



State of Nevada

## Board of Medical Examiners Newsletter

---

ARNE D. ROSENCRANTZ, President  
SUSAN S. BUCHWALD, M.D., Vice President  
PAUL A. STEWART, M.D., Secretary-Treasurer

DIPAK K. DESAI, M.D.  
JACULINE C. JONES, Ed.D.  
CHERYL A. HUG-ENGLISH, M.D.  
JOEL N. LUBRITZ, M.D.  
DONALD H. BAEPLER, Ph.D., D.Sc.  
ROBIN L. TITUS, M.D.

---

### **NEVADA STATE BOARD OF MEDICAL EXAMINERS NEWSLETTER**

VOLUME 25

APRIL 2001

---

#### **PRESIDENT'S MESSAGE**

By: Arne D. Rosencrantz, President

The primary mission of the Nevada State Board of Medical Examiners is to protect the public. The public assumes that a physician holding a Nevada license is competent. The validity of a licensure process that assesses cognitive knowledge, clinical judgment and ethical behavior only once in a practice lifetime must be seriously questioned. Other professionals, most notably airline pilots, must demonstrate their competence through rigorous skill testing annually. Why have physicians been exempt?

Patients trust doctors with their lives and well-being. They need to have confidence that their doctor is competent in his field and abides by high standards. The vast majority of doctors meet this expectation, but our current licensure procedure does not give the public sufficient confidence that poorly performing doctors are being identified and early action is being taken to protect patients. This process also does not support doctors as effectively as possible in maintaining and improving the quality of their practice.

The American Board of Medical Specialties approved this description of the competent physician: "the competent physician should possess the medical knowledge, judgment, professionalism and clinical and communication skills to provide high-quality patient care. Patient care encompasses the promotion of health, prevention of disease, and diagnosis, treatment, and management of medical conditions with compassion and respect for patients and their families. Maintenance of competence should be demonstrated throughout the physician's career of lifelong learning and ongoing improvement of practice".

Our board has formed a committee to begin a process of how we can revalidate our licensees. There is no simple solution of how we can do this effectively and fairly. It is a very complex

issue, and the committee realizes the enormity of the task. The committee welcomes the thoughts and constructive ideas regarding this process from the physician community. Please write, fax, or e-mail any correspondence with respect to this issue to the board office.

## **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 have already been mailed 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 July 1, 2001. Failure to renew on or before July 1, 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 1999 - 2001 biennial registration period. ***Physicians must, therefore, complete this required CME prior to July 1, 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, 2001, please contact the board's office at 775/688-2559 in Reno or 888/890-8210 if calling from elsewhere within the state of 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.

## **PROCEDURE FOR LICENSE STATUS CHANGE TO ACTIVE**

By: Betty L. Tonner, License Specialist

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) 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 2, 2001, September 8, 2001, and December 2, 2001.

If your change of status application is placed before the board for review, acceptance or denial, and 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 at 775/688-2559 in Reno or 888/890-8210 if calling from elsewhere within the state of Nevada.

## **LEGAL UPDATES ON APPEALS OF BOARD DISCIPLINARY ACTIONS**

### ***LEGAL UPDATE #1: U.S. SUPREME COURT DENIES PETITION FOR WRIT OF CERTIORARI BY HARRISTON LEE BASS, JR., M.D.***

*Chief Deputy Attorney General*

*By: Charlotte M. Bible, Assistant*

Harriston Lee Bass, Jr., M.D. was found guilty in 1993 of gross malpractice and malpractice. He appealed to the District Court and then to the Nevada Supreme Court. The Nevada Supreme Court upheld the action of the board. His petition for re-hearing was denied by the Nevada Supreme Court on September 18, 2000. He then sought to appeal to the United States Supreme Court. The United States Supreme Court denied his petition for a Writ of Certiorari on March 19, 2001, thereby deciding not to hear his appeal. He has filed a Petition for Rehearing with the U.S. Supreme Court.

### ***LEGAL UPDATE #2: FEDERAL DISTRICT COURT DISMISSES WARREN S. GILBERT, M.D.'S LAWSUIT AGAINST BOARD***

*J.D., General Counsel*

*By: Richard J. Legarza,*

On July 5, 2000, Warren S. Gilbert, M.D., filed a complaint in the United States Federal District Court, for the District of Nevada, against the executive director of the Nevada State Board of Medical Examiners, and the Five (5) members of the Nevada State Board of Medical Examiners who participated in a hearing on alleged violations of the Medical Practice Act of the state of Nevada by Dr. Gilbert.

Dr. Gilbert alleged in his complaint that despite a lack of evidence, the Board found him in violation of the regulations relating to the practice of medicine and revoked his license, staying the revocation based upon numerous restrictions and conditions on his license, and that such conduct by the Board, acting under color of state law, deprived Dr. Gilbert of rights, privileges or immunities secured by the Constitution and the laws of Nevada and the United States and violated the provisions of 42 U.S.C. 1983.

Prior to the filing his complaint in Federal District Court, the Nevada State Board of Medical Examiners had filed a formal complaint on April 11, 1995, against Dr. Gilbert alleging violations of the Medical Practice Act of the state of Nevada. A hearing was conducted before the Board of Medical Examiners at which time evidence was presented and Dr. Gilbert was represented by legal counsel. The Board found Dr. Gilbert had violated the Medical Practice Act. Dr. Gilbert filed a petition for judicial review in the Second Judicial District Court of the state of Nevada, a hearing was held, and on January 14, 1997, the district court issued its order affirming the decision of the Board of Medical Examiners. Dr. Gilbert filed an appeal with the Nevada Supreme Court, and on April 13, 1999, oral arguments were held before the Nevada Supreme Court, and on May 10, 1999, the Nevada Supreme Court issued an Order dismissing Dr. Gilbert's appeal.

The Nevada State Board of Medical Examiners filed a motion to dismiss Dr. Gilbert's complaint in the Federal District Court. Hearings were held on the motion of the Nevada State Board of Medical Examiners to dismiss Dr. Gilbert's complaint, and on February 16, 2001, the United States District Judge of the United States District Court of the District of Nevada, dismissed Dr. Gilbert's complaint against the executive director of the Board and the Five (5) members who participated in his hearing.

## **THE INVESTIGATIVE PROCESS HELPS MAINTAIN AN APPROPRIATE STANDARD OF CARE**

By: Bryce L. Rader, J.D., M.H.A., Investigator

The investigative staff of the board often receives inquiries regarding a perceived conflict between a physician's responsibility to maintain patient confidentiality and his or her responsibility to respond to board investigations. This concern provides a good opportunity to explain one of the purposes of investigations and the role of physicians in the process.

The legislature has delegated to the Nevada State Board of Medical Examiners the duty of determining the initial and continuing competence of physicians licensed to practice medicine in the state of Nevada. In discharging these duties the board may discipline physicians who it determines, as a result of administrative hearings, have violated the Nevada Medical Practice Act.

Investigations of alleged violations of the Nevada Medical Practice Act are initiated by complaints. The Investigative Committee of the board has the responsibility to investigate these complaints. This three-member committee is chaired by the secretary-treasurer of the board and is composed of at least one public member who is not a licensed physician.

To adequately investigate a complaint, the investigative staff of the Investigative Committee must frequently obtain health care records and other information pertaining to a physician's course of treatment. If a physician receives a request from the committee for patient records, he or she is obligated under Nevada law to supply a copy of the same to the committee or to a representative of the committee.

Whenever the Investigative Committee, a patient or an authorized representative of the patient, requests a copy of the patient's records the physician must respond. Some physicians express concern about releasing the records and other information to the committee for fear of breaching patient confidentiality. Patient confidentiality is not breached in this instance, since release of the patient records is required by statute. Furthermore, the board maintains confidentiality of the records and the patient's identity throughout the investigative process. By promptly and completely responding to committee requests for information, physicians assist the board in ensuring that patients continually receive the appropriate level of care.

Another frequent misconception is the notion that a physician can only release patient records actually produced by that physician. The Nevada Medical Practice Act defines health care records as any reports, notes, orders, photographs, X-rays or other recorded data or information produced or **received** by the physician. This means that all patient records, whether or not they were produced by the supplying physician, must be released when properly requested.

The board has the responsibility of ensuring that physicians maintain professional competency. The investigative process is a valuable tool to assess and ensure that medicine is practiced at an appropriate standard of care. The board is appreciative of your understanding and cooperation in carrying out these duties.

In a special advertising supplement to the Reno Gazette-Journal on Saturday, January 27, 2001, the following statement appeared:

*One of the Nevada State Medical Association's lasting legacies of sponsored legislation is the 1986 revamping of the Nevada Medical Practice Act, which governs the licensing and oversight of physicians. It remains the country's most restrictive practice act for meeting postgraduate requirements. After finishing a four year postgraduate medical degree then an internship, the physician seeking a license in Nevada must complete a three-year residency. Four other states have adopted Nevada's licensing standards, Matheis says: "It's turned into the standard in the country."*

The Nevada State Medical Association did not "sponsor" this legislation. The legislation was drafted by a consultant of the Nevada State Board of Medical Examiners with assistance from board staff and the Attorney General's office, and it was presented and managed at the Legislature by Thomas J. Scully, M.D., the board's Secretary-Treasurer. The three-year residency requirement is not in addition to an internship, does not apply to all physicians practicing in Nevada, and has not been adopted by four other states, although ten states now require two years. The President of the board offered the Nevada State Medical Association space for clarification in this newsletter. That clarification follows:

*March 21, 2001*

*Dear Mr. Rosencrantz:*

*The January 27<sup>th</sup>, 2001 issue of the Reno Gazette-Journal contained a special section celebrating the Nevada State Medical Association's 125<sup>th</sup> year of serving Nevada's physicians and their patients.*

*We are pleased to respond to a request from the Nevada State Board of Medical Examiners to clarify a portion of an article in the supplement entitled, "Group Continues Lobbying for Health Issues", which discussed some of the legislation for which the Nevada State Medical Association has lobbied the Nevada State Legislature over the years. The article focused on patient care legislation, including the adoption in 1997 of the "Nevada Patient Protection Act", the creation in 1999 of the Governor's Office of Consumer Health Assistance, and measures in 1999 to require timely compensation for medical care. The article also discusses briefly Nevada's "Medical Practice Act" which was passed back in 1995. The article incorrectly stated that NSMA "sponsored" the legislation. NSMA "supported" the legislation and has supported on many occasions since, its most controversial provision, a three year postgraduate requirement for initial licensure (except under certain limited circumstances). The article also quoted NSMA Executive Director Larry Matheis referring to this requirement: "It's turned into the standard in the country." The complete quote, which wasn't used in the article, was: "It's turned into the gold standard in the country." This legislation was mentioned in the highlights of laws passed affecting Nevada medicine to indicate the pride which Nevada physicians have about the standard which must be met to practice medicine in our State. We apologize if anyone misinterpreted the article and for the failure of the article to acknowledge the important role played by the Nevada State Board of Medical Examiners in the drafting and support of the legislation sixteen years ago.*

*Thank you for the opportunity to clarify this matter in the Board's newsletter.*

*Sincerely,*

*Marietta Nelson, M.D.  
President  
Nevada State Medical Association*

**NEVADA STATE BOARD OF MEDICAL EXAMINERS  
ANNUAL REPORT STATISTICS FOR YEAR END 2000**

By: Maureen E. Lyons, Deputy Executive Director/Information Systems Administrator

**MEDICAL DOCTORS LICENSED TO PRACTICE IN  
MEDICALLY UNDERSERVED AREAS OF NEVADA  
FROM JULY 1987 THROUGH DECEMBER 2000**

- 1) Restricted licenses issued under NRS 630.164 (rural exemption): **33 licenses issued**
- 2) Temporary licenses issued to physicians in medically underserved rural areas: **71 licenses issued**
- 3) Unrestricted licenses issued to physicians in medically underserved rural areas: **113 licenses issued**
- 4) Temporary licenses issued to physicians in medically underserved urban areas: **56 licenses issued**
- 5) Unrestricted licenses issued to physicians in medically underserved urban areas: **27 licenses issued**

**LICENSURE STATISTICS \_ MEDICAL DOCTORS**

<b>YEAR:</b>	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
--------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

<b>COUNTY</b>														
Carson City	66	74	72	73	79	90	88	95	98	104	110	109	115	127
Churchill	13	14	12	11	13	11	13	17	19	19	20	24	25	22
Clark	789	871	919	1021	1114	1199	1299	1418	1517	1701	1763	1907	2023	2153
Douglas	21	21	23	28	22	24	30	36	37	43	48	54	57	63
Elko	23	21	23	29	25	24	21	26	29	39	39	41	43	48
Esmeralda	0	0	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	1	2
Humboldt	5	6	5	5	6	6	5	5	5	7	7	8	9	8
Lander	3	3	3	1	2	2	2	2	2	2	2	3	2	2
Lincoln	2	2	2	3	2	1	2	2	2	3	3	3	3	4
Lyon	5	5	7	6	4	4	4	5	4	6	7	5	6	7
Mineral	5	5	3	3	3	3	5	6	6	7	6	6	5	5
Nye	8	8	9	9	7	6	6	9	8	11	10	13	15	18
Pershing	2	3	4	1	2	2	2	1	0	0	1	3	2	2
Storey	0	0	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	797	824
White Pine	4	5	4	3	4	5	6	7	5	8	10	10	10	10
Total Active Status In-State	1487	1611	1666	1811	1895	2014	2144	2322	2424	2686	2760	2965	3113	3295
Total Active Status Out-of-State	168	277	212	357	287	463	459	639	516	787	676	882	800	963
<b>TOTAL ACTIVE STATUS</b>	1654	1888	1878	2168	2182	2477	2603	2961	2840	3473	3436	3847	3913	4258
Total Inactive and Retired Statuses	982	981	993	987	1031	1003	983	960	1068	1049	1174	1158	1099	1084
<b>TOTAL LICENSED ALL STATUSES</b>	2637	2869	2871	3155	3213	3480	3586	3921	4008	4522	4610	5005	5012	5342

**LICENSURE STATISTICS - PHYSICIAN ASSISTANTS**

For year 2000 there were 176 physician assistants holding licensure in Nevada. 43 physician assistants were licensed for the first time by the BME during 2000. The chart below reflects a breakdown of the number of licensed physician assistants practicing in Nevada, by county, from 1992 through 2000.

<u>YEAR</u>	1992	1993	1994	1995	1996	1997	1998	1999	2000
<u>COUNTY</u>									
Carson City	5	5	5	3	3	2	5	7	9
Churchill	0	0	0	0	0	0	0	2	2
Clark	40	44	58	72	72	77	94	118	116

Douglas	0	0	0	0	0	0	1	1	2
Elko	1	2	4	4	4	7	9	6	6
Esmeralda	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	1	1	1	1	1
Humboldt	0	0	0	0	0	0	0	0	0
Lander	0	0	0	0	0	0	0	0	0
Lincoln	1	2	1	1	1	0	0	0	0
Lyon	0	0	0	0	1	2	2	4	4
Mineral	1	2	2	2	2	1	1	1	1
Nye	4	4	3	3	3	3	3	6	8
Pershing	0	1	1	1	1	1	1	1	0
Storey	0	0	0	0	0	0	0	0	0
Washoe	3	4	7	10	10	18	23	26	25
White Pine	1	1	1	2	2	1	1	1	2

-----  
 ----

TOTAL	56	65	82	98	100	113	141	174	176
-------	----	----	----	----	-----	-----	-----	-----	-----

**LICENSURE / POPULATION STATISTICS - MEDICAL DOCTORS**

M.D.'S				RATIO OF ACTIVE IN-STATE  PER
<u>100,000 YEAR * POPULATION</u>	<u>ACTIVE IN-STATE</u>	<u>NEW LICENSES</u>	<u>STATE POPULATION</u>	
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	331	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			
1999	3,113	377	2,034,000
153			
2000	3,295	411	2,115,000
156			

\* CALENDAR YEAR (JANUARY - DECEMBER)

1980 - 2000:	Total new licenses issued	5,703
21 years	Average new licenses per year	272
	Net gain in population	1,315,000
	Net gain in M.D.'s	2,137
	Average net gain in M.D.'s per year	102

**DISCIPLINARY ACTIONS TAKEN AGAINST MEDICAL DOCTORS  
AS REPORTED TO THE FEDERATION OF STATE MEDICAL BOARDS**

<u>YEAR</u>	<u>REVOCAATION</u>	<u>PROBATION</u>	<u>SUSPENSION</u>	<u>MISCELLANEOUS *</u>	
<u>TOTAL</u>					
2000	12	1		3	16
1999	10	1		4	
15					
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
- Competency Exams (Medical, Physical, Mental) Ordered

**A WORD FROM THE PHYSICIAN ASSISTANT ADVISORY COMMITTEE  
OF THE BOARD**

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

At its March 2001 meeting, the NSBME discussed in the Executive Director's Report, the termination of the board's annual audit of Supervising/Collaborating Physicians of Physician Assistants and Nurse Practitioners. The investigative staff of the board conducts annual quality assurance visits to PAs and supervising physicians to verify compliance to statutes and regulations that apply to licensing and responsibilities of supervising physicians. The board decided to discontinue the audits due to the overall lack of non-compliance problems reported, financial expenditure and staff time required for the visits. Although encouraging that the termination of the investigative visits could be in part attributed to satisfactory compliance to the regulations, PAs and supervising physicians must be aware that continued adherence to statutes and regulations remains paramount. The investigative staff had listed several of the more common problems found in past onsite visits and review of these problems serves as a reminder to PAs and supervising physicians to maintain a practice profile that stays within licensing regulations.

Two party notification to the board regarding termination. *NAC 630.340. Period of validity of license; termination of employment; disciplinary action; refusal to license. (NRS 630.130, 630.275) 2. The supervising physician shall immediately notify the board of termination of employment of a physician assistant. The supervising physician and the physician assistant shall submit to the board a summary of reasons for and circumstances of the termination of employment.*

The board prior to supervision commencing, must approve a physician who wishes to supervise a physician assistant. Applications for approval may be obtained by contacting the board office. A physician assistant must have an approved supervising physician recorded at the board office at all times when the physician assistant is engaged in active practice. *NAC 630.273* provides that the certificate of a physician assistant is valid only so long as the supervising physician employs and supervises the physician assistant.

The investigative staff onsite visits also emphasized strict compliance with *NAC 630.360(2)*, which requires a physician assistant to *wear at all times while on duty a placard, plate or insignia which identifies the person as a physician assistant* and *NAC 630.370*, which in part, requires a supervising physician to *review regularly the records of patients and initial those records.*

*NAC 630.380(1)* states that a physician assistant is subject to disciplinary action by the board if the physician assistant has held himself out or permitted another to represent him to be a licensed physician, has performed medical services otherwise than at the direction or under the supervision of the supervising physician, or performed services which have not been approved by his supervising physician.

The American Academy of Physician Assistants recently published Guidelines for Ethical Conduct for the Physician Assistant Profession. The guidelines' emphasis on a PA's role and responsibilities and the PA - physician relationship are concurrent with many of the NAC regulations. PAs practice within the framework and context of physician supervision. The ethical guidelines in describing the PA - physician relationship state, "Supervision should include ongoing communication between the physician and physician assistant regarding patient care."

In portraying the PA's role and responsibilities, the ethical guidelines cite "Physician Assistant practice flows out of the unique relationship that involves the PA, the physician and the patient. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient - PA relationship

is also a patient - PA - physician relationship."

Meeting regularly with your supervising physician, discussing practice issues, patient cases, chart review and signatures ensure good professional quality assurance and preserve the legal and ethical tenets of your professional life.

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

## **NEVADA STATE BOARD OF MEDICAL EXAMINERS DIVERSION PROGRAM**

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

The purpose of the Diversion Program is to provide physicians and physician assistants a confidential means of seeking and obtaining evaluation, treatment, and monitoring for addictive disease, disruptive behavior, and mental or physical impairment. We currently have 48 participants under contract with another 40 participants who have successfully completed their monitoring contracts. Diversion works. The Nevada Health Professionals Assistance Foundation is contracted by the State Board of Medical Examiners to administer the Diversion Program. 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.

The Nevada Health Professionals Assistance Foundation is pleased to announce the addition of Rex T. Baggett, M.D. to the Board of Directors of the Foundation. Dr. Baggett is from Carson City, has served on the State Board of Medical Examiners, and has extensive experience in physician health issues. We feel very fortunate to have Dr. Baggett on our Board of Directors.

I want to thank the Hospital Association, as well as all the Medical Facilities in Nevada for their support of the Diversion Program. I would like to give special recognition to the following hospitals and/or Medical Centers for contributing to the Nevada Health Professionals Assistance Foundation in the amount of \$50,000, which will certainly assist the Foundation in maintaining the quality of the Diversion Program during this year:

Churchill Community Hospital St. Rose Dominican Center	Humboldt General Hospital Sunrise Hospital Medical	
Tahoe Pacific Hospital University Medical Center William Bee Ririe Hospital	Washoe Health System Mountain View Hospital Carson Tahoe Hospital	

Dr. Vic Rueckl and I are available to the hospitals for presentations on addiction, disruptive behavior, or to explain the role and functioning of the Diversion Program.

We can also answer any questions you might have about Diversion and ways to help a colleague or friend who is unable to ask for help himself.

Referrals to the Diversion Program come from a variety of sources, although the majority of

those referrals come from partners, colleagues and hospitals. In all cases, no records are kept at the Medical Board level. Confidentiality and anonymity are the goals of both the Medical Board and the Foundation. Information is gathered and verified before the Diversion Program takes action. Should circumstances necessitate, appropriate intervention is planned. Every effort is made to help the physician in a kind, respectful, confidential and therapeutic manner. If evaluation or treatment is indicated, we utilize three facilities: Talbott Recovery, in Atlanta, Georgia; Farley Center in Williamsburg, Virginia; and Springbrook Northwest in Portland, Oregon. We currently have 2 Caduceus Groups serving Nevada, one in Las Vegas and one in Reno, and physicians and other health professionals attend these meetings on a weekly basis. Each individual is monitored for a minimum of five years. Monitoring includes random urine drug screening, weekly caduceus group, weekly therapy group, and attendance at 12-Step meetings. The success rate for addicted physicians is very high, particularly when intervention is accomplished as early as possible and when colleagues are willing to step in and help their peers.

**Do you know a colleague who needs help?  
Call the Nevada Health Professionals Assistance  
Foundation for confidential, expert assistance.**

***Nevada Health Professionals Assistance Foundation  
Carol R. Bowers, R.N., C.D., Executive Director  
(702) 233-6393 OR (702) 521-1398 fax: (702) 242-3560***

**The board appreciates the hard work and dedication of the  
Nevada Health Professionals Assistance Foundation  
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 NOVEMBER 2000 THROUGH APRIL 2001**

**By: Maureen E. Lyons, Deputy Executive Director/Information Systems Administrator**

### **ROSENMAN, Michael, M.D.**

**Complaint Filed: 10/24/00** - Charged with one count of violation of NRS 630.301(4), malpractice constitutes grounds for initiating disciplinary proceedings.

**Board Action: 12/01/00** - The board accepted and entered into a Stipulation for Settlement with

Dr. Rosenman, in which it is stipulated that the board issues the following Decision and Order:

- 1) Dr. Rosenman, shall, within thirty (30) days of the Order of the board, send a written communication to the offices of the board, addressed to the Chairman of the Investigative Committee, attaching any and all protocols in the offices of Dr. Rosenman that exist for prompt, timely review of laboratory results communicated to Dr. Rosenman's offices from laboratories, documentation of those reviews, and follow\_up with patients.
- 2) Dr. Rosenman shall attend a course which lasts for a period of time to allow him to accumulate eighteen (18) hours of continuing medical education in the area of Endocrinology and Pediatric Diabetes. Dr. Rosenman shall locate the time and place for said continuing medical education, and prior to attendance shall communicate his selection to the Chairman of the Investigative Committee of the board, and shall receive the Chairman's approval prior to attendance. These eighteen (18) hours of continuing medical education shall be in addition to the forty (40) hours required of all licensees for biennial registration.
- 3) Dr. Rosenman shall be placed on probation not to exceed a period of one (1) year. Conditions of probation shall be that he complete the above ordered eighteen (18) hours continuing medical education, submit the above ordered protocol, and pay the fees as ordered below. Upon completion of the eighteen (18) hours of continuing medical education, submission of the protocol and payment of the fees, Dr. Rosenman shall be released from probation.
- 4) Dr. Rosenman shall pay the sum of ONE THOUSAND ONE HUNDRED SEVENTY ONE (\$1,171.00) DOLLARS, as and for all administrative expenses incurred in the investigation and hearing process, to be paid in full, within thirty (30) days of any Order of the board approving this Stipulation for Settlement.

**SUNDAR-RAJ, H. N., M.D.**

**Complaint and Summary Suspension of License Filed: 12/05/00** - Charged with one count of violation of NRS 630.306(1), 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, and one count of violation of NRS 630.306(2)(b), engaging in conduct which the board has determined is a violation of the standards of practice established by regulation of the board. The board summarily suspended Dr. Sundar-Raj's license as the continuing practice of medicine or the continuing ability to practice medicine by Dr. Sundar-Raj during the pendency of the time necessary for a hearing on the Complaint against him would endanger the health, safety, and welfare of his patients.

**Board Action: 04/09/01** - The board accepted and entered into a Stipulation for Settlement with Dr. Sundar-Raj, in which it is stipulated that the board issues the following Decision and Order:

- 1) Dr. Sundar-Raj's license to practice medicine in Nevada is revoked.
- 2) The revocation of Dr. Sundar-Raj's license to practice medicine in Nevada is stayed, and he is on probation for a period of five (5) years, upon the following terms and conditions:
  - a) Dr. Sundar-Raj shall employ the services of a Medical Doctor who is an American Board of Medical Specialties, Board Certified Psychiatrist, to treat, supervise, and prescribe medications, if appropriate, for Dr. Sundar-Raj. Said Medical Doctor may work in conjunction with a clinical psychologist, who holds a Ph.D., and is licensed by the state of Nevada as a Clinical Psychologist in the treatment and supervision of Dr. Sundar-Raj. The employment of the Medical Doctor and the Clinical Psychologist, if one is employed in addition to the Medical Doctor, must have been completed on or before approval of this stipulated agreement by the Nevada State Board of Medical Examiners, and notice of said employment must be received in the offices of the board addressed to General Counsel for the board prior to presentation of this agreement to the board for their approval or lack

thereof.

b) Dr. Sundar-Raj shall waive all confidentiality that may exist by law in the state of Nevada between himself and his Medical Doctor and/or his Clinical Psychologist, and Respondent must affirmatively authorize his Medical Doctor and/or his Clinical Psychologist to report directly to the Nevada State Board of Medical Examiners concerning his treatment, supervision, diagnosis, and medications, coupled with statements concerning his compliance with treatment, supervision, and medication requirements placed upon Dr. Sundar-Raj by said Medical Doctor and/or Clinical Psychologist. The first such report must be received in the offices of the board on a date six (6) months from the date of employment of the Medical Doctor and/or Clinical Psychologist by Dr. Sundar-Raj, and continuing thereafter on a date or dates as requested by the Investigative Committee of the board.

c) Dr. Sundar-Raj shall obey all provisions of the Medical Practice Act, Chapter 630 of Nevada Revised Statutes, during his term of probation.

3) In the event Dr. Sundar-Raj violates any of the terms and conditions of his probation, after hearing, and after the board having determined that a violation occurred, the stay imposed upon the revocation of Dr. Sundar-Raj's license to practice medicine will be vacated by the board, and the revocation of Dr. Sundar-Raj's license to practice medicine in the state of Nevada will be imposed.

4) Dr. Sundar-Raj shall pay the sum of ONE THOUSAND THREE HUNDRED DOLLARS (\$1,300.00) to the board as reimbursement to the board of its costs and expenses in the investigation and resolution of this matter. Said payment to be made, in full, within sixty (60) days of the effective date of any Order entered by the board approving this Stipulation for Settlement.

5) Dr. Sundar-Raj shall have the right, at any time during his five (5) year term of probation, and at the end of the term, to petition the board for restoration of his license under the terms and conditions of the provisions of NRS 630.358.



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

