NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

VOLUME 40 ★★★ July 2010

NEW IN THIS ISSUE:

Guest Author

Timely and informative subject matter by people who know! The state Department of Health and Human Services provides an article on health information technology.
See page 3.

Health Division Corner

What does the State Health Division need Nevada practitioners to know? Find out in informative articles by the Division!
See page 8.

ALSO IN THIS ISSUE:

COMING IN FALL ISSUE:

Society and Association Corner

The Nevada State Medical Association and our county medical societies are invited to reach out to all licensees in our state by submitting articles or news they would like to share.

LAS VEGAS OFFICE

The Las Vegas office of the Nevada State Board of Medical Examiners became operational on July 1, 2010; however, it is not yet open to the public. The office, which is located at 6010 S. Rainbow Blvd., Building A, Suite 2, Las Vegas, neighbors the office of the Nevada State Board of Dental Examiners. It is currently staffed by one investigator and one administrative assistant. Development of policies, protocols and additional staffing for the office will continue throughout the summer. We hope to have an "open-to-the-public" Board office this fall. Stay tuned for further updates.

OVERSIGHT OF YOUR BOARD

There are those in the Executive and Legislative Branches who constantly claim that boards and commissions have no oversight. The reality is boards and commissions have continual oversight:

– Look at the Annual Report in this issue; and other, statutorily required, statistical reporting throughout the Newsletter.

– Look at the website-posted and available-by-mail hard copies of the Board's agendas and minutes, not to mention available audio recordings of any of the Board's open meetings.

– Look for the financial audit by an independent auditing firm to be released at the September 10, 2010 Board meeting, which will be posted on the Board's website at that time and, as required, forwarded to the Legislative Counsel Bureau in Carson City.

– Look for the results of an independent performance assessment, which will culminate in an on-site visit and audit on August 5, 6 & 7, 2010, at the Board's Reno office. This assessment is being conducted by an independent national group of professional regulators, the Administrators in Medicine (AIM), with representatives from the Federation of State Medical Boards, the sitting Executive Directors of the Maine and Missouri Medical Boards, the immediate past-director of the Alaska Board, and two current Nevada licensees, not otherwise affiliated with this Board (one each from southern and northern Nevada).

– Your Board recently passed an audit by the state Department of Public Safety, Records and Technology Division, regarding its fingerprinting processes and handling, maintenance and storage of criminal history record information.

– The Governor appoints members to the Board, independent of any current Board member or Board staff input. This in itself is powerful and direct oversight of our Board.

– Your Board recently participated in a survey by the Washington, D.C.-based consumer advocacy organization, Public Citizen. Their results are expected in August 2010.

– The Board's Finance Manager attended required training to become a Certified Contracts Manager with the state Purchasing Division, as any contract we make over a certain threshold must be approved by the state Board of Examiners.

And all of this since June 1st.

BOARD MEMBER RECEIVES C.H. WOODS AWARD

Board Member Dr. Theodore Berndt was the recipient of the Washoe County Medical Society's C.H. Woods Award. This award is named after the first president of the Washoe County Medical Society and is given annually to a physician who has the "magic touch" when it comes to his patients. Dr. Berndt's areas of interest include the treatment of coronary artery disease, congestive heart failure and echocardiography, including vascular services and risk factor modification.

REGULATIONS

Medical Assistants and the Administration of Prescription Drugs

At its June 2010 meeting, the Board of Medical Examiners adopted a new regulation regarding medical assistants. As you may recall, questions arose last fall related to the ability of medical assistants to administer various types of medications to patients at the direction of a health care professional licensed under Chapter 630 of the Nevada Revised Statutes and Nevada Administrative Code (NAC). By way of the regulatory adoption process, the Board has attempted to clarify the delegation and supervision of medical assistants by its licensees under the currently existing NAC 630.230.

Pursuant to regulatory adoption guidelines, both workshops and a public hearing were previously held to obtain input regarding a proposed regulatory change to NAC 630.230. Significant input was offered at both of those forums. That input, along with written submissions provided outside the workshops and hearing, were provided to the Board members for consideration at the June 2010 Board meeting. The Board-adopted version is available online at www.medboard.nv.gov. ***However, this adopted version is not currently the law.*** The Board is submitting its adopted version to the Legislative Counsel Bureau in the near future for its review, and after this review it is hoped that the Board's adopted version will be accepted by one of the legislative committees charged with review of such regulatory matters. If this proves to be the case, the proposed regulation will become law immediately thereafter. If the Board's adopted version is not accepted, it is then back to redrafting the regulation.

The most important matter at this time, when everyone is gearing up again for flu shots in early fall, is that the current regulation, which has been law for scores of years, is still in effect. This previous interpretation of the Board of Medical Examiners is that medical assistants, as long as the conditions set forth in NAC 630.230 are met and that emphasis is placed on the appropriate direction and supervision of a physician or physician assistant, can administer vaccines and prescription drugs.

Newly Drafted Regulations

At its June 2010 meeting, the Board authorized staff to proceed with the process for adoption of an amendment to Nevada Administrative Code (NAC) Chapter 630 to delineate certain circumstances where remediation agreements are not appropriate, and an amendment to NAC 630.525 to change the licensure renewal date as it applies to practitioners of respiratory care.

HEALTH INFORMATION TECHNOLOGY (HIT)

The ARRA HITECH Act and Nevada

Lynn G. O'Mara, MBA, State HIT Coordinator

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA). It expands the role of states in fostering the use of health information technology (HIT), establishment of health information exchange (HIE), and adoption of certified electronic health records (EHRs) over the next five years. HITECH funding includes provider financial incentives for meeting EHR meaningful use requirements and hands-on technical assistance for providers adopting certified EHRs and using HIE.

The goal of HIT/E is comprehensive electronic patient information when and where needed, via secure exchange between health care providers, payers and consumers. It has the potential to improve health care delivery in a number of ways:

- Enhanced clinical decision support and care coordination through complete, accurate, and searchable health information, available at the point of diagnosis and care;
- More efficient and convenient delivery of care, without having to wait for the exchange of records or paperwork and without requiring unnecessary or repetitive tests or procedures;
- Earlier disease diagnosis and characterization, with the potential to improve outcomes and reduce costs;
- Reduction in adverse events due to comprehensive understanding of each patient's medical history, including medication reconciliation; and
- Increased efficiencies related to administrative tasks, allowing for more interaction with and transfer of information to patients, caregivers, and clinical care coordinators, and monitoring of patient care.

The Nevada Department of Health and Human Services (DHHS) was recently awarded a 4-year HITECH State HIE Cooperative Agreement. The funding is being used to establish the necessary infrastructure that supports EHR meaningful use requirements and permits intra-state, interstate and nationwide HIE. In September 2009, Governor Jim Gibbons issued an Executive Order establishing the twenty-member Nevada Health Information Technology (HIT) Blue Ribbon Task Force (Task Force), and appointed a diverse group of key stakeholders and industry leaders who represent health care systems, physicians and other providers, consumers, FQHCs, Medicaid, public health, insurance, payers, employers, and UNSOM. The Task Force is chaired by Dr. Raymond Rawson, and its mission is to provide oversight and guidance to DHHS regarding HIT/E. For maximum transparency, the Task Force meets in accordance with Nevada Open Meeting Law, and DHHS maintains the Nevada HIT Web site: http://dhhs.nv.gov/HIT.htm. The first report of the Task Force was delivered to Governor Gibbons on April 30, 2010 and is available at: http://dhhs.nv.gov/Hit_News.htm.

ARRA authorizes CMS to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified EHR technology. In 2011, new federal rules will go into effect for Medicaid and Medicare providers regarding the adoption and meaningful use of certified EHRs and associated financial incentives. Nevada's Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years. The CMS Medicare EHR incentive program will provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals that are meaningful users of certified EHR technology.

On December 30, 2009, CMS announced a notice of proposed rulemaking to implement the ARRA provisions regarding incentive payments for the meaningful use of certified EHR technology. The goal of the proposed rules is for the definition of meaningful use to be consistent

(ARRA HITECH Act and Nevada cont.)

with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. Public comment was taken until March 15, 2010, and the final rules are expected to be announced this summer.

Based on the proposed rulemaking, eligible practitioners, with a minimum Medicaid patient volume of 30% of their total patient volume, can receive up to $63,750 over the six-year period. Pediatricians with a Medicaid patient volume between 20% to 29% of their total patient volume can receive two-thirds of the maximum amount. Hospital payments are based on a formula stipulated in the statute. Medicare providers may also receive payment from other ARRA sources. More information is available at: http://www.cms.gov/EHRIncentive Programs/.

ARRA includes funding, through the HIT Regional Extension Center (REC) program, to provide free hands-on technical assistance for physicians adopting certified EHRs and using HIE. *HealthInsight* is the designated REC for Nevada and Utah, and will assist over 2,000 providers with adopting and effectively using EHRs. A private, non-profit organization incorporated in Nevada and Utah, *HealthInsight* is vendor-neutral. Available REC services include workflow assessment, process improvement, certified EHR vendor selection, system implementation, and assistance meeting all meaningful use requirements. More information about *HealthInsight* and the REC program is available at: http://dhhs.nv.gov/HIT/docs/HealthInsight_HIT_REC_Information.pdf.

If you have questions, please contact Lynn O'Mara, 775.684.4005 or lgomara@dhhs.nv.gov.

ELECTRONIC HEALTH RECORDS

According to a July 13, 2010 news release, the U.S. Department of Health and Human Services has announced "final rules to help improve Americans' health, increase safety and reduce health care costs through expanded use of electronic health records (EHR)." Information regarding these rules can be found at the following websites: http://www.cms.gov/EHRIncentivePrograms/ and http://healthit.hhs.gov/standardsandcertification.

SAFE INJECTION PRACTICES COALITION'S "ONE AND ONLY" CAMPAIGN UPDATE

Your Board is participating in the "One and Only" campaign's Nevada pilot program promoting injection safety. This is a federally-funded project for which Nevada and New York were chosen to participate as the two pilot states. The *mission* of the "One and Only" campaign is to promote greater adherence to basic infection control procedures when healthcare providers administer any type of injection and to educate patients and providers on safe injection practices, with the *goal* of the campaign being that adherence to safe injection practices and education of both healthcare providers and patients will ensure that the transmission of blood-borne pathogens, including Hep B, Hep C and HIV, through unsafe injection practices become "Never Events."

Board staff participated in workgroups led by the Nevada State Health Division, the Centers for Disease Control and Prevention, the Safe Injection Practices Coalition and HONOReform Foundation, along with other participants including the Nevada Public Health Foundation, Southern Nevada Health District, Nevada State Medical Association, University of Nevada, Touro University and more. Multi-agency workgroups assisted in developing educational tools and information to be provided to both healthcare providers and patients. Through surveys, expert marketing review of the materials and state-wide telephone surveys, educational tools, including posters and brochures, were finalized. These educational materials ultimately will be put in healthcare providers' offices and are aimed at educating providers and patients on safe injection practices.

The campaign is ongoing and the data collected is pending final analysis. When concluded, the materials developed by the "One and Only" campaign will be used as part of a national initiative to promote the use of *"One Needle, One Syringe and Only One Time."* To learn more about the campaign, you can go to the website: www.ONEandONLYcampaign.org. Also available on the website is a 10-minute video that is being launched by the Safe Injection Practices Coalition. This video is targeted towards healthcare providers who regularly administer or supervise injections and is aimed at promoting safe injection practices and dispelling common misperceptions about injection safety. **Thank you to all of the healthcare providers and citizens of Nevada that took their time to provide feedback and assist in this important project!**

LICENSING & INVESTIGATIONS

How Your Board is Doing

As of 1 July 2010, the average turnaround time for the issuance of a full active license was 35 calendar days, and the average turnaround time for an investigative inquiry initiated in 2010 was 70 calendar days.

This licensing turnaround time is excellent. Many of our recent licensees are from foreign countries and attended foreign medical schools, where obtaining educational verification information is not the easiest thing to do. In fact, it is sometimes extremely difficult. Changes made in the law in 2009, and especially changes in our in-house protocols, coupled with a rededicated effort by staff, have made this turnaround time a reality.

The investigative turnaround time is an excellent start for the year, but realistically, since there are so many outside variables involved in the investigative process (medical reviews, peer reviews, medical record retrieval, interviews, physician schedules, complainant schedules, appearances and outside counsel, to name a few), the goal is to bring resolution to investigative complaints in under 130 calendar days. We will let you know how we do.

INVESTIGATIVE COMMITTEE STATS

Investigative Committee A, Year to Date

Total Cases Considered	312
Total Cases Authorized for Filing of Formal Complaint (to be Published)	15
Total Cases Authorized for Peer Review	5
Total Cases Requiring an Appearance	14
Total Cases Authorized for a Letter of Concern	42
Total Cases Authorized for Further Follow-up or Investigation	7
Total Cases Reviewed for Compliance	1
Total Cases Authorized for Closure	228

Investigative Committee B, Year to Date

Total Cases Considered	261
Total Cases Authorized for Filing of Formal Complaint (to be Published)	6
Total Cases Authorized for Peer Review	4
Total Cases Requiring an Appearance	6
Total Cases Authorized for a Letter of Concern	60
Total Cases Authorized for Further Follow-up or Investigation	2
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	202

Welcome to the Newly Licensed Perfusionists

July 1, 2010 -- Nevada State Board of Medical Examiners Licensing and Regulating Perfusionists

Perfusion is the performance of functions which are necessary for the support, treatment, measurement or supplementation of a patient's cardiovascular, circulatory or respiratory system or other organs, or any combination of those activities, and to ensure the safe management of the patient's physiological functions by monitoring and analyzing the parameters of the patient's systems or organs under the order and supervision of a physician.

NRS 630 requires that our perfusionists display their license in a location which is accessible to the public, and keep a copy of his or her current license on file at any health care facility where he or she provides services. Perfusionist licensees are required to notify the Board of any change of address in accordance with NRS 630.254.

If you have any questions pertaining to perfusionist licensure, please contact the Licensing Division of the Board at 775-688-2559, or toll free within Nevada at 888-890-8210.

LICENSING STATS

For the year to date, the Board has granted the following total licenses:

- 270 physician licenses
- 92 limited licenses for residency training
- 31 physician assistant licenses
- 72 practitioner of respiratory care licenses
- 24 perfusionist licenses

PHYSICIAN ASSISTANT CORNER

We Want You!

(to keep us updated on supervisory relationships between MDs, PAs and APNs.)

An often-overlooked obligation of both physicians and physician assistants is the required notifications regarding supervisory relationships between physicians and physician assistants and/or advanced practitioners of nursing. Below is a reminder of what, and when, to notify the Board of supervisory relationships and any changes to those relationships that may occur.

Physicians:

- You must sign a form, which is available on the Board website, indicating that you will be acting as the supervising physician for a specific physician assistant prior to allowing the individual to provide medical services. The physician assistant will also sign and fill out this form.
- You must provide to the Board (on a form available on the Board's website) the name and location of the practice of any advanced practitioner that you will be collaborating with.
- You must immediately notify the Board of the termination of your supervision of a physician assistant or advanced practitioner of nursing. We recommend sending a written notice of termination by e-mail or fax to ensure that there is a record of the notification. You will remain the supervising physician of record until we receive notice of the termination from you.

Physician Assistants:

- Before providing medical services, you must provide the Board with the location of your practice, the name of your supervising physician and the portion of your practice that the supervising physician will be supervising. Your supervising physician must also sign the form, which is again available on the Board website.
- You must immediately notify the Board of the termination of supervision by your supervising physician. You may not provide any further medical services until you have submitted a new form signed by you and your new supervising physician.
- You must notify the Board in writing within 72 hours after any change relating to your supervising physician.

These requirements are more fully set forth in NAC sections 630.340, 630.360, 630.370 and 630.3065. A link to these regulations may be found on the Board website, www.medboad.nv.gov.

Willful failure to comply with these regulations may result in the initiation of disciplinary action, so please be sure to contact the Board if you have any questions about these requirements.

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A Word From the Physician Assistant Advisory Committee

John B. Lanzillotta, P.A.-C

The Physician Assistant Advisory Committee was contacted earlier this year by the Board concerning the language in NAC 630.495. This is a regulation which specifies the limit on the number of PAs and APNs a physician can supervise or collaborate with. The language in question reads: "Limit on number of advanced practitioners of nursing for collaboration or physician assistants for supervision. (NRS 630.130) 1. Except as otherwise provided in subsection 2, a physician shall not **simultaneously**:
(a) Supervise more than three physician assistants;
(b) Collaborate with more than three advanced practitioners of nursing; or
(c) Supervise or collaborate with a combination of more than three physician assistants and advanced practitioners of nursing." [Emphasis added.]

The Board can grant exceptions if supervision can be provided and documented satisfactorily, pursuant to subsection 2 of this regulation.

The current language, particularly the word "simultaneously," can be interpreted in several ways and, as it exists, one interpretation is that a physician may supervise up to three different PAs or APNs (or combination), for example, on different days of the week. The regulation may lack specificity on this point.

(A Word From the Physician Assistant Advisory Committee cont.)

The problem the Board sees in this is that in large group practices where a PA would have more than one supervising physician (cross-coverage), that supervision may not be maintained with chart review and other responsibilities. The other concern is whether, in the event of a bad patient outcome and initiation of a Board investigation, the supervising physician responsible and working with the PA would be clearly identified from the patient records. The Board's viewpoint on this is that more clarity in this case would be needed as to the direct link between a PA and the supervising physician responsible. The Advisory Committee's initial response was to send the Board examples of other states' language on this issue, including the AAPA issue brief, "Ratio of Physician Assistants to Supervising Physicians."

The AAPA summary recommendation essentially places no restriction on the number of PAs to a supervising physician and leaves it up to the discretion of the supervising physician and a PA's experience. That PA supervision should be determined at the practice level rather than state law. It lists the American Academy of Family Physicians and the American College of Emergency Physicians as supporting this.

In the same issue brief is an AMA adopted resolution. In its Council on Medical Service (1998), it is stated: "the appropriate ratio of physician to physician extenders should be determined by physicians at the practice level, consistent with good medical practice and state law where relevant." In reviewing other states' regulations, I found that most states set a limit on the amount of PAs a physician can supervise. The language in some states is similar to ours. A telephone conference was held by the Board's Chief of Licensing, Lynnette Daniels, Executive Director, Douglas Cooper, and Deputy Executive Director, Ed Cousineau, and the Advisory Committee, to discuss this. The language of this regulation and its ambiguity was discussed and, as it stands, the Board is looking into making changes to the language in this regulation and will submit the changes for the Advisory Committee's comment.

Just a reminder that as licensed PAs, we, and the physician or physicians that supervise us, share the responsibility of staying in compliance with the regulations. Selected chart review, clear identification of the supervising physician and his or her availability for communication with the PA are part of this responsibility. "State laws should contain an appropriate definition of supervision as defined and this should be maintained at all times and all settings" (AAPA Issue Brief). The Board's intention in looking at the regulation cited is to ensure this. The Advisory Committee may be contacted through the Board regarding any questions that relate to this article or to the Advisory Committee.

HEALTH CARE PROVIDERS ARE MANDATED REPORTERS FOR CHILD ABUSE & NEGLECT

In Nevada, health care professionals are required to report suspected child abuse and neglect pursuant to Nevada Revised Statute 432B.220. This is an extremely important obligation placed on our licensees. The Division of Child and Family Services, Department of Health and Human Services, informed the Board recently that "ongoing mandated reporter training *Recognizing and Reporting Requirements of Child Abuse and Neglect* is offered, free of charge," and "can be accessed at www.nvpartnership4training.com." The training takes about an hour to complete. The Division of Child and Family Services may be contacted in Carson City at 775-684-4400.

PURDUE PHARMA AND REMS

Purdue Pharma, L.P. is introducing a Risk Evaluation and Mitigation Strategy (REMS) for OxyContin® (oxycodone HCl controlled-release) Tablets CII to educate physicians and other prescribers, pharmacists, patients, and caregivers about the potential for abuse, misuse, overdose, and addiction from exposure to OxyContin® Tablets. In support of this, many of our licensees may receive packets containing OxyContin® REMS program materials. The goals of the OxyContin® REMS program are: Goal 1, to inform patients and healthcare professionals about the potential for abuse, misuse, overdose, and addiction of OxyContin®. Goal 2, to inform patients and healthcare professionals about the safe use of OxyContin® REMS program materials are available online for your review at www.OxyContinREMS.com. Additionally, the website provides materials that discuss the risks of abuse, misuse, overdose and addiction from exposure to opioids, how to identify patients who are at risk for addiction, and information to counsel patients on proper safe storage of medications. For additional information contact Stacy Baldridge, RN, MSN, CNRN, CCRC, at Stacy.Baldridge@Pharma.com.

HEALTH DIVISION CORNER

Nevada Needs You!

Eileen J. Kessler, B.S., M.L.S.,
HRA II/ESAR-VHP Coordinator

What is ESAR-VHP?

The **Emergency System for Advance Registration of Voluntary Health Professionals (ESAR-VHP)** is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health emergencies. The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations.

Why do we need ESAR-VHP?

In the wake of disasters and public health emergencies, many of our nation's health professionals are eager and willing to volunteer their services. And in these times of crisis, hospitals, clinics, and temporary shelters are dependent upon the services of health professional volunteers. However, on such short notice, taking advantage of volunteers' time and capabilities presents a major challenge to hospital, public health, and emergency response officials.

For example, immediately after the attacks on September 11, 2001, tens of thousands of people traveled to ground zero in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to distinguish those who were qualified from those who were not – no matter how well intentioned.

ESAR-VHP Mission

ESAR-VHP works with states to establish a national network of state-based programs for pre-registration of volunteer health professionals. Working within this network of verified credentials and up-to-date information, volunteers are able to serve at a moment's notice, within their state or across state lines, to provide needed help during an emergency.

1. Help Health Professionals

While volunteers are focused on the emergency at hand, it is also important that health professionals protect themselves before helping others.

By registering with ESAR-VHP, health volunteers' information is recorded in a state registry maintained and utilized in a manner consistent with all federal, state, and local laws governing security and confidentiality.

2. Help Health Employers

Hospitals and emergency operations are left scrambling to find qualified medical assistance in times of crisis. With the ESAR-VHP program, healthcare facilities and emergency management are able to request the help and specific skill sets they need to assist them and better serve the people in their community. State ESAR-VHP programs can then match the best volunteer candidate for the job. Specifically authorized personnel will be able to review:

- Identity and contact information
- Licensing information
- Credentials (training, skill level, competencies)

3. Help State Coordinators

Most disasters and public health emergencies are local. The ESAR-VHP program provides each state the ability to quickly identify, contact, and deploy health professional volunteers during disasters and public health emergencies. Using a common set of standards in the ESAR-VHP registry, state coordinators facilitate the deployment of willing, needed and qualified health professional volunteers for any emergency.

Who manages ESAR-VHP?

ESAR-VHP is administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). ASPR assists each state and territory in establishing a standardized, volunteer registration program. In Nevada, **Nevada ESAR-VHP** is managed by the Nevada State Health Division, Office of Public Health Preparedness.

To find out more about this program or to be connected to Nevada's registration site, please visit or contact: http://www.phe.gov/esarvhp/Pages/default.aspx.

Eileen J. Kessler, B.S., M.L.S.
HRA II/ESAR-VHP Coordinator
Bureau of Health Statistics, Planning and Emergency Response, Nevada State Health Division
4150 Technology Way, Suite 200
Carson City, NV 89706
Phone: 775-684-4035
Fax: 775-684-5951
Email: ekessler@health.nv.gov

IMPORTANT REMINDERS!

In our March 2010 newsletter we provided you with a brief update of changes to the Medical Practice Act (NRS Chapter 630), as well as other legal changes affecting you and your practice resulting from the 2009 Legislative Session. In case you missed our last newsletter, here are a few very important reminders.

- By **October 1, 2010**, physician offices which offer a patient anesthesia services, including general anesthesia, conscious sedation or deep sedation, must obtain a permit from the Nevada State Health Division prior to offering such services pursuant to NRS 449.442. Failure to do so may result in disciplinary proceedings being initiated by this Board. Please contact the Nevada State Health Division at (775)684-4200 for further information.

- Record retention requirements have been changed in NRS Chapter 629. As of October 1, 2009, healthcare providers must retain the records of a minor patient until they reach the age of 23, and then may only destroy the records if they have been retained for at least 5 years. The records may be maintained in a variety of formats. Please refer to NRS 629.051 for more information. A link to NRS Chapter 629 may also be found on our website.

- The March 2010 newsletter provided a list of circumstances in which licensees are required to report certain information to the Board. If you did not have a chance to review this information before, please take a moment to familiarize yourself with these requirements. You will find the March 2010 newsletter available on our website.

- Due to the extensive number of changes to NRS Chapter 630, we can not provide you with a detailed discussion here of each change or addition, but we urge you to download a copy of the most current version of NRS Chapter 630 by going to our website at www.medboard.nv.gov and clicking on the link for Statutes and Regulations.

If you have any questions regarding any of the above items or about any others, please contact the Board offices for assistance.

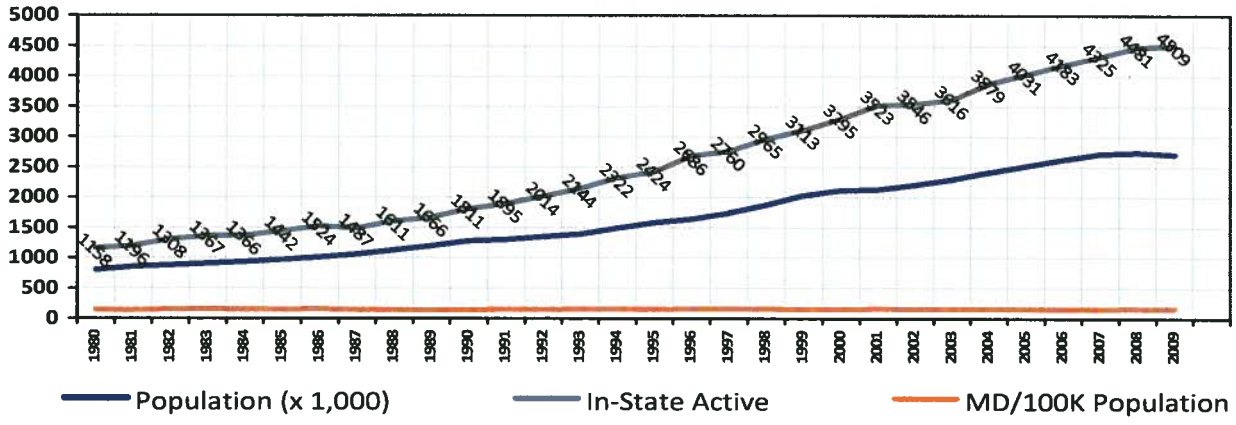
WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Douglas C. Cooper, CMBI, Executive Director
	Edward O. Cousineau, J.D., Deputy Executive Director
Administration:	Laurie L. Munson, Chief
Investigations:	Pamela J. Castagnola, CMBI, Interim Chief
Legal:	Lyn E. Beggs, J.D., General Counsel
Licensing:	Lynnette L. Daniels, Chief

Medical Doctor to Population Ratio Statistics

In 2009, the ratio of physicians to 100,000 population again increased over the previous year. The following graph shows the growth of the State's population (measured in thousands so that the trend line will fit on the graphs), the growth in the State's active, in-state physician population (in absolute numbers) and the ratio of physicians to population (measured as physician per 100,000 population). The graph shows that from 1980 through 1992, the ratio of physicians to 100,000 population was relatively static, staying between 140 and 151 physicians per 100,000 population throughout these years. Starting in 1993 through 2007, the ratio moved up to the next range, staying between 153 to 161 physicians per 100,000 population through this period. In 2008, the ratio increased to 164, and in 2009 the ratio again increased to 166 physicians per 100,000 population.

Comparison of Population With In-State Active Physicians



Medical Doctor Licensure Statistics (1999-2009)

The growth in physician licensure for active, in-state physicians in 2009 was 0.6% over 2008. The following table is a county-by-county breakdown of physician licenses for the last ten years. Notable on the table is the stasis in all of the state's rural counties, with only Clark, Washoe, Carson City and Douglas counties showing significant growth in their physician populations.

County	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Carson City	115	127	125	137	141	141	143	144	140	142	143
Churchill	25	22	21	21	24	25	24	22	21	23	22
Clark	2023	2153	2314	2321	2366	2578	2729	2850	2949	3060	3086
Douglas	57	63	67	72	74	82	79	82	93	97	85
Elko	43	48	50	48	41	41	42	41	41	46	45
Esmeralda	0	0	0	0	0	0	0	0	0	0	0
Eureka	1	2	1	2	1	1	0	1	1	1	1
Humboldt	9	8	7	6	7	6	6	7	9	9	10
Lander	2	2	3	3	3	3	3	2	2	2	3
Lincoln	3	4	2	3	1	2	1	1	1	2	2
Lyon	6	7	10	14	15	12	11	13	13	11	14
Mineral	5	5	5	6	4	6	6	5	6	5	6
Nye	15	18	18	21	22	23	20	18	19	17	16
Pershing	2	2	2	2	2	2	2	3	2	2	2
Storey	0	0	0	0	1	1	1	1	0	0	0
Washoe	797	824	889	879	903	944	952	981	1017	1056	1064
White Pine	10	10	9	11	11	12	12	12	11	8	10
In-State Active	**3113**	**3295**	**3523**	**3546**	**3616**	**3879**	**4031**	**4183**	**4325**	**4481**	**4509**
Out-of-State Active	800	963	824	991	956	1206	1076	1388	1309	1655	1577
TOTAL ACTIVE	**3913**	**4258**	**4347**	**4537**	**4572**	**5085**	**5107**	**5571**	**5634**	**6136**	**6086**
Inactive & Retired	1099	1084	1033	1010	902	898	833	834	776	760	781
TOTAL LICENSED (All Statuses)	**5012**	**5342**	**5380**	**5547**	**5474**	**5983**	**5940**	**6405**	**6410**	**6896**	**6867**

Physician Assistant Licensure Statistics (1999-2009)

The number of physician assistants remained essentially static in 2009. The locale of physician assistants trends similarly to the locale of physicians statewide, as is shown on the following table. Again, the only counties showing significant growth in the number of physician assistants are Clark, Washoe, Carson City, and Douglas counties.

County	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Carson City	7	9	11	11	9	9	12	14	15	15	14
Churchill	2	2	3	3	5	6	5	3	6	7	6
Clark	118	116	129	153	173	215	230	262	271	307	310
Douglas	1	2	4	4	6	4	8	10	15	15	10
Elko	6	6	6	7	3	3	3	7	7	6	5
Esmeralda	0	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	0	1	1	1	0	1	1	1	1
Humboldt	0	0	1	1	1	1	1	1	1	1	0
Lander	0	0	0	0	0	1	1	1	1	1	1
Lincoln	0	0	0	0	0	1	1	2	3	2	3
Lyon	4	4	2	1	1	4	4	4	2	4	5
Mineral	1	1	2	2	2	1	1	1	1	1	1
Nye	6	8	6	8	5	7	10	10	6	10	6
Pershing	1	0	0	0	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	1	1	1	1	1
Washoe	26	25	28	30	41	48	61	71	76	83	82
White Pine	1	2	2	2	1	1	1	1	1	1	1
TOTAL ACTIVE	**174**	**176**	**194**	**223**	**248**	**302**	**339**	**389**	**407**	**455**	**446**

Practitioner of Respiratory Care Licensure Statistics (2001-2009)

The number of respiratory therapists increased by 4.4% in 2009 (adding a total of 44 new licensees). As with 2008, most of the growth was focused in Clark County.

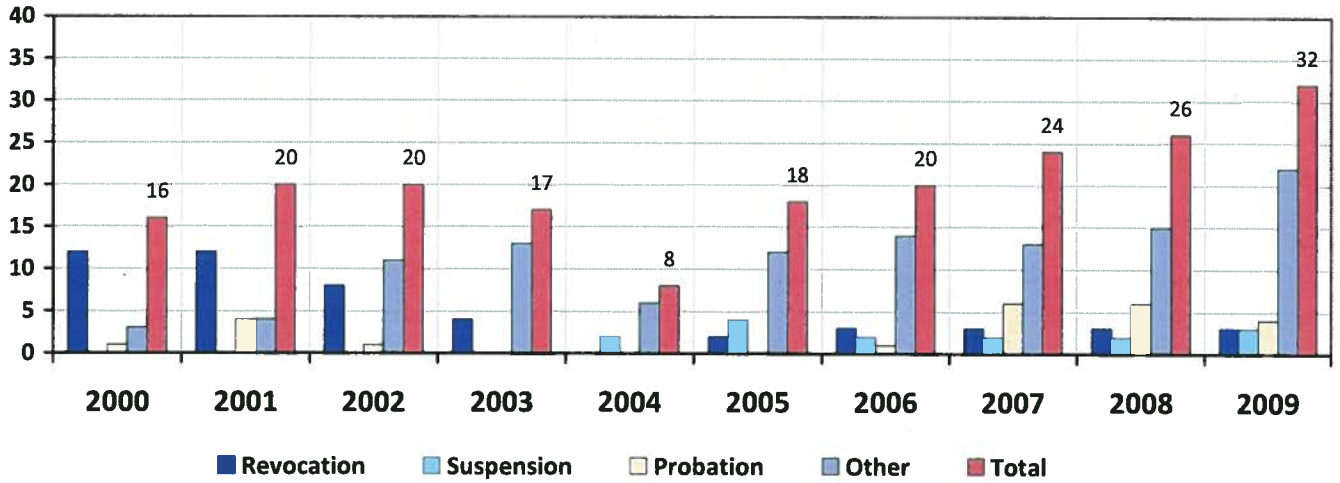
County	2001	2002	2003	2004	2005	2006	2007	2008	2009
Carson City	11	14	10	11	9	10	9	10	12
Churchill	5	4	8	9	8	9	8	8	5
Clark	399	449	491	557	557	640	655	743	798
Douglas	12	19	13	13	12	14	16	18	20
Elko	6	6	5	5	7	10	7	7	5
Esmeralda	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0	0	0
Humboldt	4	10	5	6	3	3	5	5	4
Lander	2	2	2	2	2	2	2	3	1
Lincoln	2	2	2	2	2	2	2	2	0
Lyon	10	16	18	19	19	19	19	20	16
Mineral	2	2	2	2	2	2	2	3	3
Nye	7	15	7	10	11	10	11	8	10
Pershing	0	0	0	0	0	0	0	0	0
Storey	1	1	1	1	1	1	0	1	0
Washoe	122	154	152	163	151	153	154	163	160
White Pine	2	1	3	3	3	3	2	2	3
TOTAL ACTIVE	587	748	719	803	787	878	892	993	1037

Complaints, Investigations and Discipline

The upward trend in complaints processed by the Board continued in 2009.

In 2009, the Board opened 838 investigations, closed 654 investigations (many of which, of course, originated in preceding years) and imposed disciplinary action in 31 matters. The following graph shows the number and types of discipline imposed by the Board regarding physicians for the last ten years. As the graph shows, the Board has been increasing the quantity of discipline imposed for the last five years.

Disciplinary Actions Taken Against Medical Doctors*



Note: Other actions include: License Restriction, Public Reprimand, Licensure Denial, CME Ordered, Drug or Alcohol Treatment Program Ordered, and Competency Exam Ordered.

*Any discrepancy in these numbers from a report published by any other source is due to: (1) differences in verbiage or categorization; or (2) differences in the number of actions taken per practitioner.

DISCIPLINARY ACTIONS

DISCIPLINE IMPOSED BY STIPULATION OR BY HEARING

ANDREWS, Laning, M.D. (8768)
Reno, Nevada

Summary: Malpractice related to Dr. Andrews' care of two patients.

Charges: Two counts violation of NRS 630.301(4) [malpractice].

Disposition: On June 11, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Andrews guilty of violating NRS 630.301(4), pursuant to Count I of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) fine of $1,000; (3) reimbursement of the Board's fees and costs of investigation and prosecution. Count II of the Complaint was dismissed.

BARRY, Yvonne, M.D. (7600)
Las Vegas, Nevada

Summary: Alleged willful failure to comply with an order of the Board, prescribing of a controlled substance for herself, writing prescriptions in others' names for her personal use.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or a patient served by the physician].

Action Taken: On April 8, 2010, the Investigative Committee summarily suspended Dr. Barry's license until further order of the Investigative Committee or the Board of Medical Examiners. A formal Complaint is pending.

CUTARELLI, Paul, M.D. (11728)
Englewood, Colorado

Summary: Malpractice related to Dr. Cutarelli's treatment of patients and failure to adequately supervise medical assistants who assisted him in treating patients.

Charges: One count violation of NRS 630.301(4) [malpractice]; one count violation of NAC 630.230(1)(i) & NRS 630.306(2)(b) [failure to provide adequate supervision of a medical assistant who is employed or supervised by the physician]; and one count violation of NRS 630.306(7) [continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field].

Disposition: On June 11, 2010, the Board found Dr. Cutarelli guilty of violating NRS 630.301(4) and NRS 630.306(7), pursuant to Counts I and III of the Second Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) fine of $5,000; (3) work under supervision of an ophthalmologist who performs Lasik surgery on a routine basis for a period of 30 surgical days; (4) perform a minimum of 100 hours uncompensated community service; (5) reimbursement of the Board's fees and costs of investigation and prosecution. Count II of the Second Amended Complaint was dismissed at the time of the hearing in the matter.

FAZEKAS, Karl, M.D. (3298)
Las Vegas, Nevada

Summary: Alleged inappropriate touching of female patients.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or a patient served by the physician].

Action Taken: On May 26, 2010, the Investigative Committee summarily suspended Dr. Fazekas' license until further order of the Investigative Committee or the Board of Medical Examiners. A formal Complaint is pending.

GRIGORYEV GRIGG, Victor, M.D. (7212)
Las Vegas, Nevada

Summary: Failure to maintain appropriate medical records related to a patient.

Charges: One count violation of NRS 630.3062(1) [failure to maintain timely, legible, accurate and complete medical records].

Disposition: On June 11, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Grigoryev Grigg guilty of violating NRS 630.3062(1) and imposed the following discipline against him: (1) public reprimand; (2) 10 hours CME regarding the subject of medical record keeping; (3) reimbursement of the Board's fees and costs of investigation and prosecution.

RUHL, Diane, P.A.-C (401)
North Las Vegas, Nevada

Summary: Alleged improper prescribing practices.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or a patient served by the physician assistant].

Action Taken: On May 27, 2010, the Investigative Committee summarily suspended Ms. Ruhl's license until further order of the Investigative Committee or the Board of Medical Examiners. A formal Complaint is pending.

SHARDA, Navneet, M.D. (8200)
Las Vegas, Nevada

Summary: Malpractice and failure to maintain appropriate medical records related to Dr. Sharda's care of two patients.

Charges: Six counts violation of NRS 630.301(4) [malpractice]; two counts violation of NRS 630.306(7) [continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field]; one count violation of NRS 630.3062(1) [failure to maintain, timely, legible, accurate and complete records relating to the diagnosis, treatment and care of a patient].

Disposition: On June 11, 2010, the Board found Dr. Sharda guilty of violating of NRS 630.301(4) and NRS 630.3062(1), pursuant to Counts IV and IX of the Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs of investigation and prosecution. Counts I, II, III, V & VII were dismissed. Counts VI & VIII had been dismissed at the time of the hearing on the matter.

WASHINSKY, Joel, M.D. (5955)
Las Vegas, Nevada

Summary: Alleged dependency upon controlled substances and improper prescribing practices.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or a patient served by the physician].

Action Taken: On May 5, 2010, the Investigative Committee summarily suspended Dr. Washinsky's license until further order of the Investigative Committee or the Board of Medical Examiners. A formal Complaint is pending.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

LANING ANDREWS, M.D.

June 24, 2010

Laning Andrews, M.D.
P.O. Box 21418
Reno, NV 89515

Dear Dr. Andrews:

On June 11, 2010, the Nevada State Board of Medical Examiners found you committed one (1) violation of the Medical Practice Act of the state of Nevada, more specifically:

That you committed one violation of NRS 630.301(4), malpractice, as defined by NAC 630.040, when you failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in your care and treatment of the patient at issue in this matter when you performed a lumbar puncture on the patient without investigating alternatives to the lumbar puncture or taking any precautions to account for the fact that the patient was taking Lovenox.

As a result of their finding that you violated the Medical Practice Act of the state of Nevada, the Board entered its **ORDER** as follows: That you be issued a public reprimand, that you shall pay a fine of $1,000.00, and that you shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this matter in the amount of $4,040.86, the fine and costs to be paid within ninety (90) days.

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

Sincerely,

Javaid Anwar, M.D.
Presiding Member
Nevada State Board of Medical Examiners

PAUL CUTARELLI, M.D.

June 28, 2010

Paul Cutarelli, M.D.
7887 E. Belleview Ave. #180
Englewood, CO 80111

Dear Dr. Cutarelli:

On June 11, 2010, the Nevada State Board of Medical Examiners found you committed two (2) violations of the Medical Practice Act of the state of Nevada, more specifically:

That you committed one violation of NRS 630.301(4), malpractice, as defined by NAC 630.040, when you failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in your care and treatment of the patient at issue in this matter when you failed to perform an independent evaluation of her prior to performing surgery and instead relied on the pre-operative evaluation completed by an optometrist and failed to meet with her privately for pre-operative consultation to discuss the surgery.

Further, that you committed one violation of NRS 630.306(7), continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field when you practiced Lasik surgery at Valley Eye Center as set forth in the previously filed Findings of Fact, Conclusions of Law and Order.

As a result of its finding that you violated the Medical Practice Act of the state of Nevada, the Board entered its **ORDER** as follows: That you shall be issued a public reprimand, that you shall pay a fine of $5,000.00, that you shall work under the supervision of an

ophthalmologist who performs Lasik surgery on a routine basis for thirty days if you return to Nevada to perform Lasik procedures, that you shall perform a minimum of 100 hours of uncompensated community service in the manner set forth in the Findings of Fact, Conclusions of Law and Order and that you shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this matter in the amount of $24,220.87.

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 disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D.
President
Nevada State Board of Medical Examiners

VICTOR GRIGORYEV GRIGG, M.D.

June 22, 2010

Victor Grigoryev Grigg, M.D.
7500 Smoke Ranch, Suite #200
Las Vegas, NV 89128

Dr. Grigoryev Grigg:

On June 11, 2010, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you regarding Case Number 10-10569-1.

In accordance with their acceptance, the Board has entered an **ORDER** as follows: that in treating the patient referenced in the original complaint filed by the Investigative Committee, your associated medical record keeping was deficient and in violation of Nevada Revised Statute 630.3062(1). As a result, you are to be publicly reprimanded, you are to complete ten hours of continuing medical education regarding the subject of medical record keeping, which are to be in addition to any continuing medical education requirements that are regularly imposed upon you as a condition of your Nevada licensure, and you are obligated to reimburse the Board for the costs and expenses incurred in the investigation and prosecution of this case an amount of $1,491.37.

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

Sincerely,

Charles N. Held, M.D.
President
Nevada State Board of Medical Examiners

NAVNEET SHARDA, M.D.

July 13, 2010

Navneet Sharda, M.D.
3509 E. Harmon Ave.
Las Vegas, NV 89121

Dear Dr. Sharda:

On June 11, 2010, the Nevada State Board of Medical Examiners found you committed two (2) violations of the Medical Practice Act of the state of Nevada, more specifically:

That you committed one violation of NRS 630.301(4), malpractice, as defined by NAC 630.040, when you failed to obtain a biopsy on a patient prior to beginning radiation treatment for suspected lung cancer and failed to follow up with her other health care providers to determine whether a biopsy was possible. Further, that you committed one violation of NRS 630.3062(1), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient when your medical records for two patients were lacking in information regarding the radiation treatment provided to both patients.

As a result of its finding that you violated the Medical Practice Act of the state of Nevada, the Board entered its **ORDER** as follows: That you shall be issued a public reprimand and that you shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this matter in the amount of $19,902.16.

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 disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D.
President
Nevada State Board of Medical Examiners

NEVADA STATE BOARD OF MEDICAL EXAMINERS
1105 Terminal Way #301
Reno, Nevada 89502

IMPORTANT REMINDER REGARDING NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind that the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.