



State of Nevada

Board of Medical Examiners Newsletter

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NEVADA STATE BOARD OF MEDICAL EXAMINERS NEWSLETTER

VOLUME 21

APRIL 1999

PRESIDENT'S MESSAGE

By: Arne D. Rosencrantz, President

The Nevada State Board of Medical Examiners held its centennial meeting in Carson City on March 15, 1999. The board convened in the Old Assembly Chambers in the State Capitol Building, where the Nevada State Board of Medical Examiners was formed one hundred years ago. It was a proud day for the citizens of our state, present and past board members, our staff, and the medical doctors and physician assistants we regulate and license.

I believe the work of our board is essential to the public's welfare. We continue to take deliberate action to assure the qualifications, professionalism, and competence of those we license and discipline.

I feel that the good and positive aspects of the work of the Nevada State Board of Medical Examiners need to be brought to the public's attention. The board needs to be sure that the public's perception of its work is not to shield substandard medical practices, but to protect the public, and keep the public informed, safe, and comfortable with the board's work.

The Nevada State Board of Medical Examiners will continue its one hundred year history with a constant effort to improve itself and inspire a positive view of its medical licensing and regulation.

CENTENNIAL MEETING OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

The Nevada State Board of Medical Examiners was created by statute on March 15, 1899. Exactly one hundred years later, on March 15, 1999, the board held its centennial meeting in the Old Assembly Chambers of the State Capitol Building in Carson City, the very location in which the legislation creating the board was enacted.

Arne D. Rosencrantz, the first public member to be elected President of the board, served as master of ceremonies for a formal program and luncheon at the centennial meeting's noon break. Governor Kenny C. Guinn, Lieutenant Governor Lorraine T. Hunt, Speaker of the Assembly, Joseph E. Dini, Jr., and United States Representative Shelley Berkley all spoke at the event.

Governor Guinn presented the board with a proclamation in honor of its one hundred years of service to the citizens of the state of Nevada.

James R. Winn, M.D., Executive Vice President of the Federation of State Medical Boards of the United States, Inc., also spoke at this event. The Federation is an organization of which all medical boards in the United States are members and which provides tremendous support and education for boards, board members and staff. Dr. Winn presented the board with a membership certificate in the Federation's Century Club, which is composed of medical boards which have served their states for at least one hundred years. Nevada joins 23 other medical boards in this distinction.

C. Robert Vanselow, P.A.-C, a physician assistant advisor to the Nevada State Board of Medical Examiners, presented the board with a proclamation from the Nevada Academy of Physician Assistants recognizing the board's work in licensing physician assistants in Nevada.

The formal program concluded with an address by Thomas J. Scully, M.D., former board member for many years, and a former President and Secretary-Treasurer of the board. Dr. Scully's address highlighted the history of the Nevada State Board of Medical Examiners, and he introduced former board members present for the event. Former board members who were present included: Kirk V. Cammack, M.D.; G. Norman Christensen, M.D.; Ikram U. Khan, M.D.; M. Nafees Nagy, M.D.; Richard A. Petty, M.D.; and Delmar E. Snider, M.D.

Numerous other state officials, executives of other Nevada health care regulatory boards, representatives of medical societies, and members of the medical profession were present for this event.

The board expresses its thanks to former board members Ikram U. Khan, M.D. and Thomas J. Scully, M.D. for their assistance with this event. The board also wishes to thank all who attended this significant event in the board's history and express its commitment to the citizens of Nevada to continue the important work with which it is charged in a professional and diligent manner for the next one hundred years.

RESIGNATION OF PUBLIC MEMBER OF THE BOARD

Victor Scaramosino of Las Vegas was appointed by the Governor as a public member of the board on July 1, 1994 and reappointed to a second four-year term on July 1, 1998. Unfortunately, health circumstances compelled Mr. Scaramosino to resign from the board on February 17, 1999.

Mr. Scaramosino served on the Internal Affairs Committee of the board and was active in organizations, conferences, and meetings dedicated to the effective participation of public members in the work of medical boards nationwide. He is a retired Clark County employee and active in private business ventures in Las Vegas. He will be missed, and the board wishes him well and a speedy recovery to good health.

GOVERNOR APPOINTS NEW PUBLIC MEMBER TO THE BOARD

On March 26, 1999, Governor Guinn appointed Donald H. Baepler, Ph.D. to fill the unexpired term of public member Victor Scaramosino. Dr. Baepler served as the President of the University of Nevada, Las Vegas from 1973 to 1978, and Chancellor of the University of Nevada System from 1978 until 1981. Upon his return to the University of Nevada, Las Vegas after his service as Chancellor, he became the Director of the Harry Reid Center for Environmental Studies and the Marjorie Barrick Museum of Natural History. In that position, he was responsible for the administration of the museum and the center, with divisions in Anthropological Studies, Biological Assessments, Geology, Environmental Resources, and Chemical Analysis. In addition, he taught and supervised graduate students in the Department of Biology. From 1994 to 1996, Dr. Baepler also served as interim Associate Vice President for Research at the University of Nevada, Las Vegas and is presently the Executive Director of the Marjorie Barrick Museum of Natural History and a faculty member in the Biology Department.

BIENNIAL RENEWAL OF LICENSE TO PRACTICE MEDICINE

By: Rebecca A. Gaul-Richard, License Specialist

Pursuant to Nevada Revised Statutes 630.197 and 630.288, and Nevada Administrative Codes 630.153 and 630.157, physicians are reminded that all Nevada licenses expire June 30, 1999. ***Please be aware that if you practice beyond June 30, 1999, without first renewing your license, you will be doing so as an illegal practitioner in this state and committing a felony.*** Extensions are not allowed for any reason! Nevada has no grace period! Should your license be suspended for non-payment, the registration fee to reinstate your license is doubled; therefore, a payment of \$1,200.00 will be required for licensure reinstatement.

Applications for renewal of license for the upcoming 1999 - 2001 biennium have already been mailed to every physician to whom a license was issued during or renewed for the current biennium, July 1, 1997 - June 30, 1999. Your completed renewal form, proof of 40 hours of Category 1, AMA-approved Continuing Medical Education (CME) credit, along with the proper fee, must be received at the board office by no later than June 30, 1999. Failure to renew on or before June 30, 1999, may result in insurance/Medicare/Medicaid claims being denied, lack of malpractice insurance coverage and/or other liabilities regarding the practice of medicine. You are encouraged to renew promptly upon receipt of your renewal notice. ***The Medical Practice Act does not allow the board to grant waivers for extenuating circumstances.***

PLEASE BE REMINDED that physicians are required to provide the board with proof of 40 hours of Category I, AMA-approved CME credit for each biennial registration period. Of the 40 hour requirement, physicians are required to provide 2 of the hours in medical ethics and 20 of the hours in the physician's scope of practice or specialty. Physicians are required to comply with this CME requirement when re-registering for the 1999 - 2001 biennial registration period.

Physicians must, therefore, complete this required CME prior to June 30, 1999.

NAC 630.153(2) exempts a licensee from the 40 hours of CME **ONLY** if he or she has completed a full year of residency or fellowship training in the United States or Canada during the time period July 1, 1997 through June 30, 1999.

Per NAC 630.157(1), CME requirements for those INITIALLY licensed to practice in Nevada during the time period July 1, 1997 through June 30, 1999 are as follow:

(a) if INITIALLY licensed to practice in Nevada during the time period July 1, 1997 through December 31, 1997, 40 hours of CME are required, with 2 of the 40 hours to be in medical ethics and 20 of the 40 hours in the physician's scope of practice or specialty;

(b) if INITIALLY licensed to practice in Nevada during the time period January 1, 1998 through June 30, 1998, 30 hours of CME are required, with 2 of the 30 hours to be in medical ethics and 20 of the 30 hours in the physician's scope of practice or specialty;

(c) if INITIALLY licensed to practice in Nevada during the time period July 1, 1998 through December 31, 1998, 20 hours of CME are required, with 2 of the 20 hours to be in medical ethics and 18 of the 20 hours in the physician's scope of practice or specialty; and

(d) if INITIALLY licensed to practice in Nevada during the time period January 1, 1999 through June 30, 1999, 10 hours of CME are required, with 2 of the 10 hours to be in medical ethics and 8 of the 10 hours in the physician's scope of practice or specialty.

The application for renewal of license is a legal document requiring a signature (stamped signatures are not acceptable). It is your responsibility to verify the accuracy of submitted information, and to add or correct information where applicable. ***Do not delegate this task!***

The board cannot be responsible for the non-delivery or untimely delivery of applications for renewal of license by the United States Postal Service. If you have not received a biennial renewal notice from the board by May 1, 1999, please contact the board's office at 688-2559 in Reno or 486-6244 if calling from Las Vegas. Board staff will be happy to verify your address of record. If your address is different from that on record at the board office, you may fax your address change to 688-2321 in Reno. Your change of address will be recorded, and a "duplicate" application for renewal of license will be mailed to you upon your request.

PROCEDURE FOR LICENSE STATUS CHANGE TO ACTIVE

By: Betty L. Tonner, License Specialist

As of September 21, 1996, all requests to change the status of a medical license from inactive or retired to active, or to reinstate a license to active status must be presented to the board at a regularly scheduled board meeting for review and acceptance or denial. The change of status process can take from three to six months to complete, depending upon the time of year and the dates of the board meetings.

Pursuant to NRS Chapter 630, in order to change your license status from inactive or retired to active, or to reinstate your license to active, you must:

- (1) Submit a notification to the board of your intent to resume the practice of medicine in Nevada;
- (2) Submit a notarized, sworn affidavit to the board describing your activities during your inactive/retired/suspended status;
- (3) Submit your completed Application for Active Status Registration renewal form;
- (4) Request licensure verifications (letters of good standing) from all states where you have ever been licensed (whether currently licensed there or not);
- (5) Pay the applicable registration fee in the form of a cashier's check or money order. **Note:** the amount of money you paid for your current status registration fee will not be applied toward the active status registration fee you will be charged;
- (6) Submit proof that you have completed 40 hours of Category I, AMA-approved CME credit within the preceding 24 months. Two of the 40 hours must be in medical ethics and twenty of the 40 hours in your scope of practice or specialty;
- (7) Request a copy of your Biographical Physician Profile from the AMA for direct return from the AMA to the board office; and
- (8) Complete a Child Support Information form.

If you did not practice allopathic medicine for a period of more than 12 consecutive months prior to your applying for change of status to active, the board may require you to take an examination to test your medical competency. If the board determines that your conduct while not practicing medicine in Nevada would have warranted denial of an initial application for a Nevada medical license, the board may refuse to change your license status to active.

The board conducts a background investigation of every application for change of status to active and if board staff become aware of circumstances warranting a personal appearance at a board meeting, you will be notified. Whether or not a personal appearance is warranted, your application for status change to active must be completed 45 days prior to any regularly scheduled board meeting in order for it to be placed on the meeting agenda. The next three board meetings are scheduled to be held June 5, 1999, August 28, 1999 and December 4, 1999.

If, at the time your change of status application is placed before the board for review, acceptance or denial, the board votes to not accept your change of status application, this non-acceptance becomes a reportable action to, among other entities, the National Practitioner Data Bank.

Under Nevada law, a public body cannot hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to that person of the time and place of the meeting. The written notice must be sent by certified mail to the last known address of that person at least 21 days before the meeting. A public body must receive proof of service of the notice before such a meeting may

be held.

For additional information or assistance concerning changes of status to active, please call a license specialist at the board office in Reno at 688-2559 or 486-6244 if calling from the Las Vegas area.

RELEASE OF MEDICAL RECORDS

By: Vicki L. Knopf, Chief Investigator

The board's investigative staff frequently receives inquiries regarding the release of medical records to patients or others with written authorization from the patient. Specifically, the question of whether or not a physician may or should release the records of other physicians or health care providers that are a part of his/her patient medical chart, is commonly asked.

Nevada Revised Statute (NRS) 629-021, *"Health care records" defined*; provides that "health care records" means any reports, notes, orders, photographs, X-rays or other recorded data or information whether maintained in written, electronic or other form ***which is received or produced by a provider of health care, or any person employed by him, and contains information relating to the medical history, examination, diagnosis or treatment of the patient.*** If the patient's medical record includes information from other health care providers, the patient or others with written authorization from the patient are by statute entitled to copies of all records that contain information relating to the medical history, examination, diagnosis or treatment of the patient which was either received or produced by the provider of health care or any person employed by him.

Anyone with questions regarding the release of medical records may call the board office in Reno at 775/688-2559 or 486-6244 if calling from Las Vegas for a current copy of NRS 629.021.

NEW REGULATIONS OF THE BOARD ADOPTED MARCH 15, 1999

By: Richard J. Legarza, J.D., General Counsel

The regulations adopted and/or amended at the Board's meeting on March 15, 1999, are set out hereinafter with their full text. This brief synopsis is included as a summary of the effect of the new regulations.

SUMMARY OF REGULATIONS ADOPTED

1. An applicant for licensure must pay the cost of any examination required for licensure, or ordered pursuant to the regulations and the law.
2. No training received in a fifth pathway program is acceptable to satisfy the requirement for graduate education.
3. Requests for Board action must be in writing and received 15 days before a Board meeting in

order to be placed on the agenda and considered.

4. Investigations to be conducted by the Board when it becomes aware that a physician or physician's assistant is HIV positive.

5. The Board authorized the Federation of State Medical Boards to administer the Special Purpose Examination or United States Medical Licensing Examination to any candidate, whether or not the candidate would qualify for licensure in this state, and the Board will utilize the Federation's weighted average score of 75 to satisfy the required score of 75 for passage of either or both examinations.

6. An applicant for licensure is not required to complete any postgraduate training prior to taking USMLE, Step 3, and is entitled to an unlimited number of attempts to pass and an unlimited amount time to complete Steps 1, 2, and 3 of the USMLE.

7. Graduates of foreign medical schools who are applicants for licensure in the state of Nevada must have taken and passed the examination of the Educational Commission for Foreign Medical Graduates or the Foreign Medical Graduates Examination in the Medical Sciences prior to taking and passing the USMLE.

8. A license issued to an alien is subject to any limitations imposed by the U.S. Dept of Justice, Immigration and Naturalization Service, and is void upon termination of the right of the person to lawfully remain and work in the United States.

9. The provisions of NAC 630.230, which were applicable only to physicians are not applicable to physician's assistants.

10. It is now grounds for disciplinary action to fail to honor a patient's advance directive without informing the patient, surrogate or guardian, and without documenting in the patient's record the reason(s) for not honoring the patient's request(s) contained therein.

11. It is now grounds for disciplinary action if a physician fails to adequately prescribe controlled substances for pain control; or, engages in the practice of writing prescriptions for controlled substances for the treatment of pain, acute or chronic, in such a manner as to constitute a departure from prevailing standards of acceptable medical practice, in accordance with the regulations, and the regulations define, in several sections, what constitute those prevailing standards of acceptable medical practice.

12. The grounds for disciplinary action are now the same for physician's assistants as they are for physicians.

THE LANGUAGE OF THE NEW REGULATIONS

(EXPLANATION: *Matter in Italics is new*, matter in [] is material to be omitted.)

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 through 5 of this regulation.

Sec. 2. *The cost of any examination required for licensure of a physician or physician's assistant or ordered pursuant to NRS 630.318 or NAC 630.395 and NAC 630.400 shall be*

borne by the applicant or licensee.

Sec. 3. *For purposes of satisfying the requirements of NRS 630.160(2)(d)(1), no training received in a fifth pathway program shall satisfy the requirement for graduate education. For purposes of this section, the fifth pathway is a program established by the American Medical Association in 1971 for United States citizens studying abroad at foreign medical schools to allow entry into the first year of graduate medical education in the United States.*

Sec. 4. *A request for board action or consideration shall be in written form and must be received at least fifteen (15) work days before a board meeting in order to be placed on the board's meeting agenda.*

Sec. 5. *For purposes of any investigation conducted pursuant to the provisions of NRS 630.311, whenever the board or its investigative committee becomes aware that a licensed physician or physician's assistant is Human Immunodeficiency Virus (HIV) positive, the investigative committee will immediately conduct an investigation, including, but not limited to the following:*

- 1. A review of the nature of the physician's or physician's assistant's practice;*
- 2. The empaneling of a group of public health and infectious disease specialists to review all circumstances of the physician's or physician's assistant's practice and advise the investigative committee, in accordance with currently recommended Centers for Disease Control and Prevention guidelines on "Health Care Workers infected with HIV," what action, if any, the investigative committee should take concerning the HIV positive physician or physician's assistant.*
- 3. The taking of such action as is authorized or required by statute.*

Sec. 6 NAC 630.080 is hereby amended to read as follows:

630.080 1. For the purposes of paragraph (e) of subsection 2 of NRS 630.160, an applicant for a license to practice medicine must pass:

(a) A written examination concerning the statutes and regulations relating to the practice of medicine in this state; and

(b) The Special Purpose Examination, unless within 10 years before the date of his application for a license to practice medicine in this state, the applicant has passed:

- (1) Part III of the examination given by the National Board of Medical Examiners;
- (2) Component II of the Federation Licensing Examination;
- (3) Step III of the United States Medical Licensing Examination;
- (4) All parts of the examination to become a licentiate of the Medical Council of Canada;
- (5) The examination for certification by a specialty board of subspecialty board of the American Board of Medical Specialties and received certification from that board;

(6) The examination for certification by a specialty board or subspecialty board of the American Board of Medical Specialties that issued the primary certification if the examination for recertification was a written and proctored examination; or

(7) The Special Purpose Examination.

2. For any examination conducted by the board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. *The board will utilize the Federation of State Medical Boards of the United States, Inc.'s weighted average score of 75 to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.*

3. *The Board will authorize the Federation of State Medical Boards of the United States, Inc. to administer the Special Purpose Examination or United States Medical Licensing Examination to any candidate, whether or not the candidate would qualify for licensure in Nevada.*

4. *An applicant for licensure is not required to complete any postgraduate training prior to taking the United States Medical Licensing Examination, Step 3, and is entitled to an unlimited number of attempts to pass and an unlimited amount of time to complete Steps 1, 2, and 3 of the United States Medical Licensing Examination.*

5. *Graduates of foreign medical schools who are applicants for licensure in the state of Nevada must have taken and passed the examination of the Educational Commission for Foreign Medical Graduates or the Foreign Medical Graduates Examination in the Medical Sciences prior to taking and passing the United States Medical Licensing Examination.*

Sec. 7. NAC 630.170 is hereby amended to read as follows:

630.170 A license issued to an alien automatically terminates if he loses his entitlement to remain and work in the United States. *Such license shall clearly state thereon:*

This license is issued subject to any limitations imposed by the United States Department of Justice, Immigration and Naturalization Service. This license becomes void immediately upon the termination of the right of the person named hereon to lawfully remain and work in the United States.

Sec. 8. NAC 630.230 is hereby amended to read as follows:

630.230 1. A [physician] licensee shall not:

(a) Falsify records of health care;

(b) Falsify the medical records of a hospital so as to indicate his presence at a time when he was not in attendance or falsify those records to indicate that procedures were performed by him which were in fact not performed by him;

(c) [Engage in the practice of writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable medical practice;]

[(d)] Render professional services to a patient while the [physician] licensee is under the

influence of alcohol or any controlled substance or is in an impaired mental or physical condition;

[(e)] (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;

[(f)] Write a prescription for controlled substances for any person without an appropriate examination which confirms the medical necessity for the controlled substances;]

[(g)] (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;

[(h)] (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the [physician] licensee and performed outside his own office;

[(i)] (g) Treat any patient in a manner not recognized scientifically as being beneficial;

[(j)] (h) Prescribe controlled substances listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530, controlled substance analogs, chorionic gonadotrophic hormones, thyroid preparations or thyroid synthetics for the control of weight;

[(k)] (i) Allow any person to act as a medical assistant in the treatment of a patient of the [physician] licensee, unless the medical assistant has sufficient training to provide the assistance;

[(l)] (j) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the [physician] licensee; [or]

[(m)] (k) Fail to provide adequate supervision of a physician's assistant or an advanced practitioner of nursing *if the licensee is a physician* [.];

(l) Fail to honor a patient's advance directive without informing the patient, surrogate or guardian, and without documenting in the patient's record the reason(s) for not honoring the patient's request(s) contained therein;

(m) Fail to adequately prescribe controlled substances for pain control in accordance with accepted prevailing standards for the practice of medicine as contained in these regulations; or,

(n) Engage in the practice of writing prescriptions for controlled substances for the treatment of pain, acute or chronic, in such a manner as to constitute a departure from prevailing standards of acceptable medical practice, as set forth in these regulations.

(1) For purposes of this subsection, it is not the quantity or chronicity of prescribing that are the determining factors as to whether a licensee is acting within the boundaries of accepted prevailing standards for the practice of medicine, but rather whether there has been an evaluation of a patient resulting in the establishment of a treatment plan for the patient; an informed consent and agreement for treatment of the patient; periodic reviews and consultations with the patient; and, medical records that reflect all the above and include therein assessments made concerning possible substance abuse, tolerance, analgesic tolerance,

physical dependence, addiction, or pseudo addiction, of the patient. It is the licensee's duty to control pain, as defined in these regulations, for its duration, utilizing the procedures set out in these regulations, while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

(2) For purposes of this subsection, the following definitions apply:

(a) **"Evaluation of the Patient"** Means an appropriate medical history and physical examination must be conducted and documented in the medical record. The medical record shall document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and any history of substance abuse. The medical record shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) **"Treatment Plan"** Means a written treatment plan that shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the licensee shall adjust medication therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

(c) **"Informed Consent and Agreement for Treatment"** Means the licensee shall discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent. The patient shall receive prescriptions from one licensee and one pharmacy where possible. If the patient is determined to be at high risk for medication abuse or have a history of substance abuse, the licensee shall employ the use of a written agreement between licensee and patient outlining patient responsibilities including (1) urine/serum medication levels screening when requested (2) number and frequency of all prescription refills and (3) reasons for which medication therapy may be discontinued (i.e., violation of agreement).

(d) **"Periodic Review"** Means at reasonable intervals based upon the individual circumstance of the patient, the licensee shall review the course of treatment and any new information about the etiology of the pain. Continuation or modification of medication therapy depends on the licensee's evaluation of progress toward stated treatment objectives such as improvement in patient's pain intensity and improved physical and/or psychosocial function, such as ability to work, need of health care resources, activities of daily living, and quality of social life. If treatment goals are not being achieved, despite medication adjustments, the licensee shall re-evaluate the appropriateness of continued treatment. The licensee shall monitor patient compliance in medication usage and related treatment plans.

(e) **"Consultation"** Means the licensee shall refer the patient, as necessary, for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangement pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

(f) **"Medical Records"** Means the licensee shall keep accurate and complete records to include (1) the medical history and physical examination (2) diagnostic, therapeutic and laboratory results (3) evaluations and consultations (4) treatment objectives (5) discussion or risks and benefits (6) treatments (7) medications (including date, type, dosage, and quantity prescribed) (8) instructions and agreements and (9) periodic reviews. Records shall remain current and be maintained in an accessible manner and readily available for review.

(g) **"Pain"** is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of damage.

(h) **"Acute Pain"** is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to opioid therapy, among other therapies. (i) **"Chronic Pain"** is a pain state which is persistent and in which the cause of the pain cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

(j) **"Tolerance"** is a physiologic state resulting from regular use of a medication in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose.

(k) **"Analgesic Tolerance"** is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

(l) **"Physical Dependence"** on a controlled substance is a physiologic state of neuroadaptation which is characterized by the emergence of a withdrawal syndrome if medication use is stopped or decreased abruptly, or if an antagonist is administered. Physical dependence is an expected result of opioid use. Physical dependence, by itself, does not equate with addiction.

(m) **"Addiction"** is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of medications for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as "drug dependence" and "psychological dependence." Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

(n) **"Pseudo addiction"** is a pattern of medication-seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.

(o) **"Substance Abuse"** is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.

2. As used in this section:

(a) "Controlled substance analog" means:

(1) A substance whose chemical structure is substantially similar to the chemical structure of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530; or

(2) A substance which has, is represented as having, or is intended to have a stimulant, depressant, or hallucinogenic effect on the central nervous system of a person that is substantially similar to, or greater than, the stimulant, depressant, or hallucinogenic effect on the central nervous system of a person of a controlled substance listed in schedule II pursuant to NAC 453.520 or schedule III pursuant to NAC 453.530.

(b) "Medical assistant" means any person who:

(1) Is employed by a [physician] *licensee*;

(2) Is under the direction and supervision of the [physician] *licensee*;

(3) Assists in the care of a patient; and

(4) Is not required to be certified or licensed to provide such assistance by any administrative agency.

Sec. 9. NAC 630.270 is hereby amended to read as follows:

630.270 A copy of the disciplinary findings and order of the board will be served by personal service or by certified mail upon [:

1.T] the person affected by them at the address of the person on file with the board [;] and [2. H] his attorney of record, *and by United States mail upon all hospitals in the geographical area in which the physician or physician's assistant practices, and the media.*

Sec. 10. NAC 630.380 is hereby amended to read as follows:

630.380 1. A physician's assistant is subject to disciplinary action by the board if, after notice and hearing in accordance with this chapter, the board finds that the physician's assistant:

(a) Has willfully and intentionally made a false or fraudulent statement or submitted a forged or false document in applying for a license.

(b) Has held himself out or permitted another to represent him to be a licensed physician;

(c) Has performed medical services otherwise than at the direction or under the supervision of the supervising physician;

(d) Has performed medical services which have not been approved by his supervising physician;

(e) Has engaged or is engaging in the performance of medical services when he is unable to do so with reasonable skill and safety to patients because of his excessive use of alcohol or any controlled substance or because of any mental or physical condition or illness;

(f) Is guilty of gross or repeated malpractice in the performance of medical services for acts committed before October 1, 1997;

(g) Is guilty of malpractice in the performance of medical services for acts committed on or after

October 1, 1997;

(h) Is guilty of disobedience of any order of the board or an investigative committee of the board, provision in the regulations of the state board of health or the state board of pharmacy or provision of this chapter;

(i) Is guilty of administering, dispensing or possessing any controlled substance otherwise than in the course of legitimate medical services or as authorized by law and his supervising physician;

(j) Has been convicted of a violation of any federal or state law regulating the prescribing, possession, distribution or use of a controlled substance;

(k) Is not competent to provide medical services;

(l) Has been convicted of a felony or any offense involving moral turpitude; [or]

(m) Failed to notify the board of loss of certification by the National Commission on Certification of Physician's Assistants; or

(n) Is guilty of violating any of the provisions of NRS 630.301 through NRS 630.3065, inclusive, which are grounds for initiating disciplinary action against a licensed physician in the state of Nevada.

2. To institute disciplinary action against a physician's assistant, a written complaint specifying the charges, must be filed with the board by the investigative committee of the board.

3. *A physician's assistant is not subject to disciplinary action solely for prescribing or administering to a patient under his care a controlled substance which is listed in schedule 2, 3, 4, or 5 by the state board of pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with accepted standards for the practice of medicine.*

A WORD FROM THE PHYSICIAN ASSISTANT ADVISORY COMMITTEE OF THE BOARD

By: C. Robert Vanselow, P.A.-C, Physician Assistant Advisor

As we mark the first one hundred years of board service to the state of Nevada, we also reflect on the first twenty-five years of physician assistant practice within the state. Our experience together has, overall, been very positive. The advisory committee serves to help board members understand the practical aspects of physician assistant practice, as well as the nature of appropriate supervision. Our goal is to assure that the mechanisms set forth by the board are useful and effective for members of the public, physician assistants and supervising physicians of physician assistants.

We would like to call your attention to newly adopted changes in Nevada Administrative Code Chapter 630, the regulations of the board. These changes further define the regulation of physician assistants and their supervising physicians. They primarily clarify the standards to which a physician assistant will be held in the supervised practice of medicine. Please note that

standards previously applicable only to physicians, now apply to all licensees of the board. If you have any questions regarding your specific practice environment, the board is available to provide you with assistance.

The Physician Assistant Advisory Committee of the board invites input from anyone interested in effective, supervised medical care provided by physician-physician assistant teams. Our members may be reached through the board office in Reno by calling 775/688-2559 or 486-6244 from Las Vegas.

ROBERT WOOD JOHNSON FOUNDATION GRANT HELPS ESTABLISH NEVADA CENTER FOR ETHICS AND HEALTH POLICY

By Leslie A. Nielsen, J.D., Senior Deputy Attorney General

Attorney General Frankie Sue Del Papa recently announced that the State of Nevada and the Sanford Center for Aging and Department of Health Ecology at the University of Nevada, Reno, received a grant of \$450,000 from the Robert Wood Johnson Foundation. Other partners involved include the Nevada State Medical Association, HealthInsight, Hospice Association of Nevada, and VistaCare Hospice. Nevada is one of 15 statewide partnerships to receive funding under the Robert Wood Johnson Foundation's new grant program known as *Community State Partnerships to Improve End-of-Life Care*.

Over the past three years, Attorney General Del Papa has chaired a task force that examined end-of-life policies in Nevada. Health care professionals, representatives of the religious community, lawyers, policymakers, educators, social workers and others participated on the task force to encourage more sophisticated and comprehensive discussion on end-of-life issues. This group was co-chaired by Barbara Thornton, Ph.D., Professor of Health Ecology at the University of Nevada, Reno, and Thomas Scully, M.D., former member and past President and Secretary-Treasurer of the Nevada State Board of Medical Examiners and the retired director of the Ethics program at the University of Nevada, School of Medicine.

In January, 1997, an action plan entitled, *Death with Dignity and Caring in Nevada*, was written in an attempt to make death more understandable, less painful and thus a more peaceful process. The recommendations in the action plan were designed to: disseminate more information to health care providers in the areas of advance directives, pain management and other palliative care, educate the public, coordinate legal, medical and ethical education, and change applicable law.

The NCEHP is reorganizing the original task force to form a community-state coalition whose first strategic planning session is scheduled for April 6, 1999. Its objectives include development of model care teams to serve rural communities and the assembly of a statewide panel of experts to focus on integrating licensing board policies regarding pain and palliative care and defining quality standards for medicine, nursing, legal, and other professional groups. The NCEHP will provide continuing education conferences and seminars for health care professionals. It will also work to increase end-of-life content in the School of Medicine curriculum.

Persons interested in obtaining further information may contact the NCEHP at (775) 327-2309, Mailstop 146, University of Nevada, Reno, Nevada 89557-0133, or visit its web page at

www.unr.edu/ncehp. Copies of the *Death with Dignity and Caring In Nevada Plan* are available on the Attorney General's website at www.state.nv.us/ag or at all Nevada public libraries.

LICENSURE STATISTICS - M.D.'S

For year 1998 there were 5005 physicians holding licensure in Nevada. Of these, 2965 were actively practicing within the state, an additional 882 physicians held active licenses but did not reside in Nevada, and the remaining 1158 physicians registered their licenses in inactive and/or retired status. 391 physicians were licensed for the first time by the BME during 1997. The chart below reflects a breakdown of the number of licensed physicians practicing in Nevada, by county from 1987 through 1998.

YEAR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
COUNTY												
Carson	66	74	72	73	79	90	88	95	98	104	110	109
Churchill	13	14	12	11	12	11	13	17	19	19	20	24
Clark	789	871	919	1,021	1,114	1,199	1,299	1,418	1,517	1,701	1,763	1,907
Douglas	21	21	23	28	22	24	30	36	37	43	48	54
Elko	23	21	23	29	25	24	21	26	29	39	39	41
Esmeralda	0	0	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	1	1	0	0	0	2	2	1
Humboldt	5	6	5	5	6	6	5	5	5	7	7	8
Lander	3	3	3	1	2	2	2	2	2	2	2	3
Lincoln	2	2	2	3	2	1	2	2	2	3	3	3
Lyon	5	5	7	6	4	4	4	5	4	6	7	5
Mineral	5	5	3	3	3	3	5	6	6	7	6	6
Nye	8	8	9	9	7	6	6	9	8	11	10	13
Pershing	2	3	4	1	2	2	2	1	0	0	1	3
Storey	0	0	0	0	0	0	0	0	0	0	0	0
Washoe	540	572	579	617	611	636	661	693	692	734	732	778
White Pine	4	5	4	3	4	5	6	7	5	8	10	10
Active In-State	1,487	1,611	1,666	1,811	1,895	2,014	2,144	2,322	2,424	2,686	2,760	2,965
Active Out-of-State	168	277	212	357	287	463	459	639	516	787	676	882
TOTAL ACTIVE	1,654	1,888	1,878	2,168	2,182	2,477	2,603	2,961	2,840	3,473	3,436	3,847
Inactive & Retired	982	981	993	987	1,031	1,003	983	960	1,068	1,049	1,174	1,158
TOTAL												

LICENSED	2,637	2,869	2,871	3,155	3,213	3,480	3,586	3,921	4,008	4,522	4,610	5,005
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LICENSURE / POPULATION STATISTICS - M.D.'S

YEAR	ACTIVE IN-STATE	NEW LICENSES	STATE POPULATION	RATIO OF ACTIVE IN-STATE M.D.s PER 100,000 POPULATION
1980	1,158	201	800,000	144
1981	1,196	285	851,150	140
1982	1,308	234	878,260	148
1983	1,367	199	905,660	151
1984	1,366	205	933,010	146
1985	1,442	192	969,370	148
1986	1,524	134	1,010,280	151
1987	1,487	142	1,057,030	141
1988	1,611	216	1,124,650	143
1989	1,666	199	1,197,260	139
1990	1,811	202	1,283,490	141
1991	1,895	233	1,300,000	146
1992	2,014	241	1,348,400	149
1993	2,144	308	1,389,000	154
1994	2,322	333	1,493,000	155
1995	2,424	31	1,583,000	153
1996	2,686	427	1,638,000	158
1997	2,760	442	1,741,000	159
1998	2,965	391	1,875,000	158

1980 - 1998 (19 YEARS):

Total new licenses issued:	4,582					Net gain in population:	1,075,000
Average new licenses per year:	241					Net gain in M.D.s:	1,807
						Average net gain in M.D.s per year:	95

PHYSICIAN ASSISTANT STATISTICS

As of year end 1998, there were 141 physician assistants licensed to practice within the state. The counties in which the P.A.'s practiced were:

Carson City: 5			Clark: 94			Douglas: 1			Elko: 9			Eureka: 1
Lincoln: 0			Lyon: 2			Mineral: 1			Nye: 3			Pershing: 1
Washoe: 23			White Pine: 1									

PHYSICIANS LICENSED TO PRACTICE IN MEDICALLY UNDERSERVED AREAS OF NEVADA FROM JULY 1987 THROUGH DECEMBER 1998

- 1) 31 restricted licenses issued under NRS 630.164 (rural exemption)
 - 2) 61 temporary licenses issued to physicians in medically underserved rural areas
 - 3) 99 unrestricted licenses issued to physicians in medically underserved rural areas
 - 4) 44 temporary licenses issued to physicians in medically underserved urban areas
 - 5) 21 unrestricted licenses issued to physicians in medically underserved urban areas
-

DISCIPLINARY ACTIONS TAKEN AGAINST M.D.'S AS REPORTED TO THE FEDERATION OF STATE MEDICAL BOARDS

YEAR	REVOCATION	PROBATION	SUSPENSION	MISCELLANEOUS*	TOTAL
1998	8	5		3	16
1997	8	2		6	16
1996	9	7		4	20
1995	1	1	2	21	25
1994	2	4		8	14
1993	1	3	1	10	15
1992	3		1	9	13
1991	3			10	13
1990	1	2		11	14
1989	2	1	1	8	12
1988	6	4	2	5	17
1987	2	4	3	3	12
1986	2	1	1	3	7
1985	11	3	3	11	28

* MISCELLANEOUS actions include:

- License Restriction
 - Public Reprimand
 - Licensure Denied
 - CME Ordered
 - Drug or Alcohol Treatment Program Ordered
 - Voluntary Surrender or Retirement of License Ordered
 - Competency Exams (Medical, Physical, Mental) Ordered
-

NEVADA STATE BOARD OF MEDICAL EXAMINERS DIVERSION PROGRAM

By: James M. Tracy, D.D.S., Assistant Director
Nevada Health Professionals Assistance Foundation

Diversion programs (also known as physician health programs or physician recovery networks) were created by and with the blessing of state medical boards to assist in the detection, intervention, treatment, and monitoring of addicted doctors. Every state and territory of the United States now has a diversion program in place. These programs are thriving. Detection of addicted doctors improves when there is a non-punitive rehab-oriented assistance program (the lifetime prevalence of addiction among physicians is 10 - 15%). State medical boards have difficulty filling this role, as their primary mandate is to protect the public. Once physicians who seem to have a drug or alcohol problem are identified, they are "intervened" upon and referred for evaluation and treatment, if needed. The diversion program then receives physicians back and monitors them for adherence to a recovery program, usually for at least five years. The success rate with this concept has been phenomenal, with over 90% of addicted physicians returning to their practices . Not only are they safe, but they seem to be highly valued as recovering physicians who understand addiction in their patients and colleagues.

Now enter HMOs. The HMO is obsessed with organization and cost reduction, and typically excludes physicians with a disciplinary record from its panels. The addicted or recovering physician, if not protected, can be an easy target. The HMO can exclude and has excluded the recovering or addicted physician from its panels. Now, we're back to "square one," with the HMO serving as what appears to be a "vigilante board" disciplining physicians. So, the addicted or recovering physician goes underground. Thus, what might appear on the surface to be a quest for excellence by the HMO turns out to undermine the quality of medical care, and physicians are not appropriately detected or monitored.

In this era of managed care, the role of a diversion program has become even more important to the physician. The anonymity provided by a diversion program can help a physician avoid formal disciplinary action from the state medical board. Any physician with a public record history of formal discipline from a state medical board may often be removed from an HMO panel. The Nevada State Board of Medical Examiners is very aware of the potential damaging consequences formal discipline can have on a physician's career. HMOs can work with diversion programs, and this trend is increasing. Diversion programs advocate for physicians in recovery and provide a liaison between agencies, such as HMOs, state medical boards, and the recovering physician. Diversion programs provide education regarding physician health. Physicians involved with diversion programs have an excellent prognosis following treatment. Diversion programs, state medical boards, and HMOs all have distinct and important functions that can be complimentary. When these programs cooperate and work together utilizing each other's expertise, everyone benefits.

Formal state medical board disciplinary action is not the best answer - successful diversion, recovery, and good health are better. If you know of a physician or physician assistant who needs help, contact a professional:

Nevada Health Professionals Assistance Foundation

Vic Rueckl, M.D. (702) 742-1171

Jim Tracy, D.D.S. (702) 595-7777

***The board appreciates the hard work and dedication of both
Dr. Rueckl and Dr. Tracy in helping its licensees to continue
the safe practice of medicine in the state of Nevada.***

***Your tax deductible contribution to the Nevada Health Professionals Assistance
Foundation to assist in its important service to physicians in administering a
diversion program for impaired physicians would be
greatly appreciated. Thank you for your generosity.***

***(Contributions may be made payable to the foundation and mailed to
the Nevada State Board of Medical Examiners' office in Reno.)***

**BOARD DISCIPLINARY ACTIONS
SEPTEMBER 1998 THROUGH MARCH, 1999**

CAVANAGH, James G., M.D.

Complaint Filed: 10/08/98 - Charged with twenty-seven counts of violation of NAC 630.230(1)(c), engaging in the practice of writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable medical practice and twenty-seven counts of violation of NRS 630.306(7), continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

Board Action: 03/15/99 - The board found Dr. Cavanagh guilty of all counts of the complaint and ordered that his license to practice medicine in the state of Nevada be revoked

CHANCELLOR, Robert S., M.D.

Complaint Filed: 12/02/98 - Charged him with one count of violation of NRS 630.306(1), the inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance; five counts of violation of NAC 630.230(1)(d), rendering professional services to a patient while the physician is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition; and that his continuing practice of medicine, and his ability to practice medicine, during the pendency of the time necessary for a hearing on this complaint, should he resume the practice of medicine in the future, would endanger the health safety and welfare of his patients.

Board Action: 03/15/99 - The board accepted a Stipulation for Settlement of the matter in

which Dr. Chancellor admits the allegations contained in the complaint filed against him. The board ordered that Dr. Chancellor's license to practice medicine in the state of Nevada be revoked Dr. Chancellor practiced medicine in Las Vegas.

COHEN, David B., M.D.

Complaint Filed: 10/08/98 - Charged with one count of violation of NRS 630.306(5), practicing medicine after his license has been suspended for non-payment of fees, and one count of willful failure to comply with a provision of Chapter 630, specifically NRS 630.400, practicing medicine in the state of Nevada without a license.

Board Action: 12/05/98 - The board found Dr. Cohen guilty of both counts of the complaint and ordered that he be issued a public reprimand, pay the sum of \$5,876.77 as and for all costs incurred by the board related to these disciplinary proceedings, pay a fine in the amount of \$500.00 on the first count of the complaint, and pay a fine in the amount of \$500.00 for the second count of the complaint.

FRANCO, Allen I., M.D.

Complaint Filed: 11/16/98 - Charged with one count of violation of NRS 630.306(1), the inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance; five counts of violation of NAC 630.230(1)(f), writing a prescription for controlled substances for any person without an appropriate examination which confirms the medical necessity for the controlled substances; one count of violation of NAC 630.230(1)(e), acquiring any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge; one count of violation of NRS 630.306(2)(a), engaging in any conduct which is intended to deceive; and one count of violation of NRS 630.306(10), habitual intoxication from alcohol or dependency on controlled substances.

Board Action: 03/15/99 - The board accepted a Stipulation for Settlement of the matter in which Dr. Franco voluntarily surrendered his license to practice medicine in the state of Nevada while under investigation. The board ordered that Dr. Franco pay \$5,688.95 as and for all administrative expenses incurred in the investigation process

GIBSON, L. Dean, M.D.

Complaint Filed: 10/08/98 - Charged with two counts of malpractice and one count of repeated malpractice, all violations of NRS 630.301(4).

Board Action: 03/15/99 - The board accepted the voluntary surrender of L. Dean Gibson, M.D.'s license to practice medicine while Dr. Gibson was under investigation by the board.

GOODMAN, Bryan J., M.D.

Board Action: 12/05/98 - The board accepted the voluntary surrender of Bryan J. Goodman, M.D.'s license to practice medicine while Dr. Goodman was under investigation by the board.

LIMPIN, Vidal C., M.D.

Complaint Filed: 06/15/98 - Charged with one count of violation of NRS 630.301(3), the suspension of his license to practice medicine in the state of Illinois, and one count of violation of NRS 630.306(11), failure to report the suspension of his Illinois license.

Board Action: 12/05/98 - The board accepted a Stipulation for Settlement of the matter in which Dr. Limpin pled guilty to both counts of the complaint. The board ordered that Dr. Limpin receive a public reprimand, perform ten hours of community service at a location to be approved by the board within three months of the date of the board's order, and pay \$500.00 within thirty days of the board's order as and for all administrative expenses incurred in the investigation and hearing preparation process.

PANICARI, Michael R., M.D.

Complaint Filed: 10/08/98 - Charged with one count of violation of NRS 630.3062(1), failure to maintain medical records relating to the diagnosis, treatment and care of a patient; one count of violation of NRS 630.306(3), administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law; one count of violation of NRS 630.306(2)(a), engaging in any conduct which is intended to deceive; and one count of violation of NAC 630.230(1)(a), a physician shall not falsify records of health care.

Board Action: 01/22/99 - The board accepted a Stipulation for Settlement of the matter, in which the board accepted Dr. Panicari's plea of guilty to the count of his violation of NRS 630.3062(1) and the count of his violation of NRS 630.306(2)(a). _ The board dismissed both the count of violation of NRS 630.306(3) and the count of violation of NAC 630.230(1)(a)._ The board ordered that Dr. Panicari be issued a public reprimand, that he perform 20 hours of community service, that he pay \$2,281.36 as and for all administrative expenses incurred in the investigation and hearing preparation process, that he pay a fine in the amount of \$1,000.00, and that he complete 20 hours of continuing medical education in the area of medical record keeping.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

DAVID B. COHEN, M.D.

Dear Dr. Cohen:

On December 5, 1998, the Nevada State Board of Medical Examiners found you Guilty of violating the provisions of the Medical Practice Act of the state of Nevada, in that they found you Guilty of a violation of Count One of the Complaint, practicing medicine in the state of Nevada after your license had been suspended for non-payment of fees, and Guilty of a violation of Count Two of the Complaint, willful failure to comply with the provisions of Chapter 630 of the Nevada Revised statutes, specifically, NRS 630.400, practicing medicine in the state of Nevada without a license.

As a result of the Board's finding of Guilty to Counts One and Two of the Complaint, the Board entered its **ORDER** as follows:

1. That you be issued a public reprimand;
2. That, you pay the sum of \$5,876.77 as and for all costs incurred by the Board related to the disciplinary proceedings;
3. That you pay a fine of \$500.00 on Count One; and
4. That you pay a fine of \$500.00 on Count Two.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional discredit upon you, and which reflects unfavorably upon the medical profession as a whole.

Arne D. Rosencrantz
President

VIDAL C. LIMPIN, M.D.

Dear Dr. Limpin:

On December 5, 1998, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee.

In that stipulation you entered a plea of Guilty to Count One of the complaint, failure to report the suspension of your license in the state of Illinois to the Board, and Guilty to Count Two of the complaint, that the suspension of your license to practice medicine in the state of Illinois constituted a violation of the provisions of the Nevada Medical Practice Act.

As a result of your stipulated settlement and the approval thereof by the Board, the Board entered its **ORDER** as follows:

1. That you be issued a public reprimand;
2. That you be required to perform ten (10) hours of community service at a location approved by the Board, within three (3) months of the order; and

3. That you pay the sum of FIVE HUNDRED DOLLARS (\$500.00) as and for all administrative expenses incurred in the investigation and hearing process.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional discredit upon you, and which reflects unfavorably upon the medical profession as a whole.

Arne D. Rosencrantz
President

MICHAEL R. PANICARI, M.D.

Dear Dr. Panicari:

On January 22, 1999, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee.

In that stipulation you entered a plea of Guilty to Count One of the complaint, writing prescriptions for a patient without maintaining medical records on the patient, and Guilty to Count Three of the complaint, engaging in conduct intended to deceive.

As a result of your stipulated settlement and the approval thereof by the Board, the Board entered its **ORDER** as follows:

1. That you be issued a public reprimand;
2. That you be required to perform twenty (20) hours of community service at a location approved by the Board, within three (3) months of the order;
3. That you pay the sum of TWO THOUSAND TWO HUNDRED EIGHTY ONE DOLLARS AND THIRTY SIX CENTS (\$2,281.36) as and for all administrative expenses incurred in the investigation and hearing process;
4. In addition to the required forty (40) hours of CME, that you complete twenty (20) hours of CME in the area of medical record keeping, within six (6) months of the date of the Order; and
5. That you be fined the sum of ONE THOUSAND DOLLARS (\$1,000.00).

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional discredit upon you, and which reflects unfavorably upon the medical profession as a whole.

Arne D. Rosencrantz
President



[RETURN TO THE NEWSLETTER TABLE OF CONTENTS](#)

