



State of Nevada

Board of Medical Examiners Newsletter

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NEVADA STATE BOARD OF MEDICAL EXAMINERS NEWSLETTER

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PRESIDENT'S MESSAGE

By: Arne D. Rosencrantz, President

(Information forming the basis for this article has been taken from [News and Views](#), Volume 12, Number 1, a *Citizen Advocacy Center* newsletter.)

The House Commerce Committee's Subcommittee on Oversight and Investigations held hearings on March 1, 2000 on whether to give the public access to the information in the National Practitioner Data Bank (NPDB). All disciplinary actions, hospital and other provider institution adverse actions, settlements, and malpractice verdicts against physicians and dentists (and eventually other professionals) are supposed to be reported to the NPDB, and health care organizations are given strong incentives to check with the NPDB before hiring or giving practice privileges to a practitioner. Among the witnesses were executives from two different state medical boards, who delivered powerful testimony in support of giving the public complete information about physicians, including so-called "negative information."

Other witnesses, including health care professionals and injured patients, testified in favor of consumer access to the information in the NPDB. Those speaking in opposition said the public should rely on state medical boards for their information about physicians. Opponents of public access say the information in the NPDB is incomplete, unreliable and subject to misinterpretation. Commerce Committee Chairman Thomas Bliley, whose proposal to open the NPDB prompted this hearing, and Senator Ron Wyden, who helped write the law that created the NPDB, countered that it would be better to improve the quality and completeness of the data in the NPDB, and add explanatory information if necessary, rather than to keep the NPDB closed to the public.

It is my personal opinion, based on seven years experience as a medical board member, that the NPDB should be open to the public. I believe that consumers have a right to this information

in order to make an informed choice about their health care. We have now had several years of experience in medical board disclosure of this kind of information to consumers in the profile states, including Nevada, where the Nevada State Board of Medical Examiners has provided information profiles, including malpractice history, of its licensees by telephone for many years. In Nevada, our board receives an average of 40 telephone calls each day from persons seeking physician or physician assistant profile information. Massachusetts' medical board recently received media attention, touting nearly 4.9 million profiles given to consumers since November 1996. Physician profiling has become part of the culture of progressive health care with countless numbers of patients using profiling as a tool to have more informed and, therefore, helpful and rewarding discussions with their physicians.

The data provided in the testimony during the hearings indicates that the issues of concern raised by the medical community have not come to pass, including the issue of greatest concern - malpractice history. But, as with profile information, the NPDB information should be put into context to help consumers understand the data. Calling on the expertise of the profile states to assist in this process would make sense.

I also believe that the NPDB should be expanded to include records of criminal convictions and that information relating to these criminal convictions should be made available to the public. This information will also help state medical boards, health plans and hospitals currently lacking this information.

NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS ATTEMPTS TO EXPAND SCOPE OF PRACTICE BY REGULATION

The Nevada State Board of Homeopathic Medical Examiners (Homeopathic Board) recently adopted regulations which, in the opinion of the Nevada State Board of Medical Examiners (NSBME), attempted to greatly expand the scope of practice of homeopathy beyond that approved by the Nevada State Legislature. NSBME board members and attorneys, who were also authorized to represent the Nevada State Board of Osteopathic Medicine, appeared before a committee of the Legislative Commission and objected to the regulations. The committee agreed with the position of the NSBME and refused to approve the new Homeopathic Board regulations. The Homeopathic Board then made some changes to the regulations and attempted to adopt them at a meeting of the Homeopathic Board on September 21, 2000. At the direction of the NSBME, attorneys for the NSBME appeared at a public hearing to oppose the regulations, but were not given an opportunity by the Homeopathic Board to state objections. The NSBME attorneys made the Homeopathic Board aware of their violation of the Nevada Open Meeting Law, and the meeting was then terminated. The Homeopathic Board continues to pursue their new proposed regulations.

The Homeopathic Board takes the position that as it expands the scope of the practice of homeopathic physicians by regulations or statutes, no physician licensed by the NSBME or the Nevada State Board of Osteopathic Medicine can practice any procedure included in the broadened scope of homeopathy without also being licensed by the Homeopathic Board, at an initial cost of \$500.00 and a renewal fee not to exceed \$600.00 per year. In the opinion of the NSBME, **many** of the procedures that the Homeopathic Board contends it may license, such as trigger point injections, are clearly within the historic scope of practice of M.D.s and D.O.s and have been performed by M.D.s and D.O.s for years. The NSBME does not believe that when the Legislature has expanded the scope of practice of homeopaths by statute or allowed expansion of practice by regulation, it has intended to thereby prohibit M.D.s and D.O.s from continuing to practice those procedures in the expanded scope of homeopathic practice.

Homeopathic physicians are not required to meet Nevada qualifications to be licensed as an M.D. or D.O. in Nevada, but are only required to hold such a license somewhere in the *world*. Some licensed homeopathic physicians holding M.D. degrees are not qualified to be licensed as an M.D. in Nevada. The NSBME feels Nevada licensure as an M.D. or D.O. should be a prerequisite to practice under a Homeopathic Board license. The NSBME will continue to oppose the position of the Homeopathic Board that it can expand the scope of practice of homeopathy, by statute or regulation, to incorporate areas of practice of M.D.s and D.O.s, and then require those M.D.s and D.O.s to obtain an additional license to continue practicing medical procedures that the M.D.s and D.O.s have historically practiced for years. It is the position of the NSBME that its licensees are authorized to practice the full field of medicine without the necessity and expense of another medical license from the Homeopathic Board to practice medicine that has traditionally, historically, and consistently been a part of the practice of M.D.s in the state of Nevada and throughout the United States for years.

BOARD EXECUTIVE DIRECTOR CERTIFIED BY FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.

Larry D. Lessly, J.D., Executive Director of the board, was named by the Federation of State Medical Boards of the United States, Inc. as a member of the charter group of eight medical board executive directors designated as *Certified Medical Board Executives*. Mr. Lessly was General Counsel to the board from 1983 to 1995 and has served as Executive Director/Special Counsel of the board since 1995. He is a past member of the Finance Committee of the Federation of State Medical Boards of the United States, Inc., and presently serves as a member of the Executive Directors Advisory Council to the Federation and as a member of the United States Medical Licensing Examination Committee on Score Validity.

GOVERNOR REAPPOINTS TWO BOARD MEMBERS

Governor Guinn has reappointed Jacqueline C. Jones, Ed.D., a public member of the board, to a second four-year term on the board. Dr. Jones is an educational consultant who resides in Fallon. During her tenure on the board, she has served as a member of the Investigative Committee and the Internal Affairs Committee. Her new term will expire June 30, 2004.

Governor Guinn also reappointed Cheryl A. Hug-English, M.D. to a second four-year term on the board. Dr. Hug-English is Medical Director of the Student Health Center at the University of Nevada, Reno and serves as a faculty member of the University's School of Medicine. During her tenure on the board, Dr. Hug-English has served as a member of the Investigative Committee and the Internal Affairs Committee, and she chaired the board's task force on supervision of physician assistants and advanced practitioners of nursing. Her new term will expire August 30, 2004.

ELECTION OF OFFICERS AND COMMITTEE APPOINTMENTS

At its August, 2000 meeting, the board unanimously re-elected Arne D. Rosencrantz, a public member of the board, as its President for a third one-year term. Mr. Rosencrantz has served as a public member of the board for seven years, and is President of Garrett's Furniture in Las Vegas. He has also served as a member of the board's Investigative and Internal Affairs Committees.

The board also unanimously re-elected Susan S. Buchwald, M.D. to a second one-year term as its Vice President. As Vice President, Dr. Buchwald serves as Chair of the board's Internal Affairs Committee. Dr. Buchwald has served on the board for seven years and is a past President of the board. She has also served on the Investigative and Internal Affairs Committees of the board.

Paul A. Stewart, M.D. was unanimously re-elected to a second one-year term as the board's Secretary-Treasurer. Dr. Stewart is a Pulmonary Medicine specialist in Las Vegas and has served on the board for 5 years. He has served as a member of the board's Investigative Committee, and as Secretary-Treasurer of the board, he chairs that committee.

And, finally, at the August board meeting, Mr. Rosencrantz appointed Jacqueline C. Jones, Ed.D., public member and Joel N. Lubritz, M.D. as members of the Internal Affairs Committee, chaired by Susan S. Buchwald, M.D. Mr. Rosencrantz also appointed Donald H. Baepler, Ph.D., D.Sc. and Robin L. Titus, M.D. as members of the Investigative Committee, chaired by Paul A. Stewart, M.D.

ASSISTANT CHIEF DEPUTY ATTORNEY GENERAL JAN J. COHEN, J.D., ASSIGNED TO REPRESENT THE BOARD

Jan J. Cohen, J.D., was recently assigned by the Office of the Attorney General to represent the Nevada State Board of Medical Examiners. Mrs. Cohen is the new Assistant Chief Deputy Attorney General. This is Mrs. Cohen's second assignment to the board, as she previously represented the board from December 1995 to November 1996.

BIENNIAL RENEWAL OF LICENSE TO PRACTICE MEDICINE

By: Rebecca A. Gaul-Richard, Senior 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, 2001. ***Please be aware that if you practice beyond June 30, 2001, 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 2001 - 2003 biennium will be mailed by April 1, 2001 to every physician to whom a license was issued during or renewed for the current biennium, July 1, 1999 - June 30, 2001. 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, 2001. Failure to renew on or before June 30, 2001, 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 2001 - 2003 biennial registration period. ***Physicians must, therefore, complete this required CME prior to June 30, 2001.***

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, 1999 through June 30, 2001.

Per NAC 630.157(1), CME requirements for those INITIALLY licensed to practice in Nevada during the time period July 1, 1999 through June 30, 2001 are as follow:

(a) if INITIALLY licensed to practice in Nevada during the time period July 1, 1999 through December 31, 1999, 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, 2000 through June 30, 2000, 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, 2000 through December 31, 2000, 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, 2001 through June 30, 2001, 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 775-688-2559 in Reno or 888-890-8210 if calling from elsewhere in Nevada. 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 775-688-2321 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.

CHANGES IN REQUIREMENTS FOR AMA PHYSICIAN'S RECOGNITION AWARD

The board requires 40 hours of Category 1, AMA approved continuing medical education credit for re-licensure. In December of 1999, the AMA Council on Medical Education made changes to Category 1 credits for the AMA Physician's Recognition Award. The following activities will now

be accepted on an application form for the AMA Physician's Recognition Award, and thus would be credited toward required continuing medical education for re-licensure in Nevada:

Articles published in peer-reviewed journals (journals included in the *Index Medicus*): 10 category 1 credits for each article, 1 article per year. (For credit, attach a reprint of the first page of the article(s) to the application.)

Poster preparation for an exhibit at a medical meeting designated for AMA PRA category 1 credit, with a published abstract: 5 category 1 credits per poster, 1 presentation per year. (For credit, attach a page from the program with the abstract and identification of the presenter.)

Teaching, e.g. presentations, in activities designated for AMA PRA category 1 credit: 2 category 1 credits for each hour to a maximum of 10 credits per year. (2 AMA PRA category 1 credit hours for preparation and presentation of each hour of new and original material designated for category 1 credit by an accredited sponsor, to a maximum of 10 credits per year. A program or announcement of an activity will be acceptable as proof of the teaching activity.)

Specialty board certification and maintenance of board certification (specialty board recertification): 25 AMA PRA category 1 credits. (For credit, attach a copy of the certificate or the notification letter from the board.)

Medically related degrees, such as the Master's in Public Health: 25 AMA PRA category 1 credits following award of the advanced degree. (For credit, attach a copy of the diploma or transcript to the application.)

These changes to the AMA criteria for Category 1 continuing medical education do not effect the additional Nevada requirements that 2 hours of required CME be in the field of medical ethics and 20 hours be in the scope of practice or specialty of the licensee.

NEW BOARD REGULATIONS GOVERNING NON-CONVENTIONAL TREATMENT

On August 26, 2000, the board adopted regulations, which are now in effect, regulating non-conventional medical treatment. The regulations provide as follows:

Chapter 630 of NAC is hereby amended by adding thereto a new section to read as follows: 1. A licensee shall not practice medicine by utilizing any means or instrumentality that has a risk for a patient that is unreasonably greater than the means or instrumentality ordinarily utilized by physicians in good standing practicing in the same specialty or field or that is provided as a substitute for conventional treatment that has proven to be of substantial benefit to the patient.

2. Subject to the conditions hereinafter set forth, a licensee may practice medicine by utilizing any means or instrumentality that is not prohibited by this section. Failure to practice by such means or instrumentality in conformity with the following conditions is grounds for disciplinary action:

(a) Prior to offering advice about the means or instrumentality of treatment, the licensee shall undertake an assessment of the patient. This assessment should include but not be limited to, conventional methods of diagnosis ordinarily utilized by physicians in good standing practicing in the same specialty or field, and may include non-conventional methods of diagnosis which shall be documented in the patient's chart. Such assessment shall include the following:

(1) An adequate medical record;

(2) Documentation as to whether such conventional treatment options ordinarily utilized by physicians in good standing practicing in the same specialty or field have been discussed with the patient and shall include

referral input, if necessary;

- (3) Documentation as to whether such conventional treatment options have been tried, and if so, with what results, or a statement as to whether conventional treatment has been refused by the patient;
- (4) If a treatment is offered which is not considered to be conventional, documentation of informed consent for each treatment plan must be included (including documentation that the risks and benefits of the use of both the conventional and the other means or instrumentality of treatment were discussed with the patient or guardian);
- (5) A review of the current diagnosis and conventional treatment and documentation as to whether the other means or instrumentality of treatment could interfere with any other ongoing conventional treatment.
 - (b) The licensee may offer the patient other means or instrumentality of treatment other than conventional treatment pursuant to a documented treatment plan tailored for the individual needs of the patient by which treatment progress or success can be evaluated with stated objectives such as pain relief and/or improved physical and/or psychosocial function. Such a documented treatment plan shall consider pertinent medical history, previous medical records and physical examination, as well as the need for further testing, consultations, referrals, or the use of other treatment modalities.
 - (c) The licensee may use the means or instrumentalities of treatment other than conventional treatment subject to documented periodic review of the patient's care by the licensee at reasonable intervals in view of the individual circumstances of the patient in regard to progress toward reaching treatment objectives which takes into consideration the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint.
 - (d) Complete and accurate records of the care provided including the elements addressed in paragraphs (2)(a)(1) through (2)(a)(5) of this section shall be kept.

3. For purposes of this section, conventional treatment means those health care methods of diagnosis, treatments, or interventions that are offered by most licensed physicians as generally accepted methods of routine practice, based upon medical training, experience and review of the peer reviewed scientific literature, and which are ordinarily utilized by physicians in good standing practicing in the same specialty or field.

BOARD TO STUDY MAINTENANCE OF POST-LICENSURE COMPETENCY BY LICENSEES

Arne D. Rosencrantz, President of the board, appointed himself, Donald H. Baepler, Ph.D., D.Sc., and Susan S. Buchwald, M.D. to a committee of the board to study the issue of maintenance of post-licensure competency by licensees of the board. This issue is being considered by licensing boards throughout the nation. It is anticipated that this committee will make a report to the full board in the spring of 2001 and advise the board of its determination as to the necessity for any additional statutory or regulatory provisions on this issue, including possible methods which might be used to measure and insure post-licensure professional competency. In the event the board decides to take any action based upon the report of the committee, the input of all licensees will be sought prior to such action.

INACTIVE AND RETIRED STATUS LICENSEES

The board issues both inactive and retired status licenses to physicians. A physician who is licensed in inactive status may not practice medicine in the state of Nevada. The practice of medicine in the state of Nevada includes writing prescriptions. A licensee in retired status may not engage in the practice medicine in the state of Nevada or in any other jurisdiction. Again, the practice of medicine in the state of Nevada includes the writing of prescriptions; therefore, **physicians holding inactive or retired status licenses in Nevada may not write prescriptions in Nevada**. An inactive or retired status licensee must meet statutory requirements to return to active status, and a return to active status requires specific formal approval by the board.

DEPARTMENT OF BUSINESS AND INDUSTRY, DIVISION OF INDUSTRIAL RELATIONS, INDUSTRIAL INSURANCE

REGULATION SECTION ISSUING FINES TO BOARD LICENSEES

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

The Board has received several notices of Administrative Fine for Violation of NRS 616C.040 (1), wherein Nevada licensed physicians have been notified by the Department of Business and Industry, Division of Industrial Relations, Industrial Insurance Regulation Section, that they have been assessed an administrative fine in the amount of \$50 for a first violation of NRS 616C.040 (1), within a 12-month period.

The Investigative Committee of the Board has reviewed these Administrative Fine Notices and has decided that it **will not take** any formal action against the physicians who have received the notices, but would inform all licensees that it would appear the Industrial Insurance Regulation Section is engaging in strict enforcement of the provisions of NRS 616C.040(1).

NRS 616C.040, reads, in part:

1. A treating physician or chiropractor shall, within 3 working days after he first treats an injured employee for a particular injury, complete and file with the employer of the injured employee and the employer's insurer, a claim for compensation. If the employer is a self-insured employer, the treating physician or chiropractor shall file the claim for compensation with the employer's third-party administrator. If the physician or chiropractor files the claim for compensation by electronic transmission, he shall, upon request, mail to the insurer or third-party administrator the form that contains the original signatures of the injured employee and the physician or chiropractor. The form must be mailed within 7 days after receiving such a request.

NAC 616C.700, reads, in part:

2. The administrator or his designated agent will impose the following administrative fines if a treating physician or chiropractor complies with the provisions of NRS 616C.040 in an untimely manner:
(a) For the first violation within a 12-month period, a fine of at least \$50.

Specific instances of which the Board has been advised include the imposition of the first violation fine for mailing the form seven (7) days after first treating the patient - the statute requires the treating physician to mail the form within three (3) working days from the date of first treatment. Other physicians were also fined for being late, and several physicians were fined for not completely filling out the form – some parts of the form were left blank.

The Medical Practice Act provides in three sections that it is grounds for disciplinary action, if a licensee:

1. Fails to file a report as required by law or regulation. NRS 630.306(8), and NRS 630.3062(3); and,
2. Willfully fails to perform a statutory or legal obligation imposed upon a licensed physician. NRS 630.3065(3).

All licensees who have practices that require compliance with the laws covering reporting and filing as set out above, should pay particular attention to the time limitations and the requirement for completely filling out the forms. A violation of the provisions of NRS 616C.040 is grounds for disciplinary action in the state of Nevada, and all licensees must comply with the provisions of that law and the regulations adopted for its enforcement.

BOARD MEETING & HOLIDAY SCHEDULE FOR REMAINDER OF YEAR 2000 AND FOR YEAR 2001

YEAR 2000:**DECEMBER 1 & 2 (FRIDAY & SATURDAY) BOARD MEETING EMBASSY SUITES LAS VEGAS****December 25 Christmas Day HOLIDAY****YEAR 2001:****January 1 New Year's Day HOLIDAY****January 15 Martin Luther King, Jr.'s Day (OBSERVED)****HOLIDAY****February 19 President's Day (OBSERVED) HOLIDAY****MARCH 2 & 3 (FRIDAY & SATURDAY) BOARD MEETING BOARD****OFFICE, RENO****May 28 Memorial Day (OBSERVED) HOLIDAY****JUNE 1 & 2 (FRIDAY & SATURDAY) BOARD MEETING BOARD****OFFICE, RENO****July 4 Independence Day HOLIDAY****SEPTEMBER 7 & 8 (FRIDAY & SATURDAY) BOARD MEETING BOARD****OFFICE, RENO****September 3 Labor Day HOLIDAY****October 26 Nevada Day (OBSERVED) HOLIDAY****November 12 Veteran's Day (OBSERVED) HOLIDAY****November 22 & 23 Thanksgiving Day & Family Day****HOLIDAYS****NOVEMBER 30 & DECEMBER 1 (FRIDAY & SATURDAY) BOARD MEETING EMBASSY SUITES****LAS VEGAS****December 25 Christmas Day HOLIDAY****LEGAL UPDATES ON APPEALS OF BOARD DISCIPLINARY ACTIONS****LEGAL UPDATE #1: NEVADA SUPREME COURT AFFIRMS BOARD ACTION AGAINST HARRISTON LEE BASS, JR., M.D.***By: Jan J. Cohen, J.D., Assistant Chief Deputy Attorney General*

The board charged Harriston Lee Bass, Jr., M.D. with three counts, namely, (1) gross malpractice in the care and treatment of Patient A, a violation of NRS 630.301(4); (2) malpractice in the care and treatment of Patient B, which combined with the gross malpractice alleged in Count 1, constituted repeated malpractice, also a violation of NRS 630.301(4); and (3) the care and treatment of Patients A and B constituted the continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in the same specialty, a violation of NRS 630.306(7).

An eighteen-day hearing was conducted from July 6, 1993 through September 24, 1993. Having found Dr. Bass guilty of Counts 1 and 2, the board entered its Findings of Fact, Conclusions of Law and Order on December 29, 1993, imposing three years probation on the conditions that Dr. Bass cease performing laparoscopic surgeries, that surgeries, other than minor office procedures, be performed in a JCAHO-approved facility with the assistance of a board certified surgeon and reporting of outcomes to the board, completion of 120 hours of continuing medical education in surgery, and successful completion of the 1994 American College of Surgeons Surgical Education and Self-Assessment Program.

Dr. Bass filed a Petition for Judicial Review in district court and pursuant to the court's order for a remand of consideration of additional evidence, the board held a hearing on September 7,

1996. The board affirmed its original Findings of Fact, Conclusions of Law and Order.

On judicial review, the district court affirmed the board's finding of gross malpractice with Patient A. It reversed the board's decision that repeated malpractice had been committed in connection with Patient B. The board appealed the district court's decision concerning Patient B, and Dr. Bass cross-appealed the district court's decision concerning Patient A. The Nevada Supreme Court reversed the district court's ruling regarding Patient B and upheld the district court's ruling on Patient A on June 1, 2000. Thus, the board's original findings were confirmed by the Nevada Supreme Court on both Patient A and Patient B. A Petition for Reconsideration filed by Dr. Bass was denied on September 18, 2000.

LEGAL UPDATE #2: BOARD REVOKES LICENSE OF NIR Y. LORANT, M.D. ON REMAND FROM DISTRICT COURT

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

Following Nir Y. Lorant, M.D.'s appeal to the district court of the board's action against his license, the court remanded the case back to the board for a determination by the hearing officer on credibility of witnesses.

The board had found Dr. Lorant guilty of a violation of the provisions of NRS 630.304(1), by answering "no" to a question on his application for initial licensure in the state of Nevada that asked if he had ever been arrested, investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency, when in fact when he answered "no" to that question on his application for initial licensure in the state of Nevada, he knew he had been charged by the Medical Board of California with violations of statutes, rules, or regulations governing the practice of medicine in California.

The board had also found Dr. Lorant guilty of a violation of NRS 630.306(2)(a), finding that when Dr. Lorant answered "no" on his application for initial licensure in the state of Nevada, he engaged in conduct intended to deceive.

Based on these findings, the board had revoked Dr. Lorant's license to practice medicine in the state of Nevada.

Upon remand, and after review of the hearing officer's recommendations on credibility of witnesses, the board again revoked Dr. Lorant's license to practice medicine in the state of Nevada.

NEVADA STATE BOARD OF MEDICAL EXAMINERS' DIVERSION PROGRAM

*By: Carol R. Bowers, R.N., C.D., Executive Director
Nevada Health Professionals Assistance Foundation*

The Nevada Health Professionals Assistance Foundation is well into its fourth year of administering the board's Diversion Program. The foundation is pleased to announce the election of Tim Coughlin, M.D. as its new president. Dr. Coughlin has more than fifteen years of experience in identifying, intervening, and monitoring physicians with chemical dependency, dual diagnosis, and disruptive behaviors. We feel very fortunate to have him as our new president.

I want to thank the Hospital Association, as well as all of the medical facilities in Nevada for their support of the Diversion Program. We presented a funding proposal to the Hospital Association in June, and the foundation received overwhelming support. We have already received a few donations from the medical facilities, which will certainly assist us in maintaining the quality of this program.

The purpose of the Diversion Program is to provide physicians and physician assistants with a confidential means of seeking and obtaining evaluation, treatment, and monitoring for addictive disease, disruptive behaviors, and mental or physical impairment. We currently have 48 participants under contract with another 35 participants who have successfully completed their aftercare contract. Diversion works. Assisting physicians with chemical dependency, mental or physical impairment, and disruptive behaviors works. The entire staff of the Nevada State Board of Medical Examiners and the Nevada Health Professionals Assistance Foundation recognize the value of supporting physician health and have pledged support of this program.

Referrals to the Diversion Program come from a variety of sources, although the majority come from partners, colleagues, and hospitals. In all cases, no records are kept at the board level. Confidentiality and anonymity are the goals of both the board and the foundation. Information is gathered and verified before the Diversion Program takes any action. Should circumstances necessitate, appropriate intervention is planned. Every effort is made to help the physician in a kind, respectful, confidential and therapeutic manner. We currently have two Caduceus groups serving Nevada, one in Las Vegas and one in Reno.

***Do you know a colleague who needs help?
Call the Diversion Program for
confidential, expert assistance...
Carol R. Bowers, R.N., C.D. at 702/233-6393 or 702/521-1398***

A WORD FROM THE BOARD'S PHYSICIAN ASSISTANT ADVISORY COMMITTEE

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

The Physician Assistant profession is entering its thirtieth year, and PAs in their dependent and complementary roles in utilizing a team approach with their supervising physicians have provided high quality, cost-effective health care with proven outcomes. The philosophy of PA education after graduation has included ongoing professional education and development based on periodic competency examinations every six years and ongoing CME requirements of 100 hours every two years.

In a paper published by the American Academy of Physician Assistants projecting the future of the profession in the 21st century, the issue of certification and competency are discussed. The paper cites a PEW Health Commission study that states "ensuring the competence of health professionals throughout their careers is a persistent challenge to both the public and private sector." The commission favored periodic competency examinations as a condition of licensure for health professionals.

The PA profession has been a leader in the health care field in maintenance of professional competency by taking the position that 'a practitioner's competence tends to diminish after initial licensure and continuing education credits do not necessarily guarantee competence.' Hence the mandatory recertification examination every six years. The profession has maintained that competency-based examinations are a superior way to measure skills and also develop

practitioners who can work in more diverse areas of medicine.

A committee of physicians and PAs from various academic and clinical practice settings and specialties develop the Physician Assistant certifying and recertifying examinations. These test committees, working with the National Commission on Certification of Physician Assistants (NCCPA) and the National Board of Medical Examiners, develop test questions with current content to provide a real practice perspective to the PA. The examination covers all clinical aspects of primary care medicine.

In a recent survey, the NCCPA polled state licensing boards, insurance and third party payers, physicians and practices that employ PAs, on certification standards. All groups supported the national certification process and agreed that PA certification represented higher standards. These groups hold the PA-C credential in high regard and indicated the certification process should continue to evolve. Nevada is one of the 19 states where PA certification and recertification are linked and dependent on licensure. The Nevada State Board of Medical Examiners is a state board that is in the forefront of higher licensing standards for physicians and physician assistants.

Recently the NCCPA has made the recertification process and CME logging requirements more flexible for PAs. The certificate expiration date has been extended and the recertification exam can be taken in the fifth and /or sixth years of the certification cycle up to two times per year. The previous dates or deadlines for registration have changed to July 31 and December 31. Your Nevada licensure anniversary date is still June 1. To maintain your current Nevada license you must have logged your CMEs or taken your exam and sent a copy of your current NCCPA certificate. It is important, with the changes the NCCPA has made to simplify certification maintenance, that all Nevada State Board of Medical Examiners' licensed PAs be vigilant of their license expiration date and send a copy of your new recert certificates as soon as you receive them from the NCCPA.

Members of the Physician Assistant Advisory Committee to the Board include Susan Morgan, Nancy Munoz and John Lanzillotta, who may be reached through the board's office in Reno by calling 775-688-2559 or if calling from elsewhere in Nevada 888-890-8210.

BOARD DISCIPLINARY ACTIONS APRIL, 2000 THROUGH OCTOBER, 2000

CONCHA, Pano, M.D.

Complaint Filed: 06/14/00 - Charged with one count of violation of NRS 630.304(1), attempting to renew a license to practice medicine by fraud or misrepresentation or by a false, misleading, inaccurate or incomplete statement and one count of violation of NRS 630.306(11), failure to report the revocation of his California medical license.

Board Action: 08/25/00 - The board found Dr. Concha guilty on both counts of the Complaint, and ordered that he be issued a public reprimand and pay the costs of the proceedings against him in the sum of \$1,556.70.

KNUTSON, Mark L., P.A.-C

Voluntary Surrender of License While Under Investigation: 08/25/00 - The board accepted Mr. Knutson's Voluntary Surrender of License to Practice Medicine as a Physician Assistant in the State of Nevada while he was under investigation by the board.

LORANT, Nir Y., M.D.

Complaint Filed: 06/20/00 - Charged with one count of violation of NRS 630.304(1), attempting to renew a license to practice medicine by fraud or misrepresentation or by a false, misleading, inaccurate or incomplete statement, and one count of violation of NRS 630.306(2)(a), engaging in conduct intended to deceive.

Board Action: 06/03/00 - The board found Dr. Lorant guilty on both counts of the Complaint and ordered that his license to practice medicine in the state of Nevada be revoked.

MILGRAM, Phillip M., M.D.

Complaint Filed: 06/14/00 - Charged with two counts of violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction, namely, the surrender of his California medical license and the suspension of his New York medical license, and one count of violation of NRS 630.306(11), failure to report the surrender of his California medical license.

Board Action: 08/25/00 - The board found Dr. Milgram guilty on all 3 counts of the Complaint, revoked his license to practice medicine in the state of Nevada, and ordered that he pay \$2,135.55 for all costs involved in the investigation and prosecution of the case against him.

RIGMAIDEN, Richard S., M.D.

Complaint Filed: 06/14/00 - Charged with one count of violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction, namely, the limitation or modification of his Nebraska medical license.

Board Action: 08/25/00 - The board found Dr. Rigmaiden guilty on the count of the Complaint, and ordered that he be issued a public reprimand and pay the costs of the proceedings against him in the sum of \$1,600.00.

SHAH, Jayendra A., M.D.

Complaint Filed: 02/28/00 - Charged with one count of violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction, namely, the action taken by the Medical Board of California against his California medical license.

Board Action: 06/03/00 - The board found Dr. Shah guilty on the count of the Complaint and revoked his license to practice medicine in the state of Nevada.

SHERETZ, Richard C., M.D.

Voluntary Surrender of License While Under Investigation: 08/25/00 - The board accepted Dr. Sheretz's Voluntary Surrender of License to Practice Medicine in the State of Nevada while he was under investigation by the board.

SPENCER, Brian E., P.A.-C

Voluntary Surrender of License While Under Investigation: 06/03/00 - The board accepted Mr. Spencer's Voluntary Surrender of License to Practice Medicine as a Physician Assistant in the State of Nevada while he was under investigation by the board.

STODDARD, Larry D., M.D.

Complaint Filed: 02/28/00 - Charged with one count of violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction, namely, the indefinite suspension of his Utah medical license and revocation of his controlled substance license in Utah.

Board Action: 08/25/00 - The board found Dr. Stoddard guilty on the one count of the Complaint, revoked his license to practice medicine in the state of Nevada, and ordered that he

pay \$1,518.10 for all costs involved in the investigation and prosecution of the case against him.

UNGER, Jeffrey R., M.D.

Complaint Filed: 06/14/00 - Charged with one count of violation of NRS 630.304(1), attempting to renew a license to practice medicine by fraud or misrepresentation or by a false, misleading, inaccurate or incomplete statement and one count of violation of NRS 630.306(11), failure to report action taken by the Medical Board of California against his California medical license.

Board Action: 08/25/00 - The board found Dr. Unger guilty on both counts of the Complaint, revoked his license to practice medicine in the state of Nevada, and ordered that he pay \$1,207.40 for all costs involved in the investigation and prosecution of the case against him.

VINSON, William M., M.D.

Complaint Filed: 02/28/00 - Charged with one count of violation of NRS 630.301(3), suspension, modification or limitation of the license to practice medicine by any other jurisdiction, namely, the suspension of his California medical license.

Board Action: 06/03/00 - The board found Dr. Vinson guilty on the count of the Complaint and revoked his license to practice medicine in the state of Nevada.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

PANO CONCHA, M.D.

Dear Dr. Concha:

On September 11, 2000, the Nevada State Board of Medical Examiners entered its order finding you **Guilty** of two (2) violations of the medical practice act of the state of Nevada, specifically NRS 630.304(1), wherein they found, by a preponderance of the evidence, that your responses to questions on your application for license renewal where you answered "No" to certain questions concerning charges or investigations of charges pending against you in another state, should have been "Yes", and that said "No" answers were an attempt to renew a license by misrepresentation, or incomplete statement; and, wherein they found, by a preponderance of the evidence, that you violated the provisions of NRS 630.306(11), when you did not report to the board the revocation of your license to practice medicine in the State of California.

As a result of their finding of **Guilty**, to the Two (2) Counts in the complaint, the board entered its **ORDER** as follows:

1. That you be issued a public reprimand; and,
2. That you be pay all costs incurred by the board in these disciplinary proceedings within sixty (60) days of the date of the order in the amount of ONE THOUSAND FIVE HUNDRED FIFTY-SIX DOLLARS AND SEVENTY CENTS (\$1,556.70)

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

RICHARD S. RIGMAIDEN, M.D.

Dear Dr. Rigmaiden:

On September 11, 2000, the Nevada State Board of Medical Examiners entered its order finding you **Guilty** of a violation of the medical practice act of the state of Nevada, specifically NRS 630.301(3), wherein they found, by a preponderance of the evidence, that the agreed settlement which was approved on April 25, 2000, by the Department of Health and Human Services, Regulation and Licensure, state of Nebraska, resulted in a modification or limitation of your license to practice medicine by another jurisdiction.

As a result of their finding of **Guilty**, the Board entered its **ORDER** as follows:

1. That you be issued a public reprimand; and,
2. That you be pay all costs incurred by the board in these disciplinary proceedings within sixty (60) days of the date of the order in the amount of ONE THOUSAND SIX HUNDRED DOLLARS (\$1,600.00).

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



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