



## HIPAA Compliance Failure Can Result in Civil and Criminal Penalties

By: *Rachel V. Rose, JD, MBA*

### Overview

Typically, when one thinks of violations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009,<sup>1</sup> and the related Privacy Rule, Security Rule and Breach Notification Rule, civil monetary fines and corporate integrity agreements spring to mind.<sup>2</sup> One should not forget that HIPAA can and does carry with it criminal penalties.<sup>3</sup>

The purpose of this article is to provide highlights of criminal and civil penalties, as well as potential actions a state medical board could take against a licensee. In sum, physicians should be vigilant about their own privacy and security practices and those of their staff, contractors and business associates. Failing to do so can carry serious and far-reaching consequences.

### Analysis

As previously mentioned, there are two categories of penalties associated with HIPAA privacy and security violations – civil and criminal. Let us begin with an update of the most recent civil fines and the causes of the violations included.

Following are actual HIPAA cases involving violations and fines for April 2017<sup>4</sup>:

• **April 24, 2017** – Failing to implement a security management process to secure protected health information cost Metro Community Provider Network (MCPN), a federally-qualified health center (FQHC) of Denver, Colorado, \$400,000. Additionally, a corrective action plan was implemented.<sup>5</sup>

• **April 20, 2017** – Failing to have a signed Business Associate Agreement in place cost Center for Children's Digestive Health (CCDH) \$31,000 after an investigation of their business associate, FileFax, Inc., which stored records containing protected health information (PHI) for CCDH. The parties began exchanging PHI as far back as 2003; yet, neither party could produce a signed business associate agreement prior to October 12, 2015. A corrective action plan was implemented.<sup>6</sup>

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### MISSION STATEMENT

The Nevada State Board of Medical Examiners serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board will place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

# BOARD NEWS

## State Crisis Standard of Care Plan Requests Applicants for Emergency Providers Organization of Nevada

Each state is mandated to create a Crisis Standards of Care (CSC) Plan that would be utilized in a time of a catastrophic public health emergency. Nevada is scheduled to complete its CSC Plan June 30, 2017, which can be accessed [here: http://dpbh.nv.gov/Programs/PHP/dta/Community/Crisis Standards of Care/](http://dpbh.nv.gov/Programs/PHP/dta/Community/Crisis_Standards_of_Care/). CSC will usually follow a formal declaration or recognition by state government during a pervasive or catastrophic disaster, which recognizes that contingency surge response strategies have been exhausted and crisis medical care must be provided for a sustained period of time. The purpose of the Nevada CSC Plan is to detail how Nevada's statewide health care system will respond during a major catastrophe.

The Emergency Providers Organization of Nevada (EPON) will be utilized specifically for a catastrophic CSC incident. In the event of a catastrophic public health emergency, approved EPON applicants may be called upon to serve all Nevadans by way of the State Disaster Medical Advisory Committee (SDMAC) to assist in the development of CSC recommendations. CSC recommendations will then be processed through the Nevada Division of Emergency Management to be approved by the Governor. Approved EPON applicants may also be asked that in a time of a catastrophic emergency involving CSC, to report to designated health care facilities listed on the EPON ID card.

To apply for registration with EPON, click [here](#) and scroll down to the link to the EPON application fillable PDF: [http://dpbh.nv.gov/Programs/PHP/dta/Community/Crisis Standards of Care/](http://dpbh.nv.gov/Programs/PHP/dta/Community/Crisis_Standards_of_Care/).

For more information on the Nevada CSC Plan or EPON, please contact Malinda Southard, DC; Health Program Manager with the Nevada Division of Public and Behavioral Health, at [msouthard@health.nv.gov](mailto:msouthard@health.nv.gov).

### **Application:**

<http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/PHP/Docs/EmergencyProvidersOrganizationofNevadaApplication.pdf>

### **BOARD MEMBERS**

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### **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 the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind 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.

# FSMB Releases Updated Guidelines for Chronic Use of Opioid Analgesics

WASHINGTON, D.C – The Federation of State Medical Boards (FSMB) has released its updated [Guidelines for the Chronic Use of Opioid Analgesics](#). The guidelines were officially adopted as policy by the FSMB House of Delegates in April at the FSMB’s Annual Meeting in Fort Worth, Texas.

The FSMB engaged with experts in pain medicine and addiction, government officials and other thought leaders over the past year and a half to conduct a thorough review and analysis of FSMB’s existing policy and other state and federal guidance documents on the prescribing of opioids in the treatment of pain. The workgroup, led by former FSMB Chair, J. Daniel Gifford, MD, FACP, identified its own recommendations, as well as those included in recent advisories released by the FDA and the CDC’s March 2016 [Guideline for Prescribing Opioids for Chronic Pain](#).

“As our nation’s opioid epidemic worsens, it is critical that state medical and osteopathic boards - and the physicians and physician assistants they license and regulate - have updated guidance on the responsible management of chronic pain,” said FSMB President and CEO, Humayun Chaudhry, DO, MACP. “It is also critically important for clinicians to assess whether opioid analgesics, when prescribed by them, are not being abused, misused or diverted.”

“State medical boards play a crucial and unparalleled role in protecting the public,” said Gregory B. Snyder, MD, Chair of the FSMB Board of Directors. “These updated guidelines will provide the medical regulatory community with the knowledge and tools we need to help prevent this crisis from progressing in communities across our country.”



The guidelines feature updated criteria for use by state medical boards in the following areas:

- Patient assessments, evaluations and ongoing monitoring
- Use of treatment agreements
- Query to state prescription drug monitoring programs
- Decision to initiate and discontinue opioid therapy
- Concurrent use of benzodiazepines and opioids
- Prescribing naloxone and methadone

To read the updated FSMB [Guidelines for Chronic Use of Opioid Analgesics](#):

[https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017\\_FINAL.pdf](https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017_FINAL.pdf).

If you are interested in learning more about all of [FSMB’s officially adopted policy guidelines](#):

<http://www.fsmb.org/policy/advocacy-policy/policy-documents>.

**About the Federation of State Medical Boards** - The Federation of State Medical Boards is a national non-profit organization representing all medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy, while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. To learn more about FSMB, visit [www.fsmb.org](http://www.fsmb.org). You can also follow FSMB on Twitter (@theFSMB).

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•**April 12, 2017** – Failing to meet a variety of facets regarding the HIPAA Privacy and Security Rule requirements lead to the first fine involving a wireless health services provider. The fine was significant, amounting to \$2.5 million, plus a Resolution Agreement and Corrective Action Plan was put in place. According to the HHS, "In January 2012, CardioNet reported to the Health and Human Services Office for Civil Rights (OCR) that a workforce member's laptop was stolen from a parked vehicle outside of the employee's home. The laptop contained the PHI of 1,391 individuals. OCR's investigation into the impermissible disclosure revealed that CardioNet had insufficient risk analysis and risk management processes in place at the time of the theft. Additionally, CardioNet's policies and procedures implementing the standards of the HIPAA Security Rule were in [draft form](#) and had not been implemented. Further, the Pennsylvania-based organization was unable to produce any final policies or procedures regarding the implementation of safeguards for PHI, including those for mobile devices."<sup>7</sup>



Criminal penalties have been assessed even before the passage of the Final Omnibus Rule in 2013. For example, in 2010, a former UCLA Health System physician violated the privacy rule when he read medical records of celebrities and colleagues. This led to a four-month prison sentence and a minimal monetary fine.<sup>8</sup>

More recently, the United States Attorney's Office for the Eastern District of Texas announced that a former hospital employee was sentenced to 18 months in federal prison. In addition to the wrongful disclosure of PHI, the employee had the requisite intent to use the information for personal gain.<sup>9</sup>

All of the above violations underscore that failing to take appropriate safeguards to comply with HIPAA's privacy and security requirements can result in severe consequences. For physicians, a good takeaway is that if neither you nor your staff is on the patient "care team", then it is a violation to view a person's medical records. The potential consequences do not stop there as the next section illustrates.

## ***Nevada State Board of Medical Examiners***

In addition to the civil and criminal penalties described above, physicians and other medical professionals may also be subject to a suspension or loss of medical licensure in relation to HIPAA violations. Criminal offenses and potential disciplinary actions are clearly stated in Nevada Revised Statutes (NRS):

- ***NRS 630.301 Criminal offenses; disciplinary action taken by other jurisdiction; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient.***  
*The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:*
  1. *Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.*
  2. *Conviction of violating any of the provisions of [NRS 616D.200](#), [616D.220](#), [616D.240](#), [616D.300](#), [616D.310](#), or [616D.350](#) to [616D.440](#), inclusive.*
  3. *Any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, the Federal Government, a foreign country or any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.*
  11. *Conviction of:*
    - (a) *Murder, voluntary manslaughter or mayhem;*
    - (b) *Any felony involving the use of a firearm or other deadly weapon;*
    - (c) *Assault with intent to kill or to commit sexual assault or mayhem;*
    - (d) *Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;*
    - (e) *Abuse or neglect of a child or contributory delinquency;*
    - (f) *A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS; or*
    - (g) *Any offense involving moral turpitude.*

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- **[NRS 630.3062](#)** *Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations; failure to comply with certain requirements relating to controlled substances. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:*
  1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
  2. Altering medical records of a patient.
  3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or knowingly or willfully obstructing or inducing another to obstruct such filing.
  4. Failure to make the medical records of a patient available for inspection and copying as provided in [NRS 629.061](#).
  5. Failure to comply with the requirements of [NRS 630.3068](#).
  6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.
  7. Failure to comply with the requirements of [NRS 453.163](#) or [453.164](#).
- **[NRS 630.3065](#)** *Knowing or willful disclosure of privileged communication; knowing or willful failure to comply with law, subpoena or order; knowing or willful failure to perform legal obligation. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:*
  1. Knowingly or willfully disclosing a communication privileged pursuant to a statute or court order.
  2. Knowingly or willfully failing to comply with:
    - (a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;
    - (b) A court order relating to this chapter; or
    - (c) A provision of this chapter.
  3. Knowingly or willfully failing to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of [NRS 439B.410](#).
- **[NRS 630.3675](#)** *Immediate suspension of license for conviction of felony relating to license holder's practice. If the holder of a license that is issued or renewed pursuant to this chapter is convicted of a felony for a violation of any federal or state law or regulation relating to the holder's practice, the conviction operates as an immediate suspension of the license.*

## Conclusion

In sum, serious considerations regarding HIPAA and the potential consequences for physicians are significant. Not only are there civil and criminal fines and penalties on state and federal levels, there can also be a loss of license. Thankfully, awareness is the first step. Establishing a culture of compliance in your workplace is the next step. The importance of cooperation among staff, any and all contractors and business associates is vital. Collaboration can be achieved by initiating ongoing training, instituting policies and procedures, implementing risk-analysis processes, mandating business associate agreements and purchasing medical products and equipment with security compliance and compatibility measures. The final step is thorough and continuous monitoring, auditing and assessment.

<sup>1</sup> <https://www.hhs.gov/hipaa/for-professionals/special-topics/HITECH-act-enforcement-interim-final-rule/> (last visited May 30, 2017).

<sup>2</sup> 45 CFR §160.404, available at: <https://www.law.cornell.edu/cfr/text/45/160.404>.

<sup>3</sup> U.S. Department of Health and Human Services, How OCR Enforces the HIPAA Privacy and Security Rules, available at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/how-OCR-enforces-the-HIPAA-privacy-and-security-rules/index.html>.

<sup>4</sup> Rachel V. Rose, JD, MBA, HIPAA Fines Are On The Rise, <http://www.physicianspractice.com/print/222470> (last visited May 20, 2017).

<sup>5</sup> <https://www.hhs.gov/about/news/2017/04/12/overlooking-risks-leads-to-breach-settlement.html> (last visited May 30, 2017).

<sup>6</sup> <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/ccdh/index.html> (last visited May 30, 2017).

<sup>7</sup> <https://www.hhs.gov/about/news/2017/04/24/2-5-million-settlement-shows-not-understanding-hipaa-requirements-creates-risk.html> (last visited May 30, 2017).

<sup>8</sup> <http://journal.ahima.org/2010/04/29/californian-sentenced-to-prison-for-hipaa-violation/> (last visited May 30, 2017).

<sup>9</sup> <https://www.justice.gov/usao-edtx/pr/former-hospital-employee-sentenced-hipaa-violations> (last visited May 30, 2017).

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Ms. Rose has a unique background, having worked in many different facets of health care, securities and international law and business throughout her career. She is published and presents on a variety of topics including: Dodd-Frank, the False Claims Act, the Foreign Corrupt Practices Act, physician reimbursement, women's health, ICD-10, access to care, anti-kickback and Stark laws, international comparative laws, cyber security and the HIPAA/HITECH Act. Her practice focuses on a variety of cyber security, health care and securities law issues related to industry compliance, transactional work and Dodd-Frank/False Claims Act whistleblower claims, which remain under seal.

Ms. Rose holds an MBA with minors in health care and entrepreneurship from Vanderbilt University, and a law degree from Stetson University College of Law, where she graduated with various honors. She is licensed to practice in Texas. She has co-authored various books and book chapters, including the American Bar Association's *What Are International HIPAA Considerations?* Currently, she is on the Executive Committee of the Federal Bar Association's *Qui Tam* Section and a member of the Government Relations Committee. Ms. Rose is an Affiliated Member with the Baylor College of Medicine's Center for Medical Ethics and Health Policy, where she teaches bioethics. She also serves on the South-west Regional Board for UNICEF. She can be reached at [rvrose@rvrose.com](mailto:rvrose@rvrose.com).

*Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Medical Examiners.*

# Medication-Assisted Treatment of Opioid Use Disorder

**Guest Author: Lesley Dickson, MD**



The opioid epidemic continues to be a significant public health problem leading to increasing deaths from unintended overdoses, much family heartache, economic burden and crime. Medical personnel are implicated, often unfairly, for their contribution, which has led to laws trying to get the prescription drug part of the problem under control.

This article moves beyond blame and control, but rather addresses what treatment can be offered to the unfortunate individual who has become caught up in this national nightmare.

Most important in treatment of a medical disorder is accurate diagnosis, and then conveying the diagnosis to the patient in a manner which will enable the patient to accept the diagnosis and the proposed treatment. When dealing with an addicted individual, we need to recognize the symptoms (behaviors), such as running out of medication, asking for early refills, claiming medication was lost or stolen, and exaggeration of pain complaints beyond the expected for the underlying pathology. We can sometimes become aware of out-of-control use by utilizing the Nevada State Board of Pharmacy Prescription Monitoring Program (PMP) or doing urine drug screening. Also, some patients have legitimate pain but have come to realize that their use of opioids is out of control, causing financial, employment, emotional and relationship difficulties, and are therefore willing to consider alternatives.

It is useful to realize and then convey to the patient how addictive opioids are, how rapidly tolerance can develop and that treatment will take a significant amount of time to attain success and abstinence. Patients often expect to be rapidly detoxed and go on with life, failing to realize how much risk they are of a relapse due to the changes that have taken place in their brain. Plus, most are still living and working in communities where pills and drugs are ubiquitous and the temptation to use is enormous.

Abstinence-Based Treatment of any drug problem is ideal and consists of several options, including Inpatient Detoxification, Intensive Outpatient Treatment, Twelve-Step Programs, counseling, psychotherapy and Sober Living Residences. Unfortunately, most of the drugs of abuse lead to such a strong attachment to the drug, both physical and emotional, that medication to maintain abstinence is often the best approach to treatment. Fortunately, for opioid and alcohol dependent individuals, safe medications are available while research continues into treatments for other drugs of abuse such as the stimulants and hallucinogens.

MAT of opioid use disorder is based on using safer drugs that bind to the mu opioid receptor as either agonists or antagonists. These drugs have long half-lives and relieve the symptoms of withdrawal and reduce craving. This allows a return to a stable life with employment and functional relationships while eliminating the need to spend most of his/her time looking for the next dose or fix.

Two FDA-approved drugs are presently available as opioid agonists: methadone and buprenorphine. Methadone is a pure mu receptor agonist with a plasma half-life around 24 hours and extensive extravascular protein binding. Unfortunately, its pain relieving quality is much shorter, about 6 hours, which makes it difficult to use for pain control since methadone and its active metabolites can build up and can eventually cause respiratory depression while the patient still seeks pain relief. Methadone also has some euphoria, inducing qualities and, therefore, is very addicting itself. Thus, methadone maintenance clinics are very closely and federally regulated and their numbers are nowhere what are needed to help this population. Methadone is initially dosed on a daily dosing model, using a liquid preparation, and then, dosage is slowly increased over a period of days or weeks to eliminate craving and withdrawal symptoms. Effective dosages are usually between 60 and 120mg, but some

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patients require a higher dosage and some patients do well on less. Good behavior, such as clean urines and regular attendance, is rewarded with earned privileges, usually being allowed take home doses. Regular urine screens and monitoring of the PMP is important and patients receive regular counseling. Firm policies regarding use of other sedating drugs, such as benzodiazepines are essential. Methadone maintenance is relatively inexpensive and some clinics will take Medicaid patients. All substance use disorders must be conceptualized as chronic illnesses and, therefore, relapses are expected and patients are encouraged to return to clinic. To find a methadone and/or opioid treatment program (OTP) go to: [www.SAMHSA.gov](http://www.SAMHSA.gov).

Buprenorphine is a mixed mu receptor agonist and antagonist which is also long acting. Its antagonist properties displace other opioids and cause withdrawal symptoms so it is important to start dosing when fully in withdrawal. The agonist properties then treat withdrawal and prevent craving while there is no existence of significant “high” and, therefore, it is much safer and there is less possibility of overdose since it causes little respiratory depression. Most patients do well with a daily dose in the 8 to 16mg range and PET scans have shown that effectively all mu receptors in the brain are occupied with buprenorphine at a 16mg dose. Once at a stable dose, buprenorphine blocks other opioids and, therefore, their reward qualities, and patients lose interest in using. Most preparations (Suboxone, Zubsolv) include naloxone to prevent injecting and the preparations are dissolved under the tongue for rapid mucosal absorption, since buprenorphine is inactivated in the stomach. Buprenorphine sublingual products were designed and approved to be prescribed in a doctor’s office with monthly visits, but many methadone clinics now dispense on a daily basis. It is a Schedule III drug, and physicians must take 8 hours of certified training and then be “waivered” with a special DEA number. Initially, a prescriber can prescribe for 30 patients in a month and then after a year, can increase to 100, with that number recently being raised to 275 under very specified conditions. Advanced Practice Registered Nurses and Physician Assistants can now get “waivered” after a 24-hour course. Drug Enforcement Agency tracks prescribing and visits offices periodically to assess compliance with regulations. All buprenorphine preparations are expensive however, most insurance, including Medicaid, now covers these drugs and many pharmaceutical companies provide discount cards. To find a provider certified to prescribe buprenorphine products go to: [www.SAMHSA.gov](http://www.SAMHSA.gov).

For ongoing treatment, the opioid antagonist Naltrexone is available. Naltrexone is not a scheduled drug, and effectively blocks the mu receptor so there is no effect from opioids and individuals lose interest in using and experience little craving. It was originally produced in a daily pill (Revia) of 50mg and is inexpensive. Unfortunately, the need for daily dosing has made it relatively unsuccessful, so a new long-acting depot product (Vivitrol) was developed. The IM injection of a 380mg monthly dose can be very effective for maintaining abstinence and is also effective in helping individuals stop alcohol abuse. It cannot be used in patients with severe liver disease and is relatively expensive, but insurance companies are recognizing its value. Initiating the use of IM Naltrexone is ideal for opioid-dependent individuals coming out of detox, jail or prison, since the patient must be free of opioids for a week; otherwise, they will develop unpleasant withdrawal symptoms.

While not deadly, opioid withdrawal is excruciatingly uncomfortable and many addicts will not tolerate the symptoms, so they are always at risk of relapse. Therefore, a medication-assisted withdrawal/detoxification allows for some physical comfort while increasing the odds the patient will get into treatment. Withdrawal is best done with a cross-tolerant drug such as methadone or buprenorphine and can be done over a period of five days or so. Since many detox programs are abstinence based, “comfort” meds and clonidine can be given to help with the symptoms of withdrawal.

#### References

- “Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders,” JD Lee, PD Friedman, TW Kinlock et al, *NEJM*, 2016:374, 1232-42
- “Treatment of Opioid-Use Disorders,” MA Schuckit, *NEJM*, 2016:375:357-68

*Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Medical Examiners.*

# SAMHSA'S Behavioral Health Barometer Provides Key In-Depth Information on Nation's Behavioral Health

*Barometer can help public health authorities determine the best ways of meeting behavioral health care needs and disparities among various communities*

The Substance Abuse and Mental Health Services Administration's (SAMHSA) [\*Behavioral Health Barometer, United States, Volume 4\*](#) report provides a powerful overview of the nation's behavioral health. The Barometer includes key behavioral health issues such as the prevalence of substance use, serious mental illness, serious thoughts of suicide, and related treatment. Furthermore, the Barometer breaks down its findings into major groups according to age, gender, racial and ethnic categories, poverty status, and health insurance status.

"The Barometer provides valuable insight into the nation's behavioral health needs and the unique challenges faced by communities across our country," reports Acting Deputy Assistant Secretary Kana Enomoto. "This analysis can help public health authorities and others determine the best ways of meeting behavioral health care needs and disparities among various communities."

*"In 2015, among individuals aged 12 or older who misused prescription pain relievers in the past year, the most commonly indicated source for the most recent pain reliever that was misused was from a friend or relative (53.7%), with 40.5% getting them from a friend or relative for free. About one in three individuals who misused pain relievers in the past year indicated that they obtained pain relievers the most recent time through a prescription or health care provider (36.4%)."*

For example, the Barometer shows the national annual prevalence of prescription opioid misuse and heroin use, as well as increases in receipt of medication-assisted treatments over time. Among individuals aged 12 or older in the U.S. in 2015, about 12.5 million persons (4.7 percent) reported misusing prescription pain relievers, and about 828,000 persons (0.3 percent) reported using heroin.

Regarding facility-based substance use disorder (SUD) treatment, from 2011 to 2015, the number of individuals who received methadone as part of their SUD treatment increased by about 16 percent from 306,440 to 356,843, and the number who received buprenorphine as part of their substance use disorder treatment more than doubled from 32,676 to 75,724.

The Barometer also shows trends in an array of mental health issues and related treatment. For example, it shows a significant increase in the national annual prevalence of major depressive episodes among adolescents aged 12 to 17, which rose from 8.2 percent in 2011 to 12.5 percent in 2015. Only 39.3% of adolescents aged 12 to 17 with a major depressive episode in the past year received treatment for depression, compared with 60.7% who did not receive treatment.

To view and download copies of the Behavioral Health Barometer, United States, Volume 4, please visit: <https://store.samhsa.gov/product/SMA17-BAROUS-16>.

**For more information, contact the SAMHSA Press Office at 240-276-2130.**

*The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (DHHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.*



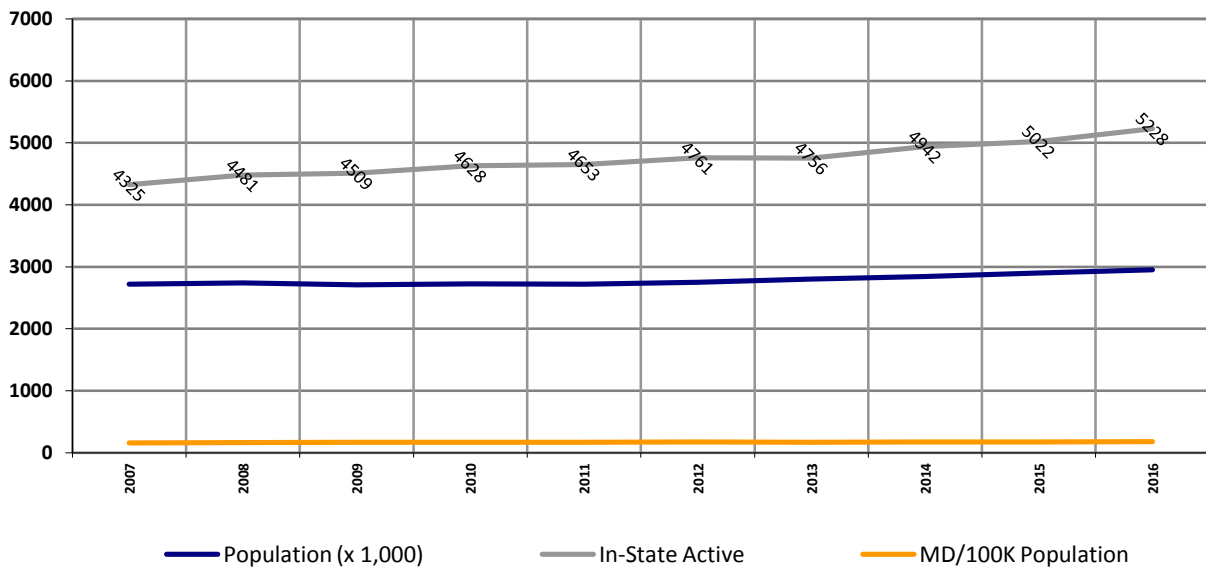
# 2016 ANNUAL REPORT HIGHLIGHTS

The Board licenses physicians, physician assistants, respiratory therapists and perfusionists. In 2016, the Board issued the following new licenses:

Practice	
Physicians	665
Physician Assistants	112
Respiratory Therapists	150
Perfusionists	15

In 2016, the ratio of physicians to 100,000 population\* 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 graph, and last reported at 2,953,375), the state’s active, in-state physician population (in absolute numbers), and the ratio of physicians to population (measured as physicians per 100,000 population). In 2007, the ratio was 159 physicians per 100,000. From 2008 through 2012, the ratio increased, averaging between 164 and 173. In 2013, the ratio was 170; in 2014, the ratio increased to 174; in 2015, the ratio decreased to 173; and in 2016, the ratio increased to 177.

Comparison of Population With In-State, Active Physicians



\*Population statistics provided by the Nevada State Demographer, Nevada Department of Taxation.

The physician licensure for active, in-state physicians increased by 4.1% in 2016. The following table is a county-by-county breakdown of physician licenses for the last ten years. In 2016, Carson City, Clark, Humboldt, Lyon and Washoe Counties showed growth in their physician populations; Elko, Lander, Mineral, Nye and White Pine Counties showed decreases; and the remaining seven counties remained static in their physician populations.

### Physician Licensure Counts (2007-2016)

County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Carson City	140	142	143	151	158	152	164	168	171	177
Churchill	21	23	22	20	22	23	27	29	24	24
Clark	2949	3060	3086	3186	3207	3305	3277	3403	3460	3605
Douglas	93	97	85	84	87	89	80	86	79	79
Elko	41	46	45	46	48	41	40	40	43	42
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	0	0	1	0	0	0	0
Humboldt	9	9	10	9	10	11	12	11	11	12
Lander	2	2	3	3	2	2	2	2	3	2
Lincoln	1	2	2	2	2	2	2	2	2	2
Lyon	13	11	14	13	15	16	15	16	12	13
Mineral	6	5	6	6	5	6	5	5	6	4
Nye	19	17	16	15	16	14	13	16	15	13
Pershing	2	2	2	3	2	1	0	0	1	1
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	1017	1056	1064	1081	1069	1088	1110	1155	1186	1246
White Pine	11	8	10	9	10	10	9	9	9	8
<b>In-State Active Status</b>	<b>4325</b>	<b>4481</b>	<b>4509</b>	<b>4628</b>	<b>4653</b>	<b>4761</b>	<b>4756</b>	<b>4942</b>	<b>5022</b>	<b>5228</b>
Out-of-State Active Status	1309	1655	1577	1888	1757	2084	1868	2251	2116	2561
<b>TOTAL ACTIVE STATUS</b>	<b>5634</b>	<b>6136</b>	<b>6086</b>	<b>6516</b>	<b>6410</b>	<b>6845</b>	<b>6624</b>	<b>7193</b>	<b>7138</b>	<b>7789</b>
Inactive & Retired Statuses	776	760	781	770	758	748	818	801	806	802
<b>TOTAL LICENSED (Active, Inactive &amp; Retired Statuses)</b>	<b>6410</b>	<b>6896</b>	<b>6867</b>	<b>7286</b>	<b>7168</b>	<b>7593</b>	<b>7442</b>	<b>7994</b>	<b>7944</b>	<b>8591</b>

The number of physician assistants increased significantly by 10.5% in 2016. The locale of physician assistants trends similarly to the locale of physicians statewide, as is shown on the following table. In 2016, there was growth in Carson City, Churchill, Clark, Douglas, Elko, Lyon and Washoe Counties; Nye County showed a decrease; and the remaining nine counties remained static.

### Physician Assistant Licensure Counts (2007-2016)

County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Carson City	15	15	14	13	16	17	14	18	17	18
Churchill	6	7	6	4	6	9	10	9	9	10
Clark	271	307	310	332	342	386	398	452	479	533
Douglas	15	15	10	11	9	12	16	17	15	19
Elko	7	6	5	5	5	7	9	10	13	14
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	1	1	1	0	1	1
Humboldt	1	1	0	0	0	0	0	0	1	1
Lander	1	1	1	0	1	2	1	1	1	1
Lincoln	3	2	3	3	3	3	3	3	3	3
Lyon	2	4	5	6	6	4	5	6	7	9
Mineral	1	1	1	1	2	2	3	3	3	3
Nye	6	10	6	7	4	4	2	2	5	4
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	1	1	1	1	1	1	2	2	1	1
Washoe	76	83	82	91	91	104	109	121	138	149
White Pine	1	1	1	1	1	1	1	1	1	1
<b>TOTAL ACTIVE STATUS</b>	<b>407</b>	<b>455</b>	<b>446</b>	<b>476</b>	<b>488</b>	<b>553</b>	<b>574</b>	<b>645</b>	<b>694</b>	<b>767</b>

The number of respiratory therapists increased by 8.2% in 2016. In 2016, there was growth in Carson City, Churchill, Clark, Elko, Mineral, Nye and Washoe Counties; Lyon County showed a decrease; and the remaining nine counties remained static.

### Respiratory Therapist Licensure Counts (2007-2016)

County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Carson City	9	10	12	12	12	13	12	13	11	14
Churchill	8	8	5	5	4	5	4	4	5	6
Clark	655	743	798	880	920	1006	982	1069	1079	1167
Douglas	16	18	20	20	18	15	16	16	13	13
Elko	7	7	5	6	8	9	7	8	9	10
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0	0	1	1
Humboldt	5	5	4	4	5	5	4	4	2	2
Lander	2	3	1	1	1	1	2	2	2	2
Lincoln	2	2	0	0	0	0	0	0	0	0
Lyon	19	20	16	18	15	16	15	16	15	14
Mineral	2	3	3	3	2	2	2	2	2	4
Nye	11	8	10	11	13	12	13	15	13	14
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	0	1	0	0	0	0	0	0	0	0
Washoe	154	163	160	176	192	197	186	202	191	207
White Pine	2	2	3	4	3	3	3	3	3	3
<b>TOTAL ACTIVE STATUS</b>	<b>892</b>	<b>993</b>	<b>1037</b>	<b>1140</b>	<b>1193</b>	<b>1284</b>	<b>1246</b>	<b>1354</b>	<b>1346</b>	<b>1457</b>

The number of perfusionists increased significantly by 16.7% in 2016 – that increase being in Clark County, with all other counties remaining static.

### Perfusionist Licensure Counts (2010-2016)\*

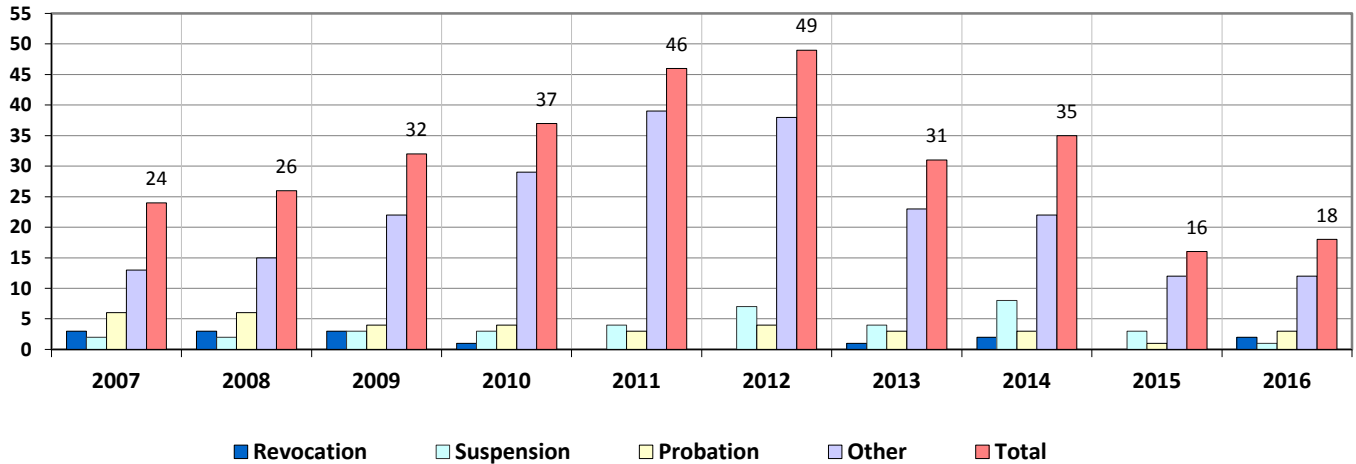
County	2010	2011	2012	2013	2014	2015	2016
Carson City	1	1	1	1	1	0	0
Churchill	0	0	0	0	0	0	0
Clark	20	19	25	20	23	20	24
Douglas	0	0	0	0	0	0	0
Elko	0	0	0	0	0	0	0
Esmeralda	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0
Humboldt	0	0	0	0	0	0	0
Lander	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0
Lyon	0	0	0	0	0	0	0
Mineral	0	0	0	0	0	0	0
Nye	0	0	0	0	0	0	0
Pershing	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	0
Washoe	5	5	5	4	5	4	4
White Pine	0	0	0	0	0	0	0
<b>TOTAL ACTIVE STATUS</b>	<b>26</b>	<b>25</b>	<b>31</b>	<b>25</b>	<b>29</b>	<b>24</b>	<b>28</b>

\*In 2009, the Nevada State Legislature passed legislation requiring that all perfusionists must be licensed. No perfusionists were licensed by the Board prior to 2010.

# COMPLAINTS, INVESTIGATIONS AND DISCIPLINE

In 2016, the Board opened 703 investigations, closed 578 investigations (many of which, of course, originated in preceding years) and imposed 18 disciplinary actions against physicians. The graph below shows the number and types of discipline imposed by the Board regarding physicians for the last ten years.

### Disciplinary Actions Taken Against Medical Doctors\*

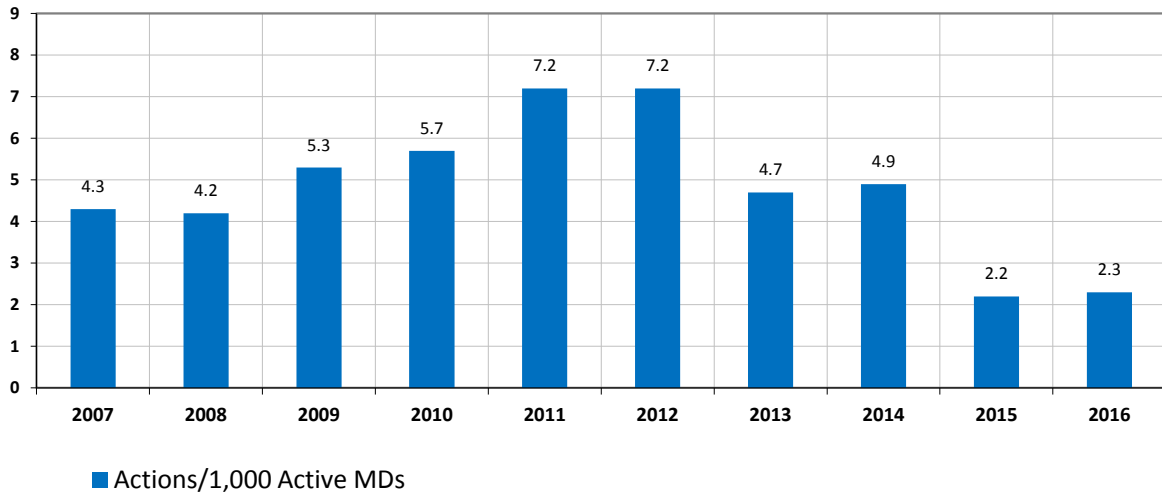


Note: "Other" actions include: Voluntary Surrender of License While Under Investigation, License Restriction, Public Reprimand, Licensure Denial, CME Ordered, Fine, Drug or Alcohol Treatment Program Ordered, and Competency Exam Ordered.

\*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.

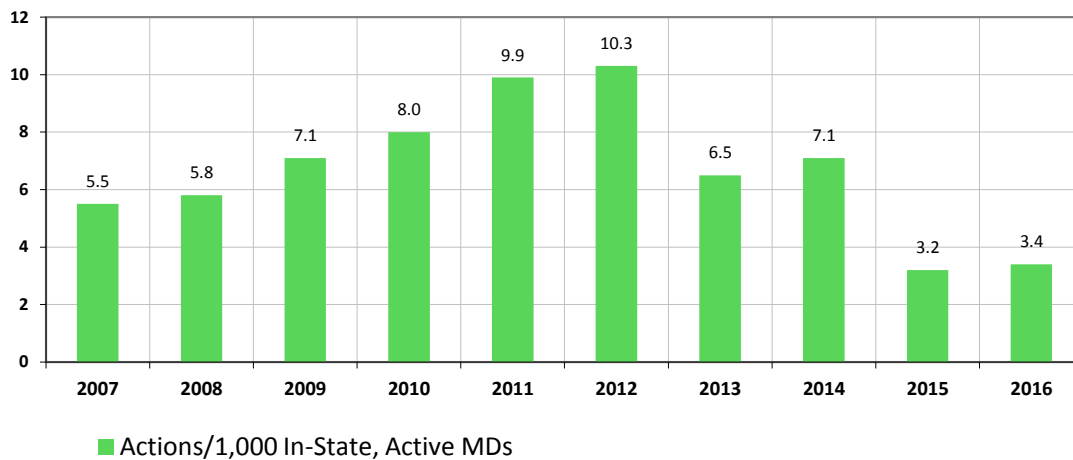
The graph below shows the rate of disciplinary actions taken by the Board per 1,000 active-status licensed physicians for the last ten years.

Rate of Disciplinary Actions Per All Licensed Active-Status Medical Doctors



The graph below shows the rate of disciplinary actions taken by the Board per 1,000 in-state, active-status licensed physicians for the last ten years.

Rate of Disciplinary Actions Per In-State, Active-Status Medical Doctors



## WHOM TO CALL IF YOU HAVE QUESTIONS

Management: Edward O. Cousineau, JD  
Executive Director  
Todd C. Rich  
Deputy Executive Director  
Donya Jenkins  
Finance Manager

Administration: Laurie L. Munson, Chief

Legal: Robert Kilroy, JD  
General Counsel

Licensing: Lynnette L. Daniels, Chief

Investigations: Pamela J. Castagnola, CMBI, Chief

## 2017 BME MEETING & HOLIDAY SCHEDULE

**January 2** – New Year's Day (observed)  
**January 16** – Martin Luther King, Jr. Day  
**February 20** – Presidents' Day  
**March 3-4** – Board meeting  
**May 29** – Memorial Day  
**June 2-3** – Board meeting  
**July 4** – Independence Day  
**September 4** – Labor Day  
**September 8-9** – Board meeting  
**October 27** – Nevada Day  
**November 10** – Veterans' Day (observed)  
**November 23 & 24** – Thanksgiving Day & Family Day  
**December 1-2** – Board meeting (Las Vegas)  
**December 25** – Christmas

### Nevada State Medical Association

3700 Barron Way  
Reno, NV 89511  
775-825-6788  
<http://www.nvdoctors.org>

### Clark County Medical Society

2590 East Russell Road  
Las Vegas, NV 89120  
702-739-9989 phone  
702-739-6345 fax  
<http://www.clarkcountymedical.org>

### Washoe County Medical Society

3700 Barron Way  
Reno, NV 89511  
775-825-0278 phone  
775-825-0785 fax  
<http://www.wcmsnv.org>

### Nevada State Board of Pharmacy

431 W. Plumb Lane  
Reno, NV 89509  
775-850-1440 phone  
775-850-1444 fax  
[http://bop.nv.gov/  
pharmacy@pharmacy.nv.gov](http://bop.nv.gov/pharmacy@pharmacy.nv.gov)

### Nevada State Board of Osteopathic Medicine

2275 Corporate Circle, Ste. 210  
Henderson, NV 89074  
702-732-2147 phone  
702-732-2079 fax  
[www.bom.nv.gov](http://www.bom.nv.gov)

### Nevada State Board of Nursing

*Las Vegas Office*  
4220 S. Maryland Pkwy, Bldg. B, Suite 300  
Las Vegas, NV 89119  
702-486-5800 phone  
702-486-5803 fax

*Reno Office*  
5011 Meadowood Mall Way, Suite 300,  
Reno, NV 89502  
775-687-7700 phone  
775-687-7707 fax  
[www.nevadanursingboard.org](http://www.nevadanursingboard.org)

*Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.*

*Hours of operation of the Board are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.*

# DISCIPLINARY ACTION REPORT

**ALVAREZ, Jose H., M.D. (10765)**

**Henderson, Nevada**

Summary: Disciplinary action taken against Dr. Alvarez' medical license in Arizona, and alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Alvarez violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

**BERNALES, Wilson F., M.D. (14208)**

**Rock Springs, Wyoming**

Summary: Disciplinary action taken against Dr. Bernales in Virginia and New York, alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners, and alleged failure to disclose an investigation on license renewal application.

Charges: Two violations of NRS 630.301(3) [disciplinary action taken against him in another state]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement]; two violations of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Bernales violated NRS 630.304(1), as set forth in Count III of the Complaint, and NRS 630.306(1)(k), as set forth in Counts IV and V of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and

prosecution of the matter. Counts I and II of the Complaint were dismissed without prejudice.

**CRAIG, William V., M.D. (16165)**

**Pahrump, Nevada**

Summary: Disciplinary action taken against Dr. Craig's medical license in New York, alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners, and alleged failure to disclose an investigation on his application for licensure.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against him in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Craig violated NRS 630.304(1), as set forth in Count III of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I and II of the Complaint were dismissed with prejudice.

**FEINGOLD, Robert, M.D. (7916)**

**Las Vegas, Nevada**

Summary: Alleged malpractice, alleged failure to offer appropriate procedures or studies, to provide necessary services or to refer a patient to an appropriate provider, with the intent of positively influencing his own financial well-being, and alleged failure to maintain appropriate medical records related to his treatment of nine patients.

Charges: Nine violations of NRS 630.301(4) [malpractice]; nine violations of NRS 630.301(8) [failure to offer appropriate procedures or studies, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner]; nine violations 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].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Feingold admitted to having violated NRS 630.3062(1) (nine counts) and pled "nolo contendere" to having violated NRS 630.301(4) (9 counts), as set forth in the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The counts in the First Amended Complaint alleging violations of NRS 630.301(8) were dismissed with prejudice.

**KAPLAN, Michael S., M.D. (5983)**

**Henderson, Nevada**

Summary: Conviction of a felony for violation of federal law relating to his practice of medicine in Nevada.

Statutory Authority: NRS 630.3675 [immediate suspension of license for conviction of felony relating to license holder's practice].

Action Taken: On June 23, 2017, the Board suspended Dr. Kaplan's license until further order of the Board.

**PAK, Su Young, M.D. (13434)**

**La Palma, California**

Summary: Disciplinary action taken against Dr. Pak's medical license in California, and alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Pak violated NRS 630.301(3) and NRS 630.306(1)(k), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

**PALLARES, Frank, M.D. (14727)****Coronado, California**

Summary: Disciplinary actions taken against Dr. Pallares' medical license in Arizona, alleged failure to report said disciplinary actions to the Nevada State Board of Medical Examiners, and alleged false response to question on license renewal application.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against him in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Pallares violated NRS 630.301(3), as set forth in Count IV of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I, II, III and V of the Complaint were dismissed with prejudice.

**STARRITT, Rita E., M.D. (14540)****La Jolla, California**

Summary: Disciplinary action taken against Dr. Starritt's medical license in Colorado, and alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against her medical license in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against her by another state].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Starritt violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

**TAHERI, Daniel P., M.D. (11900)****Beverly Hills, California**

Summary: Disciplinary action taken against Dr. Taheri's medical license in California, alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners, and alleged failure to disclose an investigation on license renewal application.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against him in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Taheri violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts II and III of the Complaint were dismissed with prejudice.

**VAGUJHELYI, George, M.D. (10444)****Reno, Nevada**

Summary: Alleged malpractice.

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

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Vagujhelyi pled "nolo contendere" to having violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

**WETSELAAR, Henri, M.D. (3432)****Las Vegas, Nevada**

Summary: Alleged malpractice and failure to maintain appropriate medical records related to his treatment of four patients.

Charges: Four violations of NRS 630.301(4) [malpractice]; four violations 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].

Disposition: On June 2, 2017, the Board accepted a Settlement Agreement by which it found Dr. Wetselaar violated NRS 630.301(4) (two counts) and NRS 630.3062(1) (two counts), and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Dr. Wetselaar's controlled substances prescribing license with the Nevada State Board of Pharmacy has lapsed and Dr. Wetselaar agrees that he will not ever in the future apply anew for a controlled substances prescribing license with the Nevada State Board of Pharmacy.

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# Public Reprimands Ordered by the Board

June 14, 2017

Jose Hiram Alvarez, M.D.  
c/o Michael Navratil, Esq.  
7900 West Sahara Avenue, Suite 200  
Las Vegas, NV 89117

Dr. Alvarez:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 17-28177-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), for disciplinary action taken against your medical license in Arizona by the Arizona Medical Board. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Wilson F. Bernales, M.D.  
3202 Dewar Drive, Apt 202  
Rock Springs, WY 82901

Dr. Bernales:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 16-39003-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.304(1) and NRS

630.306(1)(k), for disciplinary action taken against your medical license in New York by the New York State of Professional Medical Conduct. For the same, you shall receive a public reprimand, complete three (3) hours of continuing medical education (CME), the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada, and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

William Verne Craig, M.D.  
c/o Ross Moynihan, Esq.  
Stovall & Associates  
2301 Palomino Lane  
Las Vegas, NV 89107

Dr. Craig:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 16-44275-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.304(1), disciplinary action taken against your medical license in New York by the Office of Professional Medical Conduct. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Robert Feingold, M.D.  
c/o Tracy L. Singh, LLC  
8635 West Sahara Ave., #437  
Las Vegas, NV 89117

Dr. Feingold:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the First Amended Complaint filed against you in Case Number 16-11221-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated the Nevada Medical Practice Act. Therefore, you shall receive a public reprimand; you shall complete three (3) hours of continuing medical education (CME), the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada, and pay the fees and costs related to the investigation and prosecution of this matter, which is a disciplinary action taken against your medical license in Nevada.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Su Young Pak, M.D.  
5451 La Palma Ave., #14  
La Palma, CA 90623

Dr. Pak:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 17-35720-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(3) and 630.306(1)(k), for disciplinary action taken against your medical license in California by the Medical Board of California, and failure to report same to the Nevada Board. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Frank Pallares, M.D.  
16 Sixpence Way  
Coronado, CA 92118-3213

Dr. Pallares:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 17-40466-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), for disciplinary action tak-

en against your medical license in Arizona by the Arizona Medical Board. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter, which is a disciplinary action taken against your medical license in Nevada.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Rita Elaine Starritt, M.D.  
5721 La Jolla Hermosa Ave.  
La Jolla, CA 92037-7330

Dr. Starritt:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 17-39985-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), for disciplinary action taken against your medical license in Colorado by the Colorado Medical Board. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Daniel P. Taheri, M.D.  
c/o Hal Taylor, Esq.  
223 Marsh Ave.  
Reno, NV 89509

Dr. Taheri:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 17-31390-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), for disciplinary action taken against your medical license in California by the California Medical Board. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter.

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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

George Vagujhelyi, M.D.  
c/o Edward J. Lemons, Esq.  
6005 Plumas St., 3<sup>rd</sup> Floor  
Reno, NV 89519

Dr. Vagujhelyi:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 14-11807-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Stat-

ue 630.301(4), for malpractice. Therefore, you shall receive a public reprimand; complete three (3) hours of continuing medical education (CME), the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter, which is a disciplinary action taken against your medical license in Nevada.

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

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

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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 reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President  
Nevada State Board of Medical Examiners

June 14, 2017

Henri Wetselaar, M.D.  
c/o S. Brent Vogel, Esq.  
Lewis, Brisbois, Bisgaard & Smith, LLP  
6385 S. Rainbow Blvd., Ste. 600  
Las Vegas, NV 89118

Dr. Wetselaar:

On June 2, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed against you in Case Number 11-5083-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated the Nevada Medical Practice Act. Therefore, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter, which is a disciplinary action taken against your medical license in Nevada.

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

NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Ste. 301

Reno, NV 89502-2144