



State of Nevada

Board of Medical Examiners Newsletter

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NEVADA STATE BOARD OF MEDICAL EXAMINERS NEWSLETTER

VOLUME 22 OCTOBER 1999

PRESIDENT'S MESSAGE

By: Arne D. Rosencrantz, President

I am very pleased to serve a second term as President of the Nevada State Board of Medical Examiners. Our board continues to diligently serve the state with a very strong sense of responsibility toward protecting our citizens.

The board consists of nine members: six physician and three public members, with a fairly equal division between northern and southern Nevada. I am often asked about my role as a public member of the board and if public members are used effectively. Most state boards include appointed public members to their health professional licensing boards, and it is accepted as a valid method of enhancing board credibility and accountability. I personally feel that our public members make our board user-friendly, creating a bond of trust between the public and the board. Public members are especially effective in dealing with ethics, outreach and public relations. They also bridge the gap between the board and the legislature.

Formalized citizen representation in health care delivery and oversight has been well accepted by both the physicians and the public in Nevada. What the health care marketplace and oversight system will look like years from now is anyone's guess, but this much is certain, consumers will continue to hold the health care system accountable, and I believe citizen participation will be one of the best mechanisms for securing accountability and promoting excellence in health care delivery.

BOARD OFFICERS ELECTED AND

COMMITTEE MEMBERS APPOINTED

At the August 28, 1999 meeting of the Nevada State Board of Medical Examiners, Arne D. Rosencrantz, a public member and President of the board, was reelected to the position of President by the board. Mr. Rosencrantz will serve for another year in that capacity. He is the owner of Garrett's Furniture in Las Vegas and has served as a member of the Nevada State Board of Medical Examiners for over 6 years. Susan S. Buchwald, M.D., a Reno surgeon, was reelected to the position of Vice President for the next year and has served as a board member for more than 6 years. Paul A. Stewart, M.D., a Las Vegas Pulmonary Medicine specialist, was elected to the position of Secretary-Treasurer for the next year and has served on the board for over 4 years.

Mr. Rosencrantz appointed Susan S. Buchwald, M.D. and Donald H. Baepler, Ph.D., a public member of the board, to serve on the Investigative Committee of the board, which is chaired by the Secretary-Treasurer, Paul A. Stewart, M.D.

Mr. Rosencrantz appointed Dipak K. Desai, M.D. and Jacqueline C. Jones, Ed.D., a public member of the board, to serve on the Internal Affairs Committee of the board, which is chaired by the Vice President, Susan S. Buchwald, M.D.

BOARD MEETING & HOLIDAY SCHEDULE FOR YEAR 2000

January 1 *New Year's Day*
HOLIDAY

January 17 *Martin Luther King, Jr.'s Day (OBSERVED)*
HOLIDAY

February 21 *Presidents' Day (OBSERVED)*
HOLIDAY

FEBRUARY 26 (SATURDAY) **BOARD MEETING** **BOARD**
OFFICE, RENO

May 29 *Memorial Day*
HOLIDAY

JUNE 3 (SATURDAY) **BOARD MEETING** **BOARD**
OFFICE, RENO

July 4 *Independence Day*
HOLIDAY

AUGUST 26 (SATURDAY) **BOARD MEETING** **BOARD**
OFFICE, RENO

September 4 *Labor Day*
HOLIDAY

October 30 *Nevada Day (OBSERVED)*

HOLIDAYNovember 10 Veteran's Day (OBSERVED)HOLIDAYNovember 23 & 24 Thanksgiving Day & Family DayHOLIDAYS**DECEMBER 2 (SATURDAY)** **BOARD MEETING EMERALD SPRINGS HOLIDAY**
INN, LAS VEGASDecember 25 Christmas DayHOLIDAY**JULY 1999 - JUNE 2001 BIENNIAL REGISTRATION STATISTICS**

Registration of the board's licensees for the July 1, 1999 through June 30, 2001 biennial registration period has been completed by board staff. Licensee statistics as of October 15, 1999, are as follow:

| | |
|---|-------|
| ACTIVE status physicians with Nevada addresses: | 3,061 |
| (Northern Nevada ACTIVE physicians: 1,048) | |
| (Southern Nevada ACTIVE physicians: 2,013) | |
| ACTIVE status physicians with out-of-state addresses: | 710 |
| Total ACTIVE status physicians: | 3,771 |
| Total INACTIVE status physicians: | 941 |
| Total RETIRED status physicians: | 163 |
| TOTAL LICENSED PHYSICIANS: | 4,875 |
| TOTAL ACTIVE STATUS LICENSED PHYSICIAN ASSISTANTS: | 157 |

PROPOSED AMENDMENTS TO REGULATIONS OF THE BOARD

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

Counsel

As you may recall, the April issue of the board's newsletter sets out the regulations adopted by the board which included a long list of amendments, including, but not limited to, extensive amendments to the regulations concerning prescribing.

For a review of those regulations, it is suggested you read the April newsletter, or if anyone needs a copy of those regulations, which have been finalized by the Legislative

Counsel Bureau, and should be up on the web site soon, you may contact the offices of the board at either 775/688-2559 or 702/486-6244 and someone will send a copy to you.

Also, a complete review of all the law in chapter 630 of the Nevada Revised Statutes and the regulations in chapter 630 of the Nevada Administrative Code may be accessed on the Internet at: www.state.nv.us. Once the site is accessed, go to the index for the Legislative Counsel Bureau, and you will be able to pull up all the law.

The board is in the process of conducting hearings on two recently proposed amendments to the regulations. The board is in the process of conducting workshops at the present time and the adoption, or lack thereof, of the amended regulations is scheduled for hearing at the board's meeting on December 4, 1999, at 10:00 a.m., at the Holiday Inn - Emerald Springs, 325 E. Flamingo Road, Las Vegas, Nevada.

The proposed amendments are to NAC 630.080, regarding examinations; and, NAC 630.465, regarding hearings on formal complaints.

PROPOSED AMENDMENT TO NAC 630.080:

An applicant for licensure is required to complete one year of postgraduate training before taking Step III of the United States Medical Licensing Examination and is entitled to an unlimited number of attempts to pass Step III of the United States Medical Licensing Examination; however, Steps I, II and III of the United States Medical Licensing Examination must all be passed within 7 years from the date of an applicant's first sitting for Step I of the United States Medical Licensing Examination.

PROPOSED AMENDMENT TO NAC 630.465:

At least 30 days before a hearing, and no sooner than 30 days after service of the complaint, unless a different time is agreed to by the parties, the presiding member of the board or panel of members of the board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the board.

Copies of the proposed regulatory changes can be obtained by calling the offices of the board at either 775/688-2559 or 702/486-6244.

A WORD FROM THE PHYSICIAN ASSISTANT ADVISORY COMMITTEE OF THE BOARD

By: John B. Lanzillotta, P.A.-C, Physician Assistant

Advisor

At the meeting of the Nevada State Board of Medical Examiners in August, the board voted and approved an increase in the initial application fee for physician assistants from \$200 to \$300. Nevada has one of the most favorable regulatory practice environments for physician assistants, but also more stringent licensing requirements to protect its citizens from unprofessional and unqualified medical practice.

The increase reflects the administrative expense of the board in its thorough and proficient application processing. The responsibility of granting licensure is taken very seriously by the board, and the boards' view is that licensure is a privilege, and not a right.

The Physician Assistant Advisory Committee to the Board, in an effort to disseminate information applicable to physician assistant practice and to promote compliance to NRS 630 and NAC 630, will issue quarterly reports to the members of the Nevada Academy of Physician Assistants, a constituent chapter organization of the American Academy of Physician Assistants. The reports will be issued at monthly meetings both in Reno and Las Vegas, and in the Academy newsletter. The reports will highlight and discuss the most common practice concerns or problems that the board and its investigators, in their quality assurance visits, discover in their review of reports or complaints submitted to the board relating to physician assistants and their supervising physicians.

In reviewing investigator quality assurance visit reports in the past, the most frequent issues of non-compliance have been failure to comply with NAC 630.340(2) and NAC 630.360, which require two-party notification to the board of termination of employment and reasons for termination, and the physician assistant's responsibility to notify the board in writing within 72 hours of any changes relating to his or her supervising physician.

The Physician Assistant Advisory Committee to the Board's reports at the Nevada Academy of Physician Assistants' meetings during the past year have reinforced the need for strict compliance to NAC 630 concerning proper physician assistant identification with placard, plate or insignia while on duty, and the reviewing and initialing of selected charts by the supervising physicians. With regard to the latter, recommendations and suggestions were made by various members to their colleagues on how to ensure compliance.

The Physician Assistant Advisory Committee to the Board welcomes questions regarding practice issues from Nevada licensed physician assistants and is committed to work in alliance with the board and its investigators in quality assurance matters. We realize that a large part of the value that physician assistants bring to the health care system and to patient care derives from their close relationships with their supervising physicians. The key for physician assistants is that their practice is always conducted within the context and framework of physician supervision.

Members of the Physician Assistant Advisory Committee to the Board include Susan Vanselow, Nancy Munoz and John Lanzillotta who may be reached through the board's office in Reno by calling 775-688-2559 or 486-6244 if calling from Las Vegas.

PATIENT'S SUIT AGAINST THE BOARD VOLUNTARILY DISMISSED

By: Leslie A. Nielsen, J.D., Assistant Chief Deputy Attorney General

The Nevada State Board of Medical Examiners was sued recently in Clark County District Court by a patient who was dissatisfied with the Investigative Committee of the board's decision to close an investigation without pursuing disciplinary action against the patient's physician. The lawyer representing the patient agreed to dismiss the suit after the board filed a motion to dismiss and a motion for sanctions. The board sought sanctions because it deemed the suit to be frivolous.

The patient's filing was in the form of a "Petition for Judicial Review." The petition asserted that the physician's alleged malpractice warranted disciplinary action and the board had failed to properly investigate the case. Judicial review is a remedy created by statute for appeal of an administrative agency's decision rendered after notice and a hearing. For example, the board's disciplinary orders rendered after notice and a hearing are appealable on judicial review.

In its motion to dismiss, the board argued that the Investigative Committee's decision was discretionary and not appealable on judicial review. The board also argued that its investigative files are deemed confidential by statute and are therefore not subject to court scrutiny, that the patient has no standing in disciplinary matters, and that the patient's remedy, if any, was a damages suit against the physician.

The Attorney General's office occasionally receives letters and phone calls from patients who are upset that the board has decided not to pursue certain disciplinary cases. Because the Nevada Legislature has delegated the responsibility for deciding which cases to prosecute to the Investigative Committee of the board, neither the Attorney General nor the courts have any authority to interfere with that exercise of the Investigative Committee's discretion.

WRITTEN PRESCRIPTIVE ORDERS

By: Keith W. Macdonald, Executive Secretary, Nevada State Board of

Pharmacy

Written prescriptive orders, while seeming routine or perfunctory, is a practice activity critical to your patients' drug therapy outcome. The multitude of drug names and dose strengths with many similarities has caused dispensing and drug administration errors.

There are approximately 10,000 drug error fatalities in the United States each year. Dispensing and prescribing errors are estimated to cost the health care system \$20 billion per year. While medication errors are not always attributable to illegibly written orders, a significant number are.

Consider these names as they might appear in less than legible writing:

Celebex / Celexa

Vantin / Ventolin

Ceftin / Cefzil

Calan SR / Cardizem SR

Nortriptyline / Norpramin

Abbreviations also cause interpretive problems:

mg / ml

qd / qid

A common experience creates a dilemma. It is required by law to have a prescriber's name printed upon a prescription as well as his/her signature. Frequently, a physician is required to write an order on a document that doesn't include his/her name or DEA registration

number. If it isn't legible (and most signatures are the least legible part of writing) the pharmacist receiving the prescription is often perplexed. The patient doesn't remember the physician's name (e.g., ER settings, Quick Care) or someone other than the sick patient takes the order to the pharmacy. Telephone calls from the pharmacist for confirmation are annoying to the prescriber, delay medication needed for the patient, and waste everybody's time.

Most importantly, a carefully written order can assure the patient is correctly medicated. Your assistance in this critical matter is requested.

NEVADA HEALTH INITIATIVE ON DOMESTIC VIOLENCE RECOMMENDS

ROUTINE SCREENING FOR DOMESTIC VIOLENCE

By: Veronica Boyd_Frenkel, Domestic Violence Ombudsman, Nevada Attorney

General's Office

and

Sue Meuschke, Executive Director, Nevada Network Against Domestic Violence

Domestic violence is a health care problem of epidemic proportions. In addition to the immediate trauma and injuries caused by abuse, domestic violence contributes to a number of chronic health problems and interferes with the management of other illness. A national health survey of American women conducted by the Commonwealth Fund in 1993 found that 92% of women who were physically abused by their partners did not discuss these incidents with their physician. We know that health care providers can play a critical role in addressing domestic violence and saving women's lives. A simple first step is getting health care providers to screen their patients for domestic violence.

Both the American Medical Association and the American College of Obstetricians and Gynecologists recommend that all adult female patients in emergency, surgical, primary care, pediatric, prenatal, and mental health settings be routinely screened for domestic violence. In their *State Policy Action Plan*, the Nevada Leadership Team of the Nevada Health Initiative on Domestic Violence, led by the Attorney General's Office and the Nevada Network Against Domestic Violence (NNADV), recommends that all professional boards and associations in Nevada establish policies promoting routine screening for domestic violence. Rather than waiting for the patient to "show signs of abuse," these recommendations support a proactive approach to an issue that is often well hidden and whose victims often present to health care providers without physical injuries.

In fact, injured women are only one face of the problem of domestic violence. For every woman with an injury, there are hundreds more who present to their health care providers with other medical problems including chronic pain, depression and substance abuse. Because providers do not routinely question patients about domestic violence, these women are patched up and sent home without the tools necessary to escape or lessen the abuse.

Historically, the health care system has played an important role in identifying and preventing widespread public health problems. We believe the models developed to prevent other chronic health problems may effectively be applied to domestic violence. Routine screening, with its focus on early identification and its capacity to reach patients whether or not

symptoms are immediately apparent is a primary starting point for this improved approach to medical practice for domestic violence.

Virtually every woman, including those at risk of violence, passes through the health care system. Health care professionals are in a position to use their knowledge, influence and expertise to stem the tide to this very real threat to women's health.

There are a number of resources available to assist any health care providers in integrating routine screening for domestic violence into their practice. The Family Violence Prevention Fund's National Health Resource Center has just released their *Preventing Domestic Violence: Clinical Guidelines on Routine Screening*. To obtain a copy contact the National Health Resource Center's toll-free number at 1-999-Rx-Abuse and request a free national screening awareness day Kit which includes a copy of the guidelines. The Center has a variety of other resource material as well.

The Nevada Network Against Domestic Violence in collaboration with the Southern Nevada Area Health Education Center and the Leadership Team will be presenting a series of distance education courses on domestic violence for health care professionals in the late spring or early summer. For more information contact the Network at 1-800-230-1955. The Network can also provide resource materials for patients and professionals.

To obtain a copy of the *State Policy Action Plan* from the Nevada Health Initiative on Domestic Violence, please contact Veronica Boyd_Frenkel, Domestic Violence Ombudsman with the Attorney General's Office at (775) 688-1846. For further information about domestic violence in Nevada, please visit the Attorney General's Office website at <http://www.state.nv.us/ag/>.

BOARD DISCIPLINARY ACTIONS APRIL, 1999 THROUGH OCTOBER, 1999

EMETERIO, Louis C., M.D.

Motion for Reconsideration of Order Filed: 08/09/99 - Dr. Emeterio filed a motion requesting the board's reconsideration of its Order filed against Dr. Emeterio on June 19, 1998; specifically, requesting a reduction of Dr. Emeterio's imposed disciplinary probation from two years to one year and any other relief deemed reasonable by the board.

Board Action: 08/28/99 - The board denied Dr. Emeterio's Motion for Reconsideration of Order.

HANDSFIELD, Rodney L., M.D.

Complaint Filed: 06/23/99 - Charged with a 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.

Board Action: 10/06/99 - The board accepted a Stipulation for Settlement of the matter in which Dr. Handsfield admits the allegations contained in the Complaint filed against him. The board ordered that: 1) Dr. Handsfield's license to practice medicine in the state of Nevada is suspended until further order of the board; 2) he enter Talbott Recovery Campus for an open-ended evaluation, recommendation, and treatment if recommended. If treatment is recommended, he will comply with the treatment recommendation and complete said treatment; 3) upon release from Talbott Recovery Campus, he is to enter into a contract with the Diversion Program of the board, under terms and conditions as set out by the Diversion Program and any after-care recommendations made by Talbott Recovery Campus, and remain under contract for a period of 5 years; 4) he is required to petition the board, pursuant to the provisions of NRS 630.358, for an order of restoration of his license; and 5) he shall pay the board the sum of \$2,000 as and for costs of the investigation in this matter.

HARRISON, William O., M.D.

Denial of Application for Licensure: 08/28/99 - The board denied Dr. Harrison's application for licensure based upon the revocation of his California medical license by the California Medical Board and a criminal conviction in the state of Nevada. Dr. Harrison had surrendered his previous license to practice medicine in Nevada while under investigation by the board in June of 1998.

LORANT, Nir Y., M.D.

Complaint Filed: 03/31/99 - Charged with one count of violation of NRS 630.304(1), obtaining a license to practice medicine by fraud or misrepresentation, or by any false, misleading, inaccurate or incomplete statement and one count of violation of NRS 630.306(2)(a), engaging in conduct which is intended to deceive.

Board Action: 08/28/99 - The board found Dr. Lorant guilty of both counts of the Complaint filed against him and revoked his license to practice medicine in the state of Nevada.

MILLER, Alban I., M.D.

Complaint Filed: 03/19/99 - Charged with one count of gross malpractice, a violation of NRS 630.301(4).

Board Action: 03/15/99 - The board accepted a Stipulation for Settlement of the matter in which Dr. Miller admits the allegations contained in the complaint filed against him. The board ordered that: 1) Dr. Miller be issued a public written reprimand; 2) he be required, in addition to the standard 40 hours of continuing medical education requirements, to attend 20 hours of AMA Category 1 continuing medical education in the area of conscious and deep conscious sedation, said attendance to be completed during the first year of probation and proof of attending provided to the board during that period of time; 3) he pay the sum of \$3,177.00 as and for all administrative expenses incurred in the investigation and hearing preparation

process, said sum to be paid within 30 days of the date of the Order; 4) his license is revoked, the revocation stayed and he is placed on probation for 3 years during which time he shall be precluded from performing any surgical procedure which involves conscious and/or deep conscious sedation in his office or at any location other than a hospital setting, or in an approved clinic, approved for such procedures by the American Association of Accreditation of Ambulatory Surgery Facilities, Inc., or the AAAHC (Columbia Facilities), and, in both instances, the board. Any said surgical procedure must be under the supervision of an anesthesiologist; and 5) at any time after the expiration of his probationary period, if he is in good standing with the board, and still actively licensed to practice medicine in the state of Nevada, and he desires to perform any surgical procedure which involves conscious and/or deep conscious sedation at any location other than a hospital setting, he must first apply for, and receive, permission from the board prior to performing any such procedure.

ROSEN, Ronald C., M.D.

Complaint Filed: 06/22/99 - Charged with a violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction.

Board Action: 08/28/99 - The board accepted a Stipulation for Settlement of the matter in which Dr. Rosen admits the allegations contained in the complaint filed against him. The board ordered that: 1) Dr. Rosen be issued a public written reprimand; 2) he perform 20 hours of community service, at a location to be approved in advance by the Secretary-Treasurer of the board. Said community service shall be completed within 3 months of the date of the Order; and 3) he pay the sum of \$500.00 as and for all administrative expenses incurred in the investigation and hearing preparation process, said sum to be paid within 30 days of the date of the Order.

SAVERY, Francois L., M.D.

Complaint Filed: 08/12/99 - Charged with two counts of violation of NRS 630.301(1)(e), aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of NRS Chapter 630 or NAC Chapter 630; and 2) two counts of violation of NRS 630.301(1)(f), delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.

Voluntary Surrender of License While Under Investigation: 10/06/99 - The board accepted Dr. Savery's Voluntary Surrender of License to Practice Medicine in the State of Nevada while he was under investigation for the Complaint filed against him.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

ALBAN I. MILLER, M.D.

Dear Dr. Miller:

On June 5, 1999, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee of the Board.

In that stipulation you entered a plea of No Contest to a complaint alleging that you committed gross malpractice, a violation of NRS 630.301(4).

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, in addition to the standard forty (40) hours of continuing medical education requirements, to attend twenty (20) hours of AMA Category I continuing medical education in the area of conscious and/or deep conscious sedation.
3. That you pay the sum of THREE THOUSAND ONE HUNDRED SEVENTY-SEVEN DOLLARS (\$3,177.00) as and for all administrative expenses incurred in the investigation and hearing process.
4. That your license to practice medicine in the state of Nevada be revoked, revocation be stayed and you be placed on probation under terms and conditions, including, but not limited to:

During your term of probation you shall be precluded from performing any surgical procedure which involves conscious and/or deep conscious sedation in your office or at any location other than a Hospital setting, or in an approved clinic, approved for such procedures by the American Association of Accreditation of Ambulatory Surgery Facilities, Inc., or the AAAHC (Columbia Facilities), and, in both instances, the Nevada State Board of Medical Examiners, and, any such surgical procedure must be under the supervision of an anesthesiologist; and,

After the expiration of your probationary period, if in good standing with the board, and still actively licensed to practice medicine, and you desire to perform any surgical procedure which involves conscious and/or deep conscious sedation at any location other than a Hospital setting, you must first apply for, and receive, permission of the Nevada State Board of Medical Examiners prior to performing any such procedure.

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. Rosenkrantz
President

RONALD C. ROSEN, M.D.

Dear Dr. Rosen:

On August 28, 1999, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee of the Board.

In that stipulation you entered a plea of Guilty to a complaint alleging that the modification and limitation of your license to practice medicine in the state of California 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 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 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



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

