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April 30, 2003

To: Assembly Health and Human Services  
Fr: Gregory Hayes, M.D., M.P.H., Associate Professor, Health Ecology, University of Nevada, Reno  
Re: **The Rationale for SB 332**

The changes suggested in SB332 do not in any way weaken the licensing requirements of the State of Nevada. Rather, they inject a small measure of much-needed flexibility into the medical licensing laws that will be fairer to Nevadans by being fairer to some quality physicians, who have otherwise been unable to apply for licensure in Nevada. The public good is best served by making the medical expertise of these individuals available to the people of Nevada. (See also the attached Reno Gazette-Journal editorial.)

#### Changes regarding State Health Officer

- The State Health Officer needs to be a public health leader with excellent administrative skills and experience.
- Many excellent and experienced public health leaders in the United States are not board certified in Preventive Medicine nor eligible to be certified as our law currently requires.
- If the best applicant for the State Health Officer position is a person with excellent administrative experience but not board certified in Preventive Medicine, it is in the public's best interest to make it possible to hire this person through the a restricted administrative medical license (i.e. no clinical medical practice is allowed). SB322 adds the flexibility required to make this possible.
- The provision of the bill applies only to those in public service, such as the State Health Officer.

#### Board certified OR 36 months of progressive postgraduate training

- Adding the language of "board certified or" to the current statute is a very small change, since all 24 of the medical specialties of the American Board of Medical Specialties require at least 36 months of progressive postgraduate training (residency) as the current law requires.
- This suggested change only affects some physicians in the two newest medical specialties: Emergency Medicine and Family Practice—specifically those physicians who trained before the advent of postgraduate training in Emergency Medicine and Family Practice but who remained competitive with residency-trained physicians in their fields by becoming board certified when the certification process first began (Emergency Medicine: 1979; Family Practice: 1969). These physicians have remained board certified and competitive in their fields by passing regular recertification testing.
- Those few physicians in this group who now want to come to Nevada at this point in their careers are top-quality practitioners, who have worked very hard to remain current and competitive in their specialties. Many have taught in postgraduate training programs in their fields. Most are respected senior members of their respective medical groups. In short, they deserve our respect and consideration for licensure.
- Nevadans gain if such quality physicians are able to apply for licensure in our state. And the licensing board will further assess their competence through additional testing during the application process.

ASSEMBLY HEALTH AND HUMAN SERVICES  
DATE: 04/30 ROOM: 313B EXHIBIT C1-3  
SUBMITTED BY: Dr. Greg Hayes

Adding flexibility as to how postgraduate training may be sequenced in accredited dental-medical combined-degree programs

- These programs combine dental and medical training and produce dentist/physicians who focus their practice on oral maxillofacial surgery (dental surgery).
- All such accredited programs, which are best understood as a single training package granting two degrees, require at least 36 months of progressive postgraduate training.
- Schools offering such programs differ in how they sequence the years of training.
- Those programs that begin with medical school followed by dental school produce graduates who are able to apply for both dental and medical licenses under the current law in Nevada.
- Those that begin with dental school produce graduates who are unable to apply for a medical license in Nevada.
- SB332, while still requiring a total of at least 36 months of progressive postgraduate training, would require that only 24 months of such training occur after the technical point at which the medical degree is granted during such a combined-degree program.
- This small measure of added flexibility in the law will allow the licensing board to treat these highly trained applicants for medical licensure more fairly.

Permitting the use of the M.D. title by individuals who have earned this degree but who are not licensed and not engaged in the practice of medicine

- Those who have earned the M.D. degree make use of this degree in many legitimate ways other than the practice of medicine and they should be able to reference this earned degree as long as there is no intent to deceive.
- The current law creates unnecessary problems. For example, a professor hired to teach at the University of Nevada but who is not engaged in the practice of medicine is guilty of a felony by simply placing the "M.D." title on his or her UNR or UNLV business card. These and similar non-deceptive uses of the earned M.D. title should not be illegal.
- Striking the prohibition on the use of the M.D. title, as SB322 would do, would address unfair situations such as the above, while still leaving in place felony penalties for any person who either uses his or her M.D. title to engage in the practice of medicine without first obtaining a Nevada medical license, or any person who makes a statement that he or she has an M.D. degree when such is not the case.

Board certified or have passed various examinations

- This amendment, introduced during the Senate hearings, rose out of problems with a board-certified OB/GYN who wanted to practice in Clark County. The timing of one of his examinations did not meet the licensing board requirements even though many physicians had historically taken the identical exams in the same temporal sequence. It was noted that other physicians may have been adversely affected by this quirk in the licensing process, although, at the Senate hearing, the licensing board's representative did not know if such was the case, since, as he noted, the licensing board did not keep such records.

- Since the board certification process already requires among other things that standard tests be completed successfully, and since the state licensing board may still require additional oral and written examinations as it sees fit [630.160.2(e)], board certification by a specialty board of the American Board of Medical Specialties is seen as sufficient demonstration of skill and competence for this step in the licensing process.