MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Seventy-fourth Session
March 27, 2007

The Senate Committee on Commerce and Labor was called to order by Chair Randolph J. Townsend at 7:06 a.m. on Thursday, March 27, 2007, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Randolph J. Townsend, Chair
Senator Warren B. Hardy II, Vice Chair
Senator Joseph J. Heck
Senator Michael A. Schneider
Senator Maggie Carlton

GUEST LEGISLATORS PRESENT:
Senator Bob Beers, Clark County Senatorial District No. 6

STAFF MEMBERS PRESENT:

Gloria Gaillard-Powell, Committee Secretary
Kelly S. Gregory, Committee Policy Analyst
Wil Keane, Committee Counsel
Scott Young, Committee Policy Analyst
Jeanine Wittenberg, Committee Secretary

OTHERS PRESENT:

Tony Guillen, D.D.S., President, Board of Dental Examiners of Nevada
Donna Jo Hellwinkle, D.D.S., Board of Dental Examiners of Nevada
Kathleen Kelly, Executive Director, Board of Dental Examiners of Nevada
Guy Shampaine, D.D.S., American Board of Dental Examiners, Incorporated
David A. Rosin, M.D., Statewide Medical Director, Division of Mental Health and Developmental Services, Department of Health and Human Services
Frank Master, M.D.

Tony F. Sanchez, Montevista Hospital; West Hills Hospital; Willow Springs Center
Keith L. Lee, Board of Medical Examiners
Vincent Jimno, Executive Director, State Board of Cosmetology
Mark J. Nichols, National Association of Social Workers, Nevada
Larry J. Tarno, D.O., Executive Director, State Board of Osteopathic Medicine
Jay C. Somers, M.S., PA-C, Nevada Academy of Physician Assistants
Denise Selleck Davis, Nevada Osteopathic Medical Association
Scott Craigie, Nevada State Medical Association
Weldon Havins, M.D., Clark County Medical Society
Michael Harter, Chief Executive Officer, Vice President, Touro University
George A. Ross, Sunrise Hospital & Medical Center
Bonnie S. Brand, J.D., General Counsel, Board of Medical Examiners
Lynnette L. Daniels, Chief of Licensing, Board of Medical Examiners
Mark J. Nichols, Executive Director, National Association of Social Workers, Nevada Chapter
Jack Kim, Sierra Health Services, Incorporated; Southwest Medical Associates
Robin L. Keith, Nevada Rural Hospital Partners Foundation
Chris Bosse, Nevada Hospital Association
K. Neena Laxalt, Nevada Nurses Association
Rosalind Tuana, Executive Director, Board of Examiners for Social Workers
Doreen Begley, M.S., R.N., State Board of Nursing
Fred L. Hillerby, Nevada State Board of Nursing
Debra Scott, M.S.N., R.N., A.P.N., Executive Director, State Board of Nursing
Frederick R. Olmstead, General Counsel, Nevada State Board of Nursing
Karen Fontaine, R.N., M.S.N., Treasurer, Nevada Nurses Association
Betty Ann Powers-Luhn, M.S.N., R.N., University of Southern Nevada
Bobbette Bond, Hotel Employees and Restaurant Employees International Union Welfare Fund
Marlene Luna, Ed.D., R.N., University of Southern Nevada
Judith Cordia, Ed.D., Western Nevada Community College
Mildred LeFleur
Melinda K. Hoskins, M.S., R.N., C.N.M., I.B.C.L.C., Assistant Professor, Orvis School of Nursing, University of Nevada, Reno

CHAIR TOWNSEND:
I will now open the meeting to Senate Bill (S.B.) 265.

SENATE BILL 265: Revises provisions relating to dentistry and dental hygiene. (BDR 54-1184)

SENATOR CARLTON:
For the record, this bill was requested by the Board of Dental Examiners of Nevada (BDE).

TONY GUILLEN, D.D.S. (President, Board of Dental Examiners of Nevada):
We have submitted this bill because we would like some changes in chapter 631 of the *Nevada Revised Statutes* (NRS).

DONNA JO HELLWINKLE, D.D.S. (Board of Dental Examiners of Nevada):
I am chairman of the BDE's Committee on Legal and Disciplinary Actions. Dr. Guillen has reviewed the contents of S.B. 265 and I would like to speak to an issue not currently contained in legislation, but perhaps might be considered as an option for an amendment. One option may be the possibility of adopting another exam to be recognized by the BDE. Recently the BDE discussed this national examination administered by the American Board of Dental Examiners, Incorporated (ADEX). Collectively, the BDE has agreed that we would like Nevada to accept the ADEX examination for dental and dental hygiene licensure. We would join 40 other states that currently accept the ADEX examination.

CHAIR TOWNSEND:
In section 7, why are we going to the level of a category D felony? Why not just revoke the license? Is this only for those that are not licensed?

KATHLEEN KELLY (Executive Director, Board of Dental Examiners of Nevada):
Yes.

CHAIR TOWNSEND:
It does not say that.

MS. KELLY:
Initially, the change in section 7 deals with those who are illegally practicing dentistry as a category D felony. It also addresses, as it does currently, those who have a license but practice in a manner contrary to the provisions of chapter 631 of the NRS. This would address those that would potentially disregard a suspension or revocation order from the BDE. We could then have

the Office of the Attorney General (OAG) pursue that on the third or subsequent offense for disregard of the BDE's disciplinary action.

CHAIR TOWNSEND:
Did you discuss this with the OAG?

MS. KELLY:
Yes. We proposed the language based on discussions with the OAG Criminal Division who had been processing the repeated cases for the BDE.

GUY SHAMPAINE, D.D.S. (Vice President American Board of Dental Examiners, Incorporated):
This morning I will be providing the Committee with information about the ADEX and our examination.

CHAIR TOWNSEND:
Do you have a handout for the ADEX examination change to this bill?

SENATOR CARLTON:
In discussions with the BDE, we talked about putting the ADEX examination into the bill. I suggested that they submit the bill and bring someone to explain the examination to the Committee and let us decide if we want it included.

DR. SHAMPAINE:
The ADEX was developed along the lines of the National Board of Medical Examiners. That was the pattern we used. They brought the four medical testing agencies together, resulting in the United States Medical Licensing Examination (USMLE) in 1992, which all 53 jurisdictions in the United States utilized. That same process began with the ADEX when we brought the regional boards together. The examination is called the American Dental Licensing Examination (ADLEX). Right now, ADEX is the largest test development entity in the United States for initial licensure examinations in dentistry and dental hygiene. We have 30 member states and 40 states that recognize the examination for initial licensure. In addition, 60 percent of all the graduates in the United States take the ADLEX. From an access to care issue, there is no larger pool of graduates. More importantly to us, it is the most comprehensive examination in dentistry in the United States. It is the only examination which comprehensively tests diagnosis and treatment planning, medical considerations of the patient and special needs which is the most critical area to test as

identified by the recently completed national occupational analysis in dentistry. Before ADEX constructed the ADLEX, they performed a national occupational analysis ensuring that every state had their critical representation based on proportionate practitioners. That determined our ADLEX content and skill areas. We score the exam so each skill area must be passed. There is not an average grade. We have the most commonly completed skill sets for entry level practitioners in their first five-to-seven years of practice. Each one is scored and given individually. We patterned our examination administration like the USMLE series, which is given in steps throughout medical education. Our examination is integrated into the curriculum of the dental school. Successful graduates are eligible for licensure outside of their juris examinations in their states prior to graduation. That is another significant advance we have instituted in the examination. The criteria were established by a national panel. If Nevada recognizes the ADLEX, the ADEX would then make appointments to the Examination Committee who would directly influence the content of the examination. It would not be a testing agency, it would be a state board examination development entity. Historically, we have had Nevada examiners administering the ADLEX for many years. Our examiners are a mix of faculty and practitioner. Approximately one third is faculty and they cannot examine at their own dental schools. The ADLEX is the most widely administered examination in the United States with 60 percent of the graduates. There is an advantage for dentists and dental hygienists because they can move around in the 40 states.

SENATOR CARLTON:
What is the success rate for those who take the exam?

DR. SHAMPAINE:
After someone has utilized all remediation retake opportunities, the overall pass rate of the ADLEX is 96 percent on average. Our numbers closely parallel the USMLE.

SENATOR CARLTON:
Could you repeat how the State of Nevada would participate?

DR. SHAMPAINE:
There are several Nevada examiners administering the exam. We have had Nevada examiners for several years. If Nevada were to recognize the ADLEX, they would become a member state of ADEX and directly have an impact on the

examination development. The other unique aspect of ADEX is that consumer board members are full-voting and participating members.

SENATOR CARLTON:
Would we still accept the Western Regional Examining Board (WREB) examination?

DR. GUILLEN:
Yes.

SENATOR CARLTON:
The ADLEX would be in addition to, and not in place of, the existing WREB examination?

SENATOR HARDY:
Is there a standardized curriculum throughout the country in the dental schools? If not, are we sure the dental school in Nevada is providing the curriculum necessary to successfully complete this examination?

DR. SHAMPAINE:
All dental schools in the United States are accredited by the Commission on Dental Accreditation. The curriculum must cover the standards in the accreditation manual of subject area. This is one way the boards protect and ensure that schools cover areas by including skill sets on examinations, forcing them to include that in their curriculum.

SENATOR HARDY:
Have you reviewed the curriculum at our dental school?

DR. SHAMPAINE:
We interface with each school in timing the placement of the skill sets in the school year. We time things around when they tell us their candidate should be competent in skill areas.

SENATOR HARDY:
What are the surrounding states that utilize the ADLEX?

DR. SHAMPAINE:
Those states are Colorado, Washington, Arizona, Oregon, North Dakota, South Dakota and Utah.

DR. GUILLEN:
California has started to accept WREB, but they have always had the biggest examination period because of the population of the state.

The dental school in Nevada already teaches all of the disciplines, and it would not be difficult to implement the ADLEX.

CHAIR TOWNSEND:
Mr. Keane, we had a previous discussion on questions about section 7, subsections 1 and 3. Please explain those discussions to the Committee.

WIL KEANE (Committee Counsel):

> Thank you, Mr. Chairman. The Legislative Counsel noted a considerable overlap between the acts that would be penalized in subsection 1 and the acts that would be penalized in subsection 3. There is overlap because practicing in a way that is not acceptable under the chapter could be penalized under either subsection. The Legislative Counsel is concerned that there could be a constitutional challenge to having both of those provisions without some kind of directory language to limit prosecutorial discretion. The suggestion from the Legislative Counsel is that on page 6, line 31, which is the beginning of section 7, subsection 3, right at the beginning of the subsection, simply insert the language "unless a greater penalty is provided by specific statute." As far as the Legal Division is concerned, that would resolve the issue.

CHAIR TOWNSEND:
Ms. Kelly, do you understand what he just said and the reasoning?

MS. KELLY:
Yes.

CHAIR TOWNSEND:
Senator Carlton, in section 2 there is a recommendation to raise the salary from $80 to $150. All boards have been at $80 since 1973; you should consider raising that amount for all of the boards.

How do you want to deal with this bill?

SENATOR CARLTON:
I am in support of everything that has been discussed and proposed today. I appreciate the clarification of the language in section 7 and want the ADLEX to be included in this bill. As far as the salary raise up to $150, it is not taxpayer money because boards are self-sustaining and that decision would be made by the membership.

CHAIR TOWNSEND:
Do you not want to take it out of this bill and put it into an across-the-board increase in S.B. 310?

SENATE BILL 310: Makes various changes relating to professions and occupations. (BDR 54-131)

SENATOR CARLTON:
We could leave the "not more than $150" in this bill and also put it in S.B. 310.

CHAIR TOWNSEND:
I just did not know if you specifically wanted it in this bill only, or the other bill that covers all boards.

SENATOR HARDY:
My first reaction is that $80 since 1973 is ridiculously low. I fully support the option to raise it, but I think we should have more policy discussion on that. My preference would be to take it out of this bill and have the discussion on it in S.B. 310 and then include it for all boards.

SENATOR CARLTON:
We will be discussing S.B. 310 in about 30 minutes. This is the BDE's bill.

CHAIR TOWNSEND:
I think it is in the BDE's best interest to put this into S.B. 310 rather than just singling out their board.

DR. GUILLEN:
We have no objection to that.

SENATOR CARLTON MOVED TO AMEND AND DO PASS S.B. 265.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR TOWNSEND:
I will close the hearing on S.B. 265 and open the hearing on S.B. 285.

SENATE BILL 285: Revises provisions concerning a restricted license to practice medicine as a psychiatrist in a mental health center of the Division of Mental Health and Developmental Services of the Department of Health and Human Services. (BDR 54-65)

SENATOR BOB BEERS (Clark County Senatorial District No. 6):
One of my constituents, Dr. Master, asked me to bring this legislation forward in hopes it will alleviate some of the shortages we have been experiencing in the mental health professional field.

DAVID A. ROSIN, M.D. (Statewide Medical Director, Division of Mental Health and Developmental Services, Department of Health and Human Services):
I have provided you with a copy of my written testimony (Exhibit C).

The Division of Mental Health and Developmental Services (DMHDS), Department of Health and Human Services, supports this bill with two exceptions. We support it because it broadens the number of available competent psychiatrists who can be employed by the DMHDS in the face of a continuing national shortage. It also addresses providing adequate supervision for them and ensures that our clients will receive a high level of care. The bill makes the DMHDS responsible for that supervision.

The first reservation we have with the bill is the term "restricted license." This should be changed to "limited license." The second reservation we have is the limitation on the number of times the license can be renewed, which is limited to two.

SENATOR CARLTON:
Years ago, this issue arose when the DMHDS was looking for professionals to come to this State. At the time they used the word "restricted" because it would only be in certain places under certain conditions and was not going to be a scheme for permanent licensure. Are we taking that particular restricted license put in six years ago and now turning that into a form of full licensure through the limited licensure provision you are proposing?

DR. ROSIN:
The DMHDS proposed the initial piece of legislation. At that time, we were having difficulty in providing adequate care to our clients because we could not get locum tenens psychiatrists to come into the State to fill in vacant positions caused by turnover and the increasing need of psychiatrists. However, during the last Legislative Session our budget was approved to grant us 20 additional psychiatrists in Las Vegas. I am committed, in terms of providing adequate care in Clark County, to bring the medical staff up to 44 qualified psychiatrists by July. We have normal turnover of people coming in and out of the DMHDS so our turnover recruitment for the psychiatrists is a major issue.

Senator Carlton, you are correct. The initial intent was addressing locum tenens psychiatrists. However, the needs of the citizens of this State who are underinsured or uninsured have been addressed, especially in Clark County. This bill allows us to relieve the shortage we have in the rural clinics.

SENATOR CARLTON:
The only concern I have is that we are setting two standards. I want to make sure the one standard for the people getting the care from you or that psychiatrist is not significantly different than the other standard we would set for anyone else seeking psychiatric care in this State. When we license professionals, our responsibility is to make sure they are all close in the same type of standards.

DR. ROSIN:
This bill indicates that people must have unrestricted licensure in other states and are able to practice as competent psychiatrists.

FRANK MASTER, M.D.
I am a board certified psychiatrist who has practiced in Las Vegas for the past 32 years. I am retired, although I still keep an active medical license and occasionally do some locum tenens work. I first suggested this bill to Senator Beers because I knew the State mental health agencies had the need to bring in competent psychiatrists. I tried to write the bill in such a way that we not only have competent psychiatrists, but they are adequately supervised. I do not object to the idea of changing the word restricted to limited. Initially I had suggested a limitation of anywhere from five to ten years because I am sympathetic to the idea that I do not want a limited licensure individual in medicine continuing indefinitely. I wanted an adequate period of time so that someone could work and follow patients for the State. I would not object if it was eliminated and they were allowed to practice indefinitely because I agree with Dr. Rosin that frequently mental illness is a lifetime illness. Continuity of care is extremely important. After writing this bill, I had a concern that it would benefit the mental health centers in urban areas such as Las Vegas and Reno. Rural clinics have a great need for psychiatrists. I think there needs to be a little bit more liberal interpretation of supervision of the psychiatrists. You would not need to have that board certified psychiatrist supervising the individual at the actual site of the rural clinic as long as they provided supervision. I still think it is a good bill and I wrote it because I think it fulfills a need for the State.

SENATOR HECK:
It would appear the only difference now with requiring the 36 months of postgraduate study under this form of licensure and regular licensure is the fact of whether or not the applicant has to take an exam. You have already now met the 36-month postgraduate requirement that we require for all licensees. Are these individuals going to be board certified or could they just have completed 36 months of residency and not yet be board certified?

DR. MASTER:
I think they would have just completed 36 months in an approved residency program.

DR. ROSIN:
The initial intent was to allow for locum tenens psychiatrists. At the time the bill was initially written, there were psychiatrists who had practiced for 15 years or more and were exquisitely competent in the psychiatric area who chose not to come to this State because they had to take the general medical examination. The original intent was that, yes, these people would be board eligible, but not only could they have been recent graduates, they also could be graduates who had extended their care for whatever reason for 10 to 15 years. They could have been licensed elsewhere and practicing competent psychiatry for an extended period of time and maintained their expertise in those areas, but did not have board certification.

SENATOR HECK:
I am trying to find a way to get to your end point because now the only difference between the requirements for an unrestricted and limited license is the fact as to whether or not they take an examination. They pretty much meet all of the other requirements.

DR. ROSIN:
That is correct, and that was the issue we initially addressed in the NRS.

DR. MASTER:
My purpose in writing the bill this way and limiting the practice of these particular psychiatrists was to give the State agency an edge in hiring. This was so we do not bring people on board who then say, "Gee, there are more lucrative areas elsewhere in practice" and leave the State agency to go elsewhere. I am trying to get the State agency the psychiatrists it needs to function.

SENATOR HECK:
I think there may be provisions in another bill we are hearing today that may also address the situation in which you find yourself. I think the provision that only allows the license to be issued twice is important because by then they should either become board certified or have to take the exam to remain in practice in the State.

DR. ROSIN:
Our hope, because of issues of continuity of care, was that limitation would be stricken or extended. However, as I said when I started, the DMHDS does support this bill with reservations.

CHAIR TOWNSEND:
When questioned about the semantics of a limited versus restrictive license, there is an entire section of the law that has limited in it and we would have to change that. I think that is more of an argument between those who practice semantics and those who practice law. That is fairly easy to deal with compared to the entire issue of psychiatry and its application to those who need it. I believe you heard Senator Heck's concern about the renewal more than twice without taking the examination or getting board certified. Those are the issues before the Committee.

DR. ROSIN:
Earlier this year, unaware that Dr. Master was drafting this bill, I expressed my concerns to the Board of Medical Examiners (BME). What we agreed to was the restriction was not in scope of practice but in place of practice. If it is too difficult to change from restriction to limited, then perhaps some clarification that the restriction they are talking about is to place of practice so that people coming into the State are willing to come in when they understand it is a restriction to place and not to scope.

CHAIR TOWNSEND:
Mr. Keane, do you understand his concern on place of practice versus scope of practice? How would that affect the term, limited versus restricted?

MR. KEANE:
> Thank you, Mr. Chairman. We can use either term, but if we change the term in this bill then we should consider amending all applicable statutes so that the terms are used consistently throughout the chapter. For example, NRS 630.261, in subsection 1 (c), indicates that a restricted license is granted when the board determines that the applicant needs supervision or restriction, which appears to be the situation in this bill. However, we certainly can change terms and allow them to replace restricted license with limited license if that is the term they would like.

CHAIR TOWNSEND:
Unless I read this incorrectly, you are taking out the direct supervision that is on page 2, lines 5 and 6, and you are not talking about their scope, only their location.

MR. KEANE:
> Yes, sir. However, direct supervision is still required in subsection 3 of section 1. Once again, we can change the name of the license, but we should then change the language in other sections to make the names of the licenses consistent.

SENATOR HECK:
I will play the semantic game. I have a concern with the idea of it not being a restriction in scope but a restriction in place because they really are restricted in their scope. Even though they are a licensed physician, they are practicing psychiatry only. If they are coming in on this restricted license, technically, to me, they cannot even write a prescription for a family member for a cold ailment. We need to be cognizant of that.

DR. MASTER:
That is exactly what I had in mind when I wrote the bill.

CHAIR TOWNSEND:
We have some more work to do on this bill. We appreciate the bill being brought forward, it is an important issue.

TONY F. SANCHEZ (Montevista Hospital; West Hills Hospital; Willow Springs Center):
We are in full support of this bill and its original intent when it was created four years ago. There is an acknowledged shortage of mental health professionals and that shortage is not limited to State facilities. It also applies to private mental health facilities. To the extent that the Committee and Senator Beers is open to that concept, we are proposing that it not be limited to State facilities.

KEITH L. LEE (Board of Medical Examiners):
As Mr. Sanchez said and Senator Carlton alluded to, we addressed this issue four years ago at the request of, I believe Mr. Haartz at that time, to lower the level some to get qualified psychiatrists to work at the DMHDS and the facilities

run by that agency. My first thought when I read this is that it makes it more difficult to bring in qualified psychiatrists to work in those facilities. Nonetheless, I want to make the point that there are some nuances between limited and restricted licenses as Senator Heck referred. I think we need to discuss that and I would request that the BME be included when the bill is further discussed.

CHAIR TOWNSEND:
Are all of these individuals licensed under the BME?

MR. LEE:
Yes.

CHAIR TOWNSEND:
I will close the hearing on S.B. 285 and open the hearing on S.B. 310.

SENATE BILL 310: Makes various changes relating to professions and occupations. (BDR 54-131)

SENATOR MAGGIE CARLTON (Clark County Senatorial District No. 2):
This is the board bill that I present every Legislative Session.

Section 1 is about recognizing national tests and if a board decides to recognize one, they will take the test for the way it is supposed to be and not pick and choose the portions they will or will not accept. I believe the credibility of the test lies within the testing agency and how they evaluate the person who passes.

I have heard a few concerns about some of the reports and page 2, line 22, basically deals with electronic reporting. We have all gotten those reports over and over again and wonder why we are getting them. The Chairman and I did that years ago, wanting to make sure all the Legislators knew what the different boards were doing. Mr. Young worked very diligently on being able to come up with some type of electronic reporting so we could make it consistent and easy for the boards.

On page 2, line 24, that is existing language that is in the NRS 622.110 and has been there for a while. It is now just in a different place and written a little differently and looks like it is new language but really is not.

On page 3, we go into more of the reporting of what is going on.

I have to apologize to the Committee for section 15, the social worker provision. I thought I had come up with a way to deal with this particular issue and what I did will not work. The Board has convinced me there is another way to address these issues. We are working on some language and, with the Committee's permission, when I get that finalized, I would like to propose it to the Committee.

The State Board of Cosmetology (SBC) needed a home and we are renting them a room this Legislative Session.

SENATOR HARDY:
I need to disclose that both my wife and daughter are licensees of the SBC.

VINCENT JIMNO (Executive Director, State Board of Cosmetology):
I represent the SBC's position on this bill. I would like to thank Senator Carlton for including this item in the bill. It is straightforward, fairly self-explanatory and deals with current legislation that is required under the State that all licenses are renewed every other odd year. Approximately 24,000 licenses are about to be renewed this year. This procedure is a change to allow a more convenient method for the citizens to renew their licenses with less disruption, less personal expense and greater efficiency. It changes the licensing procedure and moves it to a continuous process based on birthdates and the first letter of the last name of the individual licensees to an odd or even year. It allows approximately 1,000 to be renewed every month versus 24,000 in a period of 90 days. There is a slight cost savings to the State in staffing levels during the critical periods, but over a 24 month period it works out to be about the same cost. It is revenue neutral and much more convenient for the licensees.

MARK J. NICHOLS (National Association of Social Workers, Nevada):
We support this bill and extend our appreciation to Senator Carlton for meeting with us and discussing our concerns and issues relating to this bill.

CHAIR TOWNSEND:
I will close the hearing on S.B. 310 and open the hearing on S.B. 412.

SENATE BILL 412: Makes various changes regarding health care. (BDR 54-540)

SENATOR JOSEPH J. HECK (Clark County Senatorial District No. 5):
I have provided the Committee with a summary (Exhibit D) which I will be referring to during my presentation of this bill.

During the last interim, I had the privilege of serving on the Governor's Commission on Medical Education, Research and Training; the interim Legislative Committee on Health Care; the Regents Health Sciences Center Task Force and as Chairman of Governor Gibbons' Transition Team on Health Care Professionals. There was a common thread in testimony for all of those entities as we took testimony and researched issues regarding health care professional licensing in this State. Exhibit D outlines recommendations from those entities and explains the purpose and sections of this bill.

In addition to what was outlined in Exhibit D, I am providing you with a mock-up amendment (Exhibit E, original is on file in the Research Library).

Within the mock-up are two separate provisions. The first provision is submitted on behalf of Touro University, Nevada College of Osteopathic Medicine. That provision would amend NRS chapters 630 and 633 to allow a licensed private nonprofit medical school that is approved by the appropriate accrediting agency to operate as a corporation or other business organization with ownership or control shared by both licensees and nonlicensees in order to operate a clinic in conjunction with the school. This language is modeled from language already in NRS 623.349.

Lastly, all of the provisions that were in S.B. 21 are now in this bill through this mock-up amendment. I should note that the substantive portions of the physicians' assistant changes are in this bill. Other elements in statute which would require cleanup changes are not included, but Mr. Keane is aware of where those changes need to be made.

SENATE BILL 21: Revises provisions relating to osteopathic medicine. (BDR 54-577)

SENATOR SCHNEIDER:
Is there a fiscal impact?

SENATOR HECK:
No. The State Board of Nursing (SBN) has a fiscal note associated with joining the Nurse Licensure Compact (the compact) but it does not cost the State any General Fund revenue.

LARRY J. TARNO, D.O. (Executive Director, State Board of Osteopathic Medicine):
We support this bill. I have a question on page 19, section 21, line 23. There are not too many people who are certified by both boards. Is that an error and should it say currently certified by either board?

SENATOR HECK:
That is correct, it should be either, not both.

DR. TARNO:
On page 19, line 20, you should know that the application process can be lengthy at times. The State Board of Osteopathic Medicine (SBOM) requires verification of all credentials by the federation of the state licensing board which sometimes takes three to four months. That is initiated by the applicant and verifies all training and experience of the applicant up to the point of application.

Secondly, the requirement for a criminal background check and fingerprint submission can take time and there is a fee. The application process is not just a matter of filling out the application and filing it with the SBOM.

SENATOR HECK:
The provision on page 19, line 20, relates to the previous license from the other state where they are located. They cannot come in with a license that is inactive or has been restricted. In regard to the other parts of the application, that is correct and they are still required to go through all of the other requirements for application, including the background check. This just spells out the ability for them to be licensed without having to go through an additional examination, but still would require the criminal background check.

DR. TARNO:
My third concern is on page 19, lines 31 and 32. Could that be changed to executive director from secretary?

SENATOR HECK:
That is a reasonable request.

SENATOR CARLTON:
The provision you just spoke of does not seem familiar to me. Is that done with some of the other boards?

SENATOR HECK:
This provision is something new and expedites the process so that someone may go to work.

DR. TARNO:
What would happen if the SBOM did not ratify that?

SENATOR HECK:
I believe that if the SBOM did not ratify it, the person would be in due process to have the license revoked.

MR. KEANE:
"It would work as if somebody with a license had it suspended or revoked and yes, they would get a chance to have a hearing just like anyone else who had their license denied."

SENATOR CARLTON:
That is a double-edged sword because it does give due process to the licensee but it also puts the board through the burden of having to prove that person should not be licensed and while they are in their due process, they are still practicing. One of the things we have done with other boards is issue a provisional license. That way the license can be revoked, if necessary, until the next board meeting.

DR. TARNO:
I believe that would be better.

JAY C. SOMERS, M.S., PA-C (Nevada Academy of Physician Assistants):
I have provided the Committee with my written testimony and suggested amendments (Exhibit F).

SENATOR CARLTON:
My understanding from the beginning, on the issue you raise with NRS 633.455, is that we were trying to give the osteopathic physician assistants (PAs) the same opportunities and privileges that were afforded the

allopathic PAs who are already under the BME. Some of these things do not seem to be the same as what is already in the allopathic regulations. As you go through this, please point out what is different between the two.

MR. SOMERS:
As far as I am aware, this temporary license is identical to what the allopathic board has currently.

SENATOR CARLTON:
What about the inactive license provision?

MR. SOMERS:
To my knowledge, these are identical to what the allopathic board has currently.

SENATOR HECK:
While there may be similarities between the PAs under both boards, the boards do have some differences in how they license and the categories of licenses they issue. In NRS chapter 633, the only temporary license I am aware of is for the physician who comes in as a substitute physician. We do not grant temporary licenses to someone pending a board meeting. Is that correct Dr. Tarno?

DR. TARNO:
Yes.

SENATOR HECK:
I would be reluctant to accept the proposed amendment to NRS 633.455 because that is different than the way the SBOM currently does things.

DR. TARNO:
If you make the change discussed before concerning some kind of a temporary license for an applicant until such time the board has met and ratified that, then there may be a change in that temporary status.

SENATOR HECK:
I would agree, but I think in the potential provisional license there are a lot of other requirements to qualify for that as opposed to just having met the general licensure requirements.

I do not think there should be two separate provisions about who is paying what fees. For the purposes of administration, it needs to be the same. I do appreciate the disaster-care provision, and if Dr. Tarno has no objections, I would be willing to accept that amendment.

DR. TARNO:
I have no objection to that section and agree with Senator Heck on the inactive license.

MR. SOMERS:
Our intention was not to circumvent any requirements for continuing medical education or anything similar. It was just to speak to the need for the fee to be paid for every year they are inactive, which is how I read the current language.

SENATOR HECK:
I appreciate that, but I am saying that a licensee under this chapter is a licensee under this chapter, whether it is a PA or a physician. Until the board decides they want to make a wholesale change in how they will handle inactive licenses, it needs to be consistent amongst all licensees within the chapter.

DENISE SELLECK DAVIS (Nevada Osteopathic Medical Association):
We are in support of this bill.

SCOTT CRAIGIE (Nevada State Medical Association):
The Nevada State Medical Association supports the bill and has a proposed amendment (Exhibit G).

WELDON HAVINS, M.D. (Clark County Medical Society):
We are in support of this bill and the mock-up amendment. Senator Heck's proposed amendment equilibrates the treatment of licensing PAs under each of the boards.

MICHAEL HARTER (Chief Executive Officer, Vice President, Touro University):
We support the proposed amendment and have provided our written testimony (Exhibit H).

CHAIR TOWNSEND:
Where are you located?

MR. HARTER:
Henderson.

CHAIR TOWNSEND:
How large is your facility and how many people do you employ? What is your projection in terms of your osteopathic physician graduation component as well as your nursing component?

MR. HARTER:
We currently have about 650 students enrolled. All of them are graduate students. That number includes osteopathic medicine, nursing, occupational therapy, physician assistant studies and education. We have over 100 full-time employees and over 500 adjunct faculty. The College of Osteopathic Medicine is now in its third class.

GEORGE A. ROSS (Sunrise Hospital & Medical Center):
We strongly support this bill as a major step toward recruitment of nurses in our State.

MR. LEE:
We support section 3 of the bill and think it is a vital piece of licensing we need in this State. However, we respectfully oppose section 6. Over the years, we have tried to strike the balance of assuring that the physicians who are licensed under chapter 630 of the NRS meet the highest qualifications while still understanding there are certain unmet needs we have to try to address. We have done that and have struck a balance. We think the balance must be struck in favor of the consumer to make sure the consumer of medical services in this State is seeing the best that we can assure be licensed. I would suspect that one of the reasons that we rank 45 of the states in physicians per capita is because of our strict licensing standards.

I have provided the Committee with a chart (Exhibit I) which provides you with some licensing statistics. We do not think that what is in section 6 is in the best interest of the public. Our research shows that only three other states have reciprocity in granting licenses.

CHAIR TOWNSEND:
Twenty-five years ago we rewrote the entire medical practice act from top to bottom. This State went from being the loosest to the toughest for licensing.

We have tried to maintain that through the years and nobody anticipated the tremendous demand on our system fueled by the growth in this State. The effort here is to try to help balance the interests. These bills were driven by statewide issues and we owe it to the State to look at this.

MR. LEE:
Our concern is not where the burden of proof lies but the ability to make an inquiry prior to licensure. It may be a provisional license we will again look at down the road but what is a legitimate inquiry for the BME to make before there is final permanent licensure? It seems to us that section 6 limits our inquiry.

BONNIE S. BRAND, J.D. (General Counsel, Board of Medical Examiners):
We appreciate some of the provisions presented today, particularly the eminent physicians portion because we have had applicants that fit that. However, the changes to the endorsement statute concern us because that would wipe out ten other statutes we use to verify things. We do not just take the word of an applicant and do find cases of misrepresentation, or in some cases, outright lies. The BME would request that the endorsement statute be left intact. The BME is vehemently opposed to reciprocity because all states have different licensing criteria and different levels of thoroughness. The BME is very thorough, and I am proud to represent a licensing division that is so thorough.

LYNNETTE L. DANIELS (Chief of Licensing, Board of Medical Examiners):
Our staff does a fabulous job verifying the credentials of the applicants for licensure. I have visited other state boards and the way they verify is very different across the United States. I feel confident in telling you that when we verify information, we are extremely diligent. I am not sure the BME would be comfortable leaning on another states' processes in verifying documentation. Many states do not "primary source verify." Additionally, we have concern in the proposed bill about what you consider "current board certification." Current board certification to us means they have had a major examination in the last seven to ten years. That may be something Senator Heck wants to look at.

SENATOR HECK:
Thank you for bringing these things forward. I appreciate the level to which the BME scrutinizes the applicants. I know that those very procedures are the reason we have been able to use the BME's licensing requirements in the press to refute why we have so few disciplinary actions compared to the rest of the states. We say that we weed them out on the front end, as opposed to the

back end. I really think there is some misunderstanding on the information presented. While there may not be a lot of previous applicants for endorsement, it may be because of the current requirements and they simply just do not apply. If we required the Federation Credentials Verification Service (FCVS), that would also take care of the issue of having to do the prime source verification, because it has already been done by a central agency. I think there are issues that need to be worked out but the issue we heard on both the Governor's commission and the transition team is that the endorsement process does not work. We are looking for a way to fix the problems that many people have seen with the endorsement process to get in those practitioners who want to practice in our State. I agree with the BME that we do not want practitioners who have had problems in other states and are looking to practice in another state. When you look at any adverse action reported to the National Practitioner Data Bank (NPDB), I think you would be hard-pressed to find many physicians that do not have anything in the NPDB for the last ten years. A lot of the criteria placed in the bill received a lot of thought. The message we heard loud and clear was that the endorsement process was broken and the mandate was to fix it. That is what we are here to accomplish.

SENATOR CARLTON:
Are direct insurance company settlements with the provider reported to the NPDB?

MS. BRAND:
Yes. Generally they are, but I suspect not all of them. There are other states that make board settlements for disciplinary action and there is nothing reportable.

SENATOR HECK:
To clarify, board disciplinary actions are not necessarily reported to the NPDB, it is for malpractice suits. The law states that all settlements are to be reported, so if they do not, someone is in violation of the law. It would be highly unusual these days for something not to be reported to the NPDB. We can find language that would require disclosure of any prior board disciplinary action within a certain period of time.

MS. DANIELS:
Going back to FCVS, we had numerous problems with them and how they verify. You should know they are not a perfect entity for primary source verification.

SENATOR HECK:
It is an entity that is recognized by the vast majority of the states. I think this is part of the issue in which we see with those physicians coming here and being subjected to stringent requirements for the sake of consumer safety and ensuring the quality of physicians that really have no significant end result on getting qualified physicians in Nevada. It is time to break out of the "silo" and look at solutions to the health care crisis we are experiencing in Nevada.

MARK J. NICHOLS (Executive Director, National Association of Social Workers, Nevada Chapter):
We are in support of this bill for our profession.

JACK KIM (Sierra Health Services, Incorporated; Southwest Medical Associates):
We specifically support the compact.

ROBIN L. KEITH (Nevada Rural Hospital Partners Foundation):
We would like to thank Senator Heck and others for this bill.

CHRIS BOSSE (Nevada Hospital Association):
Bill Welch could not be here today. The Nevada Hospital Association supports the intent of this bill. We think this bill begins to address the key issues relative to education, training and licensure.

K. NEENA LAXALT (Nevada Nurses Association):
I represent four associations and three boards and understand both sides of the issues. In section 10, it is always a fine line for me, no matter which side I am on, to separate between who represents the industry and who represents the public. I like keeping that separate and I like that the industry has input but not necessarily from the association. I like section 1, subsection 3 in that a person cannot be an officer of each simultaneously.

ROSALIND TUANA (Executive Director, Board of Examiners for Social Workers):
I echo the comments made by Ms. Laxalt. We have 2,200 licensees and 753 members of the National Association of Social Workers which means that

most likely the list would be composed of people very active in the organization. We are concerned that this would be like the fox guarding the hen house. The Board of Examiners for Social Workers mandates that any board member cannot already be an officer of a professional organization. I would not mind seeing that in the statute. Additionally, we have a number of licensees who were originally grandfathered in who would not be eligible for membership in the professional organization.

DOREEN BEGLEY M.S., R.N. (State Board of Nursing):
I have been a registered nurse for 37 years and I was glad to hear the topic come up of having to be recommended for a board position through your professional organization. As an appointed board member of the SBN, serving my third year of a four-year term, I have personally found that it is absolutely essential to show up to the table as an independent mind with broad experiences but not having to pass through the professional organization and show up with a formed agenda. It is my belief that for the SBN to accomplish our mission, it is imperative that all nurses in the State be able to apply to be a member of the SBN without having to pass through the professional organization.

SENATOR HECK:
I appreciate the comments from the boards. I pose this question to the people who have questioned this. What if the tables were reversed so that the potential appointees that the Governor has provisionally selected would be at least vetted through the professional association? Sometimes the professional organization may know more about some of the practitioners than the Governor or the board.

MS. LAXALT:
I believe the way some of the statutes are written is that those members need to be a representative of the industry.

MS. BEGLEY:
Did you find that the process, as it exists, is broken?

SENATOR HECK:
I am by no means making an allegation, but it was brought to our attention that in some cases, on some boards, there are issues concerning capricious and arbitrary behavior as well as the appearance of patronage. The idea of involving the professional organizations in the State was the outcome of that concern.

MS. BEGLEY:
Another concern I have about requiring the professional board is that we have three board members who are not members of the association. We have a consumer member, certified nursing assistant and we also license licensed practical nurses. I think it would not be wise to require something of one board member that you do not require of all. The professional organization in that case will not serve us well. The process of presenting a package to the Governor that explains the person and what they do and how they can be an asset to the board has a stronger presence than a recommendation from an association of which you are not a member.

CHAIR TOWNSEND:
This is a crucial issue and I think this is an attempt here to have a more professional screening portion that could benefit the public.

FRED L. HILLERBY (Nevada State Board of Nursing):
We helped work on this bill in the interim and explained some issues we had become aware of and provided that for the purposes of information for this bill.

DEBRA SCOTT, M.S.N., R.N., A.P.N. (Executive Director, State Board of Nursing):
I want to thank Senator Heck for the repeal of NRS 632.450 which was part of a bill we were contemplating bringing forward. That requires a nursing school to be two years. With year-round school and options for online education, this really helps us in making decisions about new schools in Nevada.

MR. HILLERBY:
This is your policy decision and we will implement whatever policy you enact. There are a few things you need to know; one is that we had expected that the evolution of the compact would result in background checks and fingerprinting in every state to be a member and that is not the case. We thought that you should be aware of that. I see you have a provision for adopting regulations to implement this and then the question becomes, "Can you make it more stringent in your state and still belong to the compact?" That is something we will work out or work around. There will be a fiscal impact to the SBN so we may need to come back to you on that in the future.

SENATOR CARLTON:
It is my understanding that part of the compact, in order for it to be valid, has to be totally enacted here and cannot have any significant changes. When you

start talking about work-arounds that makes me wonder how we are going to deal with the issue of background checks and fingerprinting.

FREDERICK R. OLMSTEAD (General Counsel, Nevada State Board of Nursing):
You are correct.

SENATOR CARLTON:
What will happen to fingerprinting and background checks in this State while we are working through this particular issue? Will we still be able to ask for that information?

MR. OLMSTEAD:
Nevada licensure does not change. If you come into Nevada, you will be fingerprinted and have a criminal background check. If the compact is enacted, we become 1 of 22 states. There are three more states that are actively moving forward on this. Someone can become licensed in Arizona as their home state and they can practice in Nevada. If they move to Nevada, they must relinquish their Arizona license and become a Nevada licensee.

SENATOR CARLTON:
They would be allowed to come from Arizona to Nevada and may not have had fingerprinting or a background check?

MR. OLMSTEAD:
That is correct.

SENATOR CARLTON:
We could have nurses coming to this State that we do not know anything about?

MR. OLMSTEAD:
Yes.

CHAIR TOWNSEND:
The State of Nevada requires an individual who spends more than 30 consecutive days in this State to register their vehicle. That also includes a driver license. We define residency as intent. At what point under this compact does someone become a citizen and you would require them to have a license?

MS. SCOTT:
As long as they are licensed in their home state and that is where they pay their federal income tax, they would not get a license in this State to practice here.

CHAIR TOWNSEND:
The trigger is residency for purposes of federal income tax filing? How do you know?

MS. SCOTT:
That is how it is defined in the compact.

CHAIR TOWNSEND:
Is there something in the compact that requires them to show you their federal tax return?

MR. OLMSTEAD:
If a person moves to Nevada from a remote state and they establish residency, the compact provides that they must obtain a license in this State and relinquish their other state license.

KAREN FONTAINE, R.N., M.S.N. (Treasurer, Nevada Nurses Association):
I am also the Director of Nursing at Truckee Meadows Community College. My master's degree is in nursing education. I have provided the Committee with a handout on the issues of concern to the Nevada Nurses Association (NNA) (Exhibit J, original is on file in the Research library).

SENATOR HECK:
I have the utmost respect for the nursing profession. The vast majority of my clinical education as a physician came from working side by side with nurses in a hospital. In no way am I trying to lessen or demean the nursing profession.

Other than California, Nevada is unique and there is no other state that has the severe shortage of clinical nurses as we do. We need to look at ways to educate and recruit more into this State.

As to the use of the Pharm.D. and someone with a Juris Doctor, while that may not be applicable to your institution, there are now two institutions in this State that can greatly benefit. One has a Pharm.D. and a nursing program, the other with a physician, nursing and physician assistant program. We now have a more

integrative educational process so that everybody learns together to work together. Educating across those boundaries is important. It does not make sense to hold a nursing program at a pharmacy school to have that eight-to-one ratio because they have to have a nurse to teach pharmacology. It is a permissive thing and not mandatory and allows those with expertise in the area to provide that education.

As far as the clinical educational program and not requiring a master's degree, I know that Ms. Scott and the SBN have done an incredible job with the waiver program and regulation, the policy statement that allows the Bachelor of Science in Nursing (BSN) as long as they are enrolled in a master's degree program. The concern I have is that policies and regulations are very easily subject to change. If it is okay to allow a BSN to provide clinical training as long as they are enrolled in a master's degree program, I do not see how teaching clinical skills today is going to benefit from the BSN being enrolled in a master's degree program that they will complete in one to two years from now. It is almost a disconnect, if they are qualified to teach the clinical skills now, even though they do not have the master's degree, but they may be enrolled and will have one in the future, then I think that same BSN prepared nurse could teach the clinical skills if she is proven competent. Again, this is another permissive option for those entities that want to utilize those individuals. I appreciate the issues brought forward, there have been a lot of discussions about the lack of master's degree prepared nurses in Nevada, and I am glad that Touro University is now graduating masters prepared nurses, but even at graduating 44, when roughly half of them go into Advanced Practitioner of Nursing programs and not teaching, we are still short.

With the issues brought up about salary, the system of higher education's 2006 survey tends to refute that argument that has been used quite a bit by boards and associations. The survey shows that Nevada nursing faculty salaries are commensurate, if not better, than the surrounding states and when compared to clinical practice are very equitable. As I said to the BME, it is time to get outside of our "silo" and look at solutions to probably the most critical health care crisis we are facing, which is the lack of nurses in clinical practice. This State has a lot of licensed nurses but they are not working in nursing. I would be happy to work with you or other representatives of the NNA to see if we can figure out how to make this work for the people of the State of Nevada.

BETTY ANN POWERS-LUHN, M.S.N., R.N. (University of Southern Nevada):
I am an Associate Professor of Nursing at the University of Southern Nevada. I would like to address some of Senator Heck's concerns. In section 10, subsection 1, it states that an instructor for clinical practice must have at least two years of nursing experience in patient care. Two years of clinical practice is still a novice nurse and not an adequate amount of time. I think dealing with the nursing shortage by doubling enrollments when we do not have the necessary faculty to staff those schools and then lowering the standard of faculty is not the way to go. We are a new school of nursing and for us to meet accreditation standards they require that our clinical faculty have a master's degree. I do not think the exception that 25 percent can have a BSN needs to be in statute, we already do that. As a profession, the National League for Nursing has taken the lead in conducting research that informs and promotes evidence-based teaching, advances the process of nursing education and promotes and interprets data about nursing education and nurse educators. With this research of background and development of nursing programs for many years, they advocate that the minimum level be a master's prepared nursing degree.

I would like to address Senator Heck's statement that it is theoretically possible that a nurse educator might go through a BSN program immediately into a master's program and then teach nursing. In my 12 years of nursing education, I have never met such a person nor have I ever worked for an institution that would hire such a person with no clinical experience.

We have a Pharm.D. program and integrate pharmacy as we are teaching our systems, so as we teach respiratory disease we teach respiratory medications. It is not a stand-alone system, therefore it does not particularly work to have Pharm.D. faculty teach it. The other thing I would argue is prescribing, dispensing and administering medications are three different areas and certainly there is a nursing aspect to pharmacy. Our Dean, Mabel Smith, is a nurse attorney and available to teach our nursing ethics class. The American Association of Nurse Attorneys has devised a curriculum to be used in nursing education and most programs have adopted that and use those guidelines. Although we are fortunate to have a nurse attorney who can teach it, I certainly do not think it is necessary to say that any attorney with a health-related background could teach that.

I appreciate all the work that was done on this bill and I am glad you repealed NRS 632.450 because we are an 18-month accelerated program.

BOBBETTE BOND (Hotel Employees and Restaurant Employees International Union Welfare Fund):
I want to thank Senator Heck and Senator Carlton for the time they spent on this bill. Having worked on other board bills, I know how much time and energy it takes, and it does require the interim period to learn all the details of everyone's issues. That being said, our experience has told us a couple of things. We have spent time with two boards over the last few years. One of our issues is that the amount of time it takes for a background check can be used as a deterrent, detraction or delay in the licensing process, and I know the purpose of this entire bill was to accelerate things and remove barriers so we really would like to see that addressed. We are supportive of background checks, and we know when we did the licensing revisions that happened with the Board of Dental Examiners of Nevada it was hard to find a way to make reciprocity work without damaging the background check requirement. We encourage that the background checks remain for every professional board in this State.

MARLENE LUNA, Ed.D., R.N. (University of Southern Nevada):
While we agree there is a national shortage of nursing faculty, we do not agree that the solution is lowering the standards for nursing faculty qualifications. We must adhere to the standards established by nurses for nursing. The schools and colleges of nursing undergo rigorous national accreditation processes by either the National League for Nursing Accrediting Commission or the American Association of Colleges of Nursing. Both of these accrediting bodies and the SBN have a master's degree as a minimum education requirement for a nursing faculty member. Deans and directors agree that in order to ensure the quality of care that their graduates administer, the faculty must be well-prepared at a minimum with a master's degree. Well-prepared faculty members with a master's degree are the key to ensuring that the entry level practitioner has received a quality education. The program for nursing under the waiver guidelines of the SBN is currently employing baccalaureate prepared nurses who are enrolled in a master's program that are employed as clinical faculty. The deans and directors of nursing programs in Nevada agree and support the mission statement of the National Council of State Boards (NCSB). The NCSB understands that the need for public protection through regulation has never been greater due in large part to the nursing shortage. Failure to maintain

standards of practice could lead to an increase in errors, increased risk for patient harm and a lack of public trust and confidence. The NCSB understands that during shortages of health care professionals, one predictable policy direction is to deregulate, thereby reducing practice standards. The primary mission of nurses, nurse educators and the national state member boards of nursing is the protection of the public's health and safety. The trend toward deregulation will soon increase the risk of harm to patients. We in the nursing community and those of you in public service must not allow this to happen.

JUDITH CORDIA, Ed.D. (Western Nevada Community College):
I am the Director of Nursing and Allied Health at Western Nevada Community College and have been in nursing education for a number of decades. I became a nurse when I finished my baccalaureate degree in Rochester, New York. At that time it was called nursing training. Nursing education is different than nursing training. When you educate a nurse, there is a continuum from the classroom to the laboratory to the practice area and there is a disconnect if individuals do not understand the curriculum of the program and how it relates to the practice setting where we need our best people who understand not only how to do but how to teach in the clinical setting where students connect theory to practice. That is the important point I am making, it is not only can you do it, but do you know how to teach what you do.

MILDRED LEFLEUR:
I have practiced nursing for a very long time. Nursing has a multitude of professional associations. The primary so-called professional association in this State is the NNA but less than ten percent of nurses in this State belong to the NNA. That skews who will be recommended to the board. In this State there is a requirement for continuing education. Only 14 other states in the United States have that requirement. That means someone coming from one of those states into the compact may not have any continuing education. Barriers to increasing enrollment are not necessarily limited to faculty; they are limited to clinical sites. This State does not have 350-bed hospitals in every community and the opportunity for students to get learning experience is becoming more difficult. Students are getting clinical experience on days, evenings, weekends and once in a while, night shifts. That is difficult for family members who teach. The eight-to-one ratio has been a major issue. I took students into clinical areas when I did not have enough faculty and tried to maintain my skills. When you have eight students in a clinical area in today's setting, you increase from one patient up to four patients as students go along in the program. Multiply that for

the instructor who is responsible for those eight students and each of their patients plus family and physicians. That ratio is not safe in current clinical settings.

MELINDA K. HOSKINS M.S., R.N., C.N.M., I.B.C.L.C. (Assistant Professor, Orvis School of Nursing, University of Nevada, Reno):
In 1974, as a recent BSN graduate with two years of experience, I was asked by my school of nursing to teach and supervise ten students in the clinical area. I had students taking care of one patient at a time. I was in charge of ten students and ten patients during the time when the nursing staff was caring for six or seven patients. I needed to know what was going on and also to know whether the nurse the student was working with was also going to be watching what that student was doing. I now have 13 years of teaching experience with a master's degree. I would say the depth of my experience has been exponential in terms of how I guide students in the experience they get. We should probably be teaching clinical skills in simulation laboratories rather than practicing on patients. Going to a hospital and learning to make assessments and that thinking process is not always a skill the bedside nurse is good at helping the student. When I take my students to the hospital for 7 hours of clinical practice, I have students in many different units of the hospital and they, along with their reference nurses, are taking care of 12 to 15 patients. I rely on the reference nurses, but I also feel a responsibility to my students to evaluate what the experience is they are getting because of how the nurse is working with them. I did not have that skill as a BSN because no one had talked to me about learning theory and how to guide learning. I think that is an important aspect of this whole education piece that has not been spoken to.

As a matter of clarification, the compact would allow travelers to come into this State who declare residency in a home state. I am familiar with a nurse who has been coming to the Reno area on travel assignments that go on for 13 weeks. She comes into our State from Arizona on a Nevada license and goes home for 1 week sometime in the middle of the 13 weeks. After the 13 weeks, she goes home for 2 to 3 weeks and then will come back for another 13-week assignment. She has been doing this for four years because the income is much greater. She earns around $48 an hour and our nurses make much less than that.

CHAIR TOWNSEND:
There being no further business before this Committee this morning, the meeting is now adjourned at 11:04 a.m.

RESPECTFULLY SUBMITTED:

_____
Jeanine Wittenberg,
Committee Secretary

APPROVED BY:

_____
Senator Randolph J. Townsend, Chair

DATE:_____