



COLORADO DISTINGUISHED FOREIGN TEACHING PHYSICIAN

The Colorado Legislature recently revised section 12-36-107(3), CRS allowing a physician of noteworthy and recognized professional attainment – who is a graduate of a foreign medical school and who is licensed in a foreign jurisdiction – to be granted a distinguished foreign teaching physician license to practice medicine as a member of the academic staff of a Colorado medical school or one of its affiliated hospitals. As a result of this statutory change, the Board adopted Rule 140, Licensure and Supervision Of Distinguished Foreign Teaching Physicians. This rule specifies standards related to the qualification and supervision of distinguished foreign teaching physicians.

REQUIRED DISEASE REPORTING IN COLORADO

During the 2006 state legislative session, a bill was introduced that called new attention to the state laws regarding public health reporting of “certain diseases and conditions.” Colorado Revised Statutes (CRS) 25-1-122 states that the Colorado Board of Health “has the authority to require reporting, without patient consent, of those diseases and conditions by any person having knowledge of such to the state and local health departments, within their respective jurisdictions.” The Board of Health (BOH) regulations translate “any person” to require reporting by physicians, hospitals and in-state laboratories and the BOH has broad authority to add or delete diseases and conditions that must be reported. This required reporting is specifically exempted from HIPAA requirements by federal law.

The ultimate intent and value of public health reporting is to facilitate disease control efforts at the public health level. For example, prompt reporting is essential for the timely distribution of prophylaxis for bacterial meningitis and pertussis. More recently, reporting of *E. coli* O157:H7 infections have been important in the investigation of a multi-state outbreak linked to contaminated spinach.

A complete list of required reportable conditions for physi-

cian use is available on the Internet at <http://www.cdphe.state.co.us/dc/medlist.pdf>.

Despite the requirements of law and the importance of disease reporting, most licensed physicians in Colorado do not comply with public health reporting. The Colorado Department of Public Health and Environment (CDPHE) does not aggressively pursue enforcement of this law, but instead relies primarily on reporting by in-state laboratories and hospitals for disease control. CDPHE feels that the current process usually provides adequate information for disease control efforts in many instances. However, licensed physicians need to be aware of this law and should make efforts to comply, as earlier notification of these diseases improves the timeliness and quality of disease control interventions and will be critical to public health emergency response.

The bill mentioned above would have required physicians and laboratories to notify patients of public health reporting prior to a test being ordered, and to notify patients of what was reported to public health agencies after results were available. The public interest cited in proposing this bill was that individuals have the right to know with whom their personal health information is shared. Ultimately, the bill did not go forward due to concerns about the potential negative impact that this requirement could have on clinical practice and decisions about test ordering.

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LOUISIANA FCVS NOW REQUIRED

As of Sept. 1, 2006, all physicians that apply to the Louisiana State Board of Medical Examiners (LSBME) for a medical license must also apply to the Federation of State Medical Boards Credentials Verification Service (FCVS) at <http://www.fsmb.org/fcvs.html>

FCVS provides a lifetime repository for verified informa-

tion relating to medical training and once completed greatly enhances the portability of a medical license in case of evacuation or relocation for other reasons.

Applicants are reminded that the application and credentials verification process with board review and approval may take as long as four months with most of this time spent gathering primary source documents and running background checks. More time may be required for international graduates. This process is highly dependent on the timeliness of responses on the part of medical schools, training programs and others, which is beyond the control of the board. Training permits and renewal applications are not affected by this change.

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NEVADA STATUTORY CHANGES

The recently concluded session of the Nevada State Legislature resulted in several major statutory changes affecting the state's medical licensees.

First, the legislature has required that all applicants for medical licensure provide a set of fingerprints to the board for a criminal background investigation. This requirement became effective on July 1, 2005, and is currently being implemented. However, the board has determined not to let the long delay that could result from waiting for the FBI report to affect licensure. When all of the materials necessary for licensure have been submitted to the board, the board will determine whether to grant the applicant a license. If a license is granted and an FBI report later comes back with negative information, the board will act on that information. An additional requirement is for fingerprinting and a criminal background investigation for all existing licensees against whom a formal disciplinary complaint is filed. These fingerprintings and background investigations will be at board expense, unless the complaint results in discipline to the licensee. In that event, the costs will be charged back to the licensee. Other than new applicants and licensees against whom a formal disciplinary complaint has been filed, no other licensees need to be fingerprinted or subjected to a background investigation.

Second, the legislature has required both the medical board and the osteopathic board to secure information

from each of their licensees regarding in-office surgeries in which conscious sedation, deep sedation or general anesthesia is used, or which result in a sentinel event. The two boards collaborated to create a joint form, which was sent to all licensees. Failure to respond to the form inquiry can result in discipline. A negative reply is required, i.e., "I don't do any in-office surgical procedures." These forms were sent to all licensees.

Third, the legislature has granted the board the authority to grant unrestricted medical licenses to applicants who intend to practice only administrative medicine, and will not engage in any clinical practice in Nevada. Previously, the board could only grant such practitioners a restricted license.

The board is working on implementing an online license renewal capability. This will allow licensees to renew their licenses and to pay the renewal fees online. This program will be available for the next renewal for physicians and physician assistants.

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