Health and Welfare; licensing of physicians

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NEV. REV. STAT. §§ 630.185, 630.295 (repealed); § 630._ (new); §§ 202.248, 630.047, 630.120, 630.140, 630.160, 630.165, 630.190, 630.220, 630.254, 630.255, 630.256, 630.265, 630.288, 630.290, 630.301, 630.304, 630.305, 630.306, 630.3062, 630.3065, 630.311, 630.318, 630.333, 630.336, 630.339, 630.400 (amended).

SB 77 (Committee on Commerce and Labor); 1987 STAT. Ch 111

Under existing law, the legislature has the responsibility to insure that only competent persons are allowed to practice medicine. Chapter 111 requires applicants for medical licenses to attend specified classes and participate in clinical programs at approved hospitals. Further, Chapter 111 requires that all practicing physicians receive doctorates from approved medical schools.

Under existing law, in order to receive a license, applicants must pass all parts of the examination given by the National Board of Medical Examiners. Chapter 111 exempts from this requirement physicians who have passed other state examinations and are certified.

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1. NEV. REV. STAT. § 630.003. Id. § 630.20 (definition of the practice of medicine).
2. NEV. REV. STAT. § 630.265 (amended by 1987 Nev. Stat. ch. 111, sec. 13, at _). Students must attend 80% of required courses, which are to include: Anatomy, including embryology, histology and neuroanatomy; anesthesia; biochemistry; dermatology; medicine including geriatrics; neurology; obstetrics and gynecology; ophthalmology; otolaryngology; pathology, bacteriology and immunology; pediatrics; pharmacology; physical medicine; physiology; preventive medicine, including nutrition; psychiatry; radiology; surgery, including orthopedic surgery; therapeutics; tropical medicine; urology. Id.
3. Nev. Stat. ch. 111, sec. 1, at _ (enacting NEV. REV. STAT. 630._). An approved hospital must be a formal part of a medical school or be formally affiliated with a medical school in the United States approved by the Liaison Committee for Medical Education. Id. Canadian hospitals must be approved by the Committee for Accreditation for Canadian Medical Schools. Id. Hospitals formally affiliated with a medical schools outside the United States or Canada must: (1) Have documented proof of the affiliation; (2) must provide a description of the clinical program; (3) be an accredited hospital; (4) have a supervised clinical program; (5) have a written program of instruction supervised by the school; (6) have regular student evaluations; (7) ensure a minimum number of patients. Id. The school must supervise the program, there must be regular student evaluations, the hospital must ensure a minimum number of patients. Id.
4. Id. § 630.014 (definition of physician).
5. 1987 Nev. Stat. ch. 111, sec. 1, at _ (enacting NEV. REV. STAT. § 630._) (the medical school must be either approved by the American Medical Association or provide a course of instruction equivalent to those approved by the American Medical Association). Chapter 111 requires that applicants demonstrate that their clinical training has met all requirements. Id.
6. Id. § 630.160 (amended by 1987 Nev. Stat. ch. 111, sec. 6, at _). Failure to appear for a second scheduled examination will be treated as grounds to reject an application for a license to practice medicine. NEV. REV. STAT. § 630.265 (amended by 1987 Nev. Stat. ch. 111, sec. 13, at _).
as specialists.\(^7\) These physicians, however may be limited to practicing medicine in their area of specialization.\(^8\) Chapter 111 excepts from the licensing requirements, physicians working for the United States Government, and physicians temporarily in Nevada to provide or receive training.\(^9\) Additionally, Chapter 111 revokes the authority of the board of medical examiners (board) to administer examinations to persons wishing to be licensed in other states.\(^10\) Under existing law, meetings and activities of public bodies, including the board, are open to the public.\(^11\) Chapter 111 protects the privacy of physicians ordered by the board to undergo a physical or mental examination.\(^12\) Additionally, Chapter 111 gives the board the ability to ask the courts to enjoin the use of the title M.D., and also provides criminal penalties for the unauthorized use of that title.\(^13\)

Existing law requires physicians to notify the board before changing location.\(^14\) This requirement is now extended to require notification regarding the closing of offices, and provides for the accounting of the location of affected patients medical records.\(^15\) Additionally, Chapter 111 requires those persons wishing to resume practice after an absence to satisfy the board of their ability to practice medicine.\(^16\)

Existing law specifies actions which may result in disciplinary proceedings against licensed physicians.\(^17\) Pursuant to Chapter 111 these same acts will result in denial of applications for a license.\(^18\) Furthermore, Chapter 111 extends the grounds for bringing a disciplinary action or denying licenses to include the following: knowingly making a false report; habitual intoxication; failure to report revo-
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cation of a license to practice in another state; failure to report a change of location; and failure to be competent to practice medicine. 19

DAH


Health and Welfare; anatomical gifts

SB 21 (Rawson); 1987 Stat. Ch 141

Existing law permits persons to donate all or part1 of their body upon death2 for specific purposes.3 Chapter 141 requires hospitals4 to establish procedures to identify donors and potential donors.5 Chapter 141 further requires a hospital to request the appropriate family member6 to donate all or any part of the decedent’s7 body as an anatomical gift.8 Existing law provides that a person who acts in good faith under the laws governing anatomical gifts is immune from civil or criminal liability.9 Chapter 141 extends this immunity to persons who fail to act in good faith.10

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2. Id. § 451.555. See also id. § 451.565 (manner of making anatomical gift); id. § 451.007 (determination of death).
3. Id. § 451.550.
4. Id. § 451.530 (definition of hospital).
6. See id. § 451.555 2 (persons authorized or obligated to dispose of decedent’s body in order of priority: spouse, adult son or daughter, either parent, adult brother or sister, guardian at time of death).
8. 1987 Nev. Stat. ch. 141, sec. 1, at (enacting Nev. Rev. Stat. § 451. ____). The hospital administrator may not accept an anatomical gift if the administrator has actual knowledge of a contrary intent of the decedent or an appropriate family member. Id. If a gift is made, the hospital must notify and cooperate with an organization which procures organs and tissues. Id.

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