioner, but that the commissioner should have the ability and authority to review the records which are kept by the contractors. He stated there should be a change in language on lines 7-9 of the bill. Mr. Tanner suggested, after a brief discussion, that the change be made by deleting everything after the word "contract" on line 7 and adding the words "and the labor commissioner."

Mr. Bruce stated that he did not feel the time involved in making the reports was justified by the benefits to employees. He further stated that if someone was not paying proper wages to their employees, he doubted if they would report properly either.

Mr. Bruce submitted to the committee two amendments which should be incorporated into the bill which deal with pre-apprentices. Those amendments are attached and marked as Exhibit "A". He stated that this definition was needed in the law so that these people could be paid properly. He stated that the law only recognizes apprentices and journeymen and this would authorize a third category.

Mr. Richard McNeill, representing the office of the Labor Commissioner, stated that he agreed with Mr. Bruce in that there should be no problem because of the regulations, federal and union, but that there have been abuses; that between April 1978 and April 1979 there was a total of over \$70,000 in wages due which had not been paid to the employees, \$48,000+ of which had been collected

and paid to those to whom it was owed. He stated that these reports which are currently required caused the commissioner's office to perform the audits which brought out those shortages.

Commenting on the amendments regarding pre-apprentices, Mr. McNeill stated that he felt those provisions would be very helpful to the trades.

Mr. Weise asked Mr. McNeill what the total amount of wages were compared to the amount of shortage they had found. Mr. McNeill stated that he did not recall what that total payroll figure was, but that he would supply that information to the committee. He also stated that he hadn't seen any very small checks payable to workers since he had began in that office.

SB 348: This bill received no testimony at this meeting and Chairman Jeffrey announced that it would be rescheduled and posted for a later time.

SB 310: Bill Cozart, Nevada Association of Realtors, submitted to the committee a position paper from the association which explained the bill and that is attached and marked as Exhibit "B". Mr. Horn questioned Mr. Cozart on the term "clock hours or their equivalent" as used in the bill and asked what that actually referred to. Mr. Gene Milligan stated that he felt that wording was used by the bill drafter and though it was the same terminology as is used apparently in current law, they would have no objection to dropping the "or its equivalent" portion of the language, if the committee wished to do so after checking with the bill drafter. That concluded testimony on this bill

AB 710: Mr. Rennie Ashleman, representing Nevada First Thrift, stated that Mr. Wadhams of the Department of Commerce had indicated to him that the department would support this bill. He also stated that there should be an amendment regarding reporting periods added to the bill and that proposed amendment is attached and marked as Exhibit "C", which was suggested and NFT would have no objection to that amendment. In discussing line 3, page one it was decided that the word "conditional" should be inserted before the words contract of sale so that real property transactions would be precluded from coverage under the bill. He stated that the change in page 1, line 12 was to put this provision, which had previously been covered by regulation, into statute for clarity. He also pointed out that the change on page 2, line 12 was requested by the department and deals with provisions for licensure. He said that the reason they had asked for the provisions on page 2, lines 37 and 38 was because they felt that since the monies on deposit in these companies and the loans that are made by them are completely involving funds from Nevadans and to Nevadans and they felt this would bring about investment responsibility by making sure that the stockholders were Nevadans also. He stated that this would not effect existing owners who were out of state. In answer to a question from Mr. Rusk, Mr. Ashleman stated that though this might effect out of state people who

wanted to buy an existing thrift company, he did not feel that it would work a hardship on the person trying to sell because he would certainly be able to find someone within the state who would be willing to buy the company. He also stated that this bill, if passed, would preclude competition from out of state firms.

In answer to a question from Mr. Weise, Mr. Ashleman stated that he did not feel limiting out of state involvement would effect to any great extent the capital short situation in the state because although the banking institutions might be capital short, the monies on deposit in the thrift companies come 95% from the public of Nevada and therefore he did not feel that would apply.

In answer to a question from Mr. Horn, Mr. Ashleman stated that it currently takes approximately \$450,000 to \$500,000 to establish a thrift company in the state.

Upon discussion of the change on page 2, lines 45 and 46, it was suggested by Mr. Rusk that the words "within the state of Nevada" be added on line 46 after the word "insured". Mr. Ashleman concurred with this suggestion.

In regard to the change on page 3, lines 6-11, he stated that this point needed to be clarified and had not been clear in the law previously. He stated that the same thing applied to the changes on lines 18-22 and 27-31 and on page 4, lines 14-19. He stated that the change on lines 21 and 22, page 5 would help them to offset some of their losses which had been incurred previously when they had made some outlays of expenses, but not made the loan. He suggested the language to the effect that the thrift company could be reimbursed only for actual costs, i.e. appraisal fees, travel costs, etc. He stated to the chairman that he would give him specific language later. He stated that on page 5, lines 46-48 that language would allow them to cover a loan with more than one insurance policy, if they could not obtain a single loan of sufficient size to make up the total loan. He added that the new language on page 6 was a department request.

Mr. Bob Faiss, attorney for Silver State Thrift and Loan, said this applicant for licensure currently had gone to great expense and investment and that if this bill were to pass, it would preclude that company from getting a license (which they are supposed to have by July) because his stockholders are not Nevadans. He stated he felt this was a great injustice to people wishing to invest in this state. He stated that the law as it is currently only allows Nevada corporations to be licensed and he felt this provision was sufficient. He stated that his clients have already posted a \$1,000,000 letter of credit backed by securities in that amount. He suggested that if the bill is passed, he would ask that it have a provision to exclude current applicants. He said that he felt the out of state preclusion in the bill would keep a lot of good capital from being invested in the state.

He stated, too, that he felt the act had been a very good thing

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for the state, but that he felt the Department of Commerce was doing a very good job in screening and investigating applicants and that the rules and regulations were stringent enough to keep control of companies which wished to do business here. He stated that he felt allowing this provision would do nothing to protect the public, would be against the history of financial operations in the state, would suppress competition and would discriminate only relative to this particular industry and that it might be against the equal protection clause of the U.S. Constitution.

Mr. Joe Midmore, Nevada Consumer Finance, stated that he wished to discuss the bill briefly. He stated that he had the same reservations about the "only Nevadans" provision of the bill as Mr. Faiss had and that was his prime concern with the bill. In expanding on why he felt this way, he stated that this provision would make this act more stringent than the gaming industry licensure. In answer to a point raised by Mr. Weise, Mr. Midmore stated that thrift companies could be bad (because of their interaction with other types of financial institutions) if they misuse their funds, but that he felt they will be properly investigated in this state. He also stated that he had no objection to the licensee being charged for the costs of an investigation if it became necessary.

Mr. Jim Wadhams, Director of Commerce, stated that he felt his department was doing a good job in the area of investigations relative to these types of businesses and that, of course, when you are investigating people from out of state for licensure, it does take longer, but that they have no problem with doing so.

Mr. Ashleman interjected that he would have no objection to allowing Silver State to become licensed because they have apparently already been investigated and are close to licensure; however, he added that he felt the time factor and burden on the department for licensing out of state people should be eliminated as suggested. In answer to a point raised by Mr. Rusk, Mr. Ashleman stated that this area is different from gaming investigations because gaming does this type of thing all the time and is staffed for it. Dr. Robinson asked Mr. Ashleman how he thought you could control the change of ownership after the company was once licensed and he responded that the companies are currently required to make reports to the department which would reflect changes and they could be handled at that time.

Mr. Sid Stearn, owner of thrift companies in Nevada, explained to the committee the problems which had been apparent in California relative to this industry and the misuse of the funds by some companies which resulted in companies going bankrupt. He stated that one of the prime reasons for the failures was that absentee owners were not generally aware enough to keep accurate track of what was happening in the thrift companies and the money was being siphoned off to other areas and lost. He stated that this is no longer a small business in Nevada and that it was not

desirable to allow people into it from outside the state who might not be personally interested in watching the company to make sure that there was no improper use of the money; people who only cared about making a quick profit.

There was a brief recess from 4:10 to 4:15.

AB 754: Chairman Jeffrey explained that this bill was modeled on other sections of NRS pertaining to the healing arts insofar as setting up the regulatory board, penalties for unprofessional conduct, and eligibility requirements for licensure were concerned. He stated that this board would be similar to other boards which are composed of persons from that particular area of knowledge and not subject to supervision by professionals from outside that field. Dr. Robinson added that it is also based on Utah statutes, information which had been submitted by the naturopathic physicians and other relative statutes.

Mr. Frank Daykin, Legislative Counsel, gave the committee a general overview of the bill and he also reviewed the proposed amendment to the bill which was given him by the naturopathic physicians. He stated that he felt all the changes included in the amendment were all good and he would feel that they should be incorporated into the bill. That amendment is attached and marked as Exhibit "D".

Dr. John Manasian, naturopathic physician from Oregon was first to speak in favor of the bill and gave some general background information and gave to the committee some literature from the National College of Naturopathic Medicine which is attached and marked as Exhibit "E". (The complete college bulletin can be seen in the Secretary's minute book and is not included in other minute books of the committeemen.)

William Tribe, Dean of Students and Director of Public Information for the National College of Naturopathic Medicine, spoke next and his remarks are attached and marked as Exhibit "F".

Dr. James McConkey, naturopathic physician from Oregon addressed the committee and his remarks are attached and marked as Exhibit "G".

Edwin Smith, Ph D. and student at the College, spoke to the committee and the text of his comments are attached and marked as Exhibit "H". The committee discussed with Mr. Smith the procedures which are observed when treating a pregnant woman in preparation for natural childbirth and the methods which are used. He stated that generally the cost for a home delivered birth is between \$275 and \$500. He stated that, due to their screening and educational preparation and referral of cases which are anticipated to involve problem births, they have had a very low incidence of any problems whatsoever with the women who have had home deliveries. He stated that for the cases where they feel there will be hospitalization necessary, they work very closely with doctors who take over the patients at that time.

Mr. Smith stated that the college is currently accredited by a Canadian authority and that they have formed a council of their profession and applied to HEW for accreditation, but that it had not been accepted as yet. It was stated that there are three states currently that pay for the services of naturopathic physicians their public assistance programs, however he was not sure if there were federal funds available to also pay.

Next to speak was Dr. Homer Wilkie who stated that he was a licensed naturopathic physician in California and Oregon and that he had staff privileges at four hospitals and has been working in this field for 20 years. He told the committee that the definition of minor surgery was that which could be done in a doctor's office, with the use of local anesthetics and which did not involve entry into the abdominal, thoracic or cranial areas of the body. He stated this would include things such as wart and mole removal, circumcisions, extracting splinters and the like. He stated that this type of surgery runs a very low risk as to complications and infections.

It was pointed out by a member of the committee at this point that Assemblyman Polish is in favor of this type of medical care and this bill.

Mr. Minor Kelso stated that he did not wish to speak for or against the bill, but though he should inform the committee that if the bill were passed the state medical assistance plan would cover fees charged by the doctors so long as they were duly licensed to practice in the state; however, he did not feel there would be any federal funds available for the services at this time. And, in effect that would mean that the total responsibility for coverage would lie with the state relative to these services, rather than being shared on an equal basis with federal monies.

Mrs. Jennifer Ammo stated that she had five children and was trying to raise her family using many of the precepts which were being discussed here today and she stated that she had not taken any of her family to a conventional doctor because she did not have faith in their methods. She asked the committee to pass this bill so that she would be able to seek medical counseling and assistance, locally, from someone who was versed in the type of philosophy to which she subscribed.

Miss Katherine Harker stated that she had not been to a doctor in ten years and that she would hope the bill would pass so that she could go to a doctor who would be concerned with preventive, not curative only, medicine. In answer to a question from Mr. Chaney, Miss Harker said that she felt she might go to a naturopathic physician, if they were available, because she would feel more secure with their approach. She stated that it was her opinion that most conventional doctors were not very responsive to the needs and feelings of people, like her, who wanted to practice good nutritional planning and preventive methods.

Dr. Barry Wyatt was next to talk and his remarks are attached and marked as Exhibit "I". In answer to a question from Chairman Jeffrey, Dr. Wyatt stated that 13 states currently allow the practice of naturopathic medicine. He also stated that their insurance rates for malpractice coverage are approximately \$150 per month in Oregon, but that he did not know what the rates for regular M.D.s were. Mr. FitzPatrick told the committee that the rate for an M.D., through Argonaut Insurance Company, is approximately \$2,800 per year; therefore, the rates for the naturopath was apparently 60% less than conventional doctors.

In answer to a question from Mr. Horn, Dr. Manasian and Dr. Wyatt both stated that they are licensed to practice in California and that they currently both practice in Los Angeles as naturopathic physicians, not M.D.s. Dr. Wyatt discussed with the committee their general philosophy regarding conservative treatment and use of more modern methodology. Dr. Bernie Steuber, a naturopathic physician stated that the difference between minor and major surgery was that minor surgery uses only local anesthetics and is usually performed within the office setting and general surgery required general anesthetics and a hospital setting together with the area effected by the surgery itself.

See also attached a telegram received from Mr. and Mrs. Nel Evans in support of the bill which is attached and marked as Exhibit "J".

Attached and marked as Exhibit "K" is a proposed amendment from Gary Crews, Audit Manager, suggesting that the bill should have added to it language to allow for audit of the licensing boards, as is done with other similar boards.

Exhibit "L", so marked and attached hereto, is a definition of minor surgery as taken from Dorland's Medical Dictionary, supplied by the Naturopathic Physicians Association.

First to speak in opposition to the bill was Dr. James Pitts, Chairman of the Nevada State Medical Association Commission on Governmental Affairs. His remarks, the official position of the Association, are attached and marked as Exhibit "M". He also quoted from an HEW study, dated December 1968, and an excerpt from that study which was read is attached and marked as Exhibit "N". In reference to some of the comments made in his statement, Mr. Sena asked him why the association had not opposed Laetrile and Gerovital more strenuously when it was first presented to the legislators last session. Dr. Pitts stated that the association had opposed it, though he was not involved in that at the time. He also stated that currently the fees charged for the obstetrician in Nevada was approximately \$500 to \$600 without including the hospital charges; therefore, he felt the costs were about the same as with the naturopathic physicians. Chairman Jeffrey asked Dr. Pitts if he knew of any more recent HEW study than the one he had quoted and Dr. Pitts stated that he did not know of one.

Dr. John Sande, surgeon from Reno, stated that he was opposed to the bill as written because he felt the provisions regarding surgical procedures and training were too vague. He also stated that currently nurse practioners are allowed to deliver babies and are doing so in clinic surroundings and that he did not feel there would be enough of a cost benefit in this area to make much difference to the public. He said that he did not feel that there would be enough of these naturopathic physicians to impact the problem of a shortage of doctors in the rural areas and he stated that UNR medical school was, at this time, setting up a mobile rural unit which would alleviate the problem. He stated that he felt their clinical training would be inadequate and that it would lead to underdiagnosing. Mr. Rusk asked Dr. Sande if he did not feel that this was the same type of choice that a person would have in going to a chiropractor or an acupuncturist. Dr. Sande stated that he didn't feel that the public was educated enough to know what was best for them in some areas.

Mr. Stan Warren, representing Nevada Bell, stated that they would be opposed to the bill because it would require the services of these physicians to be covered in group insurance policies and they felt that this would add to the cost. He discussed with the committee whether this would acutally increase the cost of health care, or whether it might, because of its preventive aspects, actually reduce health care costs. No conclusions were drawn on this point. It was pointed out by Chairman Jeffrey that often the successful treatment of a patient was the direct result of how much faith the patient had in his doctor. Mr. Warren said that he did feel that this type of inclusion in a policy should be the result of collective bargaining, not acceptance by statute.

George Bennett, Secretary for the State Board of Pharmacy, said that he was not speaking in opposition to the bill, but that if the doctors were going to be able to prescribed medication that they should be included in other sections of NRS, i.e. 453.126, 454.0095 and 639.835. He also stated that you might also have to make the same sort of change on page 13, line 48 of the bill.

Dr. Wyatt told the committee that he found it strange that Dr. Sande would feel that it was alright for nurse practioners who had far less training than the naturopathic physician to deliver babies and not allow the physicians to do so. Dr. McConkey stated also that how much real training a person gets, whether he be studying to become a naturopath or an M.D., depends largely on the individual student (how hard they want to work and how much knowledge they wish to gain during the training period).

There being no further business to come before the committee, the meeting was adjourned at 6:20 p.m.

Respectfully submitted,

Linda D. Chandler
Linda D. Chandler

(Committee Minutes) Secretary

ASSEMBLY COMMERCE COMMITTEE

GUEST LIST

NAME (Please print)	REPRESENTING (organization)	WISH TO SPEAK Yes No.	
GARY CREWS	LCB - Audit Division, LAB 754	✓	
R. Attlemer	New 1st Thrift	✓	
Bob Faiss	Silver State Thrift /	✓	

A

AMMENDMENT to NRS ~~388~~²³⁸.080 by adding Section 3.

3. Pre-apprentices who are involved in related training during a prescribed probationary period for not more than 60 days in a particular craft or skill which as apprentices registered with the Nevada State Apprenticeship Council.

AMMENDMENT to NRS 610 by adding thereto a new section

NRS 610.015

610.015 "Pre-Apprentice" defined.

Pre-apprentice means any person sixteen years of age or over, selected by a registered apprenticeship program sponsor who will be granted credit for all related training during the period prior to indentureship.

1. All registered apprenticeship program sponsors will submit a listing of all pre-apprentices within (15 days) of their employment to the Nevada Labor Commissioner.

EXHIBIT A



NEVADA ASSOCIATION OF REALTORS®

William E. Cozart
Executive Vice President
Director of Education

1135 TERMINAL WAY, SUITE 201 / POST OFFICE BOX 7338 / RENO, NEVADA 89510 / (702) 329-6648



April 19, 1979

M E M O

Office of the President
811 Ryland Avenue
Reno, Nevada 89502
(702) 786-7677

President
W. H. "BILL" MYERS

President Elect
WILLIAM E. HOPPE

Regional Vice President
JEFF ROBINSON

Regional Vice President
JERALD L. FRANSDEN

Regional Vice President
JAMES WADE

Answer
R. "DICK" LAMAY

Directors
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RICK DELUCA
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TO: ASSEMBLY COMMERCE COMMITTEE
FROM: GIL BUCK, LEGISLATIVE COMMITTEE CHAIRMAN
RE: S.B. 310

In the 1977 Legislative Session, NRS 645 was amended to require continuing education for licensees. This amendment was endorsed by the industry and the Nevada Association of REALTORS as a consumer protection measure as well as an attempt to up-grade the industry.

When the legislation was introduced it was assumed that the continuing education would apply to all licensees; however, the final legislation only required active licensees to obtain the necessary continuing education for license renewal. S.B. 310 would provide that in order for inactive licensees to reinstate to active status, that they would also have to obtain continuing education credits.

If we are to up-grade the industry and to provide some measure of consumer protection it is just as important, if not more, for people who have been on inactive status for a period of time to be required to obtain education to upgrade their proficiencies and knowledge of the industry. On behalf of the 5,000 members of the Nevada Association of REALTORS, I would urge your support of S.B. 310 as it now reads.

If you have any questions, please contact Bill Cozart or Gene Milligan at your convenience. Thank you for your consideration of this very important matter.

GB/rl

EXHIBIT B 1416

0 AB 710 -

NRS 677.400 is hereby amended to read as follows:

1. Annually, on or before [April 15,] May 15 unless the director grants a written extension, each licensee shall file with the director a report of operations of the licensed business for the preceding calendar year.
2. [Such report shall] The report must give information with respect to the financial condition of the licensee and [shall] include balance sheets at the beginning and end of the year, statement of income and expenses for the period, reconciliation of surplus or net worth with the balance sheets, schedule of assets used and useful in the licensed business, size of loans, analysis of charges, including monthly average number and amount of loans outstanding, analysis of delinquent accounts, court actions undertaken to effect collection, and any further statistical information reasonably prescribed by the director.
3. [Such report shall] The report must be made under oath and [shall] be in the form prescribed by the director.
4. If any person or affiliated group holds more than one license in the state, [they] he or it may file a composite annual report [, provided that] if a short form of report applicable to each licensed office accompanies [such] the composite.

PROPOSED AMENDMENTS TO AB 754:

Page 2, line 12 should read:

1. Is a graduate of a(n academic program) naturopathic college approved by the board (or) and.....

Page 7, lines 1-21 should be deleted and replaced with the following wording:

"accepts only students who have completed a minimum of a two year Pre-medical course of college grade, or its equivalent. In addition to the preliminary college education, the school must require a complete naturapathic medical curriculum extending over a period of at least four academic years in a school or schools approved by the examining board, and the total number of hours of all courses shall consist of a minimum of 4500 hours. The curriculum shall provide for adequate instruction in the following: Anatomy, (including embryology, histology, neuroanatomy), physiology, microbiology, psychobiology, general and biochemistry, pathology, bacteriology, immunology, pharmacology (including homeopathic and naturopathic), toxicology, parasitology, preventive medicine, hygiene and sanitation, manipulative medicine, pediatrics, geriatrics, psychiatry, hypnosis, neurology, dermatology, physical medicine (including physiotherapy), holistic medicine, orthopedics and rehabilitation, diagnosis and therapeutics, radiology, roentgenology, urology, ophthalmology, otolaryngology, obstetrics and gynecology, minor and emergency surgery, including anesthesiology and acupuncture.

In addition, the school must require a minimum of one academic year of internship or its equivalent in a hospital and/or clinic approved by the state examining board.

Page 8, between lines 44 and 45, there should be added:

(c) Continuing education for re-licensure as designated or approved by the board.

internship. He is prepared to diagnose and treat a wide range of conditions.

No one group within the healing professions can honestly claim exclusive rights to education. Knowledge belong to he who seeks it and earns it. Thus, it is with today's Naturopathic Physician (N.M.D.). Most States have established a minimum standard for licensure, or for taking the examinations in the basic and applied sciences leading to a license to practice in the Healing Arts.

Throughout the Naturopathic Physician has devoted his medical talents to the ills of the common people their injuries, fevers, plagues, sicknesses, complaints, from childbirth to death. He has been the Family Physician. In its philosophy and practice, Naturopathy is a complete system of diagnosis, treatment and health restoration. Since only 5% of the cases of illness *require* Major Surgery, the importance of Preventative medicine and health restoration is utmost. While the Allopathic system has made outstanding progress in the development of Major Surgery, the Naturopathic Physicians have been equally successful in the approach to the Prevention & Management of Disease, the prolongation of life and family care.

WHAT IS A NATUROPATHIC PHYSICIAN?

A Naturopathic Physician is a Family Doctor, a General Practitioner who utilizes all diagnostic and approved healing methods, one who believes in conservative treatment to the greatest extent practicable, reserving the use of potent drugs to those cases where extreme measures are necessary. The Naturopathic Physicians practices Holistic and Preventative Medicine and uses all acceptable methods in treating the whole body, rather than treating an isolated symptom.

WHAT IS NATUROPATHIC MEDICINE?

Naturopathic Medicine is a complete system of therapeutics, embracing the use of nature's agencies, forces, emphasizing the application of prophylactic, diagnostic and physiological therateusis; thus enabling the physician to administer to human trauma or disease by applying any one of more of the physiological, psychological, mechanical, nutritional, manual, phyto-therapeutic, Botanical, chemical and animal substances.

The Naturopathic Physician assists the human body in eliminating the cause of disease by giving such care as may be need in a specific case to the end that the vital powers and physical organism can continue living or regain normal function.

The philosophy of Naturopathic Medicine instructs that ~~one~~ should use only medications and/or preparations in doses that act in harmony with the body economy in order to alter perverse functions, cleanse the body of its catabolic wastes and promote the anabolic (healing) processes of the body.

In its modern concept, Naturopathic Medicine also includes every physiological method and agency which has proved worthy throughout the centuries and accepts any new discovery or development which proves to facilitate the healing of the human body.

WHAT IS NATUROPATHY?

The U.S. Federal Government defined the practice of Naturopathy as follows: Naturopathy is a system of medicine, embracing diagnosis, prevention and treatment of ills, diseases, traumas, deformities and functions of the human body by the use of any or all agencies (except Major Surgery), for the promotion of health and prevention of disease.

EDUCATIONAL REQUIREMENTS FOR NATUROPATHIC MEDICAL LICENSURE

All applicants for Licenses shall present satisfactory evidence to the State Examining Board that he has completed a *minimum* of a two year Pre-medical course of college grade, or its equivalent.

In addition to his preliminary college education, he must successfully complete a naturapathic medical curriculum extending over a period of at least four academic years in a school or schools approved by the examining board, and the total number of hours of all courses shall consist of a minimum of 5,000 hours. The curriculum shall provide for adequate instruction in the following: Anatomy, (including embryology, histology, neuroanatomy), physiology, microbiology, psychobiology, general and biochemistry, pathology, bacteriology, immunology, pharmacology (Including homeopathic and naturopathic), toxicology, parasitology preventive medicine, hygiene and sanitation, manipulative medicine, pediatrics, geriatrics psychiatry, hypnosis, neurology, dermatology, physical medicine (including physiotherapy) orthopedics and rehabilitation, diagnosis and therapeutics, radiology roentgenology, urology, ophthalmology, otolaryngology, obstetrics and gynecology, minor and emergency surgery, including anesthesiology.

INTERNSHIP—Each applicant must show by satisfactory evidence that he has completed a minimum of one academic year of internship or its equivalent in a hospital and/or clinic approved by the state examining board.

EXHIBIT E 1420

THE NATIONAL COLLEGE OF NATUROPATHIC MEDICINE

The National College of Naturopathic Medicine is a four-year private institution which grants the Doctor of Naturopathic Medicine (N.D.) degree. The course of study includes two years of basic medical science followed by two years of clinical study and practice in diagnosis, natural therapeutics and preventive medicine. NCNM is the only active school of naturopathic medicine currently recognized by the naturopathic examining and licensing boards in those states and provinces which license naturopathic physicians.

Training physicians since 1956, National College has recently experienced a surge of growth — a response to the increasing awareness of the need for physicians trained as general practitioners in preventive medicine, natural living and natural methods of healing.

Naturopathic Medicine — An Alternative

Naturopathic medicine is a separate and distinct philosophy, science, and practice of medicine. The profession arose in the 19th century out of a concern by a group of physicians to avoid the harsh methods then in use by emphasizing treatments that work with the body's own self-recuperative processes. Naturopathic practice today is characterized by the same basic approach.

Vis Medicatrix Natura — *Healing Power of Nature.* Naturopathic medicine recognizes and respects the inherent power of the human body to heal itself. The naturopathic physician utilizes techniques that work gently in harmony with these self-healing capabilities, and avoids those treatments that might cause new illness or complicate the existing disease process. Thus, naturopathic therapeutics aim to stimulate the body's homeostatic mechanisms to restore healthy structure and function.

Wholistic Medicine. Illness affects the entire person, not just a particular organ or system. Consequently, the physician must approach each patient as an individual responding to, and creating, his or her own environment — physically, mentally, emotionally, and spiritually. The naturopathic physician considers all these aspects of illness and attempts to discover the most basic cause of each patient's disease. When doctor and patient both understand the nature of the problem — its causes and effects — they are better able to find a permanent solution. Therapy can then be directed at underlying as well as immediate causative factors, thus treating the whole person.

Preventive Medicine. Perhaps the most important role of the naturopathic physician is that of teacher — the literal meaning of the word "doctor." Naturopathic physicians teach people how to restore and maintain their own health by living in harmony with themselves and their environment. Health and disease are often a reflection of the way we choose to live. The naturopathic physician helps people to recognize their choices and to understand how their actions affect their health. Thus, counseling on diet, exercise, and occupational and environmental hazards is an integral part of naturopathic practice.

Scope of Naturopathic Practice

The training of the naturopathic physician is broad, encompassing both traditional and modern techniques of diagnosis and therapy. It enables the naturopathic physician to meet a wide range of individual and family health care needs. Patients of all ages are treated for cardiovascular, gastrointestinal, genitourinary, respiratory, and dermatological problems, as well as neurological, musculoskeletal and orthopedic disorders. Natural childbirth and home delivery are also a part of naturopathic practice.

The therapeutic tools of naturopathic medicine fall into four broad categories. These are outlined below with some examples to illustrate:

Physical

- all methods of physiotherapy including heat and cold, light, water, electricity and ultrasound
- manipulation of joints and soft tissues
- massage
- therapeutic and remedial exercises
- minor surgery

Neurological

- spinal manipulations
- acupuncture and acupressure
- reflexology and pain control

Psychological

- counseling
- hypnotherapy
- biofeedback and autogenic training

Biochemical

- corrective nutrition including dietary supplements
- vitamins, minerals, enzymes, glandular extracts, and hormones
- botanical medicines
- homeotherapeutics and preparations of natural substances

THE NATIONAL COLLEGE OF NATUROPATHIC MEDICINE



The Basic Science Years

The basic science curriculum, taught during the first two years, provides students with a thorough understanding of the structure and function of the human body in health and disease, and the application of scientific methods to modern medicine. This portion of the N.D. program is offered at both the Wichita and Portland campuses. In Wichita, these courses are taught under a contractual arrangement with Kansas Newman College. NCNM students at the Wichita Campus are eligible for a Bachelor of Science degree in Human Biology from KNC.

Synopsis of basic science curriculum:

First Year

The Clinic's facilities include general and specialized examining rooms, a minor surgery suite, laboratory, pharmacy, library, physiotherapy department, and diagnostic x-ray equipment. Students take an active part in providing a wide range of naturopathic health care services to the people of the Portland area, including prenatal care and assistance in natural childbirth at home.

Synopsis of clinical science curriculum:

Third Year

Fall Term

Clinical Diagnosis
Pharmacology I
Botanical Materia Medica
Homeotherapeutics
Personality/Development
Biomechanics/Manipulation
Physiotherapy
Gynecology
Clinical Externship

Winter Term

X-Ray Positioning/Technique
Pharmacology II
Botanical Materia Medica
Homeotherapeutics
Nutrition I
Obstetrics I
Eye, Ear, Nose, and Throat
Geriatrics
Clinical Externship

Spring Term

X-Ray Diagnosis
Botanical Materia Medica
Homeotherapeutics
Counseling
Manipulation Technique II
Obstetrics II
Pediatrics
Dermatology
Cardiovascular/Respiratory I
Clinical Externship

Fourth Year

Fall Term

Nutrition II
Acupuncture I
Minor Surgery
Orthopedics
Cardiovascular/Respiratory II
Endocrinology
Clinical Externship

Winter Term

Nutrition III
Human Sexuality
Manipulation Technique III
Acupuncture II
Physical Therapy
Neurological Diseases
Gastroenterology/Proctology
Clinical Externship

Spring Term

Psychological Medicine
Acupuncture III
Oncology
Urology
Medical Jurisprudence
Business/Office Procedures
Clinical Externship

Application and Admission Procedures

New students are accepted for entrance only in the fall of each year. Applications should be submitted between August 1 and January 31 for the following September.

To apply for admission to NCNM, you must submit the following:

- Completed application form
- \$35.00 application fee
- Official transcripts from each college attended
- Two letters of recommendation (forms provided)
- MCAT scores (not required for 1979 admission)

Fulfillment of admission requirements does not guarantee admission to National College.

Applicants are selected on the basis of motivation, academic achievement, and evidence of qualities desired in a naturopathic physician. Decisions regarding acceptance are made without regard to age, sex, marital status, race, creed or national origin.

Expenses

Tuition is approximately \$3000 per year. Students entering the Portland Campus must provide their own microscopes. You can expect to spend an additional \$200-300 per year for books and supplies.

Financial Aid

Fall Term
 Basic Medical
 (Anatomy, H
 Embryology, F
 Biochemistry I
 Introduction to Healing Arts

Fall Semester
 Anatomy I
 Physiology I
 Histology
 First Aid/Emergency Medicine
 Introduction to Healing Arts

Winter Term
 Basic Medical Science II
 Biochemistry II
 Naturopathic Philosophy

Spring Semester
 Anatomy II
 Physiology II
 Embryology
 Immunology
 Pharmacognosy

Spring Term
 Basic Medical Science III
 Biochemistry III
 Psychology of Health

Second Year

Fall Term
 Basic Medical Science IV
 (Pathology; Physical,
 Clinical and Lab Diagnosis)
 Microbiology
 First Aid/Emergency Medicine

Fall Semester
 Anatomy III
 Advanced Physiology
 Biochemistry I
 Pathology I
 Laboratory Diagnosis
 Public Health

Winter Term
 Basic Medical Science V
 Immunology
 Nutrition I

Spring Semester
 Neuroanatomy
 Biochemistry II
 Microbiology
 Pathology II
 Physical Diagnosis

Spring Term
 Basic Medical Science VI
 Public Health
 Pharmacognosy
 Medical Physics

The Clinical Science Years

The third and fourth years of the program are taught at the Portland Campus. In classrooms and in caring for patients in The Portland Naturopathic Clinic, future physicians receive thorough instruction and practical training in diagnosis and natural therapeutics. Formal and informal contact with practicing physicians exposes students to the diverse approaches of naturopathic medicine.

Admission Requir

For 1979:

Two years of college (60 semester credit hours or equivalent), including:

- One year General Chemistry with lab
- One year Organic Chemistry with lab
- One and one-half years Biology with lab, which includes one course in Botany and one course in Zoology
- One half year Mathematics
- One year English
- One year Psychology

For 1980 and after:

Three years of college (90 semester credit hours or equivalent), including:

- One year General Chemistry with lab
- One year Organic Chemistry with lab
- One year General Biology with lab
- One course Botany with lab
- One year Physics with lab
- One year English

In general, prerequisite courses must have been taken within 10 years of the desired date of entrance to NCNM, and only courses with a grade of 'C' or better will be accepted for prerequisite credit. Canadian Grade 13 courses are acceptable for prerequisite credit.

Advanced Standing. Applicants with doctoral degrees from recognized professional schools of the healing arts may be admitted directly to the third year. Advanced standing may also be given to individuals who have completed a portion of the requirements for such a degree. All requests for advanced standing are considered on an individual basis.

financial aid through Kansas Newman College in the form of government grants a programs. Repayment of loans may be required beginning nine months after leaving the Wichita Campus.

Similar financial aid is not currently available to students at the Portland Campus, but it is expected that scholarships and loans will be available in the near future as endowment funds are developed.

The National College of Naturopathic Medicine is approved for the training of veterans under the GI Bill.



EXHIBIT 1123

Naturopathic Medicine as a Career

The demand for qualified naturopathic physicians is increasing rapidly, and it cannot be met by those doctors currently in practice. Consequently, opportunities for a successful and rewarding career in the field of naturopathic medicine are practically unlimited.

Naturopathic physicians practice in virtually every state and province under various legal provisions. The following states and provinces have laws which specifically license naturopathic physicians: Arizona, Connecticut, District of Columbia, Florida, Hawaii, Oregon, Utah, Washington, and Canadian provinces of Alberta, British Columbia, Manitoba, Ontario, and Saskatchewan.

Information about the legal status of naturopathic medicine in a specific state may be obtained from the attorney general of that state, the state board of naturopathic examiners, or the state association of naturopathic physicians.

The National College of Naturopathic Medicine
510 SW Third Avenue
Portland, Oregon 97204

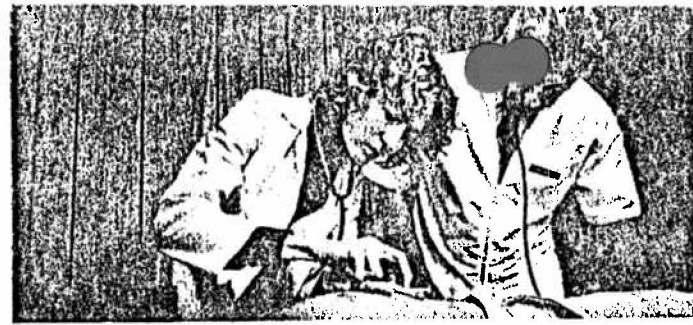
Please send me the following:

- Application for admission to NCNM
 Current NCNM Catalog. I enclose \$2.00.

Name _____

Address _____

The National College of Naturopathic Medicine
510 S. W. Third Avenue
Portland, Oregon 97204
(503) 226-3745



THE NATIONAL COLLEGE OF NATUROPATHIC MEDICINE



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EXHIBIT E

1424

Testimony of William Tribe, Dean of Students and Director of Public Information, National College of Naturopathic Medicine, Portland, Oregon.

I appreciate the opportunity to speak to you in favor of the Naturopathic bill, AB 754.

While I am not a naturopathic physician, I have been intimately associated with the college for four years, working on the growth and development of a well-qualified naturopathic medical profession.

I'd like to share with you some basic ideas about what naturopathic medicine is, and then very briefly talk about where it has been and where it is going.

This bill correctly recognizes that n.m. is a distinct branch of the healing arts, not a specialty or auxiliary to conventional medicine. What sets n.m. apart is its philosophy, its special approach to people regarding health and disease.

First, as the name implies, we are dedicated to natural healing, understanding and supporting the normal healing processes. There is nothing magical about this. We know how wounds heal, how broken bones mend, how the immunity system and other defenses work. We believe that natural substances and techniques are more compatible with the way our bodies work and should be used whenever possible.

Next n.m. is holistic. Naturopathic physicians were talking about the holistic medicine long before it became so popular that it lost a lot of its true meaning. What we mean by holistic medicine is that we are treating people, not diseases. Every illness affects a whole person, not just an isolated organ or system, so that in addition to dealing with a specific problem, a doctor must look at physical, mental, emotional and environmental aspects of health for every patient and try to get down to the really basic causes of disease.

Preventive medicine is another phrase that has become very popular in recent years. N.D.s have always practiced real preventive medicine. By that I mean helping people to get well and then teaching them how to stay well. The word "doctor" means teacher and that's where naturopathic medicine really shines. We firmly believe that health education is the highest form of health care. In essence, we are committed to involving people in their own health care by helping them to accept some individual responsibility for their health. A successful program of preventive medicine of this kind will obviously go a long way to reducing the cost of health care.

N. M. is a science, which includes the disciplines common to all the healing arts, how the body functions in health and disease and all the methods of diagnosis. In addition, to all the traditional natural healing methods, n.m. makes use of the latest scientific research in nutrition, biochemistry, and pharmacology of natural products.

The roots of n.m. are ancient. In one sense, naturopathic medicine is a search for the best in the traditional healing methods of all cultures throughout the world, healing methods which are still used by two-thirds of the world's population. The modern naturopathic physician is a true inheritor of the hippocratic tradition including such precepts as "First, do no harm" and that the role of the physician is to understand and assist the body by cleansing and natural methods.

As an organized profession n.m. in America traces its origins to Dr. Benedict Lust, who came from Germany late in the 19th century. Lust combined all the natural healing methods of his time, for example botanical , nutrition, therapy, manipulation, homeopathy. He used the work naturopathy to describe the profession and founded the American School of Naturopathy in NYC, which graduated its first class in 1902. The profession grew and spread throughout the county, but dramatic advances in pharmacology and medical technology in the 1940s and 1950s caused interest in n.m. to fade. This trend has been reversed in the 1970s as more and more people seek alternatives to conventional medicine and conventional medical education. The NCNM, founded in 1956, has grown from 25 to more than 150 students in the last 6 years. This September, 65 new students will be enrolled and almost twice that number of applicants have been turned away. Naturopathic medicine is truly an idea whose time has come, for everyone.

By passing this bill you will be giving the citizens of Nevada the opportunity to choose the kind of health care, they want and also give them the assurance that persons representing themselves as naturopathic physicians are properly trained.

I would be happy to answer any questions. Thank you.

Testimony of Jim McConkey, naturopathic physician, State of Oregon and a licensed attorney in the State of Tennessee.

I would like to discuss with you very briefly just what naturopathic medicine is.

First, we are a group of minority medical practitioners. In order to best understand naturopathy, it may be discussed in light of the other medical professions practicing in the U.S.

Osteopathy means "any disease of a bone" and its relationship to normal circulation of the body. The practice of osteopathy was founded by Dr. Andrew Taylor Still. Osteopaths utilize conventional methods of physical, medicinal, and surgical methods of diagnosis and treatment, while placing chief emphasis on the importance of normal body mechanics and manipulative methods of detecting and correcting faulty body structure.

Homeopathy was founded by Dr. Samuel Hahnemann and is based upon a system of therapeutics which treat diseases of the human body by means of medications which are capable of producing in a healthy person, symptoms similar to those being treated. The medication is administered in minute dosages, the theory being that by reinforcing the symptoms, the body will utilize its natural forces to overcome these symptoms. That is "Like cures like."

Allopathy, which is the conventional medical practice in the U.S., emerged as a result of the 1935 organization of the various medical practitioners for form virtually a medical monopoly in this country. Allopathy, is to be distinguished from Homeopathy, in that Allopathy treats with medications that produce opposite, or different symptoms from the disease being treated.

Naturopathy, which emphasizes the use of natural forces and medications to treat the diseases of man, has been in existence since the earliest recorded history. Naturopathy utilizes recognized methods of diagnosis, and embraces a complete system of therapeutics which are designed to be compatible with body processes, and stimulate the curative powers of the body to heal itself. Naturopaths are general, family practitioners who believe in conservative treatment to the greatest extent practicable. We utilize, in addition to botanical (plant) medications, those substances found in the tissues of man and animal, manipulative therapy, physical therapy, and minor surgery.

The definition of naturopathy as adopted by the National Association of Naturopathic Physicians is as follows:

Naturopathy is a separate and distinct healing art, science and philosophy of medicine, that is, the art, science and philosophy of natural healing by application of the laws of nature to the human body for its care and prevention of disease, and treatment by any means that will assist the self-healing processes of the body.

The Naturopathic physician concentrates his effort on the prevention of abnormalities and disease, and treats the human body as

an integrated unit rather than treating an isolated symptom.

I would like to urge you to support AB 754 which will give the people of this State a freedom of choice as to the physician and mode of treatment they may receive.

I appreciate the opportunity you have given me to appear here today. Thank you.

Testimony of Edwin Smith, Ph D. (in biology from Case Western Reserve University), student at National College of Naturopathic Medicine for 3-1/2 years.

I expect to receive my naturopathic degree this June. I have also done some teaching at the College while a student and am very familiar with the program of study and admissions requirements at the college which is what I want to tell the committee about.

Admissions requirements can be found on Page 16 of the College Bulletin which you have received. Beginning for the fall of 1980, we will require 3 years of college pre-medical study, similar to most conventional medical schools (most of our entering students have bachelor's or better degrees).

The course of study can be found in the Bulletin on page 31. I have added up the classroom hours for the first two years to show that our program is fully as intensive in this respect as conventional medical schools.

Our faculty is fully qualified. The basic science faculty all have PhDs in their particular area where they are teaching. Our anatomist who is the coordinator of our first year program has been involved in planning integrated basic science programs at the University of Illinois Medical School and the WAMI program, and is extremely capable.

Now, I expect that the question of obstetrics will come up, so I will tell you a little about the educational program in that area. We require 72 classroom hours and assisting in a minimum of 15 births. The course is designed to train our students in natural child birth and safe home delivery. We learn to screen pregnant women to prevent or cut down the risk of problems which might increase the risk of natural childbirth.

We also emphasize prenatal preparation for natural childbirth and nutritional preparation, exercises and knowledge about labor and birth which itself reduces the need for anesthetics and toehr type of medical intervention, normal labor, now to keep it normal and how to recognize complications and how to recognize and handle certain complications and when to refer a woman to our in-hospital colleagues, e.g. for cesarian sections or blood transfusions.

In summary, let me say that the practice of natural childbirth and home delivery is well advanced, in fact is our specialty.

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Testimony of Dr. Barry Wyatt:

Thank you very much for your patience and understanding in listening to our presentation today.

We before you are naturopathic physicians, who are unable to practice the healing art for which we are trained here in the State of Nevada. Standing before you today, I fell much like David must have felt standing before Goliath, holding the stone of truth and dedication, hoping to overcome the giate forces that oppose us.

We are a small number believeing in ourselves and our healing art, overcoming odds that would ordinarily intimidate most men.

We prepresent one of the oldest healing arts, an art dedicated to the treatment of whole persons, an art aimed at preventive medicine from a traditional holistic point of view.

We are all in a period in the history of our country where inflation is eroding the wages of your constituents, a period in which the high cost of health care is soaring beyond the capability of the average family. We have seen over the past few decades overspecialization which has created a glaring void between the public and the medical community at large.

We appeal to you to help us get back to common sense of community and family practice, both in the urban and especially the rural communities. We ask you to help give back to the people of Nevada a group of family oriented dedicated and concerned physicians. We ask you to search deep down inside yourselves and hear the peoples' cry.

We of Nevada Naturopathic Medical Association can fill this void. we can bring you qualified doctors whose natural approach is holistic and uncomplicated. We can supply doctors for the rural regions of the state and we can give the people of Nevada an alternate choice in the kind of health care they as individuals desire.

A health care that treats conservatively, referring the patient for major surger or heavy chemotherapy only when all other therapy and treatments have been exhausted.

Please do not misunderstand me. This is not meant as an indictment of the medical profession. On the contrary, medical advances have been miraculous in the past, as I expect they will be in the future. We wish to act as a compliment to the existing health care delivery system. Acting as an additional primary health care providers, screening conditions better treated on a natural preventive, family, holistic level. There is not a doctor amongst us who would not refer our patients to an M.D. if the conditions called for their treatment and assistance of specialists.

My associates here today, have hopefully answered your questions and relieved any doubt as to the practice of naturopathic medicine. I plead with you to answer the questions and needs of the people of Nevada by giving them the sorely needed relief that they cry for.

I ask you to get down to earth, down to nature. I ask you to endorse and grant our rights as doctors of naturopathic medicine here in the great state of Nevada. Thank you.

Western Union Telegram

WJ RNO
131P PST REA111(1610)(4-048198E109)PD 04/19/79 1609
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7027860198 POM TDMT RENO NV 15 04-19 0409P EST
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CARSON CITY NV
RESTORE OUR FREEDOM OF CHOICE PASS A3754. WE SEE IDAHO NATUROPAT
NEED ONE HERE
NEL AND KAREN EVANS
NNNN

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU
LEGISLATIVE BUILDING
CAPITOL COMPLEX
CARSON CITY, NEVADA 89710



LEGISLATIVE COMMISSION (702) 885-5627
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Arthur J. Palmer, *Director, Secretary*
INTERIM FINANCE COMMITTEE (702) 885-5640
FLOYD R. LAMB, *Senator, Chairman*
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(702) 885-5627

FRANK W. DAYKIN, *Legislative Counsel* (702) 885-5627
JOHN R. CROSSLEY, *Legislative Auditor* (702) 885-3620
ANDREW P. GROSE, *Research Director* (702) 885-5637

April 17, 1979

The Honorable John E. Jeffrey
Assemblyman
Chairman, Committee on Commerce
Legislative Building
Carson City, Nevada 89710

Dear Assemblyman Jeffrey:

A.B. 754 is presently before your committee. It might be that the proposed Board of Naturopathic Medicine should be treated, for purposes of audit in accordance with NRS 218.825, as are all other professional licensing boards.

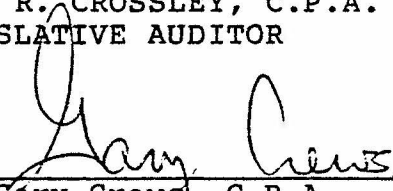
Accordingly, we would like to suggest that A.B. 754 be amended by adding a new section to read as follows:

"The provisions of NRS 218.825 apply to the Board of Naturopathic Medicine,"

We are available to discuss this with you at your convenience.

Sincerely yours,

JOHN R. CROSSLEY, C.P.A.
LEGISLATIVE AUDITOR

By 
Wm. Gary Crews, C.P.A.
Audit Manager

JRC:WGC:hjr
Enclosure

EXHIBIT K

1033

2. Except as otherwise required by this chapter, the legislative auditor shall not disclose the content of any audit before it is presented to the legislative commission.

(Added to NRS by 1977, 756)

218.825 Reports of audits of boards, commissions filed with legislative auditor; style of reports prescribed by legislative auditor; audits by legislative auditor when legislative commission dissatisfied.

1. Each of the boards and commissions created by the provisions of chapters 623 to 625, inclusive, chapters 628 to 644, inclusive, and chapters 654 and 656 of NRS shall engage the services of a certified public accountant or public accountant, or firm of either of such accountants, to audit all of its fiscal records once each year between June 30 and December 1 for the preceding fiscal year. The cost of the audit shall be paid by the board or commission audited.

2. A report of each such audit shall be filed by the accountant with the legislative auditor and the director of the budget on or before December 1 of each year. The legislative auditor shall prescribe the standards to be used in performing the audits and the general style and form to be followed in preparing the reports.

3. The legislative auditor shall audit the fiscal records of any such board or commission whenever directed to do so by the legislative commission. When the legislative commission directs such an audit, it shall also determine who is to pay the cost of the audit.

(Added to NRS by 1963, 143; A 1963, 1009; 1967, 931; 1969, 133; 1973, 1663; 1975, 113, 1470; 1977, 130, 1178)

218.830 Biennial report of legislative auditor.

1. The legislative auditor shall prepare a biennial report for the governor and members of the legislature, which shall be submitted prior to December 31 of each even-numbered year. Copies of the report shall be filed in the office of the secretary of state.

2. The biennial report shall contain, among other things:

(a) Copies of, or the substance of, reports made to the various state departments, as well as a summary of changes made in the system of accounts and records thereof.

(b) Specific recommendations to the legislature for the amendment of existing laws or the enactment of new laws designed to improve the functioning of various departments of the state government.

[11:205:1949; 1943 NCL § 7345.11]—(NRS A 1963, 1020; 1969, 134; 1973, 312, 1664)

218.850 Regular and special audits and investigations.

1. Each of the audits provided for in this chapter shall be made and concluded as directed by the legislative commission and in accordance with the terms of NRS 218.740 to 218.890, inclusive.

2. The legislative commission shall direct the legislative auditor to

manubrium and gladiolus, planum sternale. anterior s. of sacrum, facies pelvina ossis sacri. anterior s. of scapula, facies costalis scapulae. anterior s. of stomach, paries anterior ventriculi. approximal s., proximal s. articular s., that surface of a bone or cartilage which forms a joint with another (*facies articularis* [N A]). articular s. of acetabulum, facies lunata acetabuli. articular s. of sacral bone, lateral, facies auricularis ossis sacri. axial s., any surface parallel with an axis; in dentistry, any surface of a tooth which is parallel with its long axis, including the buccal, distal, labial, lingual, and medial surfaces. basal s., that surface of a denture the detail of which is determined by the impression and which rests upon the supporting tissues of the mouth. buccal s., the surface of a posterior tooth (or of a denture) which faces the cheek (*facies buccalis dentis* [N A]). condyloid s. of tibia, facies articularis superior tibiae. contact s., the portion of the surface of a tooth which lies in contact with the next tooth in the same row. See also proximal s. diaphragmatic s., the surface of an organ of the thoracic or abdominal cavity that is directed toward the diaphragm (*facies diaphragmatica* [N A]). distal s., that surface of a structure which is farther from a point of reference; in dentistry, the proximal surface of a tooth farthest from the midline of the dental arch (*lateral s. or posterior s.*). dorsal s. 1. The aspect of a structure that is directed toward the back of the body, or posteriorly, in man (*facies dorsalis, facies posterior* [N A]). 2. That surface which is upper or higher, or toward or nearest the back, in quadrupeds. extensor s., the aspect of a joint of a limb (such as the knee or the elbow) on the side toward which the movement of extension is directed. facial s., the surface of a tooth or denture which faces toward the lip or cheek; a labial or buccal surface. flexor s., the aspect of a joint of a limb (such as the knee or the elbow) on the side toward which the movement of flexion is directed. foundation s., basal s. impression s., the surface of a denture that is determined by the impression made of the structures in the mouth. incisal s., the surface of an anterior tooth that comes in contact with a tooth of the opposite jaw when the jaws are closed. inferior s., that surface which is lower (directed away from the head, in man) (*facies inferior* [N A]). labial s., the surface of an anterior tooth (or of a denture) which faces the lip (*facies labialis dentis* [N A]). lateral s., a surface nearer to or directed toward the side of the body (*facies lateralis* [N A]); in dentistry, the proximal surface of an incisor or canine tooth that is farthest from the midline of the dental arch. lingual s., the surface of a tooth (or of a denture) which faces the tongue (*facies lingualis dentis* [N A]). masticatory s., occlusal s.; often thought of as restricted to the tooth surfaces actually participating in mastication (*occlusal s., working*). medial s., a surface nearer to or directed toward the midline of the body (*facies medialis* [N A]); in dentistry, the proximal surface of an incisor or canine tooth that is closest to the midline of the dental arch. mesial s., medial s. morsal s's, the occlusal surfaces of the mandibular and maxillary teeth which make contact in centric occlusion. occlusal s., the surface of a posterior tooth (or of a denture) which comes in contact with structures of the opposite jaw when the jaws are closed; sometimes, by extension, used to designate the incisal surface of the anterior teeth as well (*facies masticatoria* [N A]). occlusal s., working, the occlusal surface of a tooth upon which mastication can occur. polished s., one that is smoothed to a fine finish; in dentistry, that portion of the surface of a denture that is usually polished, including the palatal surface, and the buccal and lingual surfaces of the teeth. posterior s., that surface which is toward the back of the body (on or nearest the dorsal aspect) in man (*facies posterior, facies dorsalis* [N A]), or directed

toward the tail in quadrupeds; in dentistry, the proximal surface of a premolar or molar tooth that is furthest from the midline of the dental arch. posterior s. of sacrum, facies dorsalis ossis sacri. posterior s. of scapula, facies dorsalis scapulae. posterior s. of stomach, paries posterior ventriculi. proximal s., a surface that is nearer to a point of reference; used in dentistry to designate that surface of a tooth which faces an adjoining tooth in the same dental arch (*facies contactus dentis* [N A]). proximate s., proximal s. subocclusal s., a portion of the surface of a tooth which is directed toward but does not make contact with the occlusal surface of its opposite number in the other jaw. superior s., that surface which is upper or higher (directed toward the head, in man) (*facies superior* [N A]). tentorial s., the portion of the cerebral surface that is in contact with the tentorium cerebelli. ventral s. 1. The anterior surface, in man. 2. That surface which is lower, or on or nearest the abdominal aspect in quadrupeds. surfactant (surf-ak'tant). A surface-active agent. surgeon (sur'jun) [L. *chirurgio*; Fr. *chirurgien*]. A practitioner of surgery. barber s., formerly a barber who was authorized to practice surgery. contract s., in the U. S. Army a physician or dentist engaged for temporary service in the medical department; called also *acting assistant surgeon*. s. general, the chief surgeon of an army or navy. house s., the chief surgical intern of a hospital. post s., the surgeon of an established army post. surgery (sur'jer-e) [L. *chirurgia*, from Gr. *cheir* hand + *ergon* work]. 1. That branch of medicine which treats diseases, wholly or in part, by manual and operative procedures. 2. A place for the performance of surgical operations. abdominal s., the surgery of the abdominal viscera. antiseptic s., surgery conducted in accordance with antiseptic principles. arthrosteopedic s., surgery of the extremities and skeleton. aseptic s., surgery that is carried out so nearly free of bacteria that infection or suppuration does not result. aural s., the surgical treatment of diseases of the ear. cerebral s., that which deals with operations upon the brain. cineplastic s., creation of a skin-lined tunnel through a muscle adjacent to the stump of an amputated limb, to permit use of the muscle in operating a prosthesis. clinical s., surgery as practiced in the teaching clinic. conservative s., surgery which looks to the preservation or the restoration of disabled parts, rather than their removal. cosmetic s., that department of surgery which deals with procedures designed to improve the patient's appearance by plastic restorations, removal of blemishes, etc. decorative s., cosmetic s. dental s., that branch of the healing arts which deals with the surgical and adjunctive treatment of diseases, injuries, and defects of the teeth. dentofacial s., that branch of the healing arts which deals with the surgical and adjunctive treatment of diseases, injuries, and defects involving the face and structures of the mouth. featural s., plastic surgery of the face. general s., that which deals with surgical cases of all kinds. ionic s., surgical ionization and electrolysis. major s., surgery which is concerned with the more important and dangerous operations. ~~therapeutic s., that which deals with the treatment of diseases by means of surgery, and is usually performed outside of the hospital.~~ operative s., the operative or more mechanical part of surgery; that which deals with methods or with operative procedures. oral s., that branch of the healing arts which deals with the diagnosis and the surgical and adjunctive treatment of diseases, injuries, and defects of the mouth, the jaws, and associated structures. orificial s., the surgery of the orifices of the body, as the mouth, anus, vulva, etc. orthopedic s., that branch of surgery which deals with the correction of deformities; orthopedics. pelvic s., the surgery of the pelvis; chiefly in gynecological and obstetrical cases. plastic s., surgery concerned

NEVADA STATE MEDICAL ASSOCIATION

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3660 Baker Lane • Reno, Nevada 89509 • (702) 825-6788

April 19, 1979

TO: Jack Jeffrey, Chairman
ASSEMBLY COMMERCE COMMITTEE

FROM: James Pitts, M.D., Chairman
NSMA Commission on Governmental Affairs

SUBJ: A. B. 754 - Naturopathic Bill

The Nevada State Medical Association has a long history of supporting legislation which is in the best interest of the health and safety of Nevada citizens. This support has taken many forms: endorsement of clean water and safe sewage programs, immunizations, mental health programs, cancer and tuberculosis screening, maternal and infant health projects and many other programs geared to improving the health of our population. We have opposed many programs which have not stood the test of public benefit and safety.

The most recent example of organized medicine's opposition to hasty legislation, you will recall, occurred in 1977 with the controversy over Laetrile and Gerovital. Legislators were later heard to comment, "we have been had", a fact which medicine recognized long before final votes were tallied. I hope that in your wisdom today you will consider the possibility of "being had" if you chose to pass this proposed law.

Naturopaths want to be admitted to practice their trade in Nevada. The naturopathic lobby was not effective in 1977, and the reasons are worth mentioning at this time. At the time of the hearing, George Bennett who we all know brought to the Senate Commerce Committee two prescriptions signed by the naturopath who was the principal witness and supporter of the bill. These prescriptions were for controlled substances and filled by a pharmacist who was under the impression that the maker of the prescriptions was a doctor of medicine. In fact, they were signed "M.D." This act clearly demonstrated to the committee that further consideration of the bill was unnecessary, and it was killed promptly.

The bill has been introduced again this session, and testimony in opposition will be brief and to the point by our State Medical Association. We are opposed to the establishment of a licensing board for naturopaths for the following reasons:

Testimony on A. B. 574
Assembly Commerce Committee
April 19, 1979

1. Naturopathic theory and practice are not based upon the body of basic knowledge related to health sciences and health care which have been widely accepted by the scientific community.
2. Irrespective of naturopathic theory, the scope and quality of naturopathic education do not prepare the practitioner to make adequate diagnoses or appropriate treatment recommendations.
3. It is the duty of the medical profession to protect the public from unproven practitioners of health care.
4. In a government study conducted by the Department of Health, Education and Welfare in 1968, the statement was made that naturopathy "...conflicts with other concepts of health and disease." The report went on to say, "It is apparent that naturopaths' approach to health and disease is very different than that of medicine and osteopathy. For example, the conflict of other concepts of health and disease is illustrated by the following quotations from BASIC NATUROPATHY:
 - a. "'If symptoms are the showing of an effort to get well or to adapt, does it seem reasonable to suppress, or abort, or to stop the symptom? Would it not be more logical if we were to slightly increase the symptom to speed up the process of repair or cure?"
 - b. "'A good case of smallpox may rid the system of more scrofulous, tubercular, syphilitic and other poisons than could otherwise be eliminated in a lifetime. Therefore, smallpox is certainly to be preferred to vaccination. The one means elimination of chronic disease, the other the making of it.
 - c. "'Naturopaths do not believe in artificial immunization...'"
5. Neither the U.S. Office of Education nor any official scholastic accrediting body acknowledges, approves or accredits any school of Naturopathic Medicine in this country. The only accreditation is done by the National Naturopathic Association itself. This means that faculty/student ratios are not adequate, faculty is poorly trained, curriculum is substandard, clinical material is insufficient for adequate instruction, and libraries and laboratories are deficient. In other words, what national standards, if any, are being met? The latest information I have on the only school of naturopathy in the country is that there are forty faculty members, thirty-three of whom have a degree on naturopathic medicine, five have bachelors degrees, and one is a registered nurse. I understand that the president of the college has a bachelor's degree, a master's and a degree in theology.

Testimony on A. B. 754
Assembly Commerce Committee
April 19, 1979

6. Naturopaths have consistently attempted to effect changes through state statutes and the court system in our country, rather than through an improvement and upgrading of their own training. The U.S. Supreme Court in March, 1979 turned down an appeal from naturopaths which would have allowed them to take state medical licensing examinations. The high court decision puts to rest for all times appeals of this type which maintain that naturopaths are equal to medically trained physicians.
7. Medicare and Medicaid programs do not recognize naturopaths as health care providers and do not reimburse them for their services.
8. No federal health agency, V.A. Hospital, Indian Health Service, etc. recognize naturopathic medicine as a covered service.
9. Naturopaths state that there is a dire shortage of primary care physicians in the nation. It is apparent that they have not read the latest statistics regarding the resurgence in the field of family practice, and it is obvious that they do not know that steps are being taken in Nevada right now to train primary care physicians for our rural areas. Our medical school is expanding and enlarging its classes to ensure there will be adequate medical manpower for every corner of our state.

In conclusion, Mr. Jeffrey and members of the Assembly Commerce Committee, the question lies before you to make a decision on a crucial issue. Through legislative fiat, do you want to license a group of practitioners who hold themselves out to be fully trained health providers, when the facts are clear that they are not a recognized entity by any group in the country whose mission it is to protect the nation's health. Laetrile and Gerovital taught us many lessons in the 1977 legislative session, and the state still bears the burden of that vote count. Lest history repeat itself, I urge you on behalf of all Nevadans concerned with quality medical and health care to defeat A.B. 754.

Thank you.

JDP:d

Naturopaths' Test Bid Denied

WASHINGTON (UPI) — The Supreme Court Monday turned down an appeal from naturopathic physicians — people who practice natural healing — that they be allowed to take state medical licensing exams.

The justices let stand a lower-court ruling, which dismissed the case for the lack of an important federal question.

Justice Lewis Powell, who has been ill, took no part in the case.

The case was brought by the Idaho Association of Naturopathic Physicians and 10 similar state organizations and

105 persons to overturn local, state and federal bars to licensing individuals who do not have degrees from conventional medical schools.

They claim naturopathy aids the body in healing itself through the use of a variety of natural foods and medicine, including animal and vegetable substances, herbs and prescription drugs.

They challenged statutes in Maryland, North Carolina, South Carolina and Wyoming, saying they deny naturopathic physicians the opportunity to take licensing exams and patients the right to select "an

entire avenue of health care."

A federal appeals court ruled against the group, saying naturopaths want to be recognized as a "discipline distinct from the orthodox practice of medicine, whose practitioners are entitled to licensing requirements different from those imposed on other physicians."

The naturopaths took their case to the Supreme Court, arguing that the appeals court erred.

Lawyers for the naturopaths said the high court's action would affect pending cases in 26 other states.

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Current Status of Naturopathy

By the late 1950's, naturopathy as an entity was dropped from the curriculum of all but one chiropractic school and that one was closed in 1961. However, certain naturopathy courses continued to be taught at the other chiropractic schools.⁴⁸ The number of naturopaths therefore is rapidly declining because of the limited number of graduates from the only school of naturopathy.

In 1964, the Canadian Royal Commission on Health Services undertook a study of naturopaths. As part of this study a research team headed by Donald Mills⁴⁹ sent a detailed questionnaire to all naturopaths, chiropractors and osteopaths in Canada. The recommendation of the Royal Commission concerning naturopathy which was in part based on the Mills report was as follows:

Their number is not growing and they are not scientifically oriented to the extent that they should be included as providers of services to be paid for under the comprehensive health services recommended.⁵⁰

Licensure

A naturopathic license can be obtained in at least five States and the District of Columbia.⁵¹ Florida has a licensure

act for naturopaths, but in 1959 the Board of Naturopathic Examiners was abolished after a thorough investigation and no new licenses are being issued.⁵² In addition, Georgia, California, Pennsylvania, South Carolina, and Texas once had licensure laws but repealed them; and Tennessee in 1943 passed a licensure law but repealed it in 1947 and made it a misdemeanor to practice naturopathy in that State.⁵³ A few States license naturopaths under a general medical practice act or as "drugless healers," or in the case of Idaho, under State Supreme Court ruling. The State licensing laws place no specific restriction on diagnostic methods as long as drugs or major surgery are not used. The use of certain treatment methods is specifically forbidden in various States, e.g., the administration of drugs is specifically prohibited in six jurisdictions; surgery in three States; radium treatment in one State; and massage in one State. One State law specifically permits naturopaths to sign birth and deaths certificates.

The District of Columbia and all the States that license naturopaths require a written examination for licensure. Three States and the District of Columbia require two years of college, one State requires one year of college, and one State requires a high school diploma for licensure. All five States and the District of Columbia require a basic science certificate.⁵⁴

In summary, it is apparent that the State licensing laws generally place no restrictions on the scope of naturopathic practice since they do not infringe upon the naturopathic philosophy or approach to health and disease. Naturopaths have no desire to administer drugs that are not "natural" or to perform major surgery, yet these are the major prohibitions of the licensure laws.

Conclusions and Recommendation

Naturopathic theory and practice are not based upon the body of basic knowledge related to health, disease, and health care which has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.

Recommendation

It is recommended that no changes be made in coverage in relation to the services of naturopaths.