



State of Nevada

Board of Homeopathic Medical Examiners

2006

ANNUAL LEGISLATIVE REPORT NRS 630A.155 (6)

History and Current State of

- **Complimentary Integrative Medicine**
- **Nevada Institutional Review Board**

Recommendations to the Legislature

**Nevada Homeopathic Medical Board
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“Wellness is fundamentally about balance, or the ability to create balance in one’s life. America, in the last 50 plus years, has become a society that spends more than any other country on its health care system. We have slipped in our health ranking, according to the World Health Organization, to a level behind even some third-world countries and are rated #33. We are spending more and getting less.”¹

Preface

The 2005 Legislature mandated the Nevada State Board of Homeopathic Medical Examiners (“BHME”) to submit an annual report to the Legislature that will include:

1. The current state of alternative and complementary integrative medicine; and
2. Recommendations to the Legislature concerning the *enactment of legislation* relating to alternative and complementary integrative medicine (“CIM”), including, without limitation, homeopathic medicine. (NRS 630A.155 (6))

Introduction

The BHME was created by the 1983 Legislature and has been mandated to:

1. Protect the public health and safety and the general welfare of the people of Nevada by ensuring that only licensed and qualified professionals practice homeopathic medicine;
2. Assure the citizens of Nevada greater safety and wider choice in matters of personal health and wellness care;
3. Regulate the practice of homeopathic medicine in Nevada which is defined to include:
 - A. Nosodes and sarcodes;
 - B. Noninvasive electrodiagnosis, cell therapy, neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy and nutrition;
4. Assure that doctors of allopathic and osteopathic medicine and other qualified allied health professionals practicing homeopathic medicine are adequately trained, qualified, competent and subject to legislatively sanctioned public and professional peer-review oversight (NRS 630A.155); and
5. Submit an annual report and make recommendations to the Legislature for legislation pertaining to alternative and complementary integrative medicine, including, without limitation, homeopathic medicine. (NRS 630A.155 (6)).

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Brief History

1981: During the 1981 Legislative Session, legislation was proposed to expand the Nevada Board of Medical Examiners (“BME”) by the addition of two Board members. One of the appointees would be actively practicing CIM, including homeopathy, sarcode (cell) therapy and electrodiagnosis. Complaints filed against physicians licensed under chapter 630 of the Nevada Revised Statutes were to be reviewed by a peer with a similar practice who would make recommendations to the Board as to what action should be taken. The BME opposed the proposal. A compromise was reached. The governor appointed three (3) physicians practicing CIM modalities as an Advisory Committee to the BME. The Advisory Committee was to interview applicants desiring to practice homeopathic medicine and assist the BME in disciplinary matters pertaining to the practice of homeopathy. The Committee was never included in any BME meetings or discussions.

1983: The Legislature enacted Senate Bill 237, which mandated the practice of homeopathic medicine, sarcode (cell) therapy, and electrodiagnosis under Chapter 630A of NRS. Later, these therapies would be included as modalities of CIM within the National Institutes of Health (NIH).² Public interest in CIM has increased dramatically within the United States since 1983.

1985: The legislature granted full prescription rights to licensees under chapter 630A of NRS. The term, *homeopathic medicine*, was inserted into NRS 630.257 in Senate Bill 64. The BME added the term, *allopathic medicine*, to disassociate allopathic from homeopathic medicine. “Allopathy” was first coined by Samuel Hahnemann, M.D., the founder of homeopathy in the early 1800s. The philosophical foundation of allopathic medicine is antithetical to homeopathic medicine. A licensee under NRS 630 is currently defined by the BME as an “allopathic medical doctor” (NRS 630.257).³

1995: The BHME was mandated by the legislature to certify and regulate advanced practitioners of homeopathy and homeopathic assistants to assist NRS 630A licensees and to expand the practice of homeopathy, allowing other qualified health care professionals to use homeopathic therapies.

1997: The enactment into law of Assembly Bill 286 expanded the Legislative mandate to the BHME to regulate six (6) additional CIM practices: neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy and nutrition. Opposed initially by the BME, changes were made in the language of parts of the bill, and the amended version was passed by the Assembly Commerce Committee on May 5, 1997, and by the legislature shortly thereafter. During the August 19, 1997 BME meeting, Legislative Counsel for the BME reported “*new legislation to become effective on October 1, 1997, concerning the jurisdiction of the Board of Medical Examiners over physicians who hold dual licensure in Nevada.*”⁴ (Exhibit A) A 2 October 1997 letter from the president of the BME was mailed to all physicians with NRS 630 and NRS 630A licenses, stating “*Some practitioners have believed their practices could be separated as homeopathy and allopathy. . . . any, and all, of your practice (including homeopathy) is subject to regulation by the Nevada State Board of Medical Examiners.*”⁵ (Emphasis added; see Exhibit B) The 29 January 1999 BME meeting minutes state, “. . . . the regulations (LCB File No. R213-97) can be interpreted to allow

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*homeopathic physicians the same prescription writing privileges as Allopathic physicians.*⁶ (Emphasis added) Although an Opinion from the Office of Attorney General (AGO 98-01) agreed with the BME interpretation of the language change in NRS 630A, a March 19, 1998 Legislative Counsel Bureau Opinion on Attorney General Opinion 98-01 to Senator Ann O'Connell repudiated AGO 98-01. The BME could not regulate the practices of a person licensed to practice both allopathic medicine and homeopathic medicine while that person is actually practicing homeopathy within the scope of chapter 630A of NRS.

1998-2003: New regulations were enacted for BHME to certify, regulate, and supervise licensees and advanced practitioners of homeopathy practicing CIM therapies to protect the public health and safety and the general welfare of the people of Nevada.

2005: Assemblyman R. Garn Mabey, an allopathic physician, agreed to sponsor Assembly Bill 555, which the BME had previously prepared. Sections were embedded in the Bill requiring all applicants to obtain a license to practice allopathic (NRS 630) or osteopathic (NRS 633) medicine in Nevada before being eligible to file for a license to practice homeopathic medicine under NRS 630A. The enactment of this Bill would have destroyed the BHME. Sections 7, 8, and 9 of AB 555 were withdrawn by the Bill's sponsor. Senate Amendment No. 925 was added to AB 208. The added language was a Legislative mandate for the BHME to "Supervise the Nevada Institutional Review Board created by [NRS 630A.865](#), including, without limitation, approving or denying the regulations adopted by the Nevada Institutional Review Board." (NRS 630A.155 (5)) AB 208 was enacted into law.

2006: Since the 2005 Legislative Session, the BME's 23 year history of antagonism and refusal to cooperate with the BHME has continued during the interim between Legislative Sessions. Complaints filed with the BME against dually licensed physicians *pertaining to practice procedures authorized under NRS 630A* have not been forwarded to the BHME. The BME continues to behave as if the Legislature has mandated it to investigate complaints that are clearly mandated to the BHME. The BHME mailed a letter to the BME requesting information pertaining to physicians dually licensed undergoing BME investigations for practicing homeopathy. The request was denied, stating the BME is not compelled "to release investigative information which it has obtained during lawful investigation through its investigative division and which has been *clearly identified and reviewed as allopathic medicine*, to any outside governmental agency or board. Any complaint of homeopathic wrongdoing received by the Board of Medical Examiners is *forwarded to the Attorney General's Office*, as your Homeopathic Board lacks an investigative division." (Emphasis added; see Exhibit C) The BME has rejected NRS 630A.390 and NRS 630A.400. Clearly, legislation is needed requiring the BME to refer complaints pertaining to homeopathy to the BHME.¹

A recent example of the BME's failure to cooperate with the BHME is the 13 June 2006 letter to a dually licensed physician regarding the doctor's use of a homeopathic medicine. The letter states, ". . . your use of sublingual heparin which was used as a prophylactic. . . . may be appropriate to use as a homeopath, (but) it deviates from the

¹ During the 1997 Legislative Session, the BME was instrumental in having the following language added to NRS 630A.155 (4): "If a complaint concerns a practice which is within the jurisdiction of another licensing board or any other possible violation of state law, the Board shall refer the complaint to the other licensing board."

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acceptable allopathic standard of care. . . . *you are bound by standards of allopathic medicine even in situations where a treatment may be homeopathic.*” (Emphasis added; see Exhibit D) Meant to intimidate the licensee and discourage the practice of homeopathy, the letter continues, “This letter . . . is not a public document. As such, it is not releasable to the public, *but a copy of the letter will be kept in your licensing file . . . for future reference by the Board.*” (Emphasis added) The Investigative Committee Chairman quotes from Attorney General Opinion 98-01 as the BME’s authority:

“. . . each board has jurisdiction and regulatory authority over its licensees and that practitioners licensed by more than one board must comply with the statutes and regulations governing both of their licenses. *If the statutes or regulations of two licensing boards conflict, a practitioner with two licenses will need to decide which practice to adhere to, cease the prohibited practice, or relinquish one of his or her licenses.*” (Emphasis added)

The Legislative Counsel Bureau rendered an Opinion on Attorney General Opinion 98-01 which counters the AGO:

“. . . to determine which board may regulate a dually licensed practitioner of allopathic and homeopathic medicine, the capacity in which the person is practicing must be analyzed. If the person is practicing within the scope of authority granted pursuant to chapter 630A of NRS, which governs homeopathic physicians, it is the opinion of this office that the Legislature has charged the BHME with regulating that person. Therefore, even though the Medical Board had adopted a regulation prohibiting that practice, the person may perform the practice because the Medical Board has no authority to regulate him while he is practicing within the scope of chapter 630A of NRS (homeopathic physicians). However, if such a person is not practicing within the scope of authority of chapter 630A of NRS, it is the opinion of this office that the Medical Board has authority to regulate that person and may prohibit him from performing certain practices.

In conclusion, it is the opinion of this office that *the Medical Board may not regulate the practices of a person who is licensed to practice both allopathic medicine and homeopathic medicine while that person is actually practicing homeopathy within the scope of chapter 630A of NRS.*” (Emphasis added)

The 2007 Legislature needs to enact legislation ending the BME’s attempts to undermine the authority of the BHME through politicking and personal intimidation of dually licensed physicians. A jurisdiction arbitration panel, similar to the panel in Arizona, will force the BME and the BHME to better serve the public and their licensees. (Exhibit E)

Current Status of Complementary Integrative Medicine

Since 1983, public interest has rapidly increased in the use and treatment of homeopathic medicine, noninvasive electrodiagnosis, and cell therapy (sarcodes). The Nevada Legislature and the governor recognized this trend and enacted chapter 630A of NRS, the

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Nevada State Board of Homeopathic Medical Examiners. Public interest in CIM has grown dramatically within the United States since 1983.

In 1990, seven years after NRS 630A was enacted, a Harvard University study reported Americans made an estimated 425 million visits to providers of “unconventional” therapy. This number exceeds the number of visits to all U.S. primary care physicians (388 million). Expenditures associated with using unconventional therapy in 1990 amounted to approximately \$13.7 billion, three quarters of which (\$10.3 billion) was paid out of pocket. This figure is comparable to the \$12.8 billion spent out of pocket annually for all hospitalizations in the United States. The authors concluded the frequency of use of unconventional therapy in the United States is far greater than previously reported.⁷ In 1997, several authors published a subsequent analysis of lifetime use and age at onset.⁸ This analysis showed that 67.6% of respondents had used CIM therapy during their lifetime. Lifetime use of CIM therapies steadily increased over time and was similar across all major socio-demographic sectors. The authors concluded the use of CIM therapies by a large proportion of the study sample is the result of a secular trend that began at least a half century ago. *This trend suggests a continuing demand for CIM therapies that will affect health care delivery for the foreseeable future.* More than one third of the U.S. population was using CIM therapies in 1997.

Four to five (4–5) in 10 000 children were diagnosed with Autism in the 1980s. This increased to 30–60 in 10 000 children in the 1990s.^{9,10,11,12} In January, 2004, the US Department of Health and Human Services, Centers for Disease Control, and Academy of Pediatrics sent out an “**ALARM!**” 1 out of 6 children were diagnosed with a developmental disorder and/or a behavioral problem; and 1 in 166 children were diagnosed with an autism spectrum disorder (ASD). In 2006, 1 in 140 children have been diagnosed with ASD. Whereas allopathic treatments are lagging in this area, many ASD children are improving with CIM therapies.

Chapter 630A of the Nevada Revised Statutes established Nevada as the leading progressive state in providing citizens of Nevada and the United States with freedom to choose the type of health care best for them. During the past 23 years Nevada has experienced continuous growth in population and in the number of qualified healthcare professionals practicing CIM. A survey taken by the BHME revealed over 200,000 Nevadans and out-of-state visitors have experienced better health annually in Nevada because of CIM.

The Nevada School of Medicine did not have the same vision as the 1983 Legislature. The Nevada School of Medicine has *never* established a department of “Alternative and Complementary Integrative Medicine,” falling behind other medical and osteopathic schools in the United States. Thirty-eight of 117 medical schools required students to complete courses in CIM in 1998.¹³ More recently, 60 percent of 125 medical schools surveyed, 95% of 19 Osteopathic medical school surveyed, and 585 schools of nursing surveyed in the United States teach CIM.^{14,15} The BHME anticipates the 2007 Legislature will once more catch the vision of the 1983 Legislature, expanding health care in Nevada to include CIM therapies, mandating the Nevada School of Medicine to establish a Department of Alternative and Complimentary Integrative Medicine, and finding means for stimulating research within the scope of the 2005 Legislative Mandate to the BHME and the Nevada Institutional Review Board.

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Nevada Institutional Review Board (“NIRB”)

The 2005 Legislature mandated the BHME to “supervise” the NIRB. Statutes need to be revised to protect the NIRB from individuals who may be seeking to empower and enrich themselves through this board. Assistance from the Allopathic, Osteopathic, other healthcare Boards, State Associations and Societies, and the Nevada School of Medicine is needed to enable safe, beneficial research in the expansive field of CIM. The BHME is fully committed to fulfilling the 2005 Legislative mandate, including without limitation, the supervision of the NIRB pursuant to NRS 630A.155.

A recent study reported the value of using electrodiagnosis (first introduced through chapter 630A in 1983) in early diagnosis of disease.¹⁶ Understanding the importance of the acupuncture meridian system in diagnosis and treatment is a clarion call for cooperative research among allopathic, osteopathic and CIM physicians. Such cooperation will result in better patient care at greatly reduced cost. The BHME believes the 2005 Legislature envisioned this with the creation of the NIRB under chapter 630A of the NRS.

Sarcode therapy includes cellular and stem cell therapy, another exciting area for CIM research in prevention and treatment of many chronic degenerative diseases. Legislation is needed to mandate private and public colleges and universities in Nevada to join with the BHME in assisting the NIRB in stem cell research. The NIRB ceased to function from 1 April until 13 December 2006 due to irregularities within the NIRB. The Office of Attorney General advised the NIRB as constituted on 1 April 2006 not to meet until those irregularities were properly addressed and corrected. The NIRB met December 13, 2006, and began a reorganization process. Researchers who have submitted requests to the NIRB to conduct research in stem cell therapy and new cancer therapies are currently awaiting permission from the NIRB to proceed.

Physicians licensed to practice CIM in Nevada are well trained in allopathic and/or osteopathic medicine. Their education has been expanded to include CIM therapies. These licensees are ready to provide whatever assistance is needed, should there be a natural epidemic, such as “Bird Flu.” Indeed, physicians solely licensed under NRS 630A must be given full prescription rights, making it possible for them to access whatever medicine will be needed under such circumstances as a natural or man-made disaster.

Fees

Fees for applicants have not been increased since 1995.

Applicant for a license to practice homeopathic medicine-----	\$500.00
Applicant for a certificate to practice as an Advanced Practitioner of homeopathy-----	\$300.00
Applicant for a certificate to practice as a homeopathic assistant-----	\$150.00

Fees for renewal of license or certificate cannot currently exceed \$600.00 annually for licensee, advanced practitioner of homeopathy and homeopathic assistant. (NRS 630A.330) A

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regulation is pending, LCB File No. R125-06. If allowed to be enacted by the Legislative Commission, the following renewal fees will be increased as follows:

Annual renewal of a license to practice homeopathic medicine-----	[\$550.00] \$600.00
Annual renewal fee for a certificate to practice as an advanced practitioner of homeopathy-----	[\$330.00] \$400.00
Annual renewal fee for a certificate to practice as a homeopathic assistant-----	[\$165.00] \$200.00

The BHME needs better funding in order to cover the costs incurred for protecting the public, and for proper supervision of the NIRB. Prior to 2004, the BHME operated within its annual budget. A civil lawsuit filed against the Board by an applicant that was refused a license resulted in a negative balance of approximately \$30,000.00 due the Office of Attorney General (“AG”). A verdict was rendered in favor of the Board. The legislative mandate for the Board to supervise the NIRB in 2005 resulted in a marked increase in AG fees for a variety of reasons. The Legislative Counsel Bureau was authorized by the Legislative Commission to perform an audit of the BHME’s financial management and procedural conduct for July 2004 through February 2006, and activities through June 2006 for certain audit issues. The audit findings and recommendations provided the Board with a valuable perspective of financial management and Board policies and procedures. The nine (9) recommendations from the auditors have been discussed, implemented, and are now in place. The BHME will fulfill its legislative mandates.

Legislative Recommendations from the BHME

The BHME strongly encourages the following legislation during the 2007 Legislative Session:

1. Require the inclusion, integration, and instruction of the philosophy and principles of CIM within the Nevada Educational Systems, including the Nevada School of Medicine, Nursing Schools, and Osteopathic Schools. Training should be introduced at all levels of healthcare education, from preclinical through the medical and osteopathic residency training programs;
2. Mandate all medical insurance carriers, managed care organizations, and other third party health care providers to cover treatments provided by licensees of all Nevada Healing Arts Boards, and CIM. Many Nevadans are receiving care by CIM physicians on a regular basis, paying for services and treatments “out of pocket.” Third party fiduciaries should be required to have qualified licensees in each of the Healing Arts to assist in making determinations as to the necessity of the service provided;
3. Mandate research in several areas in which CIM therapies may prove to be useful in diagnosis and treatment. Such research should utilize Health Services Research Clinical Outcomes Based Methodology for determining safety and efficacy. CIM diagnostic procedures and treatments are less expensive, safe, non-toxic, and clinically effective. The areas of research that might be of greatest benefit to the people of

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Nevada would be:

- A. Treatment of natural pandemics (influenza and other infectious disease): using CIM methods in areas where other therapies are failing or nonexistent;
 - B. Treatment of victims of biological warfare, whether accidental or intentional;
 - C. Treatment of victims exposed to chemicals, whether accidental or intentional; and
 - D. Treatment of a variety of degenerative diseases with CIM therapies, including, but not limited to, stem cell therapy;
4. Add New language to NRS 630A for:
- A. Defining the term, “supervision;”
 - B. Establishing a means for financing and conducting the daily operations of the NIRB;
 - C. Defining the BHME’s areas of responsibility for all NIRB activities;²
 - D. Continuing the NIRB concept under the supervision of the BHME with close affiliation with the University of Nevada or a similar academic Center of Excellence;³ and
 - E. Allowing licensees within the healthcare field to participate in peer reviewed research projects within the NIRB.
5. Grant full prescription privileges to NRS 630A licensees. This was the original intent of the 1983 and 1985 Legislatures. Although all NRS 630A licensees have been on the staffs of one or more hospitals in the past, most are currently outpatient clinicians. Full prescription rights for use when needed by CIM physicians will reduce medical expenses, better protect Nevadans with degenerative illnesses, and will probably reduce the need for some hospital services;
6. Allow the BHME to grant full office procedure services to qualified NRS 630A licensees. NRS 630A licensees are trained to perform minor clinical procedures as allopathic and osteopathic physicians. Treating minor lacerations, minor fractures, and performing other procedures that can be performed in the office, will reduce costs to the patient and third party providers. Physicians licensed under NRS 630A have received the same training as allopathic and osteopathic physicians;
7. Enact legislation that authorizes the BHME to license qualified practitioners, such as chiropractic physicians, naturopathic physicians, and physicians practicing acupuncture and herbal medicine, to practice CIM therapies. Qualified practitioners should be permitted to expand their practices within chapter 630A of NRS that are not permitted under other statutes. The public will be protected when non-medical and non-osteopathic health practitioners are examined, licensed, and monitored by the

² NIRB executives believed the NIRB was *not* to be supervised by the BHME. Funds were “privatized” without BHME or NIRB control. Too much authority was vested in the President and a “Temporary” Executive Director by NIRB members without checks and balances.

³ This would generate research among scientific researchers as well as clinicians. The public needs to be protected, and CIM research would be less likely to become the victim of opportunists.

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BHME under these conditions. Advance practitioners of homeopathy who qualify should be permitted to practice independently following a satisfactory 2 year supervision under a NRS 630A licensed physician;

8. Increase fee limits for all applicants and for all renewals of licenses and certificates, allowing the BHME to increase fees by regulation when necessary;
9. Add the following language by statute to NRS 630 and NRS 633: ***If a complaint concerns a practice which is within the jurisdiction of another licensing board or any other possible violation of state law, the Board shall refer the complaint to the other licensing board;*** and
10. Enact a statute mandating a jurisdiction arbitration panel to determine which board has jurisdiction when a complaint a board receives a complaint on a physician who is also licensed pursuant to chapter 630A of NRS. (Exhibit E)

Respectfully yours,



F. Fuller Royal, M.D., H.M.D.
Secretary-Treasurer
Nevada State Board of Homeopathic Medical Examiners

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EXHIBIT A

16 August 1997 Board (of Medical Examiners) Meeting

Open Session Minutes

The meeting recessed for lunch at 10:45 a.m.

The meeting reconvened at 1:15 p.m.

AGENDA ITEM 8

Long-Range Planning Session - Setting of Board Goals and Objectives for Biennial Period 1997-1999

-Board Members, Executive Staff, Staff and Robert R. Barengo, J.D., Legislative Counsel.
Items suggested by members and discussed under this agenda item included:

1. . . . diet drugs, including Phen-fen
2. . . . dual licensure of physicians by the Board of Medical Examiners and the Nevada State Board of Homeopathic Medicine;
3. . . . Advanced Practitioners of Nursing;
4. . . . Nevada State Board of Osteopathic Medicine;
5. . . . Nevada State Medical Association;
6. . . . Diversion Program; and
7. . . . public awareness of the Board of Medical Examiners. Under discussion of the dual licensure of physicians by the Board of Medical Examiners and the Nevada State Board of Homeopathic Medicine, **Mr. Barengo reported on new legislation to become effective on October 1, 1997, concerning the jurisdiction of the Board of Medical Examiners over physicians who hold dual licensure in Nevada.** (**underlined bold italics** added)

Dr. Desai moved to draft a letter to the Nevada State Board of Homeopathic Medicine and to all physicians holding dual licensure in the state of Nevada informing of **the new legislation as described by Mr. Barengo** and the Board's intent to enforce it. Dr. Nagy seconded the motion, and it passed unanimously. (**underlined bold italics** added)

Under discussion of the Nevada State Board of Osteopathic Medicine, Dr. Desai moved to appoint a liaison/consultant to that Board to encourage more interaction between the two Boards. Dr. Stewart seconded the motion, and it passed unanimously.

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EXHIBIT B



Nevada State Board of Medical Examiners

October 2, 1997

Fuller Royal, M.D.
3663 S. Pecos Rd.
Las Vegas, Nevada 89121

Dear Dr. Royal:

The Nevada State Legislature adopted amendments to Chapter 630A of the Nevada Revised Statutes at the last session, which became effective on October 1, 1997. The amendments added a new section which reads, in part, that if a complaint is made against any homeopathic physician, the Nevada State Board of Homeopathic Medical Examiners is to investigate the complaint. Further, if a complaint concerns a practice which is within the jurisdiction of another licensing board, the Nevada State Board of Homeopathic Medical Examiners shall refer the complaint to the other licensing board.

The Nevada State Board of Medical Examiners has requested that all complaints received by the Nevada State Board of Homeopathic Medical Examiners concerning Homeopathic Physicians who are also licensed by this Board as allopathic physicians be referred to this Board for our own independent investigation.

You are licensed by both the Nevada State Board of Medical Examiners and the Nevada State Board of Homeopathic Medical Examiners. Some practitioners have believed their practices could be separated as homeopathy and allopathy. As a licensee of the Nevada State Board of Medical Examiners you are authorized to diagnose and treat patients, and, therefore, any and all of your practice is subject to regulation by the Nevada State Board of Medical Examiners.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Rex T. Baggett".

REX T. BAGGETT,
President

1105 Terminal Way, Suite 301 • (702) 688-2559 • Fax 688-2321
Mailing Address: Post Office Box 7238 • Reno, Nevada 89510

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JUL 31 2006

EXHIBIT C

NEVADA STATE BOARD OF
MEDICAL EXAMINERS



Nevada State Board of Medical Examiners

27 November 2006

Board of Homeopathic Medical Examiners
435 Court Street
Reno, Nevada 89501

RE: Your request for Confidential Information, received 24 October 2006

Dear Sirs.

Thank you for your correspondence of 20 October 2006, Subject as above. Unfortunately, the information you ask for on file at this Board is confidential by statute and therefore not releasable under NRS 630.336 (4).

The statute you quote at NRS 630.336 (6) does not compel the Nevada State Board of Medical Examiners to release investigative information which it has obtained during lawful investigation through its investigative division and which has been clearly identified and reviewed as allopathic medicine, to any outside governmental agency or board. Any complaint of homeopathic wrongdoing received by the Board of Medical Examiners is forwarded to the Attorney General's Office, as your Homeopathic Board lacks an investigative division. The Attorney General's Investigative Division has accepted referrals on homeopathic licensees in the past and is capable, as an investigative division of state government, of conducting an appropriate investigation.

If you desire licensee application of renewal information that is releasable to the public, please send a request to the licensing division of this Board.

Respectfully,

A handwritten signature in black ink, appearing to read "D. Cooper", is written over a light yellow rectangular background.

Douglas C. Cooper
Chief of Investigations
Nevada State Board of Medical Examiners

Mailing Address: P.O. Box 7238 • Reno, Nevada 89510-7238
Physical Address: 1105 Terminal Way, Suite 301 • Reno, Nevada 89502-2144
(775) 688-2559 • Fax (775) 688-2321
E-mail: nsbme@medboard.nv.gov • Website: www.medboard.nv.gov

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EXHIBIT D



Nevada State Board of Medical Examiners

June 13, 2006

[REDACTED]

RECEIVED AUG 14 2006

Re: BME Case No. 03-07015

Dear Dr. [REDACTED]

This correspondence is to inform you that the Investigative Committee of the Nevada State Board of Medical Examiners has closed BME case #03-07015 after its review. Although the matter has been closed, you should be aware that this closure action does not preclude the Board from considering the events surrounding it in a subsequent unrelated disciplinary issue, should one arise.

In discussion, the Committee was very concerned about your use of sublingual heparin which was used as a prophylactic. Although this treatment may be appropriate to use as a homeopath, it deviates from the acceptable allopathic standard of care. As you are license as an allopath as well as a homeopath, you are bound by standards of allopathic medicine even in situations where a Treatment may be homeopathic.

Attorney General Opinion 98-01 specifically addresses this issue and states that **“practitioners licensed by more than one board must comply with the statutes and regulations governing both of their licenses. If the statutes or regulations of two licensing boards conflict, a practitioner with two licenses will need to decide which practice to adhere to, cease the prohibited conduct, or relinquish on of his or her licenses.”** The Committee recommends that you cease all practices that are inconsistent with the practice of allopathic medicine and are proscribed by statute or regulations or disciplinary action will be taken against you.

This letter of concern does not constitute a disciplinary action and is not a public document. As such, it is not releasable to the public, but a copy of the letter will be kept in your licensing file and with the investigative division for future reference by the Board.

Please don't hesitate to contact the Board office if you have any questions or concerns, or are in need of further assistance.

Sincerely

Handwritten signature of Sohail U. Anjum, M.D.
Sohail U. Anjum, M.D.

Committee Chairman

Investigative Committee of the Nevada State Board of Medical Examiners

Mailing Address: P.O. Box 7238 • Reno, Nevada 89510-7238
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EXHIBIT E

(Suggested language to be drafted to resolve disputes between Boards)

Jurisdiction arbitration panel; members; procedures; duties

A. When the board receives a complaint on a homeopathic physician who is also licensed pursuant to chapter 630A of NRS, the board shall immediately notify the other board with which the homeopathic physician holds a license.

B. If the boards disagree and if both boards continue to claim jurisdiction over the dual licensee, an arbitration panel shall decide jurisdiction. The panel shall consist of one member from each board, one legal representative from each board and one attorney who is licensed to practice law in this state, who is selected by the supreme court and who shall serve as chairman.

C. The chairman shall fix a date, time and place for a meeting within thirty days from the date the action is referred to the panel.

D. The panel shall determine which board shall investigate the complaint or whether both boards shall conduct their own investigation and hearing.

E. After conducting its investigation, the board chosen to conduct the investigation shall transmit all investigation materials, findings and conclusions to the other board with which the physician is licensed. That board shall review this information to determine if it shall take any action against the physician or dismiss the complaint.

F. If the licensing boards decide without resorting to arbitration which board shall conduct the investigation, the board conducting the investigation shall transmit all materials, findings and conclusions to the other boards with which the physician is licensed.

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REFERENCES

¹ Spader D. “Bringing wellness home: it’s a matter of balance.” Dunn County News, Menomonie, WI. September 14, 2006.

² <http://nccam.nih.gov/health/homeopath/>

³ <http://medboard.nv.gov/>

⁴ Open Session Minutes, 16 August 1997 Board of Medical Examiners Meeting, Agenda Item 8.

⁵ October 2, 1997 Letter to Fuller Royal, M.D., from the Nevada State Board of Medical Examiners.

⁶ Open Session Minutes, “Status of Homeopathic Regulations,” 29 January 1999 Telephone Conference Call Board of Medical Examiners Meeting,

⁷ Eisenberg DM, Kessler RC, Foster C, et al. “Unconventional Medicine in The United States. Prevalence, Costs and Patterns of Use.” *New Engl J Med.* 1993 Jan 28;**328**(4):246-52

⁸ Eisenberg L. Complementary and Alternative Medicine: What is it’s Role? *Harv Rev Psychiatry* 2002 July-Aug; **10**(4):221-30.

⁹ Yeargin-Allsopp M, Rice C, Karapurkar T, Doernberg N, Boyle C, Murphy C. “Prevalence of autism in a US metropolitan area.” *JAMA* 2003;**289**:49 –55.

¹⁰ Bertrand J, Mars A, Boyle C, Bove F, Yeargin-Allsopp M, Decoufle P. “Prevalence of autism in a United States population: the Brick Township, New Jersey, investigation.” *Pediatrics* 2001;**108**:1155– 61.

¹¹ Destefano F, Bhasin TK, Thompson WW, Yeargin-Allsopp M, Boyle C. “Age at first measles-mumps-rubella vaccination in children with autism and school-matched control subjects: a population-based study in metropolitan Atlanta.” *Pediatrics* 2004;**113**:259–66.

¹² Steinhausen HC, Gobel D, Breinlinger M, Wohlleben B. “A community survey of infantile autism.” *J Am Acad Child Psychiatry* 1986;**25**:186 –9.

¹³ Wetzel M., Eisenberg D., and Kaptchuk T. “Courses Involving Complementary and Alternative Medicine at US Medical Schools.” *JAMA* 1998;**280**:784-787

¹⁴ Saxon D, Tunnicliff G, Brokaw J, Raess B. “Status of complementary and alternative medicine in the Osteopathic medical school curriculum.” *J Am Osteopath Assoc* 2004; **104**(3):121-6.

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¹⁵ Fenton MV, Morris DL. "The integration of holistic nursing practices and complementary and alternative modalities into curricula of schools of nursing." *Altern Ther Health Med*, 2003; **9**(4):62-7.

¹⁶ Zimlichman E., Lahad A, Aron-Moar A, et al. "Measurement of Electrical Skin Impedance of Dermal-Visceral Zones as a Diagnostic Tool for Inner Organ Pathologies: A Blinded Preliminary Evaluation of the New Technique." *IMAJ* 2005;**7**:631-634