

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE, LABOR AND ENERGY**

**Seventy-Seventh Session
May 1, 2013**

The Senate Committee on Commerce, Labor and Energy was called to order by Chair Kelvin Atkinson at 1:39 p.m. on Wednesday, May 1, 2013, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 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 Kelvin Atkinson, Chair
Senator Justin C. Jones
Senator Joyce Woodhouse
Senator Joseph P. Hardy
Senator James A. Settelmeyer
Senator Mark Hutchison

COMMITTEE MEMBERS ABSENT:

Senator Moises (Mo) Denis, Vice Chair (Excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27
Assemblywoman Maggie Carlton, Assembly District No. 14

STAFF MEMBERS PRESENT:

Marji Paslov Thomas, Policy Analyst
Dan Yu, Counsel
Caitlin Brady, Committee Secretary

OTHERS PRESENT:

Shari Peterson, R.D.H., M.Ed., Legislative Chair, Nevada Dental Hygienists' Association

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K. Neena Laxalt, Nevada Dental Hygienists Association; Nevada State Board of
Veterinary Medical Examiners

Robert H. Tally, D.D.S., C.A.E., Executive Director, Nevada Dental Association

Richard Simmonds, D.V.M., M.S., President, Nevada State Board of Veterinary
Medical Examiners

Dennis R. Wilson, D.V.M., Nevada Veterinary Medical Association

John A. Hunt, Esq., Board Legal Counsel, Board of Dental Examiners of Nevada

James J. Jackson, Board of Homeopathic Medical Examiners

Diane Kennedy, President, Board of Homeopathic Medical Examiners

John W. Griffin, Esq., Nevada Advanced Practice Nurses Association

Matthew Khan, D.N.P., A.P.N., President, Nevada Advanced Practice Nurses
Association

Pam Vickerson, Public Policy and Advocacy Committee, Northern California and
Northern Nevada Alzheimer's Association

Cheryl Blomstrom, Nevada Nurses Association

Elisa P. Cafferata, President and CEO, Nevada Advocates for Planned
Parenthood Affiliates

Barry Gold, AARP Nevada

Debra Scott, M.S.N., R.N., F.R.E., Executive Director, State Board of Nursing

Yolanda Flores, M.D.

Melinda Hoskins, Nevada Advanced Practice Nurses Association

Sara Partida, Nevada State Medical Association

David Hald, M.D., President, Nevada State Medical Association

Daniel Spogen, M.D., Chair, Department of Family and Community Medicine,
University of Nevada School of Medicine; Director, American Academy of
Family Physicians

Annette Teijeiro, M.D.

Denise Selleck Davis, C.A.E., Executive Director, Nevada Osteopathic Medical
Association

Chair Atkinson:

I will open the hearing on Assembly Bill (A.B.) 277.

ASSEMBLY BILL 277 (1st Reprint): Revises provisions governing dental
hygienists. (BDR 54-788)

Assemblywoman Teresa Benitez-Thompson (Assembly District No. 27):

Assembly Bill 277 restores the legislative intent of the public health dental
hygiene endorsement. This endorsement allows a public health dental hygienist

to perform all duties delegated in *Nevada Administrative Code* (NAC) 631.210 without authorization or supervision by a dentist. The bill does not expand the scope of practice. The public health dental hygiene endorsement was created in 2001 to allow dental hygienists to provide cleanings, fluoride treatments, dental sealants, oral cancer screenings, tobacco cessation and nutritional counseling in underserved or underinsured locations without a dentist present. Public health dental hygienists can work independently, as sole providers, or through their own public health dental hygienist program, employing other endorsed public health dental hygienists. For approximately 10 years, public health dental hygienists have been able to provide services without authorization or supervision by a dentist. There have been no disciplinary actions taken against a public health dental hygienist. The Board of Dental Examiners of Nevada issued an advisory opinion confirming a public health dental hygienist can perform all duties delegated in NAC 631.210 without the authorization or supervision of a dentist. The Nevada Dental Hygienist Association, the Nevada Dental Association and the Board all worked collaboratively on this bill. The bill was unopposed in the Assembly. The bill will ensure underserved populations have access to needed oral care.

Shari Peterson, R.D.H., M.Ed. (Legislative Chair, Nevada Dental Hygienists' Association):

Assembly Bill 277 will promote endorsed public health dental hygienists and provide greater access to dental care.

Senator Hardy:

What is the special endorsement? Who issues the endorsement?

Ms. Peterson:

The Board of Dental Examiners of Nevada issues the public health dental hygienist endorsement. A dental hygienist licensed in Nevada can apply to the Board for a public health endorsement. The application is reviewed and voted on by the Board.

Senator Hardy:

Is the public health endorsement all-inclusive of a dental hygienist's normal practice?

Ms. Peterson:

The public health endorsement is specific to NAC 631.210, section 1. Section 2 and section 3 of NAC 631.210 require direct supervision of a dentist. It excludes local anesthesia, nitrous oxide administration and any procedure outlined under direct supervision.

Senator Hardy:

What will this allow a public health dental hygienist to do that he or she cannot do now?

Ms. Peterson:

Public health dental hygienists can provide all services listed in NAC 631.210. The change in this bill is the supervision required. A public health dental hygienist can provide the services listed without supervision or authorization from the patient's dentist. Generally, services include prophylaxis, fluoride treatments, oral health education, tobacco cessation and nutritional counseling. Public health dental hygienists are already providing those services. This does not expand the scope of practice. It will allow public health dental hygienists to practice in designated public health settings.

Senator Hardy:

Would public health dental hygienists' scope of practice be expanded to practice without a dentist present except in public health facilities?

Ms. Peterson:

There is no expanded scope of practice. The bill removes the supervisory requirement.

Senator Hardy:

Does it remove the supervisory requirement completely?

Ms. Peterson:

No. The supervisory requirement is removed for practice in public health programs recognized by the Board for which the hygienist has been given a public health endorsement. In private practice, the parameters of NAC 631.210 still hold true.

Senator Hardy:

This bill would increase access to dental care in a preventative way. This would also take advantage of the skills of dental hygienists in the public health field and not affect the private practice. Correct?

Ms. Peterson:

Yes.

K. Neena Laxalt (Nevada Dental Hygienists Association; Nevada State Board of Veterinary Medical Examiners):

This is already in *Nevada Revised Statutes* (NRS). There were concerns with the way the Board read the statute.

Robert H. Talley, D.D.S., C.A.E. (Executive Director, Nevada Dental Association):

The Nevada Dental Association supports the bill.

Chair Atkinson:

I will close the hearing on A.B. 277. I am opening the hearing on A.B. 72.

ASSEMBLY BILL 72: Revises provisions relating to the Nevada State Board of Veterinary Medical Examiners. (BDR 54-189)

Richard Simmonds, D.V.M., M.S. (President, Nevada State Board of Veterinary Medical Examiners):

I will read my written testimony ([Exhibit C](#)) explaining the bill. The bill passed the Assembly without opposition.

Senator Settlemeyer:

Do you have many divided votes on the Nevada State Board of Veterinary Medical Examiners? If you have eight people, there could be a tie.

Dr. Simmonds:

The investigating board member abstains from voting. The chair only votes in the case of a tie. There have only been two ties while I have been serving.

Dennis R. Wilson, D.V.M. (Nevada Veterinary Medical Association):

The Nevada Veterinary Medical Association is in strong support of the bill. Veterinary technicians are an indispensable part of our practice. It is appropriate for them to have representation on their licensing board.

Chair Atkinson:

The hearing on A.B. 72 is closed. I will open the hearing on A.B. 324.

ASSEMBLY BILL 324 (1st Reprint): Revises provisions relating to dental assistants. (BDR 54-938)

Assemblywoman Maggie Carlton (Assembly District No. 14):

This bill creates the certified dental assistant, a higher level of dental assistant, in the State. The bill will also include certified dental assistants in licensure under the Board of Dental Examiners of Nevada. This is a public safety issue. We do not have a record of all the dental assistants in the State. It is voluntary for a dentist to list dental assistants on registration forms. This will provide for licensure, regulation and continued training for certified dental assistants. The bill passed through the Assembly, although not unanimously.

Ms. Peterson:

I will read from the schematic of A.B. 324 ([Exhibit D](#)) summarizing each section of the bill. I have also provided additional written testimony ([Exhibit E](#)) and a position paper from the American Dental Assistants Association ([Exhibit F](#)) for your review.

Senator Settlemeyer:

What was the genesis of this bill?

Ms. Peterson:

In 2003, certified dental assistant students tried to formulate a dental assisting association to be recognized. The Nevada Dental Hygienists' Association passed a resolution in support of recognizing them. Dental assistants do have a scope of practice outlined in regulation but are not recognized as registered or licensed entities in chapter 631 of NRS. If a dental assistant practices outside the scope of practice, intentionally or accidentally, the dentist is held accountable and disciplined. The Board does not have the authority to discipline a dental assistant. There are also public health concerns. Dentists and hygienists are required to have knowledge in infection control. Dental assistants are the

primary individuals performing infection control techniques and exposing radiographs in an office. It is appropriate for them to be required to have a certain level of knowledge. Dental assistants and dental assisting educators asked for this recognition.

Senator Settlemeyer:

Would Nevada be the only state allowing 16-year-olds to do this? We have heard that person's brain does not finish developing until the age of 25. It concerns me to let 16-year-olds do this.

Ms. Peterson:

Several provisions in NAC—459.0512, 459.060, 459.116, 459.325, 459.331, 459.339, 459.558, and 459.5585— pertain to radiation exposure, and require any individual between the ages of 16 and 18 who exposes radiographs to wear a dosimeter. We did not want to exclude those individuals from practicing since it is provided for. We are also trying to be sensitive to the needs of dentists who already employ dental assistants under the age of 18.

Senator Hardy:

Why are we limiting continuing education units (CEUs) to infection control? Why would we not include radiation CEUs too? What are the penalties for unlicensed dental assistants? What are the differences in scope of practice between a dental assistant and certified dental assistant? Is there a change in liability coverage for the dentist, hygienist or dental assistant under this bill?

Ms. Peterson:

We mirrored the CEU requirements for dentists and hygienists when they renew their licenses. The Board will approve the initial requirements of the standardizations of knowledge for dental assistants. It would be more appropriate for the Board to work directly with dental assistants and dentists to determine the differences in scope of practice for dental assistants and certified dental assistants. This would be based on education, training, rigor and risks involved with performing certain procedures. We did not want to specify the specific tasks in statute. The most common regulated procedures delegated only to certified dental assistants in other states are coronal polishing and fabricating and sealing temporary crowns. A dentist's liability insurance covers all employees. Some hygienists do purchase their own liability insurance, but it is not required. Most states do not require dental assistants to purchase individual liability insurance because they are covered under the dentists' insurance.

Senator Hardy:

Are penalties for unlicensed dental assistants included in the bill?

Ms. Peterson:

Section 9 of A.B. 324 states dental assistants and certified dental assistants shall not violate any provision of chapter 631 of NRS or any regulation adopted pursuant thereto. If dental assistants are registered with the Board, they are afforded the opportunity to go through the disciplinary process. Currently, there is no license against which the Board may take action. Often, cases of a dental assistant practicing outside the scope of practice are referred to district attorney's offices.

Senator Hardy:

Are the penalties in regulation fines, not misdemeanors? Why are radiation CEUs not included in the bill?

Ms. Peterson:

Radiation and infection control technique courses are proposed to be required for initial application. It is included in section 5, subsection 2, paragraph (e) and paragraph (f). Upon renewal, section 7, subsection 1, paragraph (b) would require four CEUs in infection control. Infection control is constantly changing and updating, so dental assistants need to have the latest information.

John A. Hunt, Esq. (Board Legal Counsel, Board of Dental Examiners of Nevada):

After being licensed by the Board, dental assistants and certified dental assistants would be subject to all statutes and regulations. They would also be subject to the disciplinary process set forth in NRS 631.350. Currently, if a dental assistant performed outside the scope of practice, the dentist is held responsible and is disciplined. The Board can seek an injunction against the dental assistant. If the dental assistant violated the injunction, the case would be referred to the district attorney or Attorney General's Office.

Senator Hardy:

Is the dentist responsible for the dental assistants because there is not a licensing process for dental assistants?

Mr. Hunt:

Yes. The dentist is responsible for all acts of the dental assistants. If a dental assistant violates scope of practice, we can seek an injunction. If there are further violations, the courts can implement criminal sanctions.

Senator Hardy:

Would a dental assistant have to violate the injunction rather than an unlicensed care provision because there is not an unlicensed care penalty?

Mr. Hunt:

Yes. In order to revoke a license, the dental assistants would be subject to appropriate due process. The bill affords for that. This will prevent dental assistants from acting outside the scope of practice set forth in regulations.

Senator Jones:

Does someone who has been operating as a dental assistant for years have to go through the same process as someone licensed for the first time under this bill?

Ms. Peterson:

The bill does not eliminate on-the-job trained dental assistants. There are two ways to become a certified dental assistant. First, an individual can go through a formal program and pass an exam by the Dental Assisting National Board, Inc.. Second, if an individual has been trained on the job as a dental assistant, he or she can complete a specified number of hours of educational training, have his or her on-the-job training validated by the dentist and pass the Dental Assisting National Board exam. Then the individual is issued a certificate as a certified dental assistant. After that, he or she can apply for a license in Nevada.

Senator Jones:

Is anyone grandfathered under this bill?

Mr. Hunt:

The scope of practice for a dental assistant is set forth in NAC 631.220. This bill creates a two-tiered system of dental assistants trained on the job and more advanced certified dental assistants. Regulations will detail what the specific job differences are between the two tiers. Licensing dental assistants will subject them to due process requirements and disciplinary procedures.

Assemblywoman Carlton:

Two issues arose after the bill passed the Assembly. First, we did not include a renewal fee in section 14.5. We need to add a renewal fee in statute. Second, we might be in violation of trademark law by using the word "certified." Mr. Hunt has a solution, and I received a possible solution from the Legislative Counsel Bureau (LCB).

Mr. Hunt:

If we change it to "Nevada certified dental assistant," we would obviate any possible violation of trademark law. I have spoken to a representative of the Dental Assisting National Board who indicated this would be an acceptable solution.

Assemblywoman Carlton:

The LCB proposes to change it to "certified Nevada dental assistant." Either proposal would address the trademark issues. There is also a proposed change to "practical dental assistant."

Mr. Hunt:

"Practical dental assistant" will help the Board administer this two-tiered system. One other small change comes in section 5, subsection 1. The bill says "a person may apply." This should not be discretionary. It was overlooked. We need to change it to "a person shall apply."

Dr. Talley:

I will read from my written testimony ([Exhibit G](#)) explaining the Nevada Dental Association's opposition to A.B. 324. I have also provided a handout from the Center for Disease Control ([Exhibit H](#)) referenced in my written testimony.

Chair Atkinson:

Have you discussed your concerns with Assemblywoman Carlton?

Dr. Talley:

No.

Chair Atkinson:

Why not?

Dr. Talley:

Chris Ferrari, the lobbyist for the Nevada Dental Association, tried numerous times and was told we could not meet with the sponsor.

Chair Atkinson:

I would like to avoid opposition to Assembly bills in the Senate if they were not opposed in the Assembly.

Senator Settelmeyer:

I do not want to regulate businesses unless there is a problem that has occurred or unless the industry itself wants regulations. I do not think there has been a problem. I have not heard from any dental assistants wanting regulations. Only dental hygienists want to regulate dental assistants. Is there a desire from the dental assistants for this bill?

Assemblywoman Carlton:

I am concerned it is not mandatory for dentists to list their assistants with the Board. I assumed everyone who comes in contact with patients underwent a background check. Dental assistants do not. The conversation evolved to certified dental assistant as a way to recognize someone with a higher skill level. I have received emails from dental assistants on both sides of the issue. Some dental assistants are eager for their profession to be recognized. They want to continue on the career path to be certified dental assistants and then hygienists. I have not heard any opposition from hygienists. We need to be sure to address the public safety issues. Additionally, boards respond to complaints from licensees. The Board does not license dental assistants. Complaints by dental assistants are not being heard. Everyone who comes in contact with a patient should submit some form of background information or fingerprints.

I did speak with Mr. Ferrari and the Nevada Dental Association about this bill. We could not reach a middle ground. I worked with the proponents of the bill. I do not know what level of interaction the proponents had with the Nevada Dental Association.

Chair Atkinson:

I will close the hearing on A.B. 324. The hearing on A.B. 341 is now open.

ASSEMBLY BILL 341 (1st Reprint): Revises provisions relating to homeopathic medicine. (BDR 54-1032)

Assemblywoman Maggie Carlton (Assembly District No. 14):

This is a cleanup measure brought by the Board of Homeopathic Medical Examiners to deal with issues encountered. It was amended in the Assembly to simplify the multitude of titles used in the bill. It also amended the educational designations to make them easier to understand.

James J. Jackson (Board of Homeopathic Medical Examiners):

This bill affects the practice of homeopathy, homeopathic assistants and advanced practitioners of homeopathy. This does not affect any other medical practice in Nevada. Assembly Bill 341 focuses on the functions of the Board of Homeopathic Medical Examiners. It includes advanced homeopathic practitioners and homeopathic assistants in the jurisdiction of the Board of Homeopathic Medical Examiners. The bill requires any applicant for licensure in Nevada to submit fingerprints for a background check.

Diane Kennedy (President, Board of Homeopathic Medical Examiners):

The bill passed unanimously in the Assembly. It clarifies and tightens language. For example, instead of requiring 6 months of training, we would require 600 hours of training.

Senator Hutchison:

Section 8, subsection 4, requires an applicant to provide proof of rehabilitation when applying for a license in Nevada if his or her license was rejected or suspended in another jurisdiction. What is the intent of this section?

Ms. Kennedy:

We have had applicants sue the Board of Homeopathic Medical Examiners and the Board members because we did not issue a license. We wanted clarification in statute so it did not happen again.

Senator Hutchison:

An applicant's license had been suspended or revoked in another jurisdiction, so the Board of Homeopathic Medical Examiners did not issue the applicant a license in Nevada. The applicant sued because of that. Correct?

Ms. Kennedy:

Yes.

Senator Hutchison:

Will this language prevent that from happening again?

Ms. Kennedy:

Our counsel thought this would be sufficient.

Senator Hutchison:

Are you relying on advice from counsel?

Ms. Kennedy:

Yes.

Chair Atkinson:

The hearing on A.B. 341 is closed. The hearing on A.B. 170 is now open.

ASSEMBLY BILL 170 (1st Reprint): Revises provisions relating to the advanced practice of nursing. (BDR 54-778)

Chair Atkinson:

The Committee has received a number of letters regarding A.B. 170 ([Exhibit I](#), [Exhibit J](#) and [Exhibit K](#)). We have already heard personal testimony on this issue when this Committee heard the companion bill Senate Bill (S.B.) 69 on February 27.

SENATE BILL 69: Revises provisions governing advanced practitioners of nursing. (BDR 54-549)

Assemblywoman Maggie Carlton (Assembly District No. 14):

This bill does not change the team practice of medicine. In my own experience, I was referred to an advance practice nurse for a routine appointment when the doctor could not see me. The advanced practice registered nurse found some issues, and I was diagnosed with cancer. The advanced practice registered nurse referred me back to the doctor, who referred me to an oncologist. After the oncologist treated my cancer, I was referred back to the doctor. The doctor sent me back to the advanced practice registered nurse. The system works. Advanced practice registered nurses are an integral part of the health care team. Assembly Bill 170 addresses the collaborative agreement in regulations. The bill eliminates the collaborative agreement and allows advanced practice registered nurses to practice independently. This does not change the scope of practice.

This will not destroy the team model. The State Board of Nursing has worked on this bill. Advanced practice registered nurses are well qualified. They have thousands of hours of training; some are even doctors of nursing.

John W. Griffin, Esq. (Nevada Advanced Practice Nurses Association):

Since our testimony on S.B. 69, more states have adopted similar laws. There are now 24 states with similar laws. California just passed similar language out of committee. If California enacts the law, Nevada would be the donut hole as the only state in the western United States without this provision. No state has repealed this law once it has been enacted.

Matthew Khan, D.N.P., A.P.N. (President, Nevada Advanced Practice Nurses Association):

This bill is not intended to change the qualifications or expand the number of people eligible for this designation. Under the Affordable Care Act, advanced practice registered nurses are qualified to serve as primary care providers. There was some discussion about the change from advance practice nurse to advanced practice registered nurse. The title of advanced practice registered nurse is used in over 30 states. The Nevada Advanced Practice Nurses Association supports A.B. 170. I have submitted additional comments ([Exhibit L](#)) for your review.

Pam Vickerson (Public Policy and Advocacy Committee, Alzheimer's Association):

The Alzheimer's Association supports A.B. 170. Access to health care is difficult in rural areas of Nevada. Over 29,000 people in Nevada suffer from Alzheimer's disease. Nurse practitioners are professionally trained. They will enhance the ability for people in rural communities to access diagnoses, treatment plans and health care. We need early diagnosis of Alzheimer's disease. Assembly Bill 170 will help rural communities access health care.

Cheryl Blomstrom (Nevada Nurses Association):

The Nevada Nurses Association supports A.B. 170. Nurses and nurse practitioners are well trained and well regulated. The State Board of Nursing controls what nurses can and cannot do. This bill will enhance nurse practitioners' ability to offer access to health care, particularly primary care.

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Elisa P. Cafferata (President and CEO, Nevada Advocates for Planned Parenthood Affiliates):

The Nevada Advocates for Planned Parenthood Affiliates support the A.B. 170.

Senator Hardy:

How many advanced practice nurses practice primary care? How many practice in the rural communities?

Ms. Blomstrom:

I do not know. I will find out and get back to you.

Barry Gold (Director of Government Relations, AARP):

I have submitted written testimony ([Exhibit M](#)). AARP supports A.B. 170 because it will increase consumer access to health care.

Debra Scott, M.S.N., R.N., F.R.E. (Executive Director, State Board of Nursing):

I have submitted written testimony ([Exhibit N](#)) in support of A.B. 170. The State Board of Nursing supported the amendments made in the Assembly.

Senator Hardy:

There are specialties listed in NAC. Will there be any specialties put into statute? How do we determine what specialties and training an individual must have to be classified as an advanced practice registered nurse?

Ms. Scott:

The specialties listed, certified nurse midwife, nurse psychotherapist, certified nurse practitioner and clinical nurse specialist, must all meet the same requirements to become an advanced practice registered nurse. The specialties are identified through national certification. All the specialties listed must meet the same requirements to be an advanced practice registered nurse and receive certification through the Nevada State Board of Nursing. This will not change the requirements for advance practice nurses or change the level of practice.

Senator Hardy:

A physician has to do a fellowship after residency to become a subspecialist. Do advanced practice registered nurses have similar requirements?

Ms. Scott:

National certification entities have specific requirements for specialties. I am a nurse psychotherapist. My basic education is the same as other advanced practice registered nurses. In addition to the basic training, I was required to complete an additional clinical requirement of 2,000 hours of supervised practice in psychotherapy.

Senator Hardy:

Are the additional requirements specified somewhere?

Ms. Scott:

Requirements for certification above an advance practice nurse are spelled out in the certification body's regulations.

Senator Hardy:

Is it at the state or national level?

Ms. Scott:

The regulations are included in the national standards of practice.

Yolanda Flores, M.D.:

This will increase consumer's access to health care. I support A.B. 170.

Senator Hardy:

When an advanced practice registered nurse is the health care provider, is there any discrepancy in the remuneration between the specialty physician and the advanced practice registered nurse?

Melinda Hoskins (Nevada Advanced Practice Nurses Association):

Under Medicare, nurse midwives and nurse psychotherapists are reimbursed at 85 percent of the physician's fee. Under that same law, since January 2012, nurse midwives are reimbursed at 100 percent of that fee. Medicaid in Nevada has a distinction between the nurse practitioners' and the physicians' reimbursement rates. Private insurance reimbursement rates and policies vary.

Senator Hardy:

What is the liability insurance differential?

Ms. Hoskins:

Most practitioners are required to have a certain level of liability coverage by the insurance companies or hospital as part of the credentialing process. In most circumstances, it is a \$1 million/\$3 million liability coverage for any practitioner.

Senator Hardy:

What is the actual payment to get liability coverage?

Ms. Hoskins:

My husband is a family physician, and he pays approximately \$5,000 per year as a preferred provider. My insurance is 10 percent of that because he is my collaborating physician. Physicians are charged a surcharge because of the vicarious liability embedded in the collaborative agreements with nurse practitioners. In 2004, I could get \$1 million/\$3 million coverage through the American College of Nurse Midwives' preferred liability insurance for \$9,000 per year. If a doctor was in the room with me when I delivered a baby, the liability insurer would insure me for \$15,000. If the doctor was in the hospital but not the room, I would be insured for \$25,000. If the doctor was not in the hospital, I would not have coverage. Nationally, advanced practice registered nurses practicing in primary care are paying less than \$2,000 per year for liability coverage.

Sara Partida (Nevada State Medical Association):

We have a proposed amendment ([Exhibit O](#)) to A.B. 170.

David Hald, M.D. (President, Nevada State Medical Association):

I have worked in collaboration with advanced practitioners of nursing for over 15 years. I will read from my written testimony ([Exhibit P](#)) explaining the Nevada State Medical Association's opposition to A.B. 170.

Chair Atkinson:

Could you please explain the proposed amendment, [Exhibit O](#)?

Ms. Partida:

Dr. Hald just explained the rationale for the amendment. The conceptual changes would limit advanced practice registered nurses to primary care. We think that is the intent of the bill and where Nevada needs more access. We are trying to balance quality and access to care with how health care needs to be delivered in this State. We are also asking for a 24-month collaborative practice

period for advanced practice registered nurses. We do not want nurses right out of school going directly into independent practice. They need to have experience collaborating with a physician first.

Chair Atkinson:

Is the rationale portion of [Exhibit O](#) the rationale for your opposition?

Ms. Partida:

It is the rationale for the three changes we are proposing.

Chair Atkinson:

Did you talk to Assemblywoman Carlton about these changes?

Ms. Partida:

She did not agree with the changes we proposed.

Senator Jones:

Has the 24-month collaborative practice requirement been adopted by any other state?

Dr. Hald:

Yes.

Senator Jones:

Which states?

Dr. Hald:

Utah and New Mexico both require a 24-month collaborative period after training.

Senator Jones:

Outside of Oregon, which other states have a limited scope for independent practice?

Dr. Hald:

Some states have commissions to define the scope of practice. In general, the scope is defined differently in each state. Prescribing is usually limited to specialty areas. Some states require written agreements between advance practice nurses and physicians for schedule 2 and schedule 3 narcotics. In

Alaska to practice independently, an advance practice nurse must have a contract with the emergency department for a referral in emergency treatment of patients.

Daniel Spogen, M.D. (Chair, Department of Family and Community Medicine, University of Nevada School of Medicine; Director, American Academy of Family Physicians):

I provided a handout, "Primary Care for the 21st Century" ([Exhibit Q](#)). I am opposed to the amendment and the bill. Primary care physicians practice family medicine. This is all about access to health care. We all want more care and better care for Nevadans. The American Board of Family Medicine believes we need to have defined teamwork in place where the physician is the lead. If we do not, it will further fragment health care delivery. Teamwork needs to utilize all health care providers at the top of their skill sets. Nurse practitioners allow greater access, but we need the expertise of physicians. Primary care physicians complete 15,000 hours of clinical training. Nurse practitioners complete 1,500 hours of clinical training. Only 23 percent of nurse practitioners are working in family practice. About 45 percent of those listed as family nurse practitioners actually work in cardiology clinics, emergency departments, oncology clinics and long-term facilities. Approximately 75 percent of nurse practitioners are not on-call at night, and 32 percent do not work on weekends. Approximately 23 percent of nurse practitioners work in primary care practice in rural and underserved areas. Nurse practitioners are not going to go to the areas of need. Nevadans need the collaborative agreements with the physicians.

Annette Teijeiro, M.D.:

I will read from my written testimony ([Exhibit R](#)) explaining my opposition to A.B. 170. There has been discussion about access to care. Physician extenders such as nurse practitioners allow patients to be seen that might not otherwise be seen. However, limited access to care did not cause the hepatitis C outbreak at the Endoscopy Center of Southern Nevada in 2008. Those patients had access to care; it was not optimal care. If there are rural challenges to care, we should address those problems. If there are specific problems, I would recommend a multi-disciplinary panel to address those issues. It is premature to dispose of the current, collaborative system of nurses and doctors working together to serve patients. Collaborative agreements are strengthening for patient care.

Denise Selleck Davis, C.A.E. (Executive Director, Nevada Osteopathic Medical Association):

Included on page 3 of [Exhibit I](#) is a letter from the Nevada Osteopathic Medical Association explaining our opposition to A.B. 170. We represent over 700 physicians in the State, with 60 percent being primary care doctors and 8 percent practicing in rural areas. We are interested in working on the bill further.

Assemblywoman Carlton:

Nothing in this bill prohibits a collaborative agreement from existing. We are proposing no longer requiring one for advanced practice registered nurses to practice. If an advanced practice registered nurse wants to work under that scheme, he or she can. Doctors believe the collaborative agreement has caused issues and do not believe it works as well as it should. That will need to be addressed in the future. I do not read the 24-month collaborative agreement requirement in the proposed amendment as only applying to new graduates from nursing school. If an advanced practice registered nurse who has been practicing for 20 years in another state comes to Nevada, he or she would have to practice under a collaborative practice agreement for 24 months. That defeats the purpose of attracting more advanced practice registered nurses to Nevada. Most advanced practice registered nurses practice within the primary care arena. I do not want to set up any barriers to addressing the level of care for Nevadans.

Chair Atkinson:

I have not seen other states with this provision having problems. I am not sure why there is opposition. We will continue working on it.

Senator Settlemeyer:

The Affordable Care Act will require more people in the field. I appreciate the intent of the bill. I am concerned about the concept of someone just out of school being able to go into independent practice. I am not concerned about advanced practice registered nurses who have been practicing in other states and coming to Nevada. Would you be agreeable to requiring a collaborative agreement with a physician for someone right out of school?

Assemblywoman Carlton:

After hearing the extensive answers from Debra Scott with all the criteria and qualifications to finish school, there comes a time when someone is prepared to

practice a trade. We do not require physicians who have practiced many years to work collaboratively. Nothing prohibits an advanced practice registered nurse from working collaboratively. We should allow advanced practice registered nurses to practice medicine at their level of training.

Senator Settlemeyer:

Do you feel there is already a fair amount of residency required for advanced practice registered nurses?

Assemblywoman Carlton:

It is not called residency, but all the qualifications and hours of certification that are required should count. The State Board of Nursing will evaluate and allow an advanced practice registered nurse to practice or not.

Senator Woodhouse:

I support A.B. 170. My sister was a nurse practitioner. She started working in a hospital and doctors' offices. As she earned her additional credits, she realized her goal of becoming a nursing professor. Later, she realized another goal of opening her own independent practice. She lived in Montana, where they allow nurse practitioners' independent practice. She specialized in primary care for women and children. When she moved to Oregon, she expanded her practice to include geriatric patients. For over 30 years, she worked in her profession. I am happy to support this bill.

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Chair Atkinson:

I will close the hearing on A.B. 170. The meeting is adjourned at 3:44 p.m.

RESPECTFULLY SUBMITTED:

Caitlin Brady,
Committee Secretary

APPROVED BY:

Senator Kelvin Atkinson, Chair

DATE: _____

EXHIBITS				
Bill	Exhibit		Witness / Agency	Description
	A	1		Agenda
	B	10		Attendance Roster
A.B. 72	C	1	Richard Simmonds	Written testimony
A.B. 324	D	2	Shari Peterson	Schematic
A.B. 324	E	3	Shari Peterson	Written testimony
A.B. 324	F	5	Shari Peterson	Position paper
A.B. 324	G	2	Robert H. Tally	Written testimony
A.B. 324	H	2	Robert H. Tally	Centers for Disease Control handout
A.B. 170	I	11	Chair Atkinson	Various letters
A.B. 170	J	4	Chair Atkinson	Various letters 2
A.B. 170	K	2	Chair Atkinson	Letter
A.B. 170	L	3	Matthew Khan	Comments
A.B. 170	M	1	Barry Gold	Written testimony
A.B. 170	N	2	Debra Scott	Written testimony
A.B. 170	O	1	Sara Partida	Proposed amendment
A.B. 170	P	1	David Hald	Written testimony
A.B. 170	Q	1	Daniel Spogen	Primary Care for the 21st Century handout
A.B. 170	R	1	Annette Teijeiro	Written testimony