Chairman Marion Bennett called the meeting to order at 5:00 p.m. with the following members and guests present:

PRESENT: Chairman Bennett
Vice Chairman Chaney
Mr. Bergevin
Mrs. Ham
Mr. Mello
Mr. Thompson
Mr. Nicholas

Please see attached guest list for guests present.

AB 149 -- Makes various changes in law concerning health and care facilities.

Speaking in support of this measure was Dr. George Reynolds, with the Bureau of Health Facilities. He submitted EXHIBIT I, titled "Rationalization for Proposed Amendments to AB 149," and explained that they have been submitted in keeping with the current trends in health care to provide licensing standards for certain health and care facilities not now subject to licensure.

In addition to the written testimony, there are three changes they would like to see incorporated into the reprint of the bill. The first one is in Section 10, line 1 (page 3) where it states, "the home health agency means an agency operated by any person or agency of the state or local government which provides..." He stated that they mention in line 5, "or housekeeping skills and one other service including but not limited to" -- line 10 reiterates the word "housekeeping services." It is in error and is redundant in that it repeats it down below.

In Section 12, line 35 in the definition of a hospital, they had "and psychiatric services, rehabilitation and..." He suggested that be deleted and the words, "laboratory" and "radiological service" needs to be added. If that were to remain the same, it would make it impossible for a rural hospital to be classified as a rural hospital since they don't necessarily provide psychiatric and rehabilitative services.

The one other suggested change is on page 4, Section 15, line 45 where it speaks to the Health Department as being the one that is going to promulgate regulations -- it should be the "Board." The Health Department has nothing to do with regulations.

Mr. Bergevin pointed out that they are considerably expanding their scope of responsibility and asked if this goes through, will they be coming back next session and requesting additional staff to accomplish this. He reminded those present that the big push this session is to cut down on the expense of government and he is a little uncertain about enlarging areas of responsibility.

Dr. Reynolds explained that the two facilities we are talking about is one that provides for treatment of renal disease which is a free-standing facility outside a hospital and we presently

do not have one in the state. This is proposed because they are in existence in other states and if one were to enter the state, we would have no provision under which to license them. The other is a rural health clinic.

Mr. Nicholas, referring to page 6, line 20, NRS Chapter 449.150, stated that they have the ability, under that paragraph, to conduct investigations upon receipt of a complaint in any facility -- not just the facility against which the complaint was rendered. He asked for comment on that and was advised by Dr. Reynolds that sometimes an investigative complaint that's registered against one facility may require access to records of a patient that was transferred from another facility. This allows them to do an investigation on any and all facilities where previous treatment was given.

Mr. Nicholas then asked if there was any limit to the depth of the audit or can this be anything and was advised that the only limitation was that they did not investigate anything having to do with charges. It is restricted to patient care.

In response to a question from Mr. Mello, Dr. Reynolds explained that if this bill is not enacted, they would continue to function under the present statutes but they would prefer these additional changes.

Pat Gothberg, speaking in behalf of the Nevada Nurses Association, stated that, if we do amend the bill, she would suggest just one minor change. This would be an additional amendment on page 2, line 45 which is the result of a mistake coming out of the bill drafter's office in another bill already this session and we did have to correct with amendment. Registered nurses that are nurse practicioners currently do not have that title in the statute; instead they are referred to as "professional nurses qualified to perform additional acts." If we are going to clean up the bill, she would suggest that we bracket out the word "duties" and replace it with the word "acts" or it may be further amended when someone else catches that. That would make the language exactly in compliance with the language in the Nurse Practice Act.

There was no action taken on the bill or the proposed amendments at this time.

AB 304 -- Authorizes additional activities for advance emergency medical technicians-ambulance.

Ms. Reba Chappell, Chief of the EMS Section of the Nevada State Health Division, testified on this measure and submitted some proposed amendments (attached as EXHIBIT II). She testified that in the period of time since AB 304 was originally scheduled for hearing, SB 406 has been introduced with a similar sub-section. SB 406 has been sent to a subcommittee chaired by herself to report back to the Senate committee on the amendments and a consensus of agreement on parts of that bill to be retained. It was agreed by that subcommittee that the amendment requested to allow written protocols for advanced emergency care should be retained in an amended form in order to avoid conflict with the

Medical Practice Act. That was one of their major concerns with both bills having to do with this subject. She has been advised by the legal counsel for the Board of Medical Examiners that the wording in AB 304 as presented allowing the advanced EMT-A to start procedures before communicating with the physician would be in violation with the Medical Practice Act. They do recognize that there are times when it is not possible for these technicians to establish the required communications and the Board of Medical Examiners could accept an amended version of the request.

She also suggested the following changes: in AB 304 on lines 10, 11 and 12, on page 1, where some language has been changed either by Mr. Glover or the bill drafter, that that be moved back to the original bill language; lines 17 through 24 on page 2 be totally deleted and the language in the exhibit used.

Speaking next in support of this bill was Mr. Joe Nishikida with the Nevada Emergency Services. Mr. Nishikida provided copies of EXHIBIT III attached and read the testimony into the record. The testimony urged passage of this bill as they feel it imperative that the written protocol be made more flexible to allow for improved emergency services.

There was concern expressed by Messrs. Bergevin and Nicholas, in particular, on who is going to be responsible for updating the written protocol. They were advised that would be under the auspices of the Paramedic Advisory Board. At that point, Mr. Bergevin stated he would strongly suggest that a physician be part of that advisory board procedure; he was advised by Mrs. Chappell that they had included that provision in their suggested amendment.

Mr. Chappell explained, in reply to questions from the committee, that the protocols would be for the procedures -- the "how to's" of the things that they are allowed, and trained to do under the law. This is very specifically set forth in the statute as it now stands. What is attempting to be changed is to allow for the development of written protocols for the application of procedures that are already written in the statutes. The intent of the original bill was to allow the paramedics to start treatment before they make voice communication but she agrees with the Board of Medical Examiners that that is not a desirable method; they feel they should be allowed to take some action when necessary, but only if they cannot make communication immediately and then check in as quickly as possible.

Mr. Nishikida advised the committee of the training and educational provisions for persons involved with this type of work and the number of hours that are required for continuing educational process.

Dr. Rick Beach who is an emergency specialist and works in emergency medical services testified he has long been a proponent of the paramedic system and has worked in drafting the guidelines they now use. He stated he sees a tremendous potential health problem in these written protocol proposals. Any protocol giving powers to the paramedics without communication with a physician would be

improper. What we are proposing to do is give to the least qualified and untrained personnel, the most responsibility and latitude of treatment. Mr. Bergevin asked if he would be comfortable with the changes that are being proposed and was advised that he would not be. He pointed out that Nevada is well above the national average in life saving procedures and he doesn't see any reason to change what we are now doing.

Testifying next in support of this measure with the amendment, was Jim Begbie with the Washoe County Health Department. He stated he was also a member of the subcommittee that was established with SB 406. He testified that the Paramedic Advisory Board in Washoe County, which is the overseeing advisory group of paramedics is in support of written protocols and is in support of the written amendment submitted by Mrs. Chappell. Mr. Mello asked if this language came from the advisory board and was advised that it came from the subcommittee working on SB 406 and has the support of all members of that subcommittee.

Mr. Don Stangel, a practicing paramedic with Douglas County, testified that he can see no reason why voice communication cannot be made prior to beginning emergency treatment on an injured person. He has worked in this field and has never been in a position of not being able to contact someone. Speaking on the amendment, he stated he would agree with the paramedics in starting service on a patient in some circumstances, such as not breathing, etc., but he still feels they should make every effort to contact a physician as soon as possible.

Dr. Jim Fulper, a physician who has limited his practice to emergency medicine for the last 6 years, addressed the committee stating he heartily endorses the amendment to this bill. He feels the bill is well thought out but we have to consider the person who is very marginally trained in this field and feels this amendment should help solve that problem. He emphasized that while he is not in favor of AB 304, he feels if we are going to enact it, we should have the appropriate restraints. For that reason, he supports the amendment.

There was no action taken on the bill or the amendment at this time.

AB 267 -- Requires report of complications of abortion.

Speaking in support of this measure was Ms. Carol Paul, Pro-family of Southern Nevada, who testified that when abortion became legal in Nevada, everyone was under the assumption that it became safer -- she stated that is not the case. The information she has read indicates the safety of that abortion is questionable. She called attention to the Abortion Surveillance done by the Center for Disease Control which is put out by the U.S. Department of Health and Human Services and is probably one of the most complete summaries of statistics and yet there are very few statistics given on complications. She added there are statistics on abortion-related motality but not on complications. She pointed out that there were 136 deaths from 1972 to 1978 from legal abortions; statistics which

have been derived have been helpful in that they have shown many facts about abortions that women of all ages should be aware of. For example, she stated that the later an abortion is done, the greater is the chance of complication; also, she stated that statistics indicate that blacks and other minorities have 497 abortions per 1,000 live births, where whites have 297 per 1,000 live births. There are some useful things to be learned from keeping statistics.

Mr. Mello asked if the statistics she has been quoting are from Nevada, and was advised that they are not.

Mr. Bergevin then asked if she could explain how the provisions contained in this bill could prevent deaths from abortions and was advised that it could only be from letting women know of the dangers involved in abortions and that they are not as safe as they were lead to believe. He then asked if she had any statistics on how many people went through normal childbirth and died, and was advised that they did not have any information on that. Mr. Bergevin pointed out that would be an interesting statistic to review as we seem to be getting only one side of the story.

Mr. Thompson brought out the fact that the NRS presently requires that any physician performing an abortion complete a form and submit that form to the Bureau of Vital Statistics. He questioned what this bill would do that wasn't presently in the statutes.

Janna Gardner, Nevada Families PAC from Douglas County, then spoke in support of the bill, stating that complications from abortions do exist but there are times when the complications develop after the patient leaves the physician's office, therefore, they would not show on the reporting form that the physician is required to complete. Statistics show long- and short-range complications that can be very serious. This bill would assist them in finding out how many complications are occurring. Mr. Mello asked if she felt it was the right of every woman to have an abortion if she desired, and was advised that she feels people should know the facts. He then asked if the purpose of this bill was to aid them in coming back to the next session with the request that abortions be made illegal, and was advised that this was not the case; they are interested in obtaining statistics on this issue.

Mr. Thompson reiterated the fact that the NRS presently requires that information on abortions be reported and that the statistics should be available through the Bureau of Vital Statistics.

Mrs. Ham asked if the Planned Parenthood group supplied warnings on abortions to individuals coming into their offices, but Mrs. Gardner did not know.

Speaking next was Mr. Pete Ketchum from Fallon, who stated he supports this bill as he feels there is no way to ascertain which physicians are incompetent in the field of abortions. He stated that if you see time after time where a physician has performed an abortion and complications have developed, you would be forewarned and perhaps something could be done about the incompetent doctor.

It was brought out by several members of the committee that there was no way of mandating that a patient disclose the name of her physician. In most cases, the individual would not make that name known due to confidentiality and/or being protective of a doctor that helped her out of an undesirable situation. This bill does not have any way of assuring that the name be disclosed, nor could they legislate that.

Sally Zamora, representative of Pro-Family from Churchill County, spoke next stating that she feels the abortion clinic problem is a very serious problem that should be addressed. She is aware that many young girls from Fallon go into Reno to have an abortion, then when they have complications, they must go to their physicians in Fallon. If the doctors are required to complete a form each time they perform one, it will eventually show which ones are not qualified to do that type of work.

Dr. John DeTar, a neurologist from Reno, spoke next in support of this measure. He stated that all hospitals have provisions for peer review and when they come upon a physician that is not performing in a safe manner, they would take steps to remove him from association with the hospital or clinic. He feels that by the registration form, they would be able to pick up on any doctors performing abortions in which complications continually arose. In response to a question from Mr. Bergevin on how a patient could be made to name the doctor that had performed the abortion, Dr. DeTar agreed that this could cause some problems but he supports the concept of the bill and feels there would not be that much of a problem in that area.

A long distance telephone system had been set up to enable the committee members to hear the testimony of Dr. Matthew Bulfin from Ft. Lauderdale, Florida, and the call came in at this time.

Dr. Bulfin testified he has been a practicing physician for approximately 9 years and over that time has seen many women who have experienced problems with abortions. He supports the concept of a registery which would allow statistics to be kept on complications as well as the physicians who are performing them with resulting problems. He stated that he is not aware of any other states in the country other than perhaps Illinois that has this provision and, in response to a question from Mr. Chaney, he stated that Florida does not require it. He approximated that there are between 15 to 20% of abortions that are performed that result in complications.

Mr. Thompson read the current NRS (Chapter 442) to Dr. Bulfin which provides that it is against the law for any health care facility to perform an abortion without completing the appropriate form which is then forwarded to the Bureau of Vital Statistics. These statistics could be made available to responsible persons interested in keeping such statistics; the problem as has been stated is how you would obtain names of physicians if the patients did not want to disclose them.

The telephone call with Dr. Bulfin was terminated.

Mr. Thompson asked if anyone was aware of who requested this bill. He stated he is comfortable with the present requirements in the statutes and cannot see what additional information could be obtained or what benefit could be derived from passage of this bill.

A copy of the required form was circulated among the members of the committee which shows there is a requirement for completing any complications that arise.

Speaking in opposition to this bill were the following:

Mr. Fred Hillerby, Executive Director of the Nevada Hospital Association, who stated he has some concerns about this bill. He pointed out when abortions were legalized in Nevada, in 1973, there was specific statutory language regarding when they would be legal and where they would be performed. He called attention to NRS 442.250, subparagraph 2, where it provides that all abortions shall be performed in a hospital or other health and care facility licensed under Chapter 449.007. Basically, health and care facilities include alcohol or drug treatment facility, ambulatory surgical center, group care facility, home health agency, intermediate care facilities, skilled nursing facilities, hospice and hospitals. The law indicates where they are to be performed. Since 1974, there has been a reporting requirement; there were regulations adopted pursuant to that portion of the statutes (442.260) which does include a clause for reporting of complications. If the physician performs an abortion, he must complete that form or the hospital and his license is in jeopardy. He agrees, however, there might be a problem with reporting complications from abortions that are performed outside the hospital and then appear for help. The problem that this bill presents for hospitals is that it talks about the hospital number of each patient which is confidential and not used outside the hospital; the statutes require (under 442) protection of the patient's rights. He is concerned that if someone choses to have an abortion outside the legal setting and they recognize that by going to have that complication treated, that it's then going to have to be reported, it might deter that individual from going for help. Lines 9 and 10 of this bill requires the name of the physician that performed the abortion which, in essence, makes the hospital the policeman in the try to determine who performed the legal abortion. If you turn to the second page, in lines 3 and 4, failure to comply with these provisions can result in loss of licenses for the doctor and/or hospital and if they cannot determine from the patient who the doctor or other person was that performed the abortion, it will be their license on the line. The patient coming into an emergency room may not always be willing to even admit to an abortion, so this will really be placing all hospitals in jeopardy in treating emergency cases.

He testified further that in the first year of reporting (1974) there were 1,000 abortions and they expect this year around 7,000; he doubts anyone has looked at those statistics to determine what the complication factor is.

Mrs. Ham asked Mr. Hillerby if, when they have patients coming in that are victims of malpractice from any other complications, do they report them. Mr. Hillerby responded by explaining that they do have a review by the Board of Medical Examiners if they have a complaint but it is not an automatic thing.

Mrs. Ham concurred then that these statistics on abortion must be available as the registration is, and has been, a requirement.

There was a question as to why the bill was requested, but there was no one present that could respond to that point. It was the consensus of opinion of the members present that an effort should be made to determine who the author is and request that they meet with the committee to explain the need for the bill.

Mr. Mike Melnor, Attorney at Law and Lobbyist for Planned Parenthood of Nevada, was present and introduced Louise Bayer DeBollo, Executive Director of Planned Parenthood of Northern Nevada. He stated that the questions asked by the committee have pointed out the problems that they were going to point out, i.e., there is a form required to be completed, these are reported, there are massive printouts of this information. He expressed surprise that the proponents of the bill didn't have these statistics to give to the members; those printouts are available. These are required to be filled out as a matter of law (NRS 422.260); if they are not done, the doctor's license is in jeopardy (NRS 630); the hospital's license is in jeopardy under Chapter 422 NRS; so the provisions in the bill are redundant -- these statistics are available through the Bureau of Vital Statistics. This bill does not address what should be done with those figures. In response to an earlier question raised by Mr. Bergevin he stated there is national study rate of deaths per 100,000 legal abortions and rate of death per 100,000 live births; the United States total out of every 100,000 there are 14.9 deaths from pregnancy and childbirth and only 3.3 from abortions. This report is broken down by ages and is a national study. If there is a risk from abortion there is also a greater risk at various ages and for various races from childbirth. Now the questions comes down to how much information are we going to make available to people. The testimony given tonight by the proponents of the bill would indicate they are not interested in providing information on deaths from abortion as opposed to childbirth.

He reminded the committee members that this information is currently being gathered; there is peer review in hospitals, the PSRO gathers information; there are lots of ways that this information is already gathered; therefore, this would appear to be unnecessary. The provisions in this bill do not make abortions any safer or any better, it doesn't balance information or provide who is going to use this information, how it is going to be used and for what purpose. He asked, as another point of information, how you define "complication" and how far do you trace it; how long can you trace the problem to the abortion or to a complication from the conception.

Ms. Louise Bayer DeBollo responded to a previous question by Mrs. Ham regarding what procedures Planned Parenthood goes through. She explained that part of their counseling process is talking to the client, giving them written information on abortions and the possible side effects. If they chose the abortion, they are given a sheet which describes the processes as well and, if they decide to go on with the abortion, that is clearly their choice. She volunteered to make copies of those forms available to Mrs. Ham. Additionally, her agency does not provide abortions; they are a family planning clinic.

Mr. Rick Pugh, Executive Director of the State Medical Association, distributed written information (attached Exhibit IV) which includes the present reporting form required by statutes on abortions and/or complications therefrom. He stated that the Mevada Medical Association is very curious as to the genesis of this bill and opposes it for the reasons stated in the exhibit (Exhibit IV). Mr. Pugh called attention to the bottom of the form where the Nevada State Medical Association gives every physician a number when they register and are licensed in the state. They thought at the time these regulations were adopted that it was no one's business who the doctors were that performed abortions; if it became public information, it would be embarrassing to their patients. They, then, worked out a plan with the Vital Statistics Division which has been working very well; when the report is given to the Vital Statistics Division, if it is not filled out appropriately, the forms are returned to his agency with the request that they contact the doctor and see that it is filled out correctly. He assumes that if a doctor is having a lot of complications, as shown on the reports, that sooner or later the Vital Statistics Division would come and ask him who that doctor is. The peer review of the hospitals could then review that doctor's performance and take appropriate action. To his knowledge there has never been anything like that happen in the past two or three years.

Mr. Pugh testified further that the only statistics he has seen show the last year there were 18,000 deliveries and of those 6,000 were abortions. Statistics have also shown that abortions are 11 times safer than tonsillectomies; if there is reason to believe that there is a great number of abortions being performed resulting in complications, that have not been reported, he would like to be informed of those statistics. Abortions should not be singled out for any reason, but he stated he is not aware of any reporting requirement for complications as a result of appendectomies, tonsillectomies, etc. He read some statistics prepared on legal abortions prepared from New York State as there are none on Nevada, which shows that abortions are safer than childbirth for both blacks and whites at every age, at all gestations before the 16th week. Nationally, the deaths from trying to carry a pregnancy to term is 4½ times higher than the risk of a legal abortion. In 1977 in the United States 33 women died as a result of a legal abortion compared with 27 in 1976; 47 in 1975; 53 in 1974; 56 in 1973 and 90 in 1972. In 1977 there

were four deaths after an illegally induced abortion and 14 deaths after spontaneous abortion. The Nevada Medical Association is opposed to this bill and feels it would be a duplication of process.

A representative from the Bureau of Vital Statistics, Mr. Bill Moell, stated he was the administrator of that agency. He came this evening to try to find out what the legislature wanted done with the records he has kept. He explained what the office can provide in the way of statistics. In 1974 they received between 1 and 2,000 reports of abortions; in 1977 there were 6,374; in 1980 they feel it is going to exceed 7,000. He can provide statistics regarding anything on the form with the exception of physician I.D., name of person completing the form and his telephone number. They are not a policing organization or an enforcing organization and therefore, they are interested solely in the figures provided by the physicians.

(Mrs.) Ruth Glick spoke representing herself but presented some credentials on past experience. She was the Director of the Family Life Education Project in the California Youth Authority for three years from 1971 to 1975; she was the Director of a National Study on Women's Prisons in the United States from 1975 to 1977 and the Chief of Planning for the Department of Corrections in California for 2½ years prior to moving to Nevada. She stated she is concerned with the concept of this type of legislation and she feels it begins with the premise that abortion is illegal, that it is wrong or that an abortion needs to be singled out and treated differently than anything else. She addressed this issue as a woman and stated that, regardless of how people feel about abortions personally, women will find ways to get abortions whether they are legal or illegal - whether they are done by quacks or professionals. In response to a previous question by Mrs. Ham, she stated that there is a strange kind of loyalty that women have to somebody that will save them from a situation that they define as being a critical situation. It is very understandable that a women who knows she will have to report her doctor who "saved her life" in one sense will not go to get the proper medical attention that she needs if she knows she has to "fink" on her doctor. Women today are still subjected to enormous pressures even though abortion is legal. They have been made to feel they are doing something wrong and they become scared, and what this kind of legislation does in making us name our doctors, who we are very loyal to, is to make us not seek medical attention when we need it. That is a very dangerous situation.

Mrs. Ham reiterated her theory on the purpose of this bill and that is to try to warn young girls on the dangers of abortion on the fact that there may be complications.

Mrs. Glick pointed out that she is certain that there is not a woman in this world that goes in for an abortion that does not go through some kind of personal hell because she is terrified about all the things she has heard about it. She feels we are marvelous as a society in scaring women; she feels sometimes we are given

too much information and become frightened of what may happen to us. Starting out in terms of childbirth too - the stories we hear are horrendous but that doesn't stop women from having children; the fact that abortion may be safer than childbirth will not make a woman who wants a child opt for abortion. She's going to have that child because she wants that child, but a woman who doesn't want the child is going to opt for an abortion whether it is in a back room, in a garage, with a coat hanger that she does herself or with a doctor that you report in the newspapers; it's not going to stop it - it has never stopped it. Laws don't stop people from doing what they want to do - it just makes it less safe.

Mrs. Ham stated that we are here to address a law as that is their job. Mrs. Glick pointed out, however, that this law singles out doctors who perform abortions and requests his name without requesting the name of the dentist who has complications from the anethesia that he uses, without requesting the name of the doctor who does a tonsillectomy or any other minor surgery, and it is not a fair law. She emphasized that, in her opinion, the reason abortion is being singled out is because the pressure will once again be put on to make it illegal or difficult for women to get, rather than making it easier, safer and better.

Dr. John DeTar spoke once again stating that he would address some of the questions that were raised as there are differing opinions on some of the testimony that has been produced. He stated that when Mr. Pugh gave some statistics about death from abortions that he equated that with penicillin reactions. He reminded the committee that the death rate from penicillin reaction was the same as the death rate from appendicitis - he felt that was significant.

On the previous question from Mrs. Ham on why anyone would want to have a child if an abortion was safer, he called attention to the seriousness of the "population haters." At the national convention of the Planned Parenthood held several months ago, one of the prime speakers received a standing ovation when he suggested that no one should have any children.

Mr. Mello asked for a ruling of the chair as to whether this speaker was speaking on the bill and was reminded by the Chairman that he must address the issue of the bill.

Dr. DeTar pointed out that, when the existing law states where abortions must be performed, it sounds as though almost all the abortions in the state are being performed illegally. The questions he raised were: In light of the existing law, to show that law sometimes ceases to be law when it ceases to be enforced, he asked how many physicians today have lost their licenses for not reporting abortions or their complications? How many hospitals today have lost their licenses for not reporting abortions and/or complications? The answer, he replied, is "zero."

When Mr. Hillerby and Mr. Pugh testified on what the existing law says, no one quoted the complication rate of abortions. Maybe we have a law that requires it but the law is not being enforced and perhaps this bill would provide a means for obtaining that information. Mr. Mello asked Dr. DeTar how this bill would do anything that isn't already a requirement. Mr. Thompson again pointed out the provision in the NRS and agreed with Mr. Mello that this is presently in the law but that you have to catch someone breaking the law before you can do something about it. Dr. DeTar stated that what we don't have is a differentiation between an "early acute" and "late complication" of abortion. He stated that, in response to the question of who proposed this bill, he wanted to clarify that it came from some committee. Mr. Mello asked if it was the Judiciary Committee and Dr. DeTar stated it was and, at that time, Mr. Mike Triggs interjected from the audience that it was given to Assemblyman Jan Stewart.

Dr. DeTar stated that he is the one that researched the information for the bill. Mr. Mello suggested that perhaps he should have included research on the certificates that are presently being filed to find out how many complications there are. Mr. Triggs again interjected that at the time this report is completed, there is no way of knowing whether there will be complications and then, when complications do arise, the patient usually goes to someone else and does not report back to the physician that performed the work. The idea behind this bill was not to get at the abortions that are performed at the hospitals but to get at the abortions that are being done at the abortion clinics; and then when that patient is experiencing problems and reports to the emergency rooms at the hospitals, no report is being completed.

Mr. Bergevin asked how many hospitals in Reno currently perform abortions and was advised by Mr. Triggs that one - Washoe Medical. Mr. Bergevin then reminded Dr. DeTar that, in his earlier testimony, he testified that the hospital performs an in-house review committee and now he states that the biggest problems in not reporting these complications are from the hospitals not reporting them.

(Assemblymen Thompson and Mello left the room) Mr. Bergevin pointed out that those statements seem to be conflict as earlier Dr. DeTar had made a point of explaining that the hospitals police themselves. Dr. DeTar denied those statements; however, when reminded by Mr. Bergevin of his statement that the big hospitals were the ones that were not reporting these complications, he agreed he had made them. When asked by Mr. Bergevin why the hospital administrators were not picking up on the physicians that were guilty of incorrect procedures and taking action against them, Dr. DeTar concurred they should but for some reason don't. Mr. Bergevin asked if they follow-up on any other problems with medical procedures; he reminded Dr. DeTar that he had previously testified they did and they know, immediately, if a doctor is following bad medical procedures. He asked if many medical procedures go unreported that are not done properly? (Assemblymen

Thompson and Mello returned to the meeting.) He stated that the statistics have been available on abortions performed and asked if any complications have been reported to the review board at Washoe Medical? If there are a lot of complications and they have not been picked up, there must be something wrong with the review system at the medical center. If they are not being reported, the license of the physician should be pulled for not reporting the complications or, going even further, the hospital should lose theirs for not reporting and/or following through with the statutory requirement. Mr. Bergevin stated he doesn't feel Washoe Medical would jeopardize their license by not reporting and he stated further that he intends to get the report from the Bureau of Vital Statistics.

Mr. Chaney reminded those present that this bill is not requiring anything that isn't already required and if this bill passes, it is still not going to make it possible to obtain the name of the treating physician, if the patient refuses to disclose it. Mr. Triggs stated that part of the reason for this bill is to see that we have forms filled out for women who are admitted for a complication; this form is only handled when a doctor performs an operation within a hospital but is not cmpleted if the doctor performs it in a clinic. Mr. Bergevin emphasized that that form is to be completed wherever a doctor performs an abortion. Mr. Triggs stated that what they are trying to get at is when that girl then develops complications and has to be admitted for follow-up work, then they need the form. Mr. Chaney reminded him that it is going to be impossible for a treating physician to get the name of the doctor that performed the abortion from the patient -- there is no way you can statutorily mandate that a person give up a name if they don't want to. When Mr. Triggs stated that most other surgeries are performed in a hospital, several members of the committee disagreed with that statement stating that all minor surgeries are performed in clinics and at that time, Mr. Triggs stated that an abortion is a major surgery.

Mr. Chaney again stated that it is unclear, in reading the bill, how this will do anything that isn't already provided. Mr. Triggs read from the NRS explaining that this would be amending Chapter 442 by adding one section: "each hospital shall submit a monthly report to the State Registrar of Vital Statistics which contains the following information:

1. The hospital number of each patient who required hospital care for a complication which resulted from an abortion;
2. The nature of the complication by its diagnostic name;
3. The type of abortion; and
4. The name of the physician or other person who performed the abortion.

Dr. DeTar stated that #1 answers Mr. Chaney's question and explained the process that the hospital and physician would go through. Mr. Triggs stated that their only purpose is to try to get a

"handle" on the complications that can occur up to three years after an abortion is performed. He disagreed strongly with the earlier statements that "an abortion is as safe as a tonsillectomy" as being a "lot of folly" and they are pulling the wool over this committee's eyes. Mr. Bergevin pointed out that there are statistics on both sides of this issue and, unless Mr. Triggs is a physician, his statements are questionable. Mr. Triggs added that their goals are twofold: #1) to have complications of abortions listed with the Department of Vital Statistics for those patients who require hospitalization due to abortion; #2) to give the medical community a "handle" for peer review on those doctors in the clinics (and this is what this is aimed at is the clinics) because this is handled in the hospital's in-house abortions at the time of the abortion to get a handle on those doctors for their peer review who repeatedly have those complications.

He stated he can't give us the statistics on complications from abortions because we don't have them. Mr. Bergevin asked if this bill had been requested by the Board of Medical Examiners as this committee had been led to believe and was advised by Mr. Triggs that it was not.

There was no action taken on this bill.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Nykki Kinsley

Nykki Kinsley, Committee Secretary

March 10, 1981

RATIONALIZATION FOR PROPOSED AMENDMENTS TO A.B.149

The revision of Chapter 449 is proposed to reflect current trends in health care and to provide licensing standards for certain health and care facilities not now subject to such licensure.

SECTION 2. This definition is proposed so the apocopated term may be used in the remainder of the chapter.

SECTION 3. Heretofor a "psychiatric hospital" has not been defined. We believe it is important to do so since such facility specializes in mental illness and is quite different from a "hospital" as such.

SECTION 4. This section is added to allow the board to promulgate interim regulations should a new category of facility emerge during any period when the legislature is not in session. This has occurred in the past in the case of home health agencies. At the time those providers came into being, regulations were promulgated under the presumed authority of 449.037. However, in retrospect we believe the legal basis for that action was certainly questionable.

SECTION 5. This change reflects the deletion of 449.248 which is repealed in a later section of this bill and the inclusion of sections 2 and 3 above.

SECTION 6. This would remove the requirement for licensure of non-residential alcohol and drug treatment facilities. These facilities are basically "offices" which must obtain a local business license and whose staff and program are presently certified and accredited by the Bureau of Alcohol and Drug Abuse. Licensing by the Health Division is an unnecessary duplication of effort. This change would relieve the Health Division of the responsibility for 12 out-patient facilities and therefore be cost effective.

Ed Fike I.

SECTION 7. This change is added to make it clear that out-patient or ambulatory surgery department of hospitals are included in the hospital license and do not require separate licensure.

SECTION 8. The "lying-in" portion is repealed since no facility has been licensed for more than ten (10) years nor are we aware of plans to provide such a facility in the future.

SECTION 9. This change to the "health and care facilities" definitions section lists all facilities including those added herein.

PARAGRAPH 10. This section is added to provide for the eventuality of an "end stage renal dialysis" operation which is not part of a hospital. Should such a free-standing facility be placed into operation, the present law does not provide for any agency to monitor the operation. These facilities provide services which, if not properly offered, present a potential for the transmission of infectious diseases, particularly hepatitis, or the death of patients by the injection of toxic machine cleansing substances.

PARAGRAPH 11. This section provides for the licensing of certain clinics which offer limited medical services largely provided by nurse practitioners or physician's assistants. Such facilities, certified for Medicare participation, now exist. If a non-certified facility were to emerge under current law, it would not be monitored by any agency. The problem with the proposed definition is that it does include the term nurse practitioner.

SECTION 10. This change is proposed to alleviate a problem that has arisen with the present definition which was enacted during the last session. At that time, we proposed a lengthy definition which recapitulated the definition in the regulations. The legislative counsel suggested the presently adopted alternative, which was accepted as equivalent. Recently, we closely evaluated the definition and found that the inclusion of several logical "ands" caused the regulation to require direct provision of some services by all agencies which provision was intended to apply only to proprietary operations. Additionally, it can be construed that the current definition applied to nurses' registries. These agencies are currently monitored by the state board of nursing and it was not our intent to intrude this agency into that board's area of authority and responsibilities. The new definition also incorporates the provision presently included in NRS 449.248 which we propose to delete. Paragraph 4 should be deleted and the remainder renumbered since it has already been mentioned above.

SECTION 11. This change makes it clear that it is the patient who decides to use the services of a hospice.

SECTION 12. This change in the definition of a "hospital" establishes minimum requirements of organization and service to be provided by a facility to be classified as a hospital. It deletes the requirement to diagnose and treat all stages of human illness which in fact some of our rural hospitals do not do, e.g. no surgery at Battle Mountain Hospital. Requires amendment to delete "and psychiatric services, rehablitation and", and add "laboratory and radiological" in place of deleted words since rural hospitals do not provide those services.

SECTION 13. This revision more accurately describes what a skilled nursing facility is and does. It recognizes the provision of supportive care such as that provided by qualified therapists (PT, OT, ST) as well as that provided by

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Also provided for in this change is the reference that relicensure is not automatic but requires payment of a fee and survey of the facility for compliance with the provisions of this chapter and the regulations promulgated thereunder.

SECTION 17. The reference to foster homes is deleted since the responsibility for licensure of child care facilities no longer rests with the health division.

SECTION 18. This change recognizes that all regulatory requirements for licensure are not of equal weight or importance and provides for a judgmental approach to deficiencies noted i.e. how serious is it, does it threaten the health, welfare, and safety of the people concerned? However, it still requires full compliance with the statutory requirements. Thus it makes it clear that facilities with minor deficiencies can be licensed. The change also deletes the staggered licensure expiration date as addressed in section 18.

SECTION 19. This change is needed to follow through with the change initiated in section 15.

SECTION 20. This change makes it clear that when a provisional license is issued the annual license it replaces is not valid. If this were not so stated, then it is possible we would have to undertake two (2) revocation proceedings to close a non-compliant facility.

SECTION 21. This addition allows us to review records in complaint investigations at facilities other then the facility against which allegations have been made. The provision both explicitly authorizes us to review such records and indirectly offers protection of the law to non-involved facilities which allow us access to their records.

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March 25, 1981

Proposed Amendment AB 504

5. (Before) WHEN direct communication by voice (and in appropriate circumstances) OR by (telemetered electrocardiogram) TELEMETRY (is) CAN NOT BE established with a physician or a registered nurse supervised by a physician as described in subsection 4, initiate measures to sustain (the life of) a patient (whose condition is such that his life is threatened,) IN A CRITICAL LIFE THREATENED CONDITION. (but only in circumstances, under conditions and in accordance with procedures set forth in a written code of procedure approved for that purpose by the county or district health officer.)

   A. THE LIFE SAVING MEASURES MAY BE INITIATED ONLY IN CIRCUMSTANCES, UNDER CONDITIONS AND IN ACCORDANCE WITH WRITTEN PROTOCOLS DEVELOPED IN CONJUNCTION WITH A PHYSICIAN OR GROUP OF PHYSICIANS SUPERVISING THE ACTS OF ADVANCED EMERGENCY MEDICAL TECHNICIAN-A OR A GROUP OF PHYSICIANS SERVING A DISTRICT HEALTH DEPARTMENT AS AN ADVISORY BODY FOR ADVANCED EMT-A ACTS.

   B. SUCH PROTOCOLS WILL BE ISSUED AND IMPLEMENTED BY THE STATE HEALTH OFFICER AND RATIFIED BY THE BOARD FOR ADVANCED EMT-A CARE IN AREAS NOT IN A HEALTH DISTRICT. IN A HEALTH DISTRICT SUCH PROTOCOLS WILL BE ISSUED AND IMPLEMENTED BY A DISTRICT HEALTH OFFICER AND RATIFIED BY A DISTRICT BOARD OF HEALTH.

   C. THE ADVANCED EMT-A MUST ESTABLISH VOICE OR TELEMETRY COMMUNICATION WITH A PHYSICIAN OR REGISTERED NURSE SUPERVISED BY A PHYSICIAN AT THE EARLIEST POSSIBLE TIME AFTER SUCH MEASURES ARE INITIATED.

Exhibit II

March 25, 1981

Proposed Amendment AB 304

5. (Before) WHEN direct communication by voice (and in appropriate circumstances) OR by (telemetered electrocardiogram) TELEMETRY (is) CAN NOT BE established with a physician or a registered nurse supervised by a physician as described in subsection 4, initiate measures to sustain (the life of) a patient (whose condition is such that his life is threatened,) IN A CRITICAL LIFE THREATENED CONDITION. (but only in circumstances, under conditions and in accordance with procedures set forth in a written code of procedure approved for that purpose by the county or district health officer.)

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Exhibit II

Some questions that you may ask.

Why do we need written protocols?

Some reasons are that contact can not always be done due to

a) mine accidents deep inside a mountain

b) location problems in buildings due to no phone, wall that are too thick with steel to allow transmission of radio signals. (ie. public bathrooms and basements)

c) streets with highrises on the hospital sides.

d) extracation problems in dead space areas

e) out of area transports of stable patients that become unstable.

f) situations, five times in the last six months the potential for complete communication system breakdown could or did occur, (ie. Harvey's Resort Bomb, MGM Grand fire, Harrah's fire, Thanksgiving Day carnage and the Hyatt Regency fire.)

Isn't this practicing medicine without a license?

The paramedics are trained to be the "eyes, ears and hands of the ER physician and to become the extension of the emergency room to the patient in the field or home. Our purpose is to primarily treat life threatening signs and symptoms that a patient exibits in the field. This, we feel, is not practicing medicine any more than the layperson who finds a person that is breathless and with no pulse and who begins CPR, for he is also treating a sign and symptom (CPR is essentially a treatment protocol).

Cases we feel that are justified are in obvous hypovolemic shock, the ability to put no MAST pants and start large bore IV"s orders that we will get any way.

In cardiac arrest situation, the use of the best method of managing by intubation (a method all paramedics are allowed to do) and to start an IV for the purpose of administering doctor ordered medications prior to contacting the physician since the

Exhibit III

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Written protocols can be abused and there should be a procedure to rectify the situation with-out penalizing the patient who is unfortunant enough to be ill or have an accident.

Protocol arguements can also be used against the Citizen CPR program where laypeople are taught CPR and none of us want to stop that because it does save lives.

Thank you gentlemen for listening or reading this letter and I urge you to vote in favor of this bill on the meritts I have pointed out as a practicing paramedic in the field.

Joe Nishikida
Nevada Emergency Services, Medic I

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NEVADA
STATE
MEDICAL
ASSOCIATION

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

March 25, 1981

TO: Members of the Assembly Health and Welfare Comittee; Honorable Marion Bennett, Chairman

FROM: Richard G. Pugh, CAE
Executive Director, NSMA

SUBJ: Testimony for A.B. 267

Thank you for the opportunity of providing input regarding A.B. 267, reporting of complications of abortions. The Nevada State Medical Association is very curious as to the genesis of this bill and opposes it for the following reasons:

1. Abortions performed in Nevada are legally and medically approved procedures. They are already reported to the division of vital statistics, as are complications at the time of the procedure (see enclosure).

2. What constitutes an abortion complication? Who makes the determination?

3. What is the time frame? Is there a cut-off date?

4. Does the bill or this Committee contemplate requiring complications of other legally and medically approved procedures be reported?

5. What does the Vital Statistics Division plan to do with these statistics? National statistics are already available elsewhere.

6. At present, the name of the physician performing the abortion is known only to the Nevada State Medical Association. A confidential reporting system has been developed and utilized in Nevada for years. This bill would change that.

7. Does the Legislature want to set up yet another regulatory mechanism? Doctors already report - they would have to report again, and, in addition, the hospitals would have to report!

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Exhibit IV

8. Legal abortions are safe with very few complications (11 times safer than having tonsils removed). If there is reason to believe there are a great many complications going unreported now, let's see some statistics.

Conclusions:

Abortions performed under medically and legally approved conditions are safe with very few complications. They should not be singled out for any reason. If there are those who, for any reason, feel that there are large numbers of complications regarding abortions, let them come forward with such facts.

RGP:kn
enclosure

STATE OF NEVADA – [redacted]RTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK

FACILITY – NAME (If not hospital or clinic, give address) *1a	CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION *1b	COUNTY OF PREGNANCY TERMINATION *1c
PHYSICIAN PATIENT IDENTIFICATION CODE (Do not use name) 2a	AGE OF PATIENT *2b	MARRIED? (Check) ☐ YES ☐ NO *2c
		DATE OF PREGNANCY TERMINATION (Month, Day, Year) *3

RESIDENCE – STATE *4a	COUNTY *4b	CITY, TOWN OR LOCATION *4c	INSIDE CITY LIMITS (Check) ☐ YES ☐ NO *4d

RACE (Check)
☐ White ☐ Black ☐ American Indian ☐ Other, Specify *5 _____

EDUCATION (Specify only highest grade completed)

Elementary or Secondary (0-12)	College (1 - 4 or 5+)
6	

PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS		OTHER TERMINATIONS	
Now living Number _____	Now dead Number _____	Spontaneous Number _____	Induced Number _____
*7a None ☐	*7b None ☐	*7c None ☐	*7d None ☐

*8a PROCEDURE THAT TERMINATED PREGNANCY (CHECK ONLY ONE)	TYPE OF TERMINATION PROCEDURES	*8b ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (CHECK ALL THAT APPLY)
☐	SUCTION CURETTAGE	☐
☐	SHARP CURETTAGE	☐
☐	INTRA-UTERINE SALINE INSTILLATION	☐
☐	INTRA-UTERINE PROSTAGLANDIN INSTILLATION	☐
☐	INTRA-VAGINAL PROSTAGLANDIN INSTILLATION	☐
☐	HYSTEROTOMY	☐
☐	HYSTERECTOMY	☐
☐	OTHER (Specify) _____	☐

9 COMPLICATIONS OF PREGNANCY TERMINATION (CHECK ALL THAT APPLY)
☐ NONE
☐ HEMORRHAGE
☐ INFECTION
☐ UTERINE PERFORATION
☐ CERVICAL LACERATION
☐ RETAINED PRODUCTS
☐ OTHER (Specify) _____

*10 REASON (CHECK ONLY ONE)
☐ FAMILY SIZE
☐ PHYSICAL HEALTH
☐ MENTAL HEALTH
☐ FETAL DEFORMITY
☐ RAPE OR INCEST
☐ PERSONAL REASON
☐ OTHER (Specify) _____

DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) *11	PHYSICIAN'S ESTIMATE OF GESTATION *12 Weeks	†ID NUMBER OF ATTENDING PHYSICIAN (Type or print) *13

NAME OF PERSON COMPLETING REPORT (Type or print) *14a	TELEPHONE NUMBER *14b

O-1292

†ID CODE NUMBER MAY BE OBTAINED BY CONTACTING NEVADA STATE MEDICAL ASSOC. (702) 825-6788 - 3660 BAKER LN. RENO, NV 89509

*Required by NRS 442.260

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ASSEMBLY

AGENDA FOR COMMITTEE ON Health and Welfare

Date Wed. Mar. 25, 1981 Time 5:00 pm Room 316

Bills or Resolutions to be considered	Subject	Counsel requested*
A.B. 149 -	Makes various changes in law concerning health and care facilities.	
A.B. 304 -	Authorizes additional activities for advance emergency medical technicians-ambulance.	
A.B. 267 -	Requires report of complications of abortion.	

*Please do not ask for counsel unless necessary.

ASSEMBLY COMMITTEE ON Health and Welfare

GUEST LIST

Date: March 25 1981

PLEASE PRINT!

PLEASE PRINT YOUR NAME	PLEASE PRINT WHO YOU REPRESENT	I WISH TO SPEAK FOR	AGAINST	BILL NO.
Janna Gardner	Nevada Families PAC	X		267
Carol Paul	Pro Family of Southern Nevada	X		267
Reba Chappell	State Health			304
Bill Wood	" "	X		267
JIM BEGGIE	WASHOE CO. HEALTH DIST	X		304
George Reynolds	Bureau of Health Facilities	X		149
Pete Ketchum	Concerned Citizen	X		267
AL SOLANO	U.S. DEPT OF HHS			
Robert H. CHANG	US DEPT OF HHS			
Sally Zamora	Pro Family	X		267
MIK MELNER	PLANNED PARENTHOOD		X	267
[illegible]	PRO FAMILY			
[illegible] MICHAEL W TOBIAS		X		
[illegible]	Nevada Emergency Services	X		304
JULIAN-FREEMAN			X	267
Paul Cook	Self		X	
[illegible]	[illegible]			