

SB 159 - continued (Mr. Wedge speaking)

additional licensing. They are presently licensed and inspected by a number of agencies dealing with retail drug stores. Because they do deal in drugs, compound drugs, sell some medical devices, and package, they would come under SB 159. Mr. Wedge requested the measure be amended to exclude retail pharmacies.

Chairman Bennett stated he would confer with legal counsel as he felt it was not the intent to include the retail pharmacies in the measure.

SB 466

Mr. James Joyce of Sunrise Hospital stated this bill was created to fill the need of the terminally ill who required medical care but not the atmosphere of the hospital. A hospice would be informal, the family could visit or constantly remain with the dying person. It would be as comfortable and as pleasant as possible. Both the family and the victim could be prepared for the inevitable death. The facility would be devoted strictly to the care of the dying, a relatively new concept. Mr. Joyce related background information relating to the origin of the measure. (EXHIBIT # 1)

Mr. Brady asked if the hospice would be a type of convalescent home. He was informed by Mr. Joyce that it would not. The convalescent home cared for the senile, the incapacitated, who may live for a long time. The hospice was for the care of the terminally ill only. The hospice will have a home atmosphere, much different than the hospital or convalescent home.

Ann Hibbs, Nevada Nurses Association stated their organization wished to go on record as supporting SB 466.

Esther Michelson strongly supported the bill. She related a personal incident emphasizing the need for such a facility, stating a private home, under the provision of SB 466 could engage in this care and the professional people developed by such a program would be available to call on the terminally ill in their own homes. She added her religious affiliation was considering applying for a humanities grant to educate people and perhaps establishing a service that would be available in the Reno and Carson City, Nevada area.

SB 412

Merlin Anderson, Commission on Postsecondary Institutional Authorization spoke in favor of SB 412. The bill provides additional exemption for short term type educational seminars. The motivation is the number of this type of education seminar coming into the State and the lack of criteria within the law to provide any exemption of requirement or clarification for licensure. Most of these operate in hotels or convention centers and are closely associated with the resort industry. The seminar is sometimes incidental to the entertainment and social aspect of the gathering.

SB 412 - Continued (Mr. Anderson speaking)

He added there was a definite economical impact involved. Licensure of this activity has created pressure for all concerned. The agency does not have sufficient staff. If we continue to require licensure many of these groups will not come into the state. The State and the people involved would be best served by exempting these institutions which are at the lower end of the spectrum and which do not provide entry level education.

Ethelda Thelen, a provider of continuing education for nurses said she was most concerned that only quality continuing education is offered in this state. She suggested amending the bill by adding to the stipulations listed, a "d)" part that reads - "the continuing education units or contact hours have been approved by an accreditation or approval body recognized by the profession served."

Ms. Thelen voiced two other concerns and stated that with these exceptions, she supported the bill. (SEE EXHIBIT 2)

The witness said she thought each of the exceptions should be with an "and", and the d) part added. (page 2 beginning line 5)

Mr. Joyce said they would like to have a clarification by the Legislature in this particular area, it was a sensitive area and their attempts to comply with present licensure requirements were difficult and controversial. The addition of the suggested "d)" stipulation would be applicable in some instances but not in others. If written justifications are required, the word "exemption" no longer applies. They felt the needs of the various bodies who have legitimate concern in this area could be satisfied through regulation. If the "ands" between the subsections a) b) and c) are deemed to be necessary, there is no objection. It is the intent all three requirements be met; not just any one of them.

AB 191

Mr. Glover proposed that on line 4 of page 1 of the bill, after the word "counseling" to bracket out "[and perform psychotherapy under his supervision]".

The Committee discussed the increased examination fee, line 17, page 2. They concluded the increased fee was justified due to the increased costs of the examination as it had been changed to a standard examination that was purchased from out of State. The biennial registration fee of not more than \$100 did not mean they would now increase the fee to that amount. The purpose was to negate the necessity of requests for increases in the future.

Mr. Glover said he would effectuate the proposed amendment-([and perform psychotherapy under his supervision]).

AB 191 - continued

Mr. Glover moved to Do Pass As Amended AB 191; Mr. Getto seconded the motion; Chairman Bennett, Mr. Chaney, Mr. Glover, Mr. Brady, Mrs. Cavnar and Mr. Getto voted "yes". There was no opposition. Motion carried.

SB 24

Senator Kosinski said this measure was the result of the Legislative subcommittee during the last interim on the Administration of Mental Hygiene and Mental Retardation. A task force of mental health professionals assisted in reviewing the services provided by the division. The Division was not willing to permit the persons serving on the task force to have access to the records of patients within the Division facilities. At this time NRS prohibits access to the records by anyone who is not a Division employee. Prior to the enactment of the statute the Division had permitted the joint Commission on the Accreditation of Hospitals to have access to the facilities to which they were seeking accreditation; semi-annually the Division had permitted the Bureau of Health Division access to patients records for purposes of licensing and purposes of certification for Title 19. If the Division did not permit the Bureau Health Facilities access to the record they would lose their license as health facilities and they also would not be eligible for Title 19. Senator Kosinski stated he thought the law would have to be changed just to permit the Bureau of Health Facilities access or Title 19 funding may be jeopardized.

Senator Kosinski continued that SB 24 was designed to do several things: 1) Section 3 of .360 presently will permit professionally qualified staff members of the Division Facility when deemed necessary for the proper care of the client. The word "professionally" has been added at the suggestion of witnesses at one of the hearings. Vague language has been purposely used to allow the Administrator discretionary powers. The new language reads "professionally qualified person appointed by the director of the Department to evaluate the performance of the Division." Today professional people cannot be assigned to evaluate the performance by use of patient records. Use of individual records is vital for accomplishment of true evaluation. Under this proposed measure the only reason a person could be allowed access to patient records would be for purposes of evaluation. There are safeguards in the bill to protect patients from unauthorized disclosure of the material.

It is difficult, said Senator Kosinski, to evaluate budgets. Without sufficient knowledge of efficiency of a Division, reasonable and justifiable limits cannot be determined. Today the Legislature does not know what is going on in the Division. (EXHIBIT # 3)

SB 24- continued (Senator Kosinski speaking)

Federal Law may prohibit access to records of the clients of Rehabilitation Division. If it is determined an outside evaluation of the Division records might violate the privacy guarantee under the Federal Act, the records of clients receiving services by both the Rehabilitation and Mental Retardations Divisions will be kept separate and access to these records not allowed. Both Directors of the Divisions support and assisted in amendments to SB 24.

Mrs. Cavnar was of the opinion permission of patient or guardian should be obtained, a signed waiver of privacy rights, prior to review of the records by anyone other than those now authorized.

Senator Kosinski replied that because of the ever-changing clientele this was not feasible nor was it feasible to go through and strike the names of clients from records before they were made available for review. He believed the safeguards contained in the law were adequate.

Assemblyman Prengaman opposed SB 24 on the violation of privacy aspect. Persons contemplating seeking help through Division facilities maybe deterred if they are aware their problems will not remain strictly confidential. Release or leakage of this type information ruins lives and careers. He stated he agreed with Senator Kosinski that oversight legislations was needed but to single out one agency and attempt to broaden the access to those records, possibly what the Legislature should be doing is looking at all agencies and all records required and try to arrive at some general policy in regard to records of state agencies. He disagrees that the safeguards are fail proof. In lines 18 to 20 on page 1 there is a situation wherein 2 or 3 people on a sub-committee designate a professionally qualified person. Competency varies. Lines 20 and 21 dealing with release of records unless the Director is satisfied as to professional qualifications, Directors are subject to political pressure and he does not feel this is an adequate safeguard. On page 2, lines 3 through 10 pertaining to attempt to regulate, it says "these persons shall not disclose the identity of a client", the bill does not set any guidelines for the release of the records. On lines 6, 7, 8, said Assemblyman Prengaman, they were again referring to satisfactory assurances, the director having recieved them, but not specifying the nature of the assurances, or how they are defined. This is not an adequate safeguard. People seeking treatment fully expect the confidentiality of that treatment. When two or three people can make a decision as to who is qualified and give that qualified person access to the records, it could create problems. The Director is the key person and he is the one most subject to pressure from the Legisture and the Governor.

Mr. Brady commented that if unauthorized uses and disclosure were made, this would be in violation of the law.

SB 24 - continued

Mrs. Cavnar said even should the culprit be prosecuted, the damage was done.

Mr. Prengaman added that this was a sensitive area and the Legislature should treat it as such and make it very clear as to who will have access to those records.

Mrs. Cavnar voiced the same concern as Mr. Prengaman that if potential clients were aware the records were not strictly confidential, few of them would seek the services of the Mental Health Division.

Mr. Frank Holtzhauer, Chief of Planning and Evaluation for the Department of Human Resources, supported SB 24, especially subsection B of #3 of Section 1. This allows a professionally qualified person appointed by the Director to evaluate the performance of the division. Under the current statute the only way they can evaluate the performance is from an evaluation done by the division. I cannot go in and verify the extent of the services, or the lack of them, for any individual client. These inspections are needed to evaluate efficiency of staff. They can handle safeguards through regulation. He does not believe political pressure to be a big problem.

Mrs. Cavnar said, in order for the Department to continue receiving medicare and Title 19 funds they can do a written sample of people not on medicare or Title 19.

Mr. Holtzhauer replied that they could do this if they were allowed access to the records. The problem is that currently, the review for the Federal programs is done by the Federal people and not by the Department of Human Resources. Review of the records by the Department could be in violation of Federal statutes.

Mrs. Cavnar said she thought there was an alternative to review by Legislature designated persons. If the Federal agencies do not approve a program then the State would know that there was a problem with that particular facility.

Mr. Brady suggested elimination section (c) on page 1.

Mr. Holtzhauer said this would leave the total burden on the Department. In order to properly respond to the executive and the Legislature they need to have some control of efficiency. They need to be able to get into a division to determine that the standards of operation are sufficient.

Mr. Brady was of the opinion that the Division could evaluate their records and make the information available to the Legislature.

Mrs. Cavnar express concern that Legislators would not be qualified to evaluate the programs and records involved.

SB 24 - continued

Mr. Holzau said the term "professionally qualified person approved by" was intended to eliminate some of the problems they were concerned with. A legislative commission would not be the people reviewing the record. It would be a person appointed by them.

Mr. Prengaman said that if he correctly understood the needs of Mr. Holzaur's Department, he was of the opinion they could cut the bill at line 17. The Director would have the power to designate someone to review the records. The Director could report to the Legislature. Leave the safeguards in but eliminate the Legislature from the inspection aspects.

Chairman Bennett commented it was originally felt such appointments were subject to the exercise of bias.

Mr. Prengaman said if the Legislature was omitted from the bill it would satisfy his objections.

Mr. Getto said he did not see why they could not omit "c", leave in on page 2, lines 3 through 10, take out the bracket c ([c]) as that part is still good language. Take out line 18 on page 1, through lines 2 on page 2, and then on line 3 take out the c; insert an "and" between "a" and "b".

Mr. Holzauer said this removed the legislature and the intent of having that line included was the first four words " a professionally qualified person appointed by the Legislature.

The Committee commented a bill had been passed today to review records. There will be a means to evaluate every department.

Pat Gothberg, Nevada Nurses Association, stated this was intended to be supplemental testimony and the nurses' association was still opposed to this legislation the way it is currently written. They are, however, supportive of efforts to audit the performance of the Division. (EXHIBIT # 4)

Her written presentation, Exhibit # 4, outlined two areas of concern. She added the amendment discussed would be a help.

Ethelda Thelan stated she had been involved with a review of records of a health facility. Reviewing records with names of clients was very disturbing. Clients names should be removed from records before review regardless of expense.

SB 278

Mrs. Cavnar moved to Do Pass S.B. 278. Mr. Chaney seconded motion; Chairman Bennett, Mr. Chaney, Mr. Brady, Mrs. Cavnar and Mr. Getto voted "yes". None opposed. Motion carried.

AB 708

Mr. Brady moved to Indefinitely Postpone AB 708. Mrs. Cavnar seconded the motion. Chairman Bennett, Mr. Chaney, Mr. Brady, Mrs. Cavnar and Mr. Getto voted "yes". None opposed. Motion carried.

AB 707

The Committee discussed revision of AB 707. The suggested amendment was to put on line 15 "The State Health Officer - The State Health Officer may with county approval designate board of health...

Mr. Getto said he thought that was a good amendment.

Mr. Brady moved to Do Pass AB 707 as amended - after the word "may" on line 15, the words "with county approval". Mrs. Cavnar seconded the motion. Chairman Bennett, Mr. Chaney, Mr. Brady, Mrs. Cavnar and Mr. Getto voted "yes". None opposed. Motion carried.

AB 673

The Committee discussed previous testimony on the proposal. Mrs. Cavnar objected to a persons license to practice being dependent on mandatory continuing education. This was putting the State in the position of forcing people to be continually relicensed.

Mr. Brady felt current education requirements in a changing industry were very necessary.

Mr. Chaney felt persons dealing with new chemicals and processes should, for the protection of the people, be required to up-date their education.

Mr. Getto moved to Do Pass AB 673. Mr. Brady seconded the motion; Chairman Bennett, Mr. Chaney, Mr. Getto and Mr. Brady voted "yes". Mrs. Cavnar voted "no". Motion carried.

Chairman Bennett adjourned the meeting at 7:00 P.M.

Respectfully submitted:

M Robertson

MARJORIE D. ROBERTSON, Secretary

Hospice program an aid to terminally ill

By Chris Broderick
R-J Staff Writer

The late psychologist Erik Erikson once observed that the elderly experience a unique series of conflicts which revolve around the acceptance versus the denial of death — between contentment and frustration, peace and anxiety, and intimacy and bitterness.

The same conflicts are encountered by the terminally ill. According to statistics compiled by the Clark County Health District, one in 750 residents of the county will die of cancer this year alone.

The hospice movement, which has swept 200 areas around the country was developed as a way to resolve some of these conflicts.

Although still on the drawing board, a Las Vegas hospice center in the memory of Sunrise Hospital founder Nathan Adelson is nearing construction. Meanwhile, the health district also has inaugurated a hospice program, and both will serve the community by helping terminally ill cancer patients die with dignity in the company of their families.

A group of civic leaders acting as the steering committee for the Adelson Hospice met last week to discuss the progress of the program.

"The hospice is not a building, an institution or an in-patient facility," reported a consultant from a hospice in Tucson, Ariz.

"The notion that hospice means the end and nothing can be done for the patient is wrong. There is a lot that can be done in terms of the quality of the life remaining for that patient. We have to focus on reuniting families, on enriching ideas, and on creating a learning experience — whatever it is that can be done to make the last part of a dying patient's life have more meaning," said Theodore Koff, a professor at the University of Arizona.

The Adelson Hospice will open on an experimental basis in a year's time, according to project director Ernest Libman, an administrator at Sunrise Hospital. He said in six months, the project is scheduled to become autonomous, evolving from its current status as an outgrowth of Sunrise Hospital to its eventual role as an independent non-profit health-care facility in the community.

"I could start a hospice tomorrow with the funds we already have received," Libman said. "It would not be very effective, but it would survive."

"But that is not the program this committee is talking about. It will not be a hospital or a nursing



NATHAN ADELSON

...1905-1978

home," he said.

What it is projected to be, according to Libman, is a 40-80 bed facility providing 24-hour, 7-day-a-week physical, emotional and spiritual care to a terminal patient in the last few weeks of life.

The Adelson Hospice will be staffed by a carefully-selected team of physicians, clergymen, social workers and psychologists working in conjunction with the current home health care

teams at Sunrise Hospital and the county health district.

A location, design plan and details of construction are scheduled to be completed within three months, Libman said.

Funding for the Adelson Hospice is being provided by private donations, foundation grants and community contributions. "There are some gaps at present, but I see those gaps being filled if we receive the community support we need," Libman said.

The hospice is aimed at serving all of the people of Clark County, both the poor and the rich. "It is imperative to the whole idea of the program to care for poor people. We don't want the Adelson Hospice to be a monument only to those who will pay," he said.

To insure that no one will be denied care, costs are planned to be covered not only by donations, but also through health insurance programs and government Medicare benefits.

Libman said the Health, Education and Welfare Department in Washington

has been extremely cooperative with hospices around the country. He said he expects this assistance to continue, guaranteeing that those normally unable to pay for this kind of sophisticated service will be eligible for hospice care.

One roadblock to the project which is currently being negotiated is Nevada law. According to Libman, "We are planning to build something that does not look or act like a hospital. We don't want the bureaucrats to have to make so many exceptions to current licensing laws that the hospice won't be able to operate at some point in the future."

As a result, Renny Ashleman and David Zenoff, two members of the steering committee, are currently working with Carson City officials to draft the appropriate medical licensing statutes needed to accommodate hospice care.

Another committee member, Muriel Stevens, suggested at a hospice meeting last week that "the community ought to be educated in hospice as

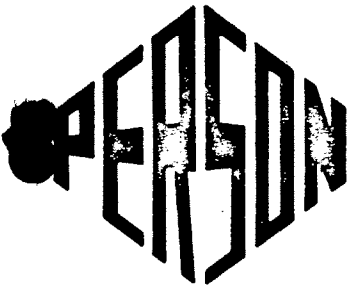
well." She proposed setting up a resource center, possibly at the UNLV Library, "to invite students to discuss death and dying."

"Many students at the university are interested in volunteering any services they could provide. Students are important to this project because they are young and enthusiastic. They have not yet learned to fear death like the rest of us," she said.

Other civic leaders responsible for the Nathan Adelson Hospice include Adelson's widow and son, Pearl and Merv; Dr. Willis Russell, Irwin and Susan Molasky, Al Benedict, David and Sharon Brandsness, Ken Sullivan, E. Perry Thomas, Eli Boyer and Donald Baepler.

The feelings of all involved are seemingly reflected by a statement in Theodore Koff's report: "The hospice has the potential for responding to the unique needs of the terminal patient and of reflecting the community's concern for providing the most understanding and supportive care for the dying patient."

EXHIBIT A-88



PROFESSIONAL EDUCATION RESOURCE SERVICES OF NEVADA

P.O. BOX 3322
RENO, NEVADA 89505

HEARING on SB 412
May 9, 1979

I am Ethelda S. Thelen, R.N., MPH, a private provider of continuing education for nurses as Professional Education Resource Services of Nevada. As such, I am most concerned that only quality continuing education is offered in this state.

Personally, I shall never present any programs that have not been approved by a pertinent professional body. I am approved by the California Board of Registered Nursing as a provider of continuing education for nursing and also have over 15 workshops currently approved by the Nevada Nurses Association Committee on Continuing Education Approval and Recognition Program which is accredited by the American Nurses Association.

I support SB 412 as revised from the original bill-- with one major recommendation and two other concerns:

I ask the committee to consider adding a stipulation, in addition to the three exemptions listed, that--

d) the continuing education units or contact hours have been approved by an accreditation or approval body recognized by the profession served.

Precedent for this is in the current statute 394.450-2 and in the Commission's current regulations 2.150, 2.520, and 2.530. In this way, the Commission could accept the standards already developed by the many professions already monitoring continuing education for their own practice. Without this control, consumers of continuing education could still get ripped-off in seminars of less than 40 hours.

My two other concerns are in implementation--

1. Current Rules and Regulations of the Commission have fees that could put the independent private provider out of business, or drastically increase the cost to the workshop participant.
2. Limitation of staffing of the Commission would seem to make monitoring of educational seminars ridiculous. Some effort should be made to acquaint both providers and consumers of requirements. I have been in this business since 1971, and have never received a communication initiated by this Commission.

Thank you for this opportunity to comment on this bill. I speak only for myself, but I know there are many other private providers of continuing education in this state.

SB 412 #2

S.B. 24

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*
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Ronald W. Sparks, *Senate Fiscal Analyst*
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(702) 885-5627

FRANK W. DAYKIN, *Legislative Counsel* (702) 885-5627
JOHN R. CROSSLEY, *Legislative Auditor* (702) 885-5620
ANDREW P. GROSE, *Research Director* (702) 885-5637

February 9, 1979

M E M O R A N D U M

TO: Senator James N. Kosinski
FROM: Andrew P. Grose, *Research Director*
SUBJECT: Confidentiality of Hospital Records and Accreditation

Dr. Douglas Duncan is head of medical records review for the Joint Commission on the Accreditation of Hospitals. Dr. Duncan says that JCAH must have complete access to patient medical records or they will not even go into a hospital. It is impossible to evaluate the quality of hospital care without total access to the records according to Dr. Duncan.

In review of surgery, the JCAH does not try to evaluate the necessity for each surgery but it does look at the hospital's procedure for reviewing the necessity of surgery and it cannot do this unless it reviews individual records to see how the process of review works. They do not write reports on accreditation based on particular records. Instead, they look at aggregate data but that aggregate data must come from a review of individual records.

If a state law prevents full access to patient records, JCAH will not even go into this state. This is the current status with Wisconsin which, according to Dr. Duncan, passed a last minute bill in their last session that prevents access to records without individual releases. This has prevented any JCAH reviews in the state and also Medicare reviews. There is danger of loss of Medicare funds as a result. The hospitals are now having all patients, at time of admission, sign records release forms. Dr. Duncan also understands the law will be changed this session.

CP
Bullock
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Page 2

On the other side of the coin, JCAH is very concerned that proper confidentiality safeguards are in effect when they review a hospital. One of their items is the training of medical records personnel on confidentiality.

Without access to patient records, there can be a problem with internal controls in hospitals. For instance, the Wisconsin law is so stringent that other doctors charged with reviewing surgical procedures of their colleagues cannot do so. This would cripple any attempts at risk management. It would also seriously impede clinical research work at university hospitals.

These views are those of Dr. Duncan and he has a bias on the subject but when he says that JCAH will not go into a hospital unless they have complete records access, that seems like a fact. JCAH is a voluntary organization and no one can make them do anything, so the threat seems real.

APG/jld

EXHIBIT 3



Nevada Nurses' Association

3660 Baker Lane Reno, Nevada 89509 (702) 825-3555

Testimony on SB 24

Assembly Committee on Health and Welfare

May 9, 1979

The Nevada Nurses' Association recognizes the need for professional audit of all state programs, including the mental hygiene and mental retardation division of the Department of Human Resources, by qualified professionals.

However, we continue to have two basic concerns on confidentiality of client records:

- 1) The client - either personally or through his legal representative - should give consent for his record to be used, and
- 2) The definition of "professionally qualified" be limited to health professionals and/or be defined by rules and regulations adopted by the Department through state administrative law procedures.

Handwritten note: The above

60th NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE

LEGISLATIVE ACTION

DATE May 9, 1979

SUBJECT AB 191

Revises laws regulating psychologists

MOTION:

Do Pass XX Amend XX Indefinitely Postpone _____ Reconsider _____

Moved By Mr. Glover Seconded By Mr. Getto

AMENDMENT: Line 4 and 5, page 1 after "counseling" [and perform psychotherapy under his direct supervision].

Moved By _____ Seconded By _____

AMENDMENT: _____

Moved BY _____ Seconded By _____

VOTE:	<u>MOTION</u>		<u>AMEND</u>		<u>AMEND</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
BENNETT	<u>X</u>	_____	_____	_____	_____	_____
CHANEY	<u>X</u>	_____	_____	_____	_____	_____
CRADDOCK	_____	_____	_____	_____	_____	_____
GLOVER	<u>X</u>	_____	_____	_____	_____	_____
BRADY	<u>X</u>	_____	_____	_____	_____	_____
CAVNAR	<u>X</u>	_____	_____	_____	_____	_____
GETTO	<u>X</u>	_____	_____	_____	_____	_____

ORIGINAL MOTION: Passed XX Defeated _____ Withdrawn _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

Attached to Minutes _____

60th NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE

LEGISLATIVE ACTION

DATE May 9, 1979

SUBJECT SB 278

Requires Health division of the department of human resources to maintain certain records to aid in identification of dead bodies.

MOTION:

Do Pass xx Amend _____ Indefinitely Postpone _____ Reconsider _____

Moved By Mrs. Cavnar Seconded By Mr. Chaney

AMENDMENT:

Moved By _____ Seconded By _____

AMENDMENT:

Moved BY _____ Seconded By _____

MOTION

AMEND

AMEND

VOTE:	<u>MOTION</u>		<u>AMEND</u>		<u>AMEND</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
BENNETT	<u>X</u>	_____	_____	_____	_____	_____
CHANEY	<u>X</u>	_____	_____	_____	_____	_____
CRADDOCK	_____	_____	_____	_____	_____	_____
GLOVER	_____	_____	_____	_____	_____	_____
BRADY	<u>X</u>	_____	_____	_____	_____	_____
CAVNAR	<u>X</u>	_____	_____	_____	_____	_____
GETTO	<u>X</u>	_____	_____	_____	_____	_____

ORIGINAL MOTION: Passed X Defeated _____ Withdrawn _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

Attached to Minutes _____

60th NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE

LEGISLATIVE ACTION

DATE May 9, 1979

SUBJECT AB 708
Grants district boards of health power to abate conditions dangerous to public health.

MOTION:

Do Pass _____ Amend _____ Indefinitely Postpone XX Reconsider _____

Moved By Mr. Brady Seconded By Mrs. Cavnar

AMENDMENT:

Moved By _____ Seconded By _____

AMENDMENT:

Moved BY _____ Seconded By _____

VOTE:	<u>MOTION</u>		<u>AMEND</u>		<u>AMEND</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
BENNETT	<u>X</u>	_____	_____	_____	_____	_____
CHANEY	<u>X</u>	_____	_____	_____	_____	_____
CRADDOCK	_____	_____	_____	_____	_____	_____
GLOVER	<u>(no abst)</u>	_____	_____	_____	_____	_____
BRADY	<u>✓</u>	_____	_____	_____	_____	_____
CAVNAR	<u>✓</u>	_____	_____	_____	_____	_____
GETTO	<u>✓</u>	_____	_____	_____	_____	_____

ORIGINAL MOTION: Passed ✓ Defeated _____ Withdrawn _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

Attached to Minutes _____

60th NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE

LEGISLATIVE ACTION

DATE May 9, 1979

SUBJECT AB 707
next inspection
Revises provisions of law concerning podiatrists.

MOTION:

Do Pass XX Amend SS Indefinitely Postpone _____ Reconsider _____

Moved By Mr. Brady Seconded By Mrs. Cavnar

AMENDMENT: After the word "may" on line 15, the words "with county approval."

Moved By _____ Seconded By _____

AMENDMENT: _____

Moved BY _____ Seconded By _____

MOTION

AMEND

AMEND

VOTE:	<u>MOTION</u>		<u>AMEND</u>		<u>AMEND</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
BENNETT	<u>X</u>	_____	_____	_____	_____	_____
CHANEY	<u>X</u>	_____	_____	_____	_____	_____
CRADDOCK	_____	_____	_____	_____	_____	_____
GLOVER	_____	_____	_____	_____	_____	_____
BRADY	_____	_____	_____	_____	_____	_____
CAVNAR	<u>X</u>	_____	_____	_____	_____	_____
GETTO	<u>X</u>	_____	_____	_____	_____	_____

ORIGINAL MOTION: Passed X Defeated _____ Withdrawn _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

Attached to Minutes _____

60th NEVADA LEGISLATURE

HEALTH AND WELFARE COMMITTEE

LEGISLATIVE ACTION

DATE May 9, 1979

SUBJECT AB 673

Revises provisions of law concerning podiatrists.

MOTION:

Do Pass xx Amend _____ Indefinitely Postpone _____ Reconsider _____

Moved By Mr. Getto Seconded By Mr. Brady

AMENDMENT:

Moved By _____ Seconded By _____

AMENDMENT:

Moved BY _____ Seconded By _____

MOTION

AMEND

AMEND

VOTE:

	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
BENNETT	<u>K</u>	_____	_____	_____	_____	_____
CHANEY	<u>K</u>	_____	_____	_____	_____	_____
CRADDOCK	_____	_____	_____	_____	_____	_____
GLOVER	_____	_____	_____	_____	_____	_____
BRADY	<u>K</u>	_____	_____	_____	_____	_____
CAVNAR	_____	<u>K</u>	_____	_____	_____	_____
GETTO	<u>K</u>	_____	_____	_____	_____	_____

ORIGINAL MOTION: Passed K Defeated _____ Withdrawn _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

AMENDED & PASSED _____ AMENDED & DEFEATED _____

Attached to Minutes _____