MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR

Seventy-Ninth Session
March 27, 2017

The Committee on Commerce and Labor was called to order by Chair Irene Bustamante Adams at 1:25 p.m. on Monday, March 27, 2017, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Irene Bustamante Adams, Chair
Assemblywoman Maggie Carlton, Vice Chair
Assemblyman Nelson Araujo
Assemblyman Chris Brooks
Assemblyman Skip Daly
Assemblyman Ira Hansen
Assemblywoman Sandra Jauregui
Assemblyman Al Kramer
Assemblyman Jim Marchant
Assemblywoman Dina Neal
Assemblyman James Ohrenschall
Assemblywoman Jill Tolles

COMMITTEE MEMBERS ABSENT:

Assemblyman Paul Anderson (excused)
Assemblyman Jason Frierson (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Robin L. Titus, Assembly District No. 38
Assemblywoman Melissa Woodbury, Assembly District No. 23
Assemblyman James Oscarson, Assembly District No. 36
Senator Joseph (Joe) P. Hardy, Senate District No. 12

STAFF MEMBERS PRESENT:

Kelly Richard, Committee Policy Analyst
Kathryn Keever, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Julie Thomas, Physician Assistant-Certified; and President-Elect, Nevada Academy of Physician Assistants
Susan L. Fisher, representing Nevada State Board of Osteopathic Medicine
Cody Myers, Private Citizen, Wellington, Nevada
Barry Gold, Director, Government Relations, AARP Nevada
Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada
Louis Ling, Board Counsel, Nevada State Board of Osteopathic Medicine
Keith Lee, representing Board of Medical Examiners
Joan Hall, President, Nevada Rural Hospital Partners
Conner Cain, representing Touro University, Las Vegas, Nevada
Cindy Pitlock, Advanced Practice Registered Nurse; and Legislative Liaison – North, Nevada Advanced Practice Nurses Association
Cameron Byers, Physician Assistant; and President, Nevada Academy of Physician Assistants
Jessica Ferrato, representing Nevada Nurses Association
John J. Piro, Deputy Public Defender, Clark County Public Defender's Office
Vania Carter, Advanced Practice Registered Nurse; and Member, Nevada Advanced Practice Nurses Association
Mary Pierczynski, representing Nevada Association of School Superintendents; and Nevada Association of School Administrators
Brad Keating, Legislative Representative, Community and Government Relations, Clark County School District
Sandra L. Talley, Advanced Practice Registered Nurse, Arthur Emerton Orvis Endowed Professor, Orvis School of Nursing, University of Nevada, Reno
Michael Hillerby, representing State Board of Nursing

Chair Bustamante Adams:
[The roll was taken.] We have four bills today. Assemblywoman Titus will give us a presentation on the differences between a physician assistant and a nurse practitioner. We are combining Assembly Bill 265, which is Assemblyman Oscarson's bill, with Assembly Bill 116. Assemblyman Oscarson will talk about that later on. It has almost identical language. The first bill we will hear is Assembly Bill 284.

Assemblywoman Robin L. Titus, Assembly District No. 38:
My district covers most of Lyon County and all of Churchill County. This is a large rural area. I want to provide an overview of the careers we will be discussing today. A physician assistant and an advanced practice registered nurse (APRN) are both considered medical professionals. Both are considered medical providers. I have submitted a list of the training requirements for each (Exhibit C).

The key point I want to make is the difference in their licensure. The State Board of Nursing licenses advanced practice registered nurses (APRN). The Board of Medical Examiners and the State Board of Osteopathic Medicine licenses physician assistants (PA). Physician assistants are required to have a physician supervisor. Advanced practice registered nurses are no longer required to have a collaborating physician. The Nevada State Legislature granted them the right to an independent practice in 2013.

In addition to their training, a major reason to grant them independence is the lack of Nevada providers to oversee them. This is especially true in the rural areas and in primary care practices. Unfortunately, we have not solved the problem of the lack of providers. As Nevada's population continues to grow, the ratio of medical providers to the population has gotten worse. The projected physician shortage nationwide is about 90,000 providers by 2025. It actually increases to 105,000 providers in 2030.

Primary care is one of the areas with the most significant shortfall. As a family practice physician, I have trained and worked with both advanced practice registered nurses and physician assistants. Without the dedication and skills of Cody Myers, a physician assistant in my office, I would not be able to be here today. Last session, Joanne Araki, an APRN, made it possible for me to be here.

I have been available to both 24 hours a day via phone and I am in-house three days a week. However, there are things that require my signature, but sometimes I am unavailable. This does not make sense since both APRNs and PAs have the training and knowledge to perform an exam and make the appropriate decisions. One of the issues identified is the very nature of the profession. In 1864, when the *Nevada Constitution* and the subsequent *Compiled Laws of Nevada* were written, the practice models and the professions of advanced practice registered nurse and physician assistant did not exist. The bills before you today are to alleviate some of the barriers to care and to update the statutes in order to be consistent with today's health care world while protecting physician assistants.

Assembly Bill 115, Assembly Bill 116, Assembly Bill 265, and Assembly Bill 284 all pertain to similar subjects. I want to point out that Senator Woodhouse has submitted Senate Bill 227, which mirrors Assembly Bill 116. Clearly, this is an issue that many feel needs clarification.

Finally, I want to point out that while there are similarities between the two professions, there is a distinct difference in licensure. The State Board of Medical Examiners and the State Board of Osteopathic Medicine license physician assistants. The State Board of Nursing licenses advanced practice registered nurses. I have provided a list of the differences in the training requirements for a physician assistant and advanced practice registered nurses (Exhibit C) and an article, "What is a Physician Assistant/Nurse Practitioner" (Exhibit D).

The content of each bill is different. The Committee policy analyst has also put together a table titled, Comparison of Measures Related to Authority of Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN) showing the differences in the bills (Exhibit E).

[Written testimony and additional articles were submitted (Exhibit F), (Exhibit G), and (Exhibit H).]

Chair Bustamante Adams:
Are there any questions?

Assemblywoman Carlton:
I am looking for information on the educational levels for each profession. There is a significant difference in the educational levels between a physician assistant and an advanced practice registered nurse.

Assemblywoman Titus:
I do not have that information right now. I can get it for you. For me, as a health care professional, a difference is that a physician assistant has a master's degree, which can be in science, and it does not have to be in nursing. An advanced practice registered nurse also has a graduate degree, but their degree is in nursing. That is the major difference in their education. Both have training in pharmacy, physiology, basic chemistry, and patient care. These are similar tracks, and there is documentation to show this.

Assemblywoman Carlton:
Thank you for that information, but there is a significant difference between the two. I believe that it would be useful for the Committee to have a document that clearly lists the differences in education between the two professions. When we had this discussion under the "APRN bill" in 2013, we needed that information in order to understand the different levels of education for the two professions. I think we need this information now. It is very important.

Chair Bustamante Adams:
Are there any other questions from the Committee? [There were none.] I will open the hearing on Assembly Bill 284.

Assembly Bill 284: Revises provisions relating to Physician Assistants. (BDR 54-728)

Assemblywoman Melissa Woodbury, Assembly District No. 23:
Assembly Bill 284 changes the way physician assistants are regulated in Nevada. Under current law, a physician assistant undergoes one program of training, but must obtain a license from the Board of Medical Examiners and the State Board of Osteopathic Medicine in order to practice under the supervision of allopathic and osteopathic physicians. The intent of Assembly Bill 284 is to streamline this process by allowing physician assistants to practice after obtaining a license from just one board, the Board of Medical Examiners.

In addition to making changes to the licensing and supervision of physician assistants, Assembly Bill 284 authorizes physician assistants to provide certain voluntary and unsupervised health care services; makes changes to the requirements of a physician assistant to be licensed under *Nevada Revised Statutes* (NRS) Chapter 630; authorizes a physician assistant to request to be placed on inactive status; and designates physician assistants to act as primary care physicians under certain insurance plans.

We have reviewed the amendment that Susan Fisher, representing the State Board of Osteopathic Medicine, has proposed (Exhibit I). We support the amendment in concept, and understand that the intent of the amendment is to allow both medical boards to continue to regulate physician assistants. They would do this by creating a notification process and allowing a physician assistant in good standing to practice under the supervision of either a medical doctor (MD) or a doctor of osteopathic medicine (DO). They would do this using their existing license. The amendment retains our original goal—to keep physician assistants from having to obtain two licenses. However, we want to retain the other provisions of Assembly Bill 284 that we just discussed.

Senator Joseph (Joe) P. Hardy, Senate District No. 12:
When the smoke clears, this is what I would like to have happen: one application fee, one license, and everything else coordinated between the two boards—the State Board of Osteopathic Medicine and the Board of Medical Examiners under NRS Chapters 633 and 630.

Physician assistants now have to submit two applications for licensing and two fees in order to work with MDs and DOs. It becomes problematic in an emergency room for a physician assistant to figure out who they are working with. Physicians in an emergency room come and go. It may not be clear if the physician is an MD or a DO. This bill will allow physician assistants to complete one application and pay one fee. This saves them time and money. It will also allow the boards to stop duplicating physician assistant paperwork and processing.

This bill will be amended to allow a physician assistant to be on each board— the Board of Medical Examiners and the State Board of Osteopathic Medicine. The State Board of Osteopathic Medicine will be submitting an amendment that this board position is a nonvoting member of the board. Physician assistants understand the process, and I would like the physician assistant member of the board to be a voting member.

In my explanation of the bill, I note that physician assistants should be allowed to volunteer in a disaster situation. When there is an emergency, we want all hands on deck—we want everybody to do all they can within their allowed scope of practice. We want physician assistants to be there, working in an emergency, instead of standing around. We want them to be able to help in an emergency. We want to be able to utilize the help of all medical personnel in this type of situation. Currently, NRS contains provisions for Good Samaritans. This bill would clarify the role of a physician assistant in an emergency. Inasmuch as no money is charged and the victims are the patients, we want physician assistants to help in an emergency.

To become a physician assistant and to use the letters PA after their name, a person must earn a master's degree. This is similar to doctors using the initials MD after their name. If they are not practicing, if they have let their license lapse, they are still able to use the initials MD after their name. They have earned it; it indicates the degree they have earned. The same is true for JD, MSW, RN, Ph.D., or any degree you earn. A physician assistant has earned their title.

This is what we are trying to accomplish with Assembly Bill 284. There is an amendment that may clarify this (Exhibit I), which augments but does not replace this bill.

Julie Thomas, Physician Assistant-Certified; and President-Elect, Nevada Academy of Physician Assistants:

I have been a practicing physician assistant for over 15 years. I am also an assistant professor at the University of Nevada, Reno School of Medicine Physician Assistant Program. I am representing over 800 physician assistants throughout the state of Nevada. The Nevada Academy of Physician Assistants strongly supports Assembly Bill 284. It improves access to health care for Nevada by making much-needed improvements to Nevada's laws regarding physician assistants. It will allow physician assistants to provide care to the fullest extent of their education, training, and experience. It removes unnecessary and burdensome requirements for the stakeholders of Nevada's health care system.

As the profession of physician assistant has evolved over the last 50 years, the provisions of the Nevada Physician Assistant Practice Act have not kept pace. This bill modernizes Nevada's laws and makes them consistent with national standards. There have been tremendous changes in the way health care is now delivered; this bill will take that into

consideration. The bill includes physician assistants in the definition of primary care providers. This effectively expands access for patients who are mandated by many insurers, such as Medicaid and union insurers, to choose a primary care physician. The bill also authorizes physician assistants to provide medical care during state and local disasters as well as volunteer care without the impractical requirements that complicate providing those services. We strongly support provisions that streamline the physician assistant licensure process by removing the requirements for dual licensure for physician assistants working with MD and DO physicians. Under this bill, all physician assistant licensure will be placed under the regulation under the Board of Medical Examiners.

Presently, physician assistants working with MDs and DOs in the same practice must pay double fees, obtain dual licenses, and comply with the conflicting regulations of two boards. This is inefficient and cumbersome to all stakeholders.

Our group also supports adding physician assistants as voting members to both the Board of Medical Examiners and the State Board of Osteopathic Medicine. It is imperative that physician assistants have representation on the boards that regulate their profession.

Currently, 26 states have physician assistants on their state regulatory boards. Many states have made these changes following the Supreme Court decision—*North Carolina State Board of Dental Examiners v. Federal Trade Commission* [135 S. Ct. 1101 (2015)].

We support making physician assistants responsible for the medical activities they perform unless they are under the direct supervision of a physician. Studies have shown that physician assistants provide high quality, cost-effective medical care. Laws that make physicians responsible for physician assistant care are not necessary. As physician assistants, we accept full responsibility for our actions.

The physician assistants of the state of Nevada are committed to providing high quality care to our patients. We are trained in the medical model, often alongside our physician collaborators. We are committed to team-based care and improving access to care by allowing physician assistants to practice without unnecessary barriers in state law that impede or limit the care we are allowed to provide.

This bill is a big step towards improving the efficiency and effectiveness of health care delivery in Nevada. It is an opportunity to improve access to health care in a state that ranks among the lowest in the United States for the ratio of health care providers to each 100,000 residents. We ask for your support of Assembly Bill 284. It will greatly improve patient access to health care and physician assistant's practice in Nevada.

[Written testimony was also submitted (Exhibit J).]

Chair Bustamante Adams:
Can you talk about the education and training that a physician assistant receives?

Julie Thomas:
There are certain standards that an individual must meet in order to apply to a physician assistant program. These standards include a bachelor's degree. Most programs require at least 2,000 hours of hands-on patient care. The University of Nevada, Reno School of Medicine Physician Assistant Program requires 2,000 hours of clinical experience before a student can apply to the program. They must also have a bachelor's degree and have completed prerequisites in biology, chemistry, anatomy, physiology, and statistics. These prerequisites are similar to many physician assistant programs across the United States.

The class entering the physician assistant program at the University of Nevada, Reno School of Medicine this year has 24 students. The average grade point average of the students is 3.5. The average age of the students is 28. The average number of clinical hours for the students is 5,000. The students entering the physician assistant programs have medical careers prior to entering the physician assistant program.

We are also trained in the medical model. This is a very condensed medical school format. This training model was developed during World War II. At that time, the Unites States had to train a large number of medical doctors quickly and efficiently and get them out into the ranks. We now use this same model.

Chair Bustamante Adams:
Ms. Fisher, can you discuss the amendment?

Susan L. Fisher, representing State Board of Osteopathic Medicine:
We support this bill. We agree with its intent, but feel we need to include this amendment (Exhibit I). We have submitted a revised amendment, but it still needs some changes.

What we want to do is coordinate with the Board of Medical Examiners. We propose that instead of setting up an advisory board for physician assistants, we want to add a physician assistant to the State Board of Osteopathic Medicine and the Board of Medical Examiners. The original amendment said that the physician assistants on these boards would be nonvoting members. It is our intent today that they be voting members. We do not want to limit that.

Our amendment does not address how long a physician assistant needs to be in practice. At this time, in order for an osteopathic physician to be eligible to serve on our board, they need to have been in practice in the state of Nevada for at least five years. We do not have any eligibility requirements as far as the term of practice in Nevada. If this were something that the sponsors want to add, we would support that.

Section 2, subsection 2, is where the language regarding the length of practice necessary to hold board membership should be placed. The same thing applies to section 4, subsection 2. This is where it says, "One member of the Board must be a person licensed to practice as a physician assistant in this State . . . ." Here is where we can insert whatever period of time the bill sponsors want to add. If you want to keep it consistent with the DOs serving on the board, then the time period would be five years.

Legislative staff has advised us that we went far beyond the sections affecting us. Section 1 of the amendment (Exhibit I) says, "Sections 2 through 108 shall be repealed." We are not going to do that. Only the sections affecting us will be removed.

Chair Bustamante Adams:
I want to make sure I understand this. This amendment is to change the way that physician assistants are regulated. Right now two different boards oversee their licensing. The two boards think that they can work it out so that one board could license a physician assistant and the physician assistant would pay one fee. Is that correct?

Susan Fisher:
That is correct; that is our intent.

Chair Bustamante Adams:
The two boards would share information. Is this correct?

Susan Fisher:
That is correct. We would add one physician assistant as a sitting member to our board. They would be a voting member.

Assemblywoman Carlton:
For years, we have had these issues between NRS Chapters 630 and 633. We have tried to true them up, but they are two distinct scopes of practice. This is an ongoing conversation. The boards have never come before us and indicated a desire to be together, yet in this, they are recognizing each other. We have a physician assistant who will be recognized by two different boards under two different scopes of practice.

This is a big leap. Typically, we do not cross that line. I am not sure how we can address this issue. These are two boards with two different scopes. I have a problem with this because there has been such a divide before, but now the boards want to recognize each other. How are they going to do that, especially when only one board is collecting a fee? The board that does not collect a fee will have to provide services, including checking an applicant's credentials. Will one board simply accept the other board's investigation and credentialing? How is this going to work? We have two entities that can license physician assistants. This is a very unusual scheme.

Senator Hardy:
Your questions are spot-on. This is a defining moment. The concept of two boards working together in this way is unusual, but I think it will happen. When we have a physician assistant who graduates with a physician assistant degree, they can apply to either an NRS Chapter 630 or NRS Chapter 633 board. The application will require the Board of Medical Examiners and the State Board of Osteopathic Medicine to come together and agree on the application. Obviously, the applicant will be required to submit fingerprints along with the application. If the application is approved, one board will be licensing.

The physician assistants will have the ability to work under either the board that has licensed them or the de facto agreement of the other board. A DO will be supervising an MD application because, regardless of the board, the application is the same. The physician assistants will pay their licensing fee to whichever board they wish. This is where the Board of Medical Examiners and the State Board of Osteopathic Medicine will have to collaborate and work out the details. If, for example, the physician assistants are in the emergency room, they will not have to worry about which board governs them and which patients they can see. The example I just gave you can change depending upon which type of supervising doctor is on duty. This bill will actually allow the two boards to have the ability to cooperate.

Assemblywoman Carlton:
Are you going to allow one board to oversee? Usually, if you are a licensee of the State Board of Osteopathic Medicine, you are only responsible to the State Board of Osteopathic Medicine. If the Board of Medical Examiners licenses you, you are only responsible to the Board of Medical Examiners. Will this bill allow the Board of Medical Examiners to oversee a State Board of Osteopathic Medicine physician assistant licensee?

Senator Hardy:
This bill will allow a doctor of osteopathic medicine to supervise an MD licensed physician assistant.

Assemblywoman Carlton:
The board is the regulatory board. When there is a problem, which board will actually be responsible? If I am a physician assistant and the State Board of Osteopathic Medicine licenses me, but I am working under an MD and there is a problem, which board would have jurisdiction?

Senator Hardy:
The supervisory physician at the time.

Assemblywoman Carlton:
It would be the board that has licensed the person. The State Board of Osteopathic Medicine could license me, and even though I am not an MD, the Board of Medical Examiners could bring charges against me.

Senator Hardy:
That is correct. If an MD is supervising you, then the Board of Medical Examiners is the entity that will have jurisdiction or vice versa.

Assemblywoman Carlton:
Right now, nothing prohibits a physician assistant from having a dual license and being responsible to both boards. This is merely a cost-cutting measure.

Senator Hardy:
That is very aptly stated. It is also an efficiency effort to take care of patients. It will facilitate the care of patients.

Assemblywoman Carlton:
Currently, if physician assistants are licensed under both boards, they can work under both, and the care of patients is the last step of this. What I am looking at is the beginning of this process. I have concerns about one board having jurisdiction over someone licensed by another board. We have had this issue in the past. This is a very fine needle to thread. For years the State Board of Osteopathic Medicine and the Board of Medical Examiners, which licenses allopathic physicians, have always indicated their desire to remain separate entities. I do not want to put a physician assistant in the position of being regulated by a board that does not regulate their profession. Dual licensure seems to be the only way to solve this problem.

Senator Hardy:
I rest my case.

Assemblywoman Carlton:
I have some questions that I will ask later, but I think the issue is clear.

Assemblywoman Jauregui:
I have a question regarding section 6, subsections 1 and 2. These subsections seem contradictory. Subsection 1 says, "A person who is qualified under the regulations of the Board to perform medical services under the supervision of a supervising physician, but does not possess an active license from the Board may use the term “physician assistant” or any other term or abbreviation indicating or implying that he or she is a physician assistant." Subsection 2 says, "A person using the term “physician assistant” or any other term or abbreviation indicating or implying that he or she is a physician assistant pursuant to subsection 1 shall not perform medical services as a physician assistant." One section allows an unlicensed physician assistant to perform medical tasks as a physician assistant, and then the other section takes that ability away.

Senator Hardy:
This is intriguing. It goes back to how physician assistants are able to use the abbreviation PA. In section 6, subsection 1, if the physician assistant does not have an active license from the board, they can still use the term physician assistant. This does not imply that they are a practicing physician assistant. I would be very amenable to having someone rewrite this so that it is not confusing.

Assemblywoman Woodbury:
Subsection 1 says if they are not currently licensed, they can still use the initials PA after their name. Subsection 2 says they cannot practice during the time they are not licensed. They can only use the initials after their name.

Assemblywoman Jauregui:
The first sentence of section 6, subsection 1 says, "A person who is qualified to perform medical services under the supervision of a supervising physician . . . ." A person who is qualified to perform medical services under the supervising physician, but who is not licensed can use the term "physician assistant." Subsections 1 and 2 seem contradictory. Subsection 1 says they can perform medical services under supervision even if their license is not active. The second subsection says that they cannot.

Assemblywoman Woodbury:
These are questions for legal. Perhaps they can clear up the language.

Chair Bustamante Adams:
Can you explain your intent? We have a deadline today, and we do not have the opportunity to have the Committee Legal Counsel present. Is it your intent to allow physician assistants to use the initials after their name as long as they are under the supervision of a physician?

Senator Hardy:
No. The intent is to allow them to use the title "physician assistant" even if they are not licensed. They have earned the title. If they are not licensed, they should not be practicing or pretend to be practicing as a physician assistant if they are not duly licensed. If they have earned the title but are not licensed, then they are an inactive, nonpracticing physician assistant. Even though they are not practicing, they would still be able to use the title, the abbreviation for physician assistant. For example, if I do not renew my license, I can still call myself "MD"

Assemblywoman Jauregui:
That makes complete sense to me. I see how this connects to your earlier remarks about MDs still using the title even if they are not licensed. I would like clarification of the language. The first sentence of subsection 1 says that they are qualified under the regulations

of the board to perform medical services "under supervision." To me this means that they can still perform medical services under supervision. I think this subsection needs to be reworded in order to clarify your intent to allow them to use the designation without performing medical services.

Senator Hardy:
I agree.

Chair Bustamante Adams:
We will make sure the language is clarified.

Assemblywoman Neal:
Typically, physician assistants have a scope of work, and as long as they are within this scope of work, they are covered. Who decides what the scope of work will be for a physician assistant?

Julie Thomas:
The scope of practice is determined at the practice level. The physician assistant and the supervising physician agree upon it.

Assemblywoman Neal:
If they go outside the agreed-upon scope of work, does a physician assistant have to get permission?

Julie Thomas:
If a physician assistant wants to expand the scope of practice under a supervising physician, then the physician assistant would need to discuss this with the supervising physician to determine any changes to the scope of practice.

Assemblywoman Neal:
I know a physician assistant can follow standard orders and protocols, but physician assistants are limited in their knowledge. This could include how drugs interact. Physician assistants do not go to medical school; there have to be limitations to their knowledge. What I want to find out is, what are the limitations of a physician assistant's knowledge?

Julie Thomas:
You are right. Physician assistant training is a very compact medical school program: basic sciences, some of the nitty-gritty lab sciences such as histology, and some laboratory medicine that consumes a great deal of time and does not efficiently move medical practitioners forward are not covered.

The average physician assistant program has 80 to 100 hours of pharmacology training. This is therapeutic pharmacology. The average program has over a hundred hours of anatomy and physiology. There are approximately 2,000 hours of didactical classroom education.

Most programs require 12 months of clinical rotations or clerkships. During these rotations, physician assistant students work 40 hours a week with a physician or another physician assistant in their training. Most programs run from 24 to 27 months. This includes upwards of 3,000 hours of training.

Assemblywoman Carlton:
Section 7, subsection 2 says, "A physician assistant who performs voluntary and gratuitous medical services without direct supervision from a supervising physician pursuant to subsection 1 . . . ." Here we are in essence eliminating the requirements in NRS that direct physician assistants to work under supervision. This is in the gratuitous medical services provisions. We are now saying that in these situations, physician assistants do not have to work under supervision if they are working under what we call, for lack of a better choice, the "Good Samaritan" laws. I have a problem using the term "Good Samaritan" because I do not believe that Good Samaritan laws apply to professionals. This section says that physician assistants can work without supervision. This is totally opposite to the requirements for a physician assistant.

Julie Thomas:
I can understand the confusion there. Physician assistants are always tied to their supervising physician. They work within the scope of their determined practice with the supervising physician. For example, if a physician assistant wanted to volunteer medical services in Africa, they would need to bring along their supervising physician. That type of situation precludes physician assistants from offering gratuitous or volunteer medical services which they are capable of. In these situations, there is a physician staff person who oversees or directs those gratuitous or volunteer services.

If so needed, we have discussed having language about a medical director being incorporated. This would make it clear that the medical director oversees the physician assistant in the gratuitous or volunteer services cases.

Assemblywoman Carlton:
I want to make sure I understand this correctly. In essence, you are saying the direct physician will not supervise the physician assistants, but someone else would supervise them. It might be a medical director. Are all medical directors doctors?

Julie Thomas:
In many cases, yes.

Assemblywoman Carlton:
Nevada Revised Statutes say they must work under the supervision of a doctor. This needs to be clarified. The problem I have is that when you put gratuitous medical services in the bill, it means the physician assistants are immune from any responsibilities. We are giving physician assistants Good Samaritan status even though they are professionals. If something goes wrong, the patient would have no recourse. I understand the thinking behind allowing

physician assistants to do volunteer work, but I think there needs to be a responsibility level even if you are volunteering. I feel that is true with any emergency services a physician assistant might administer as well.

If you have a supervising physician, then that is the way it is. It is the way the profession is. Physician assistants do not practice autonomously. I have real concerns about this, especially if not all medical directors are doctors. I am not sure all doctors want to take on someone else's responsibility. There are many pieces to this puzzle. We need to put them all together.

Assemblywoman Neal:
I have the same questions. I was asking about the scope of work. If you are engaging in medical services, either gratuitous or voluntary, who determines whether a physician assistant is operating within the scope of work appropriate to the individual? I have concerns about granting immunity from civil liability to a physician assistant. In terms of liability, there is only negligence. I also understand people acting as Good Samaritans in an emergency, but the supervising physician ensures that the physician assistant works within the knowledge or scope that they understand and can do well in. An emergency presents a situation that can take a physician assistant outside of that scope. How will that be dealt with? A physician assistant may have hours of work, but the emergency may take them outside their knowledge and abilities. What happens then?

Julie Thomas:
Physician assistants are able to practice according to their education, training, and experience. That education, training, and experience is very significant. I have detailed it for you previously today. Physician assistants are responsible for their own actions. It would be irresponsible for them to do anything outside their education, training, and experience.

Assemblywoman Neal:
I have a question regarding section 9. There is language in this bill that is being stricken. I have no idea why this has been done, but there must have been a reason. If you look at NRS 630.015, that language is in there, yet it is stricken from this bill. This chapter of NRS specifically states that a physician assistant is a graduate of an academic program who is ". . . by general education, practical training and experience determined to be satisfactory by the board." Why would this be stricken in this bill? I want to know if we have removed the requirements for a physician assistant and making the definition broader, or if the language does not matter. Explain section 9 to me.

Senator Hardy:
I do not know.

Assemblyman Brooks:
Section 7, subsection 2 talks about voluntary or gratuitous medical services. Ms. Thomas provided an example of a physician assistant who wanted to do medical work in Africa. Can you provide us with another example of this?

Julie Thomas:
Another example of this would be volunteering at a free clinic.

Chair Bustamante Adams:
I know you told us there are about 800 physician assistants in Nevada. There are about a hundred members in the Nevada Academy of Physician Assistants. Do the other 700 members belong to any trade organizations?

Julie Thomas:
Our academy serves the physician assistants of the state of Nevada. In order to practice medicine in the state of Nevada, all physician assistants must take a board exam upon graduation from physician assistant school. This earns them the initial "C" after the PA. Our academy has a small membership; this seems to be the average for medical academies in the United States. The Nevada Academy of Physician Assistants represents interested physician assistants in the state of Nevada. I want to make sure you understand that we have nothing to do with their education, training, or certification. An individual has to take a national board certification test in order to practice.

Assemblyman Ohrenschall:
I have a question regarding section 7, subsection 3 on page 5, lines 10 through 14 in the original bill. It talks about supervising physicians. It says, "A supervising physician who supervises a physician assistant who is rendering emergency care that is directly related to an emergency or disaster, as described in subsection 1, is not required to meet the requirements set forth in this chapter for such supervision." What kind of burden would this alleviate? What kind of supervision would there have been that is not expected to be there now?

Julie Thomas:
In an emergency or disaster such as bioterrorism, physician assistants are trained in bioterrorism and are equipped and ready to respond to such disasters. This is a very important thing to have, and if we are able to act without the direct supervision of our supervising physician, then we will be able to deliver the care that we are trained to deliver.

Assemblyman Daly:
I am assuming the committee established in section 4 of the amendment for just physician assistants would not be in place any more. My question is about section 13 of the bill. It says that the board can only take action upon recommendation of the committee, but if the committee does not exist, how will this work? Is this a moot point?

Julie Thomas:
That is correct.

Assemblyman Daly:
In sections 14 and 15 there is a reference to certification in a recognized specialty. Why are we deleting those in both sections?

Senator Hardy:
That does not appear to have changed anything.

Assemblyman Daly:
There is a license by endorsement for the physician assistants in section 14, subsection 4. Section 14, subsection 1, paragraph (b) says, "Is certified in a specialty recognized by the American Board of Medical Specialties."

Senator Hardy:
I do not know that the American Board of Medical Specialties defines a physician assistant as a specialist.

Assemblyman Daly:
I was asking for clarification. Why did we have this in the bill before?

Senator Hardy:
I suspect that somebody woke up and realized that we do not define physician assistants as a medical specialist.

Assemblyman Daly:
Both sections 16 and 17 use the word "or." I have questions similar to those of Assemblywoman Carlton. The way I read sections 16 and 17, is a provider facility can be run by one or more physicians, advanced practice registered nurses, or physician assistants. It reads to me as if they can operate their own practice by themselves as an individual if they want to. I do not think this is what you are telling us can happen but that is the way both of these sections read to me because of the use of the word "or".

Senator Hardy:
Is that on line 14 of page 10?

Assemblyman Daly:
It is on line 31 of page 10.

Senator Hardy:
One of the things that we have done is defined a physician assistant as a provider. A primary care practice could mean a practice operated by one or more physicians or a physician assistant practicing in the area of family medicine, internal medicine, or pediatrics. This does not preclude the necessity of the physician assistant being under the supervision of a physician. This can be worded better by referring back to the original scope of practice.

In subsection 1 of section 16, it talks about the supervision of the physician. I do not know if we need to tighten up the language or not. There is no exemption from being under that supervision of a physician.

Assemblyman Daly:
I understand that is the case, and that is what we have heard you say, but when you read those words and you have conflicting sections, which one will control? It says the same thing in section 17. It says it could be anyone of those things by themselves, except that it is not allowed for a physician assistant. This needs clarification. We need precise language.

Senator Hardy:
I agree.

Assemblywoman Neal:
Section 16, subsection 3, talks about primary care practices. Physician assistants would now be operating as primary care physicians. I am concerned; I find that the language in subsection 3 was just added to NRS in 2015. I do not know why it was added in 2015, and now you are inserting new language into language that has only been in existence for a couple of years. Please explain to me why you are doing this.

Julie Thomas:
Can you clarify your question?

Assemblywoman Neal:
My main problem is with physician assistants engaging in primary care practice. How does this work? I am not comfortable or I do not understand how a physician assistant becomes a primary care physician.

Chair Bustamante Adams:
I think that is the point Senator Hardy just clarified. The intention is that a physician assistant does not operate on his own as a primary care practice. Senator Hardy indicated that is the intention of the bill. There is agreement that this bill needs more precise wording. We understand the intent of the bill, but this verbiage is not clear.

Assemblywoman Neal:
Thank you for the clarification. I would like to know why they incorporated this language in 2015.

Julie Thomas:
It is very important to understand that language is of the utmost importance for primary care providers for a couple of reasons. One, it opens up access to care for patients who must have a primary care provider listed by their insurer. This includes Medicare, Medicaid, and union insurers. As it exists now, some insurers do not allow physician assistants to be listed as

a primary care provider because it is not in statute. It is also important that the physician assistants be able to bill under their own national provider identification number. This allows for the accurate collection of data—so we know who is being seen by whom. This is a very important piece.

Assemblywoman Carlton:
I have some questions about technicalities. Section 4 establishes a committee under the jurisdiction of NRS Chapter 630 under the allopathic physician section. How is this going to work under the Board of Medical Examiners? We do not typically have committees like this.

Senator Hardy:
That section will go away. We are going to put a physician assistant on each board as a voting member. Both the Board of Medical Examiners and the State Board of Osteopathic Medicine will have a physician assistant member. We will take away the committee that would have been superfluous because the physician assistants will be on the board representing themselves. That committee of physician assistants will not happen.

Assemblywoman Carlton:
I want to go back to the dual licensure or to the licensure recognition. There would not be a fee from the alternate board to recognize the physician assistants so that board and their licensees would have to absorb that cost.

Senator Hardy:
Yes.

Assemblywoman Carlton:
I have concerns about having one licensee supported by two boards. We need to figure out how to make this fair to all the licensees.

Chair Bustamante Adams:
This is the beginning of our conversation around this issue. We are going to move to those in support of Assembly Bill 284, including the amendment supplied by Ms. Fisher, who is representing Nevada State Board of Osteopathic Medicine (Exhibit I).

Cody Myers, Private Citizen, Wellington, Nevada:
I work as a physician assistant in Smith Valley, Nevada—Dr. Titus is my supervising physician. I am in favor of this change. I actually have firsthand experience with having to switch between the boards. Both boards are great in what they do. Let me give you an example of the complications that can arise from the current licensing system for physician assistants.

I started working in Smith Valley two years ago. Previously, I was working in Minden in the same type of family medicine clinic in a rural setting. I was working under a DO. At the time I left the practice, I was in good standing with the board. I had no legal actions against me. I accepted my current position in Smith Valley, but Dr. Titus is an MD. I had to apply to a different licensing board, pay the fees, and have my fingerprints taken again. There was an extended period before I became licensed under the new board, leaving the practice with the DO and moving to the new practice under the MD. Both jobs are essentially the same. I am a physician assistant practicing in family medicine and doing essentially the same job.

It was a burden for me personally, but also for the physician's patients who had to wait an extended time before they could see me as their primary care provider under Dr. Titus. If I were to switch boards again, as it now stands, I would have to go through this complicated and time-consuming process once more.

My supervising physician is Dr. Titus. You are well aware that she is serving here in the Nevada Legislature for the next four months. She is not always in Smith Valley. For instance, today I saw a patient who is a diabetic with hypertension. The person came to me about a rash. A rash can mean many things; it can be caused by a variety of things. I had to think about the patient's new hypertension medication that was started last month and factor it into my diagnosis. I also had to consider the blood sugar level—is it uncontrolled? Or, is the rash worsening because of other health issues? I am trained in the decision-making processes and many of the decisions I make, I make on my own. In instances where I am uncomfortable, I call my supervising physician here in Carson City, an hour away.

As another example, last week I had a patient with heart failure who was just discharged from the hospital. There were medications that I needed to discuss with my supervising physician. I was able to call Dr. Titus to discuss this issue. We are continuing to collaborate and care for this patient.

As a physician assistant, we open up many avenues for patients to continue their medical care. In Nevada, we are already limited. I think this bill not only helps my profession by eliminating the necessity of working with two boards, it also improves patient care in Nevada.

[Written testimony was also submitted (Exhibit K).]

Barry Gold, Director, Government Relations, AARP Nevada:
AARP is all about access to health care. This bill will, as Dr. Hardy put it earlier, allow physician assistants to see more patients, more efficiently. AARP, on behalf of our 300,000-plus members across this state, supports this bill and urges you to pass it.

Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada:
The Libertarian Party of Nevada supports liberalizing and streamlining the licensure laws and regulations around advanced practice registered nurses and physician assistants in Nevada. We believe that Assembly Bill 115, Assembly Bill 116, Assembly Bill 265, and Assembly Bill 284 represent such common-sense liberalization. As there is a shortage of physicians nationwide, including in Nevada, expanding the regulations on what advanced practice registered nurses and physician assistants are allowed to do is a prudent choice for patient and doctor welfare.

Rural areas are particularly hard hit by the shortfall of medical practitioners. Allowing nurses and physician assistants to perform additional duties provides better access to health care for the people of Nevada, and it lets doctors focus on the most critical issues where they are really needed.

The Libertarian Party of Nevada applauds measures like these, which streamline burdensome licensure requirements and will ultimately improve access and quality of care for Nevadans. Our health care system faces serious challenges and will continue to do so. Bills like these help overcome these challenges. We encourage the Committee to support this measure and thank its sponsors for bringing it forward.

Louis Ling, Board Counsel, Nevada State Board of Osteopathic Medicine:
It is our amendment (Exhibit I), and we support the bill with the amendment. We look forward to working with the other stakeholders here today to clean up some of the language, and then we will present a revised amendment.

Assemblywoman Carlton:
How much does it cost to license a physician assistant? How much money are we trying to save? I am interested in learning what we are really talking about in terms of dollars.

Louis Ling:
I believe our registration fee is $670 for the initial application and then it is a $450 annual renewal fee.

Assemblywoman Carlton:
Have you done any budgetary analysis? What economic impact could this have on the board? Would you have to raise your licensure fees for the other licensees to cover this cost?

Louis Ling:
We did an analysis of the bill. We considered whether we would need to include a fiscal note when the bill was originally drafted. At that time, we were being cut out of the bill completely. Our analysis showed our renewal fees generate $31,000 per year. Inactive fees generate $1,000 per year. New application fees generate $15,000 per year. We would have had to forego these fees if the bill had passed in its original form. We will not have to forego the new application fees if the amendment is adopted because those who are licensed with us will continue to renew their license with us.

Assemblywoman Carlton:
Is the idea of physician assistants changing boards not being considered? Will the physician assistants stay with their current board?

Louis Ling:
No, because physician assistants will apply to the board where they get their first job. If an MD hires them, they will obtain their license from the Board of Medical Examiners. If a DO hires them, they will come to our board, the State Board of Osteopathic Medicine. That pattern will continue.

Keith Lee, representing Board of Medical Examiners:
We charge $780 for the renewal of a license. It costs $1,425 for the initial licensure. We have not considered the financial impact of this bill. As Mr. Ling indicated, we feel that we will retain their licensure with us. The fees will remain the same. Those seeking initial licensure will go to the board that their supervising physician is affiliated with. We have not analyzed this bill beyond that. I am not sure in how many instances this will show itself. This situation will come into play at clinics where both MDs and DOs practice. We are less concerned about the fiscal impact to the board. We do not think there will be much of an impact. We are more concerned with the amendment. It allows both of the boards to have supervisory control and disciplinary control of the licensee of the other boards. This is particularly true of a physician licensee when they are supervising a physician assistant. We think this is a critical part of the amendment.

We have worked with both Senator Hardy and the State Board of Osteopathic Medicine on this amendment, and we think we are headed in the right direction. The questions raised today, particularly by Assemblyman Daly and Assemblywoman Neal, indicate that we have to be very careful of the unintended consequences as we work through this bill. We will be focusing on those. We look forward to working with all the stakeholders to come up with a piece of legislation that makes sense and expands access to quality health care for the citizens of Nevada.

Assemblywoman Carlton:
If the Board of Medical Examiners is charging $1,425 for an initial license for a physician assistant and the State Board of Osteopathic Medicine is charging $670 for an initial license, guess which place will be the board many physician assistants will choose. I still have the concern that we are going to have a lot of physician assistants licensed by the State Board of Osteopathic Medicine and supervised by MDs.

These practitioners have two different scopes of practice. I know that the boards have tried to true up the scopes of practice over the years, but you have someone operating under two different scopes. My concern is who will be responsible for disciplining the person? This is the job of a regulatory board and I just see that, under this situation, both sides will point fingers and say that it is the other board's responsibility. Who will be responsible for the physician assistant?

Keith Lee:
The fees I gave you for licensing and renewal were off the top of my head. I will confirm those fees so that there is no mistake. I will provide you with this information as soon as I am able to. I appreciate your remarks, Assemblywoman Carlton.

This is the case. We have adopted regulations, as has the State Board of Osteopathic Medicine, in terms of collaborative agreements. The agreement has to be entered into between the physician and the physician assistant. It must set forth the scope of practice responsibilities and that sort of thing.

There can be the circumstances that you pointed to. An issue can arise and someone would have to determine who is responsible. We might say to the State Board of Osteopathic Medicine, well it is your person, and they could in turn tell us it is our responsibility. In that situation, do we go forward with a dual investigation? I do not know. We need to work through those unintended consequences.

Joan Hall, President, Nevada Rural Hospital Partners:
We represent the 13 critical access hospitals in Nevada and their associated rural health clinics. We are in favor of this bill but recognize this is a complicated discussion. We often have both DOs and MDs practicing in our rural hospitals and our clinics. This seemed like a great venue to streamline the process for those physician assistants who could then work under either an MD or a DO. We are supportive, but recognize there are complications.

Chair Bustamante Adams:
Is there anyone else in support? [There was no one.] Is there anyone in opposition? [There was no one.] Is there anyone in neutral?

Conner Cain, representing Touro University, Las Vegas, Nevada:
We are testifying in neutral on this bill. This is in part due to a comment/question asked earlier by Assemblyman Brooks. It was regarding volunteering to provide free health care. Touro University Nevada provides free health care services to residents of The Shade Tree shelter through the Stallman Touro Health Clinic and through its mobile clinics to the homeless in downtown Las Vegas as well as to the clients, caregivers, and employers at Opportunity Village. In addition to the faculty, students of Touro's physician assistant program provide these services. Touro would like to ensure that the faculty could continue to do so. Ideally, we would like to make it clear that physician assistants are excluded from the language in section 1, subsection 3 of this bill. We have discussed this with one of the bill's sponsors, Senator Hardy.

Chair Bustamante Adams:
We will discuss this with the Committee's Legal Counsel as well. I will close the hearing on Assembly Bill 284. I will open the hearing on Assembly Bill 115.

Assembly Bill 115: Authorizes a Physician Assistant or advanced practice registered nurse to perform certain services. (BDR 40-98)

Assemblywoman Robin L. Titus, Assembly District No. 38:
I have provided a chart showing the breakdown on the requirements for physicians, medical assistants, physician assistants, and advance practice nurse practitioners (Exhibit C). It is an excellent breakdown on the educational requirements for each profession. It shows the hours of clinical study each occupation requires, the formal education in a school program, and the amount of post-graduate work necessary.

Assembly Bill 115 is meant to address some of the holes in Nevadans' access to the health care system by allowing physician assistants and advanced practice registered nurses to practice to their full capacity and training. This bill is not meant to extend the scope of practice for physician assistants or advanced practice registered nurses. These are duties that they are already performing, but because of limitations in the current statutes, a physician supervisor is required to sign off on them—this may be a medical doctor or a doctor of osteopathic medicine. Physician assistants and advanced practice registered nurses are required to have assignees. These things are well within the scope of practice for physician assistants, and this is an area that needs to be improved. This bill does not have the broad expanse of Assembly Bill 284. These are things to improve the efficiency of practices; they will not hinder patient access to care.

Sections 1 through 17 establish a physician's orders, or what we call "POLST", a Physician Order for Life-Sustaining Treatment, and authorizes a physician assistant or an advanced practice registered nurse to execute or modify the form. Sections 18 through 20 authorize a physician assistant or an advanced practice registered nurse to complete a form indicating that a child is medically cleared to participate in sports or to perform a sports physical. Sections 21 through 24 allow a physician assistant or an advanced practice registered nurse to complete the required statement for an individual to obtain a handicap sticker. Sections 25 through 27 expand the medical services of a physician assistant to administer home health. Nurse practitioners are already allowed to do this. Sections 25, 26, and 27 contain the home health orders. Section 28 authorizes a physician assistant or an advanced practice registered nurse to complete a certificate that says a driver is healthy and can drive.

That was a brief overview of Assembly Bill 115. It does not require any change in licensure or supervising boards. It only allows physician assistants and advanced practice registered nurses to sign basic forms that they are not now allowed to sign. However, these things are within their scope of practice.

[Written testimony was also submitted (Exhibit L).]

Chair Bustamante Adams:
This bill would allow them to sign five forms. Is that correct?

Assemblywoman Titus:
Yes, that is correct. It is only five forms.

Chair Bustamante Adams:
Sections 1 through 17 cover the POLST form. Our Committee policy analyst prepared a comparison of Assembly Bill 115, Assembly Bill 116, Assembly Bill 199, and Assembly Bill 265 (Exhibit E). Earlier, this session we heard Assembly Bill 199, Assemblywoman Woodbury's bill that pertains to POLST. This is the reason A.B. 199 is included in this document. Are there any questions on sections 1 through 17? This is the ability of a physician assistant or an advanced practice registered nurse to execute or modify such a form.

Assemblywoman Tolles:
I want to make sure that I understand this correctly. When I first read this bill, I saw under section 3, subsection 1(a) it says, "If the physician, physician assistant or advanced practice registered nurse diagnoses a patient with a terminal condition." Section 3, subsection 1(b) says, "If the physician, physician assistant or advanced practice registered nurse determines, for any reason, that a patient has a life expectancy of less than 5 years . . . ." When I originally read this, I read this as expanding the capabilities of advanced practice registered nurses and physician assistants to diagnose terminal conditions. Later in the bill, section 24, subsection 1, they would also be able to certify that an applicant has a permanent disability. Are we expanding the scope of physician assistants' and advanced practice registered nurses' ability to diagnose terminal conditions and certify permanent disabilities? Am I reading this correctly, or is this just in relation to the POLST forms?

Assemblywoman Titus:
Quite the contrary, physician assistants and advanced practice nurse practitioners are well trained to diagnose disease on a daily basis. Some of the diagnoses that they make are diseases with terminal conditions. A patient may walk into my office and have lung cancer. Through the information physician assistant and advanced practice registered nurses gather, they can stage that and they can know, within a certain amount of time, how long a patient may live. They know that 20 percent of certain patients may live six years. It is well within their scope of practice to diagnose and treat conditions. That is well within their existing scope of practice.

Assemblywoman Tolles:
Thank you for the clarification. We are not expanding their scope of practice?

Assemblywoman Titus:
Again, quite the contrary. Physician assistants and advanced practice registered nurses diagnose daily. Every patient that comes to see them receives a diagnosis.

Assemblywoman Tolles:
Section 7, subsection 3 says, "Except as otherwise provided in subsection 4, a provider of health care who is unwilling or unable to comply with a valid POLST form shall take all reasonable measures to transfer the patient to another provider of health care . . . ." Later, section 19, subsection 4 defines "provider of health care" as a physician, a physician assistant, an advanced practice registered nurse, a physical therapist, and athletic trainer. I wonder if another provider of health care would relate to all these categories under section 19 or if it would be worthwhile to clarify this.

Assemblywoman Titus:
Thank you for that question. The current language in section 19, subsection 4 already exists. For a provider of health care, physical therapists and athletic trainers already fall under the definition. What we are doing is adding the words, "physician assistant," and "advanced practice registered nurse."

The POLST wording is already there; what we are trying to do is to mirror what the intentions are. This is to allow these providers of health care to help patients through a very difficult time and help them decide what they want to do with their end of life. The reason this particular wording, the existing wording, is in there is that there are many providers who do not feel comfortable having that conversation with a patient. They must refer the patient to a health care professional who can have that conversation.

Assemblywoman Tolles:
I interpreted it that way as well. I think my concern or reason for bringing this up is this might, by mirroring that language in section 19, inadvertently rope physical therapists and athletic trainers into the POLST discussion.

Assemblywoman Carlton:
I want to expand upon Assemblywoman Tolles' questions. Assemblywoman Titus, you keep equating physician assistants and advanced practice registered nurses. They are two separate and distinct professions. One can practice autonomously and the other cannot. I think we need to be very clear about the scope of practice for these professions. One has to work under a supervisory provision and one does not.

I do not want people to think that these two professions are interchangeable. They are not. The hours of education and experience for the two professions are quite varied. It depends if they are a clinical specialist, as an advanced practice registered nurse, and what specialty they pick as far as a physician assistant goes. There are an awful lot of variables. The concern that I have with allowing a physician assistant to sign some of these documents is that they will be placing a signature on something that the doctor has the ultimate responsibility for. If anything goes wrong, it goes back to the doctor. Is that correct?

Assemblywoman Titus:
Thank you for that clarification. I brought this issue up earlier when I provided an overview of the two professions. The distinction really is that a physician assistant has a supervising physician and they have no intention, as far as I know, of having independence. They will have a supervising physician. Advanced practice registered nurses have applied for and achieved their independence. They are independent practitioners. What we are trying to clarify here is there are some things within their scope of practice that they are qualified to do. Assembly Bill 115 addresses five very specific situations. It is the feeling of the profession, myself included, that both of these professionals are capable and ready to sign these forms, but an advanced practice registered nurse who is an independent practitioner cannot sign it without me signing that form for her. How can they be independent if they have to have a physician sign off on it? As I pointed out, the things they can do are limited. The physician assistant is also somewhat limited on their outline positions even though I might be on the phone call with them, or I come into the office three nights a week to sign off on documents.

This situation has caused problems for access to care and has delayed care for people. That is why Assembly Bill 115 really limits it to what I felt, having consulted physician assistants, advanced practice registered nurses, and others. If none of these bills are passed this session, we still need something to address the issue of access to care for patients.

Assemblywoman Carlton:
I have met with advanced practice registered nurses numerous times, and they have expressed concerns. This is one of the things that we missed when we did the advanced practice registered nurse bill. I did not hear from the physician assistants. I was not aware of the issues with physician assistants. They have not contacted me. I have concerns about physician assistants having the same ability to sign off on documents that the advanced practice registered nurses have. I have concerns about who has the ultimate responsibility. Is it with the doctor?

Assemblywoman Titus:
You are correct. The ultimate responsibility will lie with the supervising physician.

Assemblywoman Jauregui:
This sounds to me as if we are expanding the scope of practice. Right now, the physician assistants and advanced practice registered nurses do not have the authority to sign off on these. This bill says that the physician assistant or advanced practice registered nurse can diagnose a patient with a terminal condition. We are adding language to allow physician assistants or the advanced practice registered nurses to do this. This feels as if we are expanding their scope because they are not currently allowed to do this.

Assemblywoman Titus:
That is the dilemma we have. Physician assistants and advanced practice registered nurses are already making these diagnoses, but they do not have the legal authority to sign the forms. They do this every day in their daily practice. Currently, they cannot sign these documents, yet in reality, in the practice and in their training, they are making these decisions on a daily basis. It only seems natural because this is within their scope of practice, yet legally they cannot sign these forms.

Chair Bustamante Adams:
Are there any questions regarding sections 18 to 20? [There were none.] Are there any questions regarding sections 21 through 24 regarding the Department of Motor Vehicles? [There were none.] Are there any questions regarding sections 25 through 27 regarding the home health orders?

Assemblyman Daly:
I have a question about section 25. Another section contains similar language. It is counterintuitive to me when you read this section. In subsection 1, it says, "A physician assistant may perform such medical services as the physician assistant is authorized to perform by his or her supervising physician." To me, this verbiage seems unnecessary and creates an uncertainty about what services they may be able to perform. You have not listed these services. When you do not list anything and they can perform anything that you say, but when you go on to say, "Such services may include ordering home health care for a patient," it leads me to think that there are a lot of other services that you have not listed that they cannot perform. The first sentence does not make this clear. I think this opens things up and creates a problem. Either they can do it under the first sentence or there are a whole bunch of other things that are not listed unless they are specified.

Assemblywoman Titus:
Thank you for the question. You point out something significant that we have not addressed. Physician assistants work under a physician supervisor. When we set up a contract, as I did with my physician assistants and with the advanced practice nurse practitioners, we establish what their role is. The details are outlined—can they suture? If not, I will train them. We look at what they have been trained to do. Each physician sits down with the physician assistant, and they outline a scope of practice together. It is based on the education and skills of the physician assistant. This scope of practice can be expanded once they are trained. It is a moving target. It is dependent upon their training. That is why we limited the wording. It is open as to what a physician may do. It is based upon what we have agreed to. There is not an A, B, C, or D selection.

It is like the privileges at a hospital. I have a medical doctor degree and I, as a medical doctor, can perform certain tasks, but to get privileges at a hospital, I have to document my skills. It may be delivering babies or doing brain surgery. If I am unable to document a skill, I will not receive privileges for that specialty if I am unable to do it. This is not unlike getting privileges. A physician assistant has to show that they are competent and skilled to undertake what we have determined is their skill set.

Assemblyman Daly:
You make my point because now, when we put it in law, they may or may not be able to demonstrate that skill set, but we are saying they can do this.

Assemblywoman Titus:
Again, to my point, that is exactly why this bill has been brought forward. We have a working arrangement that they can perform certain acts and duties and make diagnoses, but really, as you have witnessed today, it is unclear what this means. Currently, it is required that these five forms be signed by a physician. Yet, the physician assistant is the one actually performing the physicals before I sign the documents. For me, it is based on their skill.

This bill limits the things physician assistants can do and the forms they can sign. This bill specifically covers five different forms that physician assistants can sign. Many of us in the medical profession feel that this will not harm patient care. Physician assistants will still have a supervising physician. Physician assistants should be able to sign these forms; it is within their scope of practice and well within their knowledge. This is truly limiting. You are right, Assemblyman Daly. That is the reason we have included only five forms. We do not want to open this up.

Chair Bustamante Adams:
Are there any other questions about these sections? [There were none.] We will take the last section, section 28, regarding the determination of whether a person can drive.

Assemblywoman Titus:
I want to clarify that we are not talking about a physical for a commercial driver's license (CDL). Physician assistants, chiropractors, nurse practitioners, medical doctors, and doctors of osteopathic medicine can already sign off on a CDL. The federal government has recognized all those medical providers as being capable of determining if someone can drive a big rig truck at 60 miles an hour down the highway.

This bill says that they can sign off on a 70-year-old person who comes to the office. They will be allowed to determine if that person is physically able to drive or if they have a medical condition that would prohibit them from driving. We are presented with these forms all the time. People reach a certain age, and they are now required to get a physical in order to renew their license; they might have a medical condition. It still requires a doctor to sign the form. Yet, the advanced practice registered nurses and physician assistants are seeing these patients; they are the patients' medical provider. However, they cannot sign the form that says yes or no, this person is capable of driving.

Chair Bustamante Adams:
We will move to those in support of Assembly Bill 115.

Cindy Pitlock, Advanced Practice Registered Nurse; and Legislative Liaison – North, Nevada Advanced Practice Nurses Association:
It is my pleasure to speak with you regarding Assembly Bill 115, Assembly Bill 116, and Assembly Bill 265. My comments for each bill are the same, so I will not repeat them for each individual bill. We have received very strong support from legislators, the Legislative Committee on Health Care, and key stakeholders involved in the development of these bills. It is evident that legislators respect and appreciate the practice of advanced practice registered nurses and their contribution of positive solutions to Nevada's health care problems. The number of advanced practice registered nurses has increased from 880 in 2013 to approximately 1,587 as of February of this year. Nevada Advanced Practice Nurses Association believes that one of the reasons for this increase is the evolution of an improved practice environment. We are excited to see this continue. Assembly Bill 170 of the 77th Session, which passed in 2013, granted advanced practice registered nurses full practice authority within their specific scope of practice as overseen by the State Board of Nursing. Since its passage, there have still been many barriers to full practice for advanced practice registered nurses. This has ultimately affected health care delivery.

The bills presented before you today do not represent an increase or change in the scope of practice of advanced practice registered nurses, but will allow the advanced practice registered nurses to work at the top of their licensure based on their education, training, and core competencies. Your approval of this bill will allow the recipients of health care to interface with one care provider rather than seeking additional referrals. It will increase access to care, improve system efficiencies, and decrease the cost to both the patient and the health care system. It will also address the concerns of the physicians' vicarious liability for signing forms for patients they have not managed or have had little interaction with.

However, I want to point out in section 26 of Assembly Bill 115, relative to home health, this has not been approved at the federal level, and legislation is currently pending. This bill is Senate Bill 445 [115th Congress (2017-2018)], the Home Health Care Planning Improvement Act of 2017. I just wanted to point that out. You can decide whether you want to include section 26 in this bill or if you would rather have us seek a regulation change for that particular issue. Again, this has not been approved at the federal level. It is a Medicare payer issue at this point.

Joan Hall, President, Nevada Rural Hospital Partners:
We see this bill as one of efficiencies. As Dr. Pitlock said, oftentimes, especially in rural health care, it is the mid-level provider—either a physician assistant or an advanced practice registered nurse who knows the patient best. They have been the patient's primary care provider. It takes time, and often a lot of time to find a physician. If you are in Alamo or Kingston waiting to go to the primary provider's office to have one of these forms signed, it is not efficient for patients and it is not efficient for the providers, either the mid-levels or the physicians. We encourage your adoption of these recommendations.

In regard to the home health part, it is true that currently the federal part of Medicare does not allow anyone but a physician to provide these services. This is still a great benefit for private insurers if physician assistants are allowed to order home health care for privately insured patients.

Cameron Byers, Physician Assistant; and President, Nevada Academy of Physician Assistants:

I am a practicing physician assistant and have practiced in the state for 18 years. As President of the Nevada Academy of Physician Assistants, and on behalf of more than 800 physician assistants in the state, I appreciate the opportunity to comment on Assembly Bill 115. Assembly Bill 115 represents a step forward in serving every community in Nevada. It will have far-reaching benefits, especially in the rural areas. The Nevada Academy of Physician Assistants strongly supports this bill, which we refer to as a harmonizing act. This bill is a much-needed update to state law. The physician assistant profession has adapted and progressed to the changes in the health care landscape but, unfortunately, our laws have not kept pace. Assembly Bill 115 will update or harmonize state law provisions where physician assistants have been unintentionally omitted. These omissions were likely enacted prior to the inception of the physician assistant concept. They have been presumed to apply to physician assistants within their scope of practice, but they have led to delays in care and to patient confusion.

This bill will rectify these issues by improving efficiencies in physician assistant practice and accurately reflecting a physician assistant's ability to work to their highest level of education and training. All physician assistants undergo a rigorous medical education. They must graduate from an accredited program. They must pass a national certifying exam and maintain continued learning. The annual continuing medical education (CME) requirements for physician assistants are identical to those of physicians, and accreditation of those CME standards must meet the same standards as physicians.

Clinically, we are held to the same standards of care. For instance, the guidelines for treatment of hypertension by a physician are the same as the guidelines for treatment of hypertension by a physician assistant. We are held to the same treatment parameters. Bills like Assembly Bill 115 are not an expansion of the scope of practice; rather, they are a clarification of the duties and responsibilities for which physician assistants are trained and currently fall within the physician assistant's scope of practice.

Studies show that legislative modification and modernization of physician assistant practice can reduce the cost of medical services and increase access to care. Most recently, similar bills have been enacted in Oregon, Colorado, Illinois, and Washington State in an effort to streamline and expand access. In the state of Nevada, physician assistants average 78 physician/patient encounters per week. Over the span of one year—minus four weeks

for training and vacation—the physician assistant will have conducted more than 3,700 patient visits. Even in practices where physicians and physician assistants work side by side, the physician assistant conducts the vast majority of those encounters. Considering this dynamic, simply requiring a physician's signature on a form creates inefficiency. It serves no purpose. Assembly Bill 115 rectifies this situation.

In summary, physician assistants are committed to providing high quality care that is consistent with our education, training, and experience. Assembly Bill 115 takes a large step towards minimizing obvious inefficiencies in patient care. Any legislation that serves to clarify the physician assistant's role among our physician and advanced practice registered nurse colleagues serves to benefit Nevadans throughout the state, especially in the rural areas.

I heard several questions relating to scope of practice and training. I think most of these questions have danced around the central issue, which is that physician assistants are trained in the medical model. We are trained identically to physicians. The depth of our training is not the same as physicians but, as a provider, we have the same requirements that any provider has. That is to recognize our limitations, and when we come to a barrier or the end of our knowledge base, we access the avenues at our disposal. This is mainly the relationship between a physician assistant and their supervising physician. The same holds true for physicians. When they come to the end of their knowledge base in their specific field and area of expertise, they reach out and consult with their colleagues. We do the same thing with our supervising physician. We gain experience and training through the years as we work in conjunction with our supervising physicians and through the continuing education model that applies to physicians as well. Our knowledge base and therefore our ability to treat and manage a variety of different conditions in whatever practice setting we are working in grows with time.

Jessica Ferrato, representing Nevada Nurses Association:
I am here today in support of these bills. We think these bills will improve efficiencies, especially in rural Nevada as well as in the urban areas of the state.

Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada:
I do not think that I can improve on those two excellent testimonies. I would like to echo my remarks made regarding Assembly Bill 284. We strongly support Assembly Bill 115, as it improves access to health care for the state.

Barry Gold, Director, Government Relations, AARP Nevada:
This bill will allow advanced practice registered nurses and physician assistants to practice fully within their expertise, guidance, and training.

I get many phone calls from people who are wondering whether their family member can drive anymore. I always tell the family members who are unable to talk an unsafe driver out of driving, to blame it on the doctor. I tell them to take that family member to their primary care provider who is often an advanced practice registered nurse or a physician assistant.

They know that person and have a relationship with them. The advanced practice registered nurse or physician assistant can talk to them impartially. They are the ones who need to be able to sign that form about driving. On behalf of the 330,000 members across the state, we support the bill and urge you to pass it.

[(Exhibit M) and (Exhibit N) were submitted but not discussed.]

Chair Bustamante Adams:
Is there anyone in opposition? [There was no one.] Is there anyone in neutral? [There was no one.] I will close the hearing on Assembly Bill 115 and open the hearing on Assembly Bill 265.

Assembly Bill 265: Revises provisions relating to nursing. (BDR 40-352)

Assemblyman James Oscarson, Assembly District No. 36:
I had the privilege and honor of chairing the Legislative Committee on Health Care, which is an interim committee. As we were working through the process, we noticed many bills regarding nurse practitioners. Many of these bills contained a lot of duplication. Assembly Bill 265 almost exactly mirrors Assembly Bill 116, a bipartisan bill sponsored by Senator Woodhouse and Assemblywoman Titus. In order to expedite matters, we would like to have Assembly Bill 265 combined with Assembly Bill 116. If the nurse practitioner community has specific changes, we request they discuss these changes with Senator Woodhouse and Assemblywoman Titus. We want to do this to end duplication and to help expedite matters on behalf of this Committee and on behalf of the Legislative Committee on Health Care. I think it is the prudent thing to do.

Chair Bustamante Adams:
Thank you, Assemblyman Oscarson. I wanted to get that on the record so people will understand what is being done. I am going to close the hearing on Assembly Bill 265 and ask the Committee to consider Assembly Bill 116 and Assembly Bill 265 together moving forward. I will open the hearing on Assembly Bill 116.

Assembly Bill 116: Authorizes advanced practice registered nurses to perform certain acts required to be performed by a physician or certain other providers of health care. (BDR 54-497)

Assemblywoman Robin L. Titus, Assembly District No. 38:
Before you is Assembly Bill 116, which essentially mirrors Assembly Bill 265 and Senate Bill 227. You have had two individual legislators and one committee chair present this bill to you because it is critically important to the state of Nevada in order to improve access to health care. Assembly Bill 116 definitely helps to close some holes in the Nevada health care system. It brings the *Nevada Revised Statutes* (NRS) into alignment with the services and practices that advanced practice registered nurses are capable of providing.

The bill allows advanced practice registered nurses to perform tasks that they are already qualified to perform, but currently are not allowed to do so by statute. Currently, a physician must perform these tasks. These tasks include the ability to endorse certain documents. You heard about this during the hearing on Assembly Bill 115. Advanced practice registered nurses gained independent status during the 2013 Session. Assemblywoman Carlton sponsored Assembly Bill 170 of the 77th Session. Assembly Bill 116 furthers the efforts to establish advanced practice registered nurses and the practice of care that they are capable of providing. In 1864, when we became a state and our *Compiled Laws of Nevada* were being written, advanced practice registered nurses did not exist. This bill has been written to bring the statutes in line with current medical practices.

Sections 1 through 19 authorize an advanced practice registered nurse, who has obtained certain psychiatric training and experience, to provide a certificate stating that the person has a mental illness and conduct court-ordered psychiatric evaluations. I met with the Clark County Public Defender's Office, and they have some concerns. I am willing to accept a friendly amendment that they are going to bring forth. Unfortunately, I have not been able to get that to you. It will be available soon. I know that you will have some questions.

Section 2 requires the State Board of Nursing to adopt regulations providing when a signature, certification, stamp, verification, or endorsement of an advanced practice registered nurse may replace that of a physician. Again, I want to point out that advanced practice registered nurses are licensed under the State Board of Nursing, not a medical board.

Section 4 authorizes an advanced practice registered nurse to certify a physical or mental disability that renders a person incapable of serving on a jury. To get out of jury duty, you must have a note from a physician. This section will allow advanced practice registered nurses to do this.

Section 5 allows the court to appoint one or more advanced practice registered nurses to examine the competency of a defendant. This would have to be a special psychiatric nurse.

Sections 6, 8 through 10, 61, and 62 authorize the advanced practice registered nurse to sign an order authorizing the use of mechanical or chemical restraints on a person with a disability in an emergency room. Currently, the law says that if someone comes to the emergency room and is violent and a danger to the staff and has to be restrained either by being given a shot or by physical restraint, a physician has to sign the order. Advanced practice registered nurses work in emergency rooms and they need to be able to do this.

Section 7 authorizes an advanced practice registered nurse to sign a statement that a pupil has asthma, anaphylaxis, or diabetes and can give himself or herself medication. In order for a child to go to school, he has to have his doctor provide a list of medications before he can take the medicine to school. Many of these children only see a nurse practitioner. They do not have a physician. This has been very limiting.

Sections 20 through 30 say that an advanced practice registered nurse can sign a medical certificate of death or certificate of stillbirth and that a physician assistant can make a pronouncement of death. Currently, a nurse practitioner may be the only person who has seen that patient for several years. When that patient dies, the nurse practitioner best knows the medical situation of that person.

Sections 32, 35, 49, and 60 authorize an advanced practice registered nurse to sign the Physician Order for Life-Sustaining Treatment (POLST), which we discussed earlier. I included them in Assembly Bill 115 as well because this is something that an advanced practice registered nurse should be able to do, and I want to ensure that this is considered. The purpose of Assembly Bill 116 is to address very specific things. If nothing else passes, we need to move this forward. A POLST form is well within the scope of practice for an advanced practice registered nurse to sign, and are clarified by these sections.

Section 83 expands the category of persons authorized to issue a medical clearance for participation in sports. Again, this is well within the scope of practice for an advanced practice registered nurse to sign.

Sections 84 through 87 authorize an advanced practice registered nurse to state whether a person has a permanent disability in order for them to obtain a handicapped placard for their vehicle.

Sections 88 through 123 of this bill revise the Nevada Industrial Insurance Act to authorize an advanced practice registered nurse to: (1) examine and provide treatment to an injured employee who has experienced an industrial accident; (2) provide certification of death resulting from an injury; (3) file claims of compensation after providing treatment to an injured employee; (4) be appointed to panels of providers who have demonstrated special competence and interest in industrial health; (5) rate permanent partial and total disabilities if he or she has completed an advanced program of training in rating disabilities; (6) review appeals of determinations concerning accident benefits; (7) conduct independent medical examinations upon an order from a hearing officer and testify to his or her findings; (8) examine an injured employee to determine if he or she is capable of participating in a program of vocational rehabilitation; and (9) determine if an injured employee is in need of a life care plan after a catastrophic injury.

Finally, sections 124 and 125 authorize an advanced practice registered nurse to issue a heath certificate to prospective drivers.

This bill is important for Nevadans to have access to health care—the heath care they need. Allowing advanced practice registered nurses to practice to the full scope of their ability is a critical step in providing this access. I encourage your support of Assembly Bill 116.

Chair Bustamante Adams:
The purpose of this meeting is to hear these four bills together—they all focus on health care. We wanted to present them this way so that we stay on the same topic during this meeting. Are there any questions on sections 1 through 19?

Assemblywoman Jauregui:
Why do Assembly Bill 265 and Assembly Bill 116 exclude physician assistants? Assembly Bill 115 gives physicians assistants the same abilities as the advanced practice registered nurses would receive through these two bills.

Assemblywoman Titus
The reason for this is very specific. In 2013, advanced practice registered nurses obtained their independence. The have to meet certain requirements, so not all advanced practice registered nurses are independent. They have to meet the requirements as set forth in Assembly Bill 170 of the 77th Session, but they really cannot be independent because all of these old statutes contain restrictions to their independence. What we are trying to do is to clarify things. This bill is big because we went through the NRS and looked for any references to physician. We took those references and updated them to include independent advanced practice registered nurses. Advanced practice registered nurses are independent, unlike physician assistants. Physician assistants are not independent practitioners. They must have a supervising physician. Assembly Bill 115 will allow physician assistants to sign five forms. This is to clarify their scope of practice.

They should be allowed to sign these forms. They are already allowed to sign other forms such as the certification for a commercial driver's license in the state of Nevada. Assembly Bill 115 upgrades what a physician assistant is allowed to sign, but Assembly Bill 116 is a much broader bill. Within this umbrella, several sections mirror each other. I do not want you to feel that either I or the advanced practice registered nurses and the physician assistants encourage independent practice for both. This is not what we are doing here. This is the reason we are discussing Assembly Bill 116 separately. We feel that in 2013, when advanced practice registered nurses obtained the right to an independent practice, it was not recognized that there would be limits on their practice. We want to clarify this in statute.

Chair Bustamante Adams:
Are there any other questions on sections 1 through 19 of Assembly Bill 116? [There were none.] We are going to go to sections 20 through 30. These sections authorize advanced practice registered nurses to sign a medical certificate of death or stillbirth. Are there any questions on sections 20 through 30? [There were none.] We are going to go to sections 32, 33, and then 38 and 48. These sections refer back to the Physician Order for Life-Sustaining Treatment, the POLST form. Earlier this month, the Committee heard Assembly Bill 199, sponsored by Assemblywoman Woodbury. That bill deals with the same thing. We will need to make sure that we understand what Assembly Bill 199 seeks to accomplish and not duplicate or eliminate the intent of these two bills. Are there any questions on these sections regarding the POLST form?

Assemblywoman Carlton:
We have a definition in section 32 of an advanced practice registered nurse, and section 33 defines an attending advanced practice registered nurse. Are we creating a new category?

Assemblywoman Titus:
Thank you for the question. I am a medical doctor, but I am not your attending physician. There are statements in this bill like, "on a POLST form." In order to complete that form, it needs to be someone who is attending to you, someone who knows you and is willing to sign that form. We are breaking that out to clarify things. Not every advanced practice registered nurse could sign the POLST form. It would have to be someone who is attending you. Currently, you would only have your attending doctor sign this form. They are providing you direct care, even if it is for a moment in the emergency room, so they are the attending practitioner. At the time a POLST form is signed, it needs to be done by the patient's attending physician or attending advanced practice registered nurse.

Assemblywoman Carlton:
Am I correct? Are we creating a new category?

Assemblywoman Titus:
I would say no. We are defining what the advanced practice registered nurse is doing in a certain role, not in a new category.

Assemblywoman Carlton:
I have concerns that we are creating another level or category inadvertently.

Assemblywoman Titus:
We already use the terms, "attending physician" and "physician". I think this term is to clarify things. I think we need to ask our legal counsel to clarify this for us. I am happy to ask him. The intent is to clarify that the person is the attending physician or attending advanced practice registered nurse for that person.

Assemblywoman Carlton:
I will discuss this with the State Board of Nursing, which would have the regulatory authority over this to see if it will create any problems for our current advanced practice registered nurses. The last thing that I want to do is inadvertently set us backward and create a situation where advanced practice registered nurses would have to qualify for something when that is not our intent.

Assemblywoman Titus:
I appreciate your concern. In no way do I want to create any barriers or perils for advanced practice registered nurses. If you want to speak to the Board, I would appreciate that. I think that is an important clarification.

Assemblywoman Carlton:
In my experience, whenever you define something it means that someone has to figure out how to implement it.

Assemblywoman Neal:
My question concerns section 39, but it ties into section 38. This is where the "advanced practice registered nurse" was inserted. They are now providing an opinion in regard to when death will occur. The language says, "result in death within a relatively short time." I would like clarification on this section. I can see this playing out in the hospital where someone would be yelling at the nurse asking them, "How do you know when they will die?"

Assemblywoman Titus:
Thank you for that question. We are hoping to add clarity with these bills and this testimony. We are not asking the advanced practice registered nurse to do this. There is a distinction between a nurse and an independent advanced practice registered nurse, who is actually a provider now. This is in the current law. This is different from a nurse on the ward making a diagnosis. Advanced practice registered nurses are practitioners. They see and diagnose patients with terminal conditions every day of their practice. This is regardless of where they work or what type of practice they have. They have to make a diagnosis. This is not expanding their scope of practice. It is enabling them to practice in that scope for things they do all the time. They are not licensed practical nurses, they are registered nurses; they are independent nurse practitioners who are already a provider.

Chair Bustamante Adams:
I want to move on to sections 49 through 60 and 65 through 81. These also concern the POLST form. This authorizes an advanced practice registered nurse to make certain determinations related to the form, to execute the POLST form, and to determine whether a patient is in a terminal condition for his or her application for a do-not-resuscitate identification from the health authority. Are there any questions on these sections?

Assemblywoman Neal:
I have a question about section 77. Assemblywoman Titus told us that advanced practice registered nurses are already independent practicing nurses. Can you help me understand this? There are provisions for the civil and criminal liability if they cause the withholding of life-resuscitating treatment. Typically, has the advanced practice registered nurse been held liable before? What circumstances have led to advanced practice registered nurses now gaining this protection?

Assemblywoman Titus:
That is a great point. Before their independence, advanced practice registered nurses had their own liability insurance, but they were also under a physician's liability insurance. Advanced practice registered nurses now have their own liability insurance. It revolves around them. It gives them some protection as it would a physician. It also protects the

physician who now does not have to sign or countersign forms for a patient that they may have never seen. It holds advanced practice registered nurses accountable when appropriate. A physician remains accountable when appropriate. The physician assistant and the physician are still bound together.

Right now, I am asked to sign some of these forms for a patient that I have never seen. In my mind, this is a huge liability for me. The advanced practice registered nurse has the confidence of the patient, they have seen the patient, and done the medical exam and evaluation, yet they cannot sign the form. They must come to me and ask me to sign the form. This places me in a bad position because now I am liable. This bill offers advanced practice registered nurses protection where it is appropriate. It does not give them any more protection than the physician has, but it makes them culpable for their own actions.

Assemblywoman Carlton:
I need to clarify something. We still have advanced practice registered nurses who still work under collaborating agreements, and we have some who have autonomous practices. Are you referring to the autonomous practice advanced practice registered nurses or the collaborating advanced practice registered nurses?

Assemblywoman Titus:
A nurse practitioner can choose to have a collaborating physician. In fact, they have to now. They are not independent because they still have situations where they need a physician to sign a form. There are advanced practice registered nurses and nurse practitioners who have not achieved independent status because, the way the 2013 bill was written, they have to have so many hours and it has to be passed by the nursing board. They may still be a nurse practitioner, but they are not independent practitioners. This bill refers only to independent advanced practice registered nurses. Only independent nurse practitioners will be allowed to sign these particular forms.

Chair Bustamante Adams:
We will move to sections 83 through 87. Section 83 expands the definition of provider of health care to include advanced practice registered nurses, and sections 84 through 87 allow them to determine whether a person has a disability and provide that person certification for the purposes of obtaining a special license plate or temporary parking placard or sticker. Are there any questions on those sections?

Assemblywoman Neal:
I have questions about an advanced practice registered nurse's role in establishing disability. I understand that advanced practice registered nurses are knowledgeable, but does this go beyond their scope of practice? This bill says both temporary and permanent disabilities. Do advanced practice registered nurses have enough knowledge to determine if someone has a permanent disability?

Assemblywoman Titus:
This boils down to what we are trying to bring forward. Yes, an independent advanced practice registered nurse has the training model and the scope to determine if someone is permanently disabled. In certain instances, as a medical doctor, I cannot make that determination. In these instances, I reach out to another physician who specializes in the particular area of concern to make that final determination. It is not unlike an advanced practice registered nurse who, within the scope of their practice, has a patient who has lost their leg and whose job requires them to climb towers. Clearly, that physical condition restricts them, and they will not be able to return to work.

Certain things are obvious, and certain things are not. All of us in practice have the ability to reach out to someone if we need further clarification or expertise. Independent advanced practice registered nurses would be no different. The ability to reach out to specialists, a neurosurgeon for example, is not limited to physicians. We are all obligated to practice within our training and scope. This bill just adds independent advanced practice registered nurses to the definition of what we as physicians can do. Advanced practice registered nurses are trained to make diagnoses, conduct a physical examination, and they can decide if it is permanent or not. A physician can do the same thing.

Chair Bustamante Adams:
We are taking sections 88 through 123. These sections deal with providing treatment to an injured employee who has experienced an industrial accident and allows the advanced practice registered nurse to provide a certification of death resulting from an injury. Are there any questions on those sections? [There were none.] The last sections, 124 and 125, allow an advanced practice registered nurse to issue a health certificate for driving. Are there any questions? [There were none.]

We are going to go to those in support of Assembly Bill 116. I want to remind everyone that Assemblyman Oscarson, the Chair of the Interim Committee on Health Care, testified earlier. Because Assembly Bill 265 and Assembly Bill 116 are almost identical, these two bills are being combined.

Assemblywoman Titus, you said that the Clark County Public Defender's Office would be submitting an amendment. Is it conceptual?

Assemblywoman Titus:
The Clark County Public Defender's Office is here with their proposed conceptual amendment.

John J. Piro, Deputy Public Defender, Clark County Public Defender's Office:
Our amendment concerns section 5, subsection 1. This allows advanced practice registered nurses who have psychiatric training to conduct competency exams. We want to amend this so that the advanced practice registered nurses can perform these evaluations on misdemeanor crimes. We want a psychiatrist or a psychologist to perform these evaluations for felonies or gross misdemeanors.

Assemblywoman Carlton:
If the nurse has a primary focus in psychiatry, you would only allow them to perform the evaluation for a misdemeanor crime, and you would not allow them to make an evaluation for felonies or gross misdemeanors. Is that correct? If they are a health care provider and they have the qualifications, why would we differentiate between the severity of the crimes? They are either qualified or not qualified to perform these evaluations.

John Piro:
It is based on the severity of the crimes. These evaluations are frequently challenged, even though a doctor now performs them. We feel this creates additional steps. If an advanced practice registered nurse performs these evaluations on the felonies or gross misdemeanors, we believe there will be even more challenges. Most likely, a doctor would have to perform another evaluation on the same patient. Current laws already allow licensed clinical social workers to do these evaluations for misdemeanor offenses. We have no problem adding advanced practice registered nurses with a primary focus in psychiatry to the list of qualified professionals. We want doctors to perform the evaluations when we are talking about serious crimes, serious time, and sometimes matters of life.

Assemblywoman Carlton:
I do not know how to respond to your remarks. It is insulting. If an advanced practice registered nurse is qualified to do the job, they are qualified to treat people, and they are qualified to make an evaluation. I do not see where the issue is. This is especially true if they have a focus in the nurse's clinical specialist area, which has much higher requirements. If you make individuals wait to see a doctor, it is going to take even longer to have someone evaluated. I see your proposal as delaying rather than expediting needed evaluations. I do not understand this. You do not believe that an advanced practice registered nurse with a primary focus in psychiatry is qualified to perform these evaluations. Is that what I am hearing you say?

John Piro:
I in no way mean to be insulting. I think that we can all agree that doctors have more years of training and experience.

Assemblywoman Carlton:
We will not agree on that, so we might as well stop there. Some nurses have been practicing longer than a doctor who has just received his certificate. In essence, you are saying a doctor with little experience is better qualified than an advanced practice registered nurse with years of experience. If advanced practice registered nurses are going to be providers of health care and providers of mental health care, which is a field with huge issues with access to services, I would hate to see a delay simply because someone prefers a doctor over a nurse.

John Piro:
When we are dealing with competency for criminal adjudications, due process is a concern. It is our position that having an advanced practice registered nurse perform all psychiatric evaluations raises the issue of due process. Restricting these evaluations and having only doctors perform them for felony or gross misdemeanor adjudications instead of an advanced practice registered nurses is not an issue of expediency. It is an issue of due process.

Assemblywoman Carlton:
I will have to see your amendment in writing. It does not sound like your amendment will solve too many of the problems we are trying to solve.

Chair Bustamante Adams:
Mr. Piro, are you in support of the bill with your amendment?

John Piro:
That is correct. We would support this bill with this amendment.

Chair Bustamante Adams:
We will hear from those in support of Assembly Bill 116.

Cindy Pitlock, Advanced Practice Registered Nurse; and Legislative Liaison – North, Nevada Advanced Practice Nurses Association:
I want to clarify something relative to independent or autonomous practice. When an advanced practice registered nurse graduates, passes the boards, and receives her license through the State Board of Nursing, that provider is a truly autonomous provider. The thing that I think we are getting confused on is that a new provider cannot prescribe narcotics without a collaborating physician agreement. They must reach 2,000 practice hours before they can prescribe narcotics. Earlier, there were questions about when advanced practice registered nurses are independent and when are they not. Every advanced practice registered nurse in the state of Nevada is an autonomous provider. However, only those who have reached a certain number of practice hours are considered autonomous for the prescribing of narcotics.

Another thing that I want to clarify is that even though advanced practice registered nurses in the state of Nevada are considered autonomous, an employer can choose to do whatever they want. For example, my employer, as part of my credentialing, requires me to have a collaborating physician. That applies to my contract with the employer; it has nothing to do with my standing as an autonomous provider in the state of Nevada.

Autonomy does not mean that advanced practice registered nurses can run around and do whatever they want to do. That is not how this works. For example, I have a bachelor's of science degree in nursing. I have a master's in nursing in perinatal women's health. I have a post-master's certificate in midwifery, and a doctorate of nursing practice. You can see that I have a very specific, defined scope of practice. I will not be releasing patients from legal holds or determining their competency to stand trial; I guarantee this. My colleagues from

other areas of specialization will not be with me in the operating room cutting on someone's uterus. What we want to do is to have everyone practicing at the fullest scope of their practice as it is currently regulated by the State Board of Nursing. We all have very defined scopes of practice.

Vania Carter, Advanced Practice Registered Nurse; and Member, Nevada Advanced Practical Nurses Association:
I have been a nurse practitioner for about six years. I am board certified in family practice. I support this bill. Earlier someone had asked about permanent and partial disabilities. My area of specialization is pulmonary care. I deal with patients with chronic obstructive pulmonary diseases, asthma, emphysema, and other conditions that require oxygen. The Department of Motor Vehicles application for disabled persons states very specifically the criteria that need to be met for partial or permanent disability. In my practice, I am capable of determining that. We base our findings on several tests that we perform to determine if people are able to walk a certain distance or if they have to carry oxygen. This is very clearly delineated in the Department of Motor Vehicle applications. I feel that in my practice, I am able to determine if someone has a permanent or partial disability.

Mary Pierczynski, representing Nevada Association of School Superintendents; and Nevada Association of School Administrators:
We are in support of this bill. It helps the schools, especially in the rural areas. I am referring to section 7 and section 83. These sections require students to provide notes to either administer medications or get a release after an injury.

Brad Keating, Legislative Representative, Community and Government Relations, Clark County School District:
I want to echo the comments of the previous speaker concerning section 83, which allows an advanced practice registered nurse to sign documents. This helps our students.

Barry Gold, Director, Government Relations, AARP Nevada:
We support this bill. I would like to clarify my earlier testimony on Assembly Bill 115. It does not have to do with the ability or inability to drive. It is just for the disabled persons' plates. We support Assembly Bill 116 as well.

Sandra L. Talley, Advanced Practice Registered Nurse, Arthur Emerton Orvis Endowed Professor, Orvis School of Nursing, University of Nevada, Reno:
My background is in psychiatric mental health nursing as a nurse practitioner and as an educator. I would like to clarify that the education and training for specialized advanced practice registered nurses includes the process of diagnosing and understanding the severity of mental health issues, including the risks of the patients to society or to themselves. It seems that the determination of a person's capacity to stand trial is within our scope of practice, although I do think that people who wish to do that may benefit from training.

A number of states have specified training for all providers who perform these evaluations. This at least levels the playing field and allows providers to provide consistent evaluations of the situation. Many of the people who are likely to be in that circumstance are probably psychotic. They may commit misdemeanors as well as more egregious crimes. I think that performing these evaluations is within our scope of practice.

We typically see very ill clientele. Many of our clients are as ill as inpatients as they are as outpatients. We are used to seeing people with many behavioral issues, who may be out of touch with reality, and who may not take their medications regularly. We are all in favor of clarifying this to ensure patients are truly well-represented and receive a competent evaluation.

Chair Bustamante Adams:
Is there anyone opposed to Assembly Bill 116? [There was no one.] Is there anyone in neutral?

Michael Hillerby, representing State Board of Nursing:
I want to address Assemblywoman Carlton's questions regarding sections 33 and 67. These reference *Nevada Revised Statutes* Chapters 449 and 450B. The State Board of Nursing reads this to mean that the reference of "attending" would be specific to those chapters and very much as Assemblywoman Titus described. That would clarify that this is an advanced practice registered nurse who has a relationship with the patient. They are therefore qualified to make that determination.

Last session, Senate Bill 7 of the 78th Session was passed. This concerned releases on Legal 2000 mental health holds. The board spent a significant amount of time and went through a very detailed process to work on a policy for how to identify the advanced practice registered nurses qualified to do that. It was not without pain. It was a difficult process. The more specificity you can give the board in law, the better. Then we do not have to make these decisions.

Many of these decisions will come back to you through regulations, and some of these are policy decisions for the Board. Right now, the Board licenses advanced practice registered nurses based on their role—are they a nurse-midwife, a certified registered nurse anesthetist, or an advanced practice registered nurse? We look at their population focus—women's health, et cetera. Increasingly in the specialty area, it is different and more complicated. You heard some references to the Board of Medical Examiners and the State Board of Osteopathic Medicine. They are presumed to be able to do everything. It is up to the physician to determine their specialties and their limitations.

The situation that this bill creates is more unique. We are putting limitations on the nurses' license. It has been a long process and not without some hiccups along the way. I think the Board is working on this. We are also in the process of hiring an advanced practice registered nurse for the board staff to help assist us. We will be working with the national organizations to make sure we are adopting the best current standards and that our education levels are appropriate for the various certifications.

[(Exhibit O) and (Exhibit P) were submitted but not discussed.]

Chair Bustamante Adams:
Are there any other individuals in neutral? [There was no one.] I am going to close the hearing on Assembly Bill 116. This meeting is adjourned [at 4:07 p.m.].

RESPECTFULLY SUBMITTED:

_____
Kathryn Keever
Committee Secretary

APPROVED BY:

_____
Assemblywoman Irene Bustamante Adams, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a document titled, "Profession Comparison Chart," dated March 27, 2017, submitted and presented by Assemblywoman Robin L. Titus, Assembly District No. 38.

Exhibit D is a document titled, "What is a Physician Assistant/Nurse Practitioner," submitted and presented by Assemblywoman Robin L. Titus, Assembly District No. 38.

Exhibit E is a document titled, "Comparison of Measures Related to Authority of Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN)," compiled and submitted by Kelly Richard, Committee Policy Analyst, Research Division, Legislative Counsel Bureau, regarding Assembly Bill 115, Assembly Bill 116, Assembly Bill 199, and Assembly Bill 265.

Exhibit F is written testimony regarding Assembly Bill 115, Assembly Bill 116, Assembly Bill 265, and Assembly Bill 284, regarding physician assistants and advanced practice registered nurses by Assemblywoman Robin L. Titus, Assembly District No. 38.

Exhibit G is a list of articles from the American Academy of PAs titled, "Articles and Reports on the PA Profession, Selected Topics," available at: http://news-center.aapa.org/wp-content/uploads/sites/2/2017/01/Bibliography-on-the-PA-Profession.pdf. This copy was submitted by Assemblywoman Robin L. Titus, Assembly District No. 38, regarding Assembly Bill 115.

Exhibit H is a copy of a document titled, "Comparison of Nurse Practitioners and Physician Assistants in Michigan," dated March 13, 2015, regarding Assembly Bill 115, submitted by Assemblywoman Robin L. Titus, Assembly District No. 38.

Exhibit I is a copy of a proposed amendment to Assembly Bill 284 submitted by Susan L. Fisher, representing Nevada State Board of Osteopathic Medicine.

Exhibit J is written testimony submitted by Julie Thomas, President-Elect of Nevada Academy of Physician Assistants, in support of Assembly Bill 284.

Exhibit K is an email, dated March 23, 2017, in support of Assembly Bill 115 and Assembly Bill 284 to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, authored by Cody Myers, Private Citizen, Wellington, Nevada.

Exhibit L is written testimony submitted by Assemblywoman Robin L. Titus, Assembly District No. 38, regarding Assembly Bill 115.

Exhibit M is a copy of a proposed amendment to Assembly Bill 115, dated March 15, 2017, submitted by Julie Thomas, Physician Assistant and President-Elect, Nevada Academy of Physician Assistants.

Exhibit N is a letter, dated March 23, 2017, in support of Assembly Bill 115 to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, authored by Ann Miles, Private Citizen, Kingston, Nevada.

Exhibit O is an email, dated March 21, 2017, in support of Assembly Bill 115 and Assembly Bill 116 to Assemblywoman Robin L. Titus, Assembly District No. 38, authored by Joy Koch, Private Citizen, Incline Village, Nevada.

Exhibit P is a letter, dated March 27, 2017, in support of Assembly Bill 116 to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, authored by Senator Joyce Woodhouse, Senate District No. 5.