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Nevada Health Centers, Inc.  
 Public Health Representation on Professional Boards  
 NV State Assembly  
 Committee on Business and Commerce  
 April 2, 2003

The following is a brief outline of points made during a presentation by Carl Heard, MD in favor of SB 310:

### Context of Comments:

- Going on 8 years as CMO for largest CHC in the State
- 2 years County Health Officer for Carson City
- 3 years on Board of Health Smart, a grass roots organization trying to improve the Public Health standing of Carson and surrounding area
- 7 years as Medical Director of several EMS Services around the State
- 7 years on the Board of the Primary Care Association
- 8 years of recruiting Physicians and PA's (approximately 50)
- In excesses of 250,000 miles traveling and working with professionals throughout the State

• 8 yrs rural or 3 yrs both rural + in Clark County

**About NVHC** - in 8 yrs, Regulatory environment is broken; regulatory decisions can be made without consideration of Public Health

- NVHC is a FQHC/ Community Health Center
- Private Not-for-profit, 501(c)3
- Cares for people regardless of their ability to pay and has a sliding fee scale for those that can afford to pay something
- Has been in helping the under-served of NV for 26 years; one of the first CHC's in the Nation
- As a CHC is covered by FTCA; not subject to the recent malpractice crisis
- Current funding: 1/3 Federal Grants, 1/3 Patient and third party revenues, and 1/3 local support
- Strives to work cooperatively with private for profit physicians and institutions
- Currently there is a working relationship with a private OB practice, key hospitals and NVHC

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## About the Public Health Crisis in the State of Nevada

- NV consistently rated at the bottom of the Nation for standard Public Health Indicators
  - High Teen Pregnancy rates
  - Highest rates of late or no prenatal care; low birth wt.
  - Low per capita rates for primary care
  - Low per capita rates for Dental Care
  - Low per capita rates for Nursing
  - ~~Low per capita rates for other professionals~~
  - Highest per capita income for many professionals in the Nation => disruption of free market forces
- The access to care dilemma:
  - Low numbers of professionals => difficult access
  - Low numbers of professionals => disruption of free market forces
  - Low numbers of professionals => lack of access for even funded patients such as medicaid/medicare
  - There is some mechanism that keeps professionals out of our State
- The Regulatory environment of Nevada
  - The Boards do an excellent job of keeping unqualified professionals out of the State
  - There is theoretically the ability to be excessively diligent in the selection process
  - Decisions at the Medical Professional Board level can have the undesirable effect of driving down the number of qualified professionals in the State
  - Primary function of Boards is to assure quality

- There is zero quality where there is no access.
- Therefore Regulatory decisions can, inadvertently, have an adverse effect on the Public's Health
- **SB 310** *Public Health access*
  - Recognizes that ~~access~~ is paramount in considerations of quality
  - Recognizes that those active in the Public Health sector of the industry, are important in representing access to care
  - Gives a costless opportunity to improve public health
  - Recognizes that no one wants to decrease the quality of professionals
  - Recognizes that every Board must consider the Public Health impact of the decisions that are made

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### Examples of Board Performance in relationship to access to care:

- Refusal of BME to even consider Temporary Licensure: ( I use this Board as example because it is the one I work with most often; all persons that work there are of clear and pure intent and very capable)
  - 25% of all Physician's in this country are FMG's, and must undergo a year or more of paper chasing to change their visa status. In one case we had two married physicians that had to hock their wedding rings to survive during the process. That couple is now serving their fourth year in a remote Rural community. Many other States allow for temporary licensure.
  - 11 months spent by a qualified MD to get licensed in this State, denying regular access to medical care to an under-served population; this MD fully qualified in another State for 20 + years and required to sit for a test that has questionable merit, in spite of recent Specialty Board Re-certification
  - State Health Officer in excellent standing in another State, turned around in mid trip to the State, leaving this State without a State Health Officer for at least another year or two, when we are
- **Failure of Board of Dentistry to consider the Public Health Ramifications of unduly stringent licensure requirements**
  - Years of time spent in legislature trying to deal with regulatory issues
  - One of the lowest per capita rate for dentistry Nation wide
  - Virtually no access to dental care for funded and unfunded patients
  - One of the highest per capita incomes for Dentists in the Nation => disruption of free market forces
  - Possible creation of Board of Dental Hygenists

- **Inconsistencies of Boards:**

- Mid-level providers (PA and APN) regulated by separate Boards leading to conflicting regulatory demands of the provider and physician
- Differing prescribing and dispensing requirements of mid-level providers; e.g. narcotics/DEA registrations
- *One* Board of Pharmacy may identify a provider with a challenge, and not get a response from other Boards of Licensure
- Discrepancies between DO's and MD's: e.g. mid-level supervision requiring 12 weeks for "re-licensure"
- Extra 20 days added to Licensure of for FMG's to verify final letter from Immigration and Naturalization

*310 may not address those but it is a start*

- **Other Options**

- Consolidation of Boards of Licensure for Medical Professionals
- Sun-setting of Boards
- Requiring a statement of impact on Public Health for each regulation passed
- Continue to debate regulatory issues in the legislature

- **Conclusion:**

- *The Quality of the* Public Health is related to access to care
  - access to care is related to the number of medical professionals in the State
  - the number of medical professionals in the State is related to the Regulatory environment established by Boards
  - the most efficient means, available, to influence the regulatory environment of the State is SB310
  - Please support SB 310
- The most expedient approach to improving the Public Health