

Committee in Session at 8:40 A.M. on Thursday, April 19, 1979.

Senator Keith Ashworth in the Chair.

PRESENT: Chairman Keith Ashworth
Senator Rick Blakemore
Senator Jim Kosinski
Senator Wilbur Faiss
Senator Clifton Young

ABSENT: Vice-Chairman Joe Neal.

GUESTS: Mr. James A. Edmundson, Chief, Consumer Protection Services, Health Division
Ms. Pat Gothberg, Nevada Nursing Association
Senator Wilbur Faiss, Clark County Senatorial District No. 2
Mr. John McSweeney, Administrator, Aging Services Division
Mr. Orvis E. Reil, Nevada Retired Teachers Association
Mr. Thomas R. Stutchman, Nevada Association of Health Care Facilities
Mr. Richard G. Pugh, Nevada State Medical Association
Mr. William L. Thomas, Administrator, Bureau of Health Association
Mr. Fred Hillerby, Nevada Hospital Association

Chairman Ashworth asked Mr. James Al Edmundson, Chief, Consumer Protection Services, Health Division, to present testimony on S.B. 159. Mr. Edmundson stated he met with Senator Kosinski and Jan Wilson and they worked out the present wording of the bill. The present wording does not actually make any changes in the intent, but does clear up some items that were probably unfair in the first place. Chairman Ashworth stated that this is the first reprint of S.B. 159 after it had been amended. He asked why we needed this bill. Mr. Edmundson stated that in Las Vegas, at the present time, there is a small drug manufacturing plant that the Health Division does not have the authority to license. Chairman Ashworth questioned whether this bill handles other drugs than Gerovital. Mr. Edmundson answered in the affirmative. Questioned if a felony sanction on this bill would be needed, Mr. Edmundson stated he thought so because sometimes you get into parental type of drugs. A \$500 fine is not a good deterrent and is much more difficult to get into court, especially if they are manufacturing some drugs that can really be dangerous. He further stated that Angel-Dust is a narcotic. Senator Kosinski said that since Angel-Dust was not included under this bill that perhaps it could be controlled under another set of statutes. Under NRS section 585.550 it would be a misdemeanor to manufacture Angel-Dust. Mr. Edmundson stated that just the possession of Angel-Dust would come under the narcotic laws. Senator Kosinski stated that possession of marijuana was a felony, but personally, could not justify Laetrile and Gerovital for a felony penalty.

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Senator Neal entered the meeting at 8:37 A.M.

Mr. Edmundson stated that manufacturing of parental (injectable type of drug), without a license and without quality control, can be very dangerous and should be considered a felony, because they could cause death.

S.B. 159 Exhibit "A"

Senator Kosinski moved to amend the penalty Section 5 to a misdemeanor and Do Pass, S.B. 159.

Seconded by Senator Neal.

Discussion: Senator Young questioned making the entire thing a misdemeanor and stated he would consider changing it to a gross misdemeanor. Senator Ashworth also felt it should be more than just a misdemeanor and stated he felt it should be a felony.

Motion and second recinded.

Senator Kosinski moved to Amend Section 5 to a "gross misdemeanor" and Do Pass, S.B. 159.

Seconded by Senator Young.

Motion carried.

Yeas - - 5

Nays - - 1 (Senator Blakemore voting against).

There being no further testimony, Chairman Ashworth closed the hearing on S.B. 159.

Chairman Ashworth opened the hearing on S.B. 450.

Ms. Pat Gothberg, Nevada Nursing Association, presented written testimony, "Exhibit B". Chairman Ashworth questioned what benefit would a nurse with a masters degree in psychiatric nursing have by being declared a mental health professional. Ms. Gothberg stated that initially when they changed the statute they were acutely aware that the psychiatric nurse had been omitted, particularly when the listing included a social worker with a masters degree. She stated that the term "multi-disciplinary team" refers to a team of people coming from many different kinds of backgrounds.

Senator Young questioned what a masters degree in psychiatric nursing was. Ms. Gothberg stated that it is for psychiatric nursing and that they have a masters program at the Orvis School of Nursing. Senator Young asked if the bill would make the nurses eligible for positions they could not now occupy. Ms. Gothberg said they are now excluded from the psychiatric type of position of mental health professionals. She further stated that psychologists and

psychiatrists have more than a masters degree and the nurses are not comparable to them. Chairman Ashworth stated that a nurse with a degree is more competent than a candidate for a degree by virtue of the fact that they are employed in the division. He further stated that part should be amended out of the bill, if a candidate for a social worker would be employed over a nurse.

There being no further testimony Chairman Ashworth closed the hearing on S.B. 450.

Chairman Ashworth opened the hearing on S.B. 441.

Senator Wilbur Faiss, Clark County Senatorial District No. 2, introducer of the bill, stated this bill is exactly what it says. He said this bill is a patient's bill of rights including those not now protected by the federal regulations. He stated that this bill provides for state statutes to back up the federal regulations.

Mr. John McSweeney, Administrator, Aging Services Division, pointed out typographical errors in the bill: Page 1, Line 12, subsection (b) should be (d); Page 2, Line 30 "To to" should be "To be." Mr. McSweeney presented Patients' Bill of Rights, Exhibit "C".

Mr. McSweeney then stated he did not see where he would offer any additions or deletions to the first section of the bill. He felt Section 2 is a "plus" in regards to the duties of the facility. He said the bill of rights has been accepted by the health care facilities. Senator Young questioned what difference the duties of the patient would make if they were in the statute, Page 2 lines 25 through 40. Mr. McSweeney said he did not think it would make any difference. Senator Ashworth asked about the Section 1, subsection (h), this becomes a legal question, along with a medical question, when a patient refuses treatment. Mr. McSweeney stated there would be other types of treatment going on besides the shock aspect. Senator Young asked if, on Page 1, line 16 relating to "privacy", whether this was always feasible to have privacy for visits if demanded. Mr. McSweeney read from the bill of rights, Item 9. Senator Faiss pointed out Item 14 on the bill of rights regarding visiting by spouse. Mr. McSweeney stated he would not attest to the bill of rights being federal law, that this is an agreement with the facility and the patient. Senator Neal stated, "Experience over many years indicated that the patient in nursing homes need some type of protection. If rules like this bill give them that type of protection, it deserves to be in the statute." He further stated that nursing homes operate as private industry and do not always deal fairly with the occupants of their facility and the things in this bill, S.B. 441, are necessary. Senator Kosinski stated the privacy concern could be amended to some qualifying language such as: "Reasonable right to privacy" showing that it is not an absolute right. Mr. McSweeney agreed to inserting the word "reasonable" before the word "right." Senator Neal stated that Section 1, subsection 1 would only apply to health care facilities that are not protected by federal regulations, as he understood it.

Chairman Ashworth questioned whether there are too many regulations for health care facilities and perhaps we will be encouraging them not to continue or establish business in this state. He asked if health care facilities are increasing or decreasing. Mr. McSweeney stated they are increasing in number, including nursing homes. Senator Young stated there is a real problem with jurisdictional aspects between state and federal standards which set certain rights.

Mr. Orvis E. Reil, Retired Teachers Association, stated there are two groupings of patients; those in nursing homes who are paid for by the federal monies and another group admitted with no federal assistance whose fees are different in most instances. He further stated that the requirements in the bill of rights are justified. He stated, regarding privacy, that there should be some place in the facility to allow privacy in their visits.

Mr. Thomas R. Stutchman, Nevada Association of Health Care Facilities, stated in answer to some of the questions asked of Mr. McSweeney that federal regulations do require that all nursing homes have a patients' bill of rights. He stated they have been trying to reflect the same things in the patients bill of rights and the federal bill of rights. He stated he believes this bill is cumbersome and tries to include everybody and everything. He further stated that testimony today aimed the bill specifically to nursing homes. He suggested a separate bill be written to include group care facilities. He stated that in Section 3, the way the bill is written, includes all practitioners of a healing art licensed in the state. He stated this bill very effectively negates any encouragement to the physician who has a difficult time taking care of older people who are already confused. He stated it is already difficult to get dentists to come into a nursing home and treat the patients. He said the present form of this bill is unacceptable to industry, and if we get more involved in red tape someone else will have to take care of the patient.

Senator Neal questioned if this proposed bill is more or less restrictive than the federal regulations. Mr. Stutchman responded that it is more restrictive in that it includes everyone who is licensed in the state to do a healing art. He further stated that on Page 3, line 5 the word "moral" should be excluded as you cannot legislate someone's morals. Senator Neal stated that he agreed but that a framework could be set up in which the moral change could take place. Mr. Stutchman said on Page 2, lines 45 and 46 where it states "advisory council" should be clarified and appropriately named.

Mr. Richard G. Pugh, Nevada State Medical Association, presented S.B. 441 - Patient Rights Bill, Exhibit "D", which recommends a Do Not Pass on S.B. 441.

Ms. Pat Gothberg stated when the members in their legislative committee looked over this bill, their instant reaction was to support S.B. 441. They are still supportive of the concepts in it. She stated that patients should have the right to participate in

decisions for their own mental health care. She further stated if the patients do not have the capacity to make this decision, they should be able to "fall back on" the expertise of the person who is treating them. She said, following testimony in this meeting, that her committee would not be opposed to changes in this bill. Senator Kosinski questioned if, on Page 4, Section 2, these provisions were extracted, would the bill be weakened. Ms. Gothberg stated this is a basic attempt to provide informing patients of their rights. Chairman Ashworth asked Ms. Gothberg if her association would be willing to work with a sub-committee to iron out this bill. Ms. Gothberg stated they would be willing to do so.

Chairman Ashworth stated that no testimony had been given as to how many institutions this bill would affect.

Dr. William L. Thomas, Administrator, Bureau of Health Association, stated they are the agency responsible for carrying out the provisions for health and care facilities. He stated there are about 26 skilled nursing facilities and about 20 group care facilities that this bill would affect. From all levels, including ambulatory and surgical set-ups, it would affect approximately 159 facilities.

Mr. Fred Hillerby, Nevada Hospital Association, stated the NRS definition of health care facility includes ambulatory-surgical centers. He presented an amendment, Exhibit "E" deleting "health and care" and inserts the language of the disabilities that it is the intention of this bill to address. He stated that this amendment could also include the group care facilities that Dr. Thomas mentioned. He further stated that in Section 3 there is no responsibility assigned to take care of the practitioner such as the regulation and licensing.

There being no further testimony, the hearing on S.B. 441 was closed by Chairman Ashworth.

Chairman Ashworth presented BDR 54-1979 which amends qualifications of members of the state board of cosmetology and authorizes employment of certain staff by the board. The committee concurred to make a committee introduction on BDR 54-1979, with no objection.

The meeting was adjourned at 10:00 A.M.

Respectfully submitted,


Jean Van Nuys
Committee Secretary

Approved:

Chairman
Keith Ashworth

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 159

 SENATE BILL NO. 159—COMMITTEE ON HUMAN
RESOURCES AND FACILITIES

JANUARY 31, 1979

Referred to Committee on Human Resources and Facilities

SUMMARY—Requires license to manufacture drugs, devices or cosmetics,
and provides penalty. (BDR 51-223)FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

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

AN ACT relating to public health; requiring license for the manufacture or processing of drugs, devices or cosmetics; imposing fees; providing a penalty; and providing other matters properly relating thereto.

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

- 1 SECTION 1. Chapter 585 of NRS is hereby amended by adding
2 thereto a new section which shall read as follows:
3 1. *The commissioner shall adopt regulations for the licensing of*
4 *every person who manufactures, compounds, processes or packages*
5 *drugs, devices or cosmetics in a factory, warehouse, laboratory or other*
6 *location in this state. The regulations must set forth the requirements*
7 *for issuance and renewal of a license. Only a person who complies with*
8 *the requirements of this chapter is entitled to a license. A license is not*
9 *transferable from person to person or from place to place. The regula-*
10 *tions must prescribe the length of term for which a license is issued and*
11 *must set forth grounds and procedures for the revocation, suspension or*
12 *nonrenewal of a license.*
13 2. *A valid license is required for the manufacturing, compounding,*
14 *processing or packaging of drugs, devices or cosmetics in any factory,*
15 *warehouse, laboratory or other location in this state.*
16 3. *The commissioner shall establish and collect fees for the purpose*
17 *of paying the costs of inspecting, testing and other functions required*
18 *under the provisions of this chapter with respect to any drug, device or*
19 *cosmetic. Failure to pay any fee imposed pursuant to this subsection is a*
20 *ground for revocation, suspension or nonrenewal of a license. All such*
21 *fees collected by the commissioner must be deposited with the state*
22 *treasurer for credit to the state general fund.*

Original bill is 4 pages long.
Contact the Research Library for
a copy of the complete bill.



Nevada Nurses' Association

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

April 19, 1979

TESTIMONY BEFORE SENATE HUMAN RESOURCES AND FACILITIES COMMITTEE

Re: SB 450

History of Bill:

The Nevada Nurses' Association requested the introduction of this bill. Since 1975 when NRS 433 was revised, professional nurses have not been identified as mental health professionals to carry out the functions as defined in the statute. It has been the position of nurses working in mental health and mental retardation that they be identified and so they requested the Nevada Nurses' Association to assist them in amending the statute.

Purpose of Bill:

It is the purpose of SB 450 to include professional registered nurses, licensed to practice in Nevada and who hold masters degrees in psychiatric nursing, to be included in the definition of "mental health professional".

Rationale:

The statute describes the functions of Mental Health Professionals:

- 1) membership on multiple disciplinary evaluation teams to aid the courts (433A.250) to:
 - a) evaluate persons alleged to be mentally ill after the filing of a petition to commence proceedings for involuntary court-ordered admission (433A.240)
 - b) suggest alternative courses of treatment within the least restrictive environment (433A.310.3)
 - c) determine that an involuntarily court-admitted client has recovered from his mental illness, or has improved to such an extent that he is no longer considered a danger to himself or others and is not gravely disabled (433A.390.2a.)

TESTIMONY BEFORE SENATE HUMAN RESOURCES AND FACILITIES COMMITTEE

Re: SB 450

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- d) advise the medical director of a mental health facility to release involuntarily court-admitted clients before court-specified time limit (433A.390.2b)
 - e) determine if offender confined in an institution of the Department of Prisons is mentally ill (433A.450)
- 2) negotiation of contracts with division to provide inpatient and outpatient care for mentally ill and mentally retarded persons when it appears that they can be treated best in that manner (433.344)
 - 3) serve as director of county mental health program (436.160)

It is apparent that these functions involve great responsibility and accountability. For this reason, advanced preparation in psychiatric nursing has been identified as a requisite.

If SB 145 becomes law, professional registered nurses with masters degrees will be included as mental health professionals, while at the same time, nurses without this additional education will continue to function in mental health settings as is currently being done.

PATIENTS' BILL OF RIGHTS

In order to secure for elderly patients, residents and clients of health care facilities serving their specialized needs and problems, the same civil and human rights guaranteed to all citizens, the State of Nevada, Division for Aging Services, has established the office of Nursing Home Ombudsman for institutionalized elderly; to receive, investigate and resolve complaints concerning certain classes of health care facilities serving the elderly; to secure, preserve and promote the health safety and welfare and the civil and human rights of the elderly patients, residents and clients of such facilities.

Complaints shall be registered by the patient, his/her representative, or any employees, with the Administrator of the facility, WITHOUT THREAT OF DISCHARGE OR OTHER REPRISAL AGAINST ANY EMPLOYEE OR PATIENT, for remedial action by the Administrator.

If indicated remedial action is not taken forthwith, the complaint shall be registered by the complainant with the Nursing Home Ombudsman; if deemed valid by the Ombudsman and the Administrator for Aging Services, remedial action will be taken forthwith by the Nursing Home Ombudsman and/or the Administrator for Aging Services.

NURSING HOME OMBUDSMAN

505 East King Street, Room 101, Kinkead Building or Suite 690, Tropicana Plaza, 1055 E. Tropicana Avenue
Carson City, Nevada 89710 State Mail Room Complex, Las Vegas, Nevada 89158
885-4210 # 386-5323

This Bill of Rights is prepared for you so that you may be fully informed of your rights and of the care you can expect and get at this facility, whether your residency is paid for under the Federal Medicare program, the Federal-State Medicaid program, or as a private-pay patient. These patients' rights, policies and procedures ensure that each patient admitted to the facility:

- 1) Is fully informed, as evidenced by the patient's written acknowledgement, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;
- 2) Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act; or not covered by the facility's basic per diem rate;
- 3) Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record) and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
- 4) Is transferred or discharged only for medical reasons, or for his welfare or that of other patients, or for non-payment for his stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;
- 5) Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;
- 6) May manage his personal affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with state law;
- 7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or others;
- 8) Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care institution, or as required by law or third-party payment contract;
- 9) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;
- 10) Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;
- 11) May associate and communicate privately with persons of his choice, and send and receive personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record);
- 12) May meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his medical record);
- 13) May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his physician in his medical record); and
- 14) If married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).

TO: ALL ADMITTING PATIENTS and/or RESPONSIBLE REPRESENTATIVES

SUBJECT: PATIENTS' RIGHTS and RESPONSIBILITIES

On December 2, 1974, the Department of Health, Education, and Welfare effected a requirement that a facility wishing to participate as Skilled Nursing Facility in the Medicare and/or Medicaid programs shall establish and implement policies and procedures relating to the rights and responsibilities of patients and shall inform each patient of such rights and rules and regulations governing patient conduct and responsibilities.

Under the December 2, 1974, regulation, it is necessary that we obtain written acknowledgement from each admitting patient (of his responsible agent) that he has been informed of policies, rules and regulations relating to the patient's rights, conduct and responsibilities. We request, therefore, your signature below to acknowledge your receipt of our admission brochure and a copy of the Admission Agreement.

In addition, we have printed on the reverse of this document the rights of a patient as enumerated by the Department of Health, Education, and Welfare. We reproduce these rights with the commitment that they shall be observed and respected by this nursing facility on behalf of its patients.

The undersigned acknowledges that they have been informed of the patient rights policies of this institution, have received a copy of this document and have additionally received an explanation and a copy of the Admission Agreement and admission brochure which contain information concerning rules and regulations governing patient conduct and responsibilities.

_____ Signature of Patient	_____ Date
_____ Signature of Responsible Agent	_____ Date

TO: ALL ADMITTING PATIENTS and/or RESPONSIBLE REPRESENTATIVES

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Complaints shall be registered by the patient, his/her representative, or any employees, with the Administrator of the facility, WITHOUT THREAT OF DISCHARGE OR OTHER REPRISAL AGAINST ANY EMPLOYEE OR PATIENT, for remedial action by the Administrator.

If indicated, remedial action is not taken forthwith, the complaint shall be registered by the complainant with the Nursing Home Ombudsman, if deemed valid by the Ombudsman and the Administrator for Aging Services, remedial action will be taken forthwith by the Nursing Home Ombudsman and/or the Administrator for Aging Services.

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- 1) Is fully informed, as evidenced by the patient's written acknowledgement, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;
 - 2) Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges, including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate;
 - 3) Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by physician, in his medical record) and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
 - 4) Is transferred or discharged only for medical reasons, or for his welfare or that of other patients, or for non-payment for his stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;
 - 5) Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;
 - 6) May manage his personal affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with state law;
 - 7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or others;
 - 8) Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care institution, or as required by law or third-party payment contract;
 - 9) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;
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- If married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).

NEVADA STATE MEDICAL ASSOCIATION

NEIL SWISSMAN, M.D., President
 RICHARD C. INSKIP, M.D., President-elect
 GORDON L. NITZ, M.D., Secretary-Treasurer
 ROBERT L. BROWN, M.D., Immed. Past President
 LESLIE A. MOREN, M.D., AMA Delegate
 LEONARD H. RAIZIN, M.D., AMA Alternate Delegate
 RICHARD G. PUGH, CAE, Executive Director

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

April 19, 1979

TO: Senator Keith Ashworth, Chairman
 Senate Human Resources and Facilities Committee

FROM: Richard G. Pugh, CAE

SUBJ: S. B. 441 - Patient Rights Bill

Thank you for the opportunity to appear before your committee, Chairman Ashworth, to discuss S. B. 441, Senator Faiss' bill concerning patient rights. A similar bill was introduced by Assemblywoman Wagner in 1977, and testimony today on behalf of Nevada physicians is similar to that during the 59th Session.

Briefly, you have before you a copy of the Hippocratic Oath which is administered to every physician at the time of graduation from medical school. Although the Oath was written hundreds of years ago, its principles are clear and valid today.

- A. To uphold the profession of medicine
- B. To strictly follow the precepts of the science of medicine
- C. To do no harm to a patient
- D. To consult with and refer to, when appropriate, a more specialized physician
- E. To maintain a high code of personal morality
- F. To maintain strict confidentiality

On a national level, the Joint Commission on Accreditation of Hospitals has established criteria under which physicians may be granted privileges to practice in a hospital setting. These criteria have been in use for a long time and offer standardization of care to patients. In a review of the recently updated JCAH regulations, the Journal of Legal Medicine found that many of the concepts embodied in S. B. 441 are and have been practiced by hospitals for many years.

You also have before you the regulations concerning medical ethics. I submit that these regulations encompass the sentiment of S. B. 441. In short, the Nevada State Medical Association believes that there is no need to place in the Nevada Revised Statutes a law that spells out what is and has been for many years the accepted code of practice by hospitals and physicians. Many of the tenets outlined in Section 3 of the bill are common courtesies and really should not be made law, enforceable by punishment from the state.

Nevada physicians, and I would suspect, all health care providers in Nevada urge a DO NOT PASS on S. B. 441.

RGP:d

HIPPOCRATIC OATH

I swear by Apollo, the physician, and Aesculapius, and Health, and All-Heal, and all the gods and goddesses, that according to my ability and judgment, I will keep this oath and this stipulation - to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system or regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to any woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. In whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from any voluntary act of mischief and corruption; and further from the seduction of females, or of males, of freemen and slaves. Whatever, in connection with my professional practice or not in connection with it, I see or hear, in the life of men, which might not be spoken of abroad, I will not divulge, as reckoning all should be kept secret. While I continue to keep this Oath unviolated, may it be granted me to enjoy life and the practice of the Art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!

PREAMBLE: THE PRINCIPLES ARE INTENDED TO AID PHYSICIANS INDIVIDUALLY AND COLLECTIVELY IN MAINTAINING A HIGH LEVEL OF ETHICAL CONDUCT. THEY ARE NOT LAWS BUT STANDARDS BY WHICH A PHYSICIAN MAY DETERMINE THE PROPRIETY OF HIS CONDUCT IN HIS RELATIONSHIP WITH PATIENTS, COLLEAGUES, MEMBERS OF ALLIED PROFESSIONS AND THE PUBLIC.

1. The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.
2. Physicians should strive continually to improve medical knowledge and skill and should make available to their patients and colleagues the benefits of their professional attainments.
3. A physician should practice a method of healing founded on scientific basis, and he should not voluntarily associate professionally with anyone who violates this principle.
4. The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose without hesitation illegal or unethical conduct of fellow members of the profession.
5. A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him, and unless he has been discharged, he may discontinue services only after giving adequate notice. He should not solicit patients.
6. A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.
7. In the practice of medicine, a physician should limit the source of his professional income to medical services actually rendered by him, or under supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.
8. A physician should seek consultation upon request, in doubtful or difficult cases or whenever it appears that the quality of medical service may be enhanced thereby.
9. A physician may not reveal the confidences entrusted to him in the course of medical attendance or the deficiencies he may observe in the character of patients unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.
10. The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and well being of the individual and the community.

1979 REGULAR SESSION (60TH)

ASSEMBLY ACTION	SENATE ACTION	Senate	AMENDMENT BLANK
Adopted <input type="checkbox"/>	Adopted <input type="checkbox"/>	AMENDMENTS to	Senate
Lost <input type="checkbox"/>	Lost <input type="checkbox"/>	Bill No. 441	Joint Resolution No.
Date:	Date:	BDR 40-1970	
Initial:	Initial:	Proposed by	Committee on Human Resources
Concurred in <input type="checkbox"/>	Concurred in <input type="checkbox"/>		and Facilities
Not concurred in <input type="checkbox"/>	Not concurred in <input type="checkbox"/>		
Date:	Date:		
Initial:	Initial:		

Amendment N^o 673



Amend section 1, page 1, line 3, by deleting "health and care" and inserting "group care facility, intermediate care facility or skilled nursing".

Amend section 1, page 2, line 20, by deleting "health and care" and inserting "group care facility, intermediate care facility or skilled nursing".

Amend section 1, page 2, line 25, by deleting "health and care" and inserting "group care facility, intermediate care facility or skilled nursing".

Amend section 1, page 2, line 38, by deleting "a health and care" and inserting "the group care facility, intermediate care facility or skilled nursing".

Amend section 2, page 3, line 6, by deleting "facility [.] , and" and inserting "facility."

Amend section 2, page 3, by deleting lines 7 and 8.

To: E & E
 LCB File
 Journal
 Engrossment
 Bill ✓

Date 4-18-79 Drafted by JW:sl

Amendment No. 673 to Senate Bill No. 441 (BDR 40-1970) Page 2

Amend the title of the bill, line 1, by deleting:

"and care facilities;" and inserting "care;".

Amend the title of the bill, line 2, by deleting:

"those" and inserting "certain types of health and care".