



Physician Abandonment and the Opioid Crisis

By: Rachel V. Rose, JD, MBA

Overview

While this article is not meant to constitute ‘reviews’ of *Dopesick – Dealers, Doctors, and The Drug Company that Addicted America* (Beth Macy), *Dreamland: The True Tale of America’s Opiate Epidemic* (Sam Quinones), and *Hillybilly Elegy: A Memoir of a Family and Culture in Crisis* (J.D. Vance), they are phenomenal reads. Each book offers a different lens through which the opioid crisis is viewed. Not surprising, there are factual consistencies; however, the background of each story is different.

According to the Healthcare Cost and Utilization Project (H-CUP), Nevada ranks among the states with the highest opioid-related inpatient rates.¹ One question that I could not stop pondering - will there be an increase in physician abandonment in relation to the opioid crisis? “Patient abandonment is a form of medical malpractice that occurs when a physician terminates the doctor-patient relationship without reasonable notice or a reasonable excuse, and fails to provide the patient with an opportunity to find a qualified replacement care provider.”² Now, consider these segments from *Dopesick*.

1. The latest research on substance use disorder from Harvard Medical School shows it takes the typical opioid-addicted user eight years – and four to five treatment attempts – to achieve remission for just a single year. And yet only about 10 percent of the addicted population manages to get access to care and treatment for a disease that has roughly the same incidence rate as diabetes (p. 243).
2. Why, in the last two decades, had the epidemic been allowed to fester and to gain such force? Why would it take until 2016 for the CDC to announce voluntary prescribing guidelines, strongly suggesting that doctors severely limit the use of opioids for chronic pain – recommendations that echoed, almost to the word, what Barbara Van Rooyan begged the FDA to enact a decade before? Why did the American Medical Association wait two decades before endorsing the removal of “pain as a fifth vital sign” from its standards of care? If three-fourths of all opioid prescriptions still go unused, becoming targets for medicine-chest thievery, why do surgeons still prescribe so many of the things? (p. 271).
3. To follow the physician’s imperative of “Do no harm” in a landscape dominated by Big Pharma and its marketing priorities, the medical community only recently organized behind new efforts to limit opioid prescribing (p.272).

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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

FSMB RELEASES 2018 U.S. MEDICAL REGULATORY TRENDS AND ACTIONS REPORT

Features physician licensure statistics and aggregated national disciplinary data

The Federation of State Medical Boards (FSMB) has released the [2018 U.S. Medical Regulatory Trends and Actions Report](#). The report, published every two years, serves as a public resource to raise awareness about the work of the nation's state medical boards.

The 2018 report features detailed information about the make-up and policies of each state medical board, physician licensure statistics and aggregate national physician disciplinary data. The report emphasizes the importance of informing patients on how to gather information about physicians, how to file a complaint, and how to utilize the services of their state medical board.

"The overarching goal of this report is to educate the public about the tools and resources available to them from their state medical board," said FSMB President and CEO Humayun Chaudhry, DO, MACP. "Building trust and strengthening engagement between state boards and the public will ultimately lead to more informed patients that feel confident in choosing their providers and empowered to report negative interactions if they occur."

The report is structured in three sections, including background about the work of state medical boards, national discipline and licensing data, and detailed information about the make-up and policies of each state medical board.

In an effort to provide consumers with the greatest amount of useful information possible, Section I of the report includes detailed information on how to check a physician's credentials, how and when to file a complaint against a physician, an explanation of how the complaint process works, and contact information for each of the nation's 70 state medical boards.

To download a copy of the 2018 U.S. Medical Regulatory Trends and Actions Report please click [here](#).

About the Federation of State Medical Boards

The Federation of State Medical Boards (FSMB) 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. You can also follow FSMB on Twitter ([@theFSMB](#)).

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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.

One item that comes to mind is medical necessity. Another is what is a physician supposed to do in light of the new CDC guidelines and laws? For example, does a doctor who discontinues opioid pain management “without any notice and with no discussion during appointment to come up with a pain management strategy”³ constitute patient abandonment? Or, does it depend on the individual patient?

As the above segments from *Dopesick* suggest, with the changing of standards, CDC guidelines and laws, an individualized patient plan based on evidence-based medicine is the most prudent route.⁴ “While the pendulum is clearly swinging away from opioids and has left some patients behind, at least two things could help reduce the resulting harm: balanced policies and a good dose of humility among all concerned.”⁵ From my perspective, this vantage point is somewhat cavalier. What about the fact that the “percentage of people who are receiving addiction treatment for opiates and heroin, and then afterwards end up going back out and getting high” is upwards of 90 percent?⁶ The horse is already out of the barn.

The question is, what can physicians do in order to reduce legal malpractice claims, abide by the Hippocratic Oath not to harm patients,⁷ and adapt to changing prescribing standards in relation to opioids? The remainder of this article addresses the patient abandonment laws in Nevada, as well as considerations for physicians to protect both themselves and their patients.

Analysis

According to Nevada law, “[h]ealthcare records’ means any reports, notes, orders, photographs, X rays or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of healthcare, or any person employed by a provider of healthcare, and contains information relating to the medical history, examination, diagnosis or treatment of the patient.”⁸ In essence, providing the general content of what should be contained in a medical record. Some practitioners also refer to documentation in a medical chart as “SOAP Notes” (i.e., Subjective, Objective, Assessment, Plan Notes). Having adequate documentation protects both the patient from a care standpoint, as well as the physician, in the event of a medical malpractice or medical abandonment case. Therefore, it is a crucial first step.

The second step relates to the article that I wrote in September 2015, *What Physicians Need to Know When Documenting Patient Non-Compliance*, and still applies in relation to patient abandonment and the opioid crisis.⁹

Three excellent resources physicians can consult when considering patient dismissal are: state medical boards, the American College of Physicians (ACP) and the American Medical Association (AMA). These three entities can offer guidance in both their ethics manuals, as well as legal/regulatory considerations. From there, it is incumbent on the physician to consult a lawyer who is well versed in health law to make sure the risk of being sued has been mitigated as much as possible.

“Unilateral discontinuation of the patient-physician relationship by the physician should only be done in rare circumstances and only when other care is available and the patient’s health is not going to be harmed,” said Lois Snyder Sulmasy, JD, director of the American College of Physician’s Center for Ethics and Professionalism. “Our position on this is in the ACP ethics manual. We see it as a last resort. Otherwise it can be seen as abandonment.”

But, what constitutes suitable grounds to terminate the patient from the practice?

- Failure to keep appointments;
- The patient is unable or unwilling to pay for services;
- The patient is non-compliant with clinical orders;
- The patient displays abusive and/or disruptive behavior, which puts the staff and the other patients in harm’s way.

These four items can serve as the starting point. Next, physicians must consider if they are dismissing the patient from the practice or in a hospital setting where the Emergency Medical Treatment and Active Labor Act (EMTALA) of 1985 kicks in.¹⁰ First, a provider cannot simply “abandon” a patient during the course of treatment until the patient is stabilized. It is also important to consider how the legal burden shifts once a patient is admitted to a hospital. “[I]f it is determined that an [emergency medical condition] EMC exists, the hospital must provide treatment to stabilize the medical condition, or appropriately transfer the individual to another hospital. If the hospital admits the individual as an inpatient for further treatment, the hospital’s EMTALA obligation ends. Once an individual is admitted as an inpatient, state tort and medical

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malpractice laws then govern the legal adequacy of that care. EMTALA is not a federal malpractice statute, and is not meant to supplant available state malpractice and tort remedies.”¹¹

A physician’s liability shifts as soon as the patient is no longer considered under treatment or observation in the emergency room.

Aside from having comprehensive policies and procedures, documenting the reasons for the dismissal, and appreciating the context of the treatment environment, the most crucial action the physician needs to take is informing the patient of the dismissal via certified mail/return receipt and email. It is also prudent to contact the medical malpractice insurance carrier. The key items physicians should have in the letter are:

- State the reason(s) objectively for the dismissal;
- Include the name of the provider (physician or insurance carrier) that you, the physician, has contacted to take over the care;
- Include a copy of the HIPAA-compliant medical records, along with the signed HIPAA release form; and
- Provide a timeframe that you will be discontinuing care. Be certain to check the individual state laws, but 30 days is a good standard to avoid abandonment charges.¹²

State laws may have additional obligations¹³ or the state medical board may also offer guidance. Be sure to document any correspondence with any insurance carrier, regulatory or professional authority. Overall, following these steps may decrease the chance of a lawsuit and/or board action as well as ensuring the patient receives care.

Conclusion

There is no “cookie-cutter” answer in relation to the opioid crisis and patient care. There are prudent measures physicians can take to ensure they have adequately charted the patient’s condition, arranged for a referral to a treatment facility or other addiction specialist, and, most certainly, show empathy and compassion.

In the scenario where a patient does not have a substance use disorder but may utilize opioids on a long-term basis, the physician needs to have a discussion with the patient about the changes in laws regarding the prescribing of opioids as well as collaborate with the patient and formulate an alternative, evidence-based treatment plan for that individual patient. The nature of opioid (and other drug) addiction, withdraw and relapse cannot be ignored. By taking the aforementioned steps, physicians can begin to address the ramifications of the opioid crisis on an individual patient level. As a result, the risk of both patient abandonment and malpractice claims should be mitigated.

¹ H-CUP, *Patient Residence Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by States, 2014* (Jul 7 2017), <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb226-Patient-Residence-Opioid-Hospital-Stays-ED-Visits-by-State.jsp>.

² P. Chowdri, *What is Patient Abandonment?*, <https://www.nolo.com/legal-encyclopedia/what-patient-abandonment.html> (last visited Nov. 22, 2018).

³ B. Macy, *Dopesick* at 272.

⁴ Agency for Healthcare Research and Quality, *Evidence-Based Decisionmaking*, <https://www.ahrq.gov/professionals/prevention-chronic-care/decision/index.html> (last visited Nov. 22, 2018).

⁵ “Evidence-based practice is the use of the best available evidence together with a clinician’s expertise and a patient’s values and preferences in making health care decisions.”

⁶ S. Ziegler, *Patient Abandonment in the Name of Opioid Safety*, *Pain Medicine*, Vol. 14, Issue 3, p. 323 (Mar. 1, 2013), <https://academic.oup.com/painmedicine/article/14/3/323/1858677>.

⁷ Daylight, *Why Are Opioid Relapse Rates So High* (Dec. 7, 2017), <http://www.daylightdetox.com/2017/12/07/why-are-opioid-relapse-rates-so-high/>.

⁸ National Institutes of Health, *Hippocratic Oath*, https://www.nlm.nih.gov/hmd/greek/greek_oath.html (last visited Nov. 22, 2018).

⁹ NRS 629.021.

¹⁰ See, <http://medboard.nv.gov/uploadedFiles/medboardnv.gov/content/Resources/Newsletters/Volume%2056%20-%20September%202015.pdf>. A portion of this article is utilized herein.

¹¹ EMTALA was enacted in 1986 under Section 1867 of the Social Security Act. (42 U.S.C. § 1395dd). EMTALA was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (Pub. L. 99-272). See also, [https://www.healthlawyers.org/hiresources/Health%20Law%20Wiki/Emergency%20Medical%20and%20Labor%20Treatment%20Act%20\(EMTALA\).aspx](https://www.healthlawyers.org/hiresources/Health%20Law%20Wiki/Emergency%20Medical%20and%20Labor%20Treatment%20Act%20(EMTALA).aspx).

¹² See, [https://www.healthlawyers.org/hiresources/Health%20Law%20Wiki/Emergency%20Medical%20and%20Labor%20Treatment%20Act%20\(EMTALA\).aspx](https://www.healthlawyers.org/hiresources/Health%20Law%20Wiki/Emergency%20Medical%20and%20Labor%20Treatment%20Act%20(EMTALA).aspx).

¹³ See, <http://resources.tmlt.org/PDFs/ten-things-that-get-physicians-sued.pdf> (last visited Nov. 22, 2018).

¹⁴ See, NRS 629, et seq.

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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 Southwest Regional Board for UNICEF. She can be reached at 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.

VA-Led Study Asks: Is Alcohol Healthy?



U.S. Department
of Veterans Affairs

Study suggests even light drinking can shorten life

By: Michael Richman, Veteran's Administration Office of Research and Development

A new study finds that consuming alcoholic beverages daily—even at low levels that meet U.S. guidelines for safe drinking—appears to be “detrimental” to health.

The researchers found that downing one to two drinks at least four days per week was linked to a 20 percent increase in the risk of premature death, compared with drinking three times a week or less. The finding was consistent across the group of more than 400,000 people studied. They ranged in age from 18 to 85, and many were Veterans.

Dr. Sarah Hartz, a psychiatrist at the [VA Eastern Kansas Health Care System](#), led the [study](#). It appeared in November 2018 in the journal *Alcoholism: Clinical & Experimental Research*. She's not too surprised by the findings, noting that two large international studies published this year reached similar conclusions.

“There has been mounting evidence that finds light drinking isn't good for your health,” says Hartz, who is also an assistant professor at Washington University in St. Louis.

Study considered a range of demographic factors

The study results don't necessarily prove cause and effect. People who tend to drink more may indeed end up having shorter lives—but not necessarily because of more alcohol consumption. It could be, for example, that those people have harder lives all around, with more stress, which takes a toll on health and longevity. But the researchers did control for a range of demographic factors and health diagnoses to try to tease out the direct effects of alcohol.

Another limitation of the study is that it relied on in-person self-reports of alcohol use. Researchers believe this method may lead to under-reporting, compared with anonymous surveys.

But relative to some past studies that found health **benefits** from light-to-moderate drinking, the new study looked at a much larger population. This allowed Hartz's team to better distinguish between groups of drinkers, in terms of quantity and frequency of alcohol consumption.

“We're seeing things that we didn't before because we have access to such large data sets,” she says. “In the past, we couldn't distinguish between these drinking amounts. The larger the data set, the more statistical power you have and the easier it is to make conclusions.”

94,000 VA outpatient records part of study

The researchers reviewed two data sets of self-reported alcohol use and mortality follow-up. One set included more than 340,000 people from the [National Health Interview Survey \(NHIS\)](#). The other contained nearly 94,000 VA outpatient medical records. Health and survival were tracked between 7 and 10 years.

According to the findings, people who drank four or more times a week, even when limiting it to only a drink or two, had about a 20 percent greater risk of dying during the study period.

As part of the study, Hartz and her team specifically evaluated deaths due to heart disease and cancer. For heart disease, they found a benefit to drinking, specifically that one to two drinks per day about four days a week seemed to protect against death from heart disease. But drinking **every day** eliminated those benefits. In terms of death from cancer, any drinking was “detrimental,” she says.

Current CDC [guidelines](#) call for alcohol to be used “in moderation—up to two drinks a day for men and up to one drink a day for women.” The guidelines don't recommend that people who do not drink should start doing so for any reason.

Michael Richman

Mr. Richman is a writer and editor in VA's Office of Research and Development. He joined VA in 2016. He previously worked at the Voice of America, one of the U.S.-funded broadcast agencies.



CDC: Suicide Increasing Among American Workers



CENTERS FOR DISEASE
CONTROL AND PREVENTION

The suicide rate among the US working age population increased 34 percent during 2000-2016. A report published in Center for Disease Prevention and Control (CDC) [Morbidity and Mortality Weekly Report \(MMWR\)](#) examined lifetime occupations of 22,053 people aged 16-64 years old who died by suicide in the 17 states participating in the [National Violent Death Reporting System \(NVDRS\)](#) in 2012 and 2015.

In 2012 and 2015, suicide rates were highest among males in the *Construction and Extraction* occupational group (43.6 and 53.2 per 100,000 civilian non-institutionalized working persons, respectively) and highest among females in the *Arts, Design, Entertainment, Sports, and Media* group (11.7 and 15.6 per 100,000, respectively).

From 2012 to 2015, suicide rates increased most for males in *Arts, Design, Entertainment, Sports, and Media* occupations (47 percent) and for females in *Food Preparation and Serving Related* occupations (54 percent).

“Increasing suicide rates in the U.S. are a concerning trend that represent a tragedy for families and communities and impact the American workforce,” said Deb Houry, M.D., M.P.H., Director, CDC National Center for Injury Prevention and Control. “Knowing who is at greater risk for suicide can help save lives through focused prevention efforts.”

Suicide risk varies by occupation

Top 3 major occupational groups by suicide rate among males in 2015

1. *Construction and Extraction*
2. *Arts, Design, Entertainment, Sports, and Media*
3. *Installation, Maintenance, and Repair*

Top 3 major occupational groups by suicide rate among females in 2015

1. *Arts, Design, Entertainment, Sports, and Media*
2. *Protective Service*
3. *Health Care Support*

Among both males and females, the lowest suicide rate in 2015 was observed in *Education, Training, and Library* occupations.

A closer look at suicide among agricultural workers

This new report replaces a retracted report, “[Suicide Rates by Occupational Group - 17 States, 2012](#),” that included errors in researchers’ manual classification of decedents’ major occupational group (e.g., erroneous coding of farmers to the *Farming, Fishing, and Forestry* group instead of to the correct *Management* group). This led to errors in reported suicide numbers and rates by occupational group. More information about the retraction is available on the *MMWR* website.

This report includes separate analysis of selected agriculture-related detailed groups:

- Males in the *Farmers, Ranchers, and Other Occupational Managers* category (a sub-group of the *Management* major group): the corrected 2012 suicide rate was 44.9 per 100,000 civilian noninstitutionalized working persons and the 2015 suicide rate was 32.2.
- Males in the *Agricultural Workers* category (a sub-group of the *Farming, Fishing, and Forestry* major group): the corrected 2012 suicide rate was 20.4 per 100,000 civilian noninstitutionalized working persons and the 2015 suicide rate was 17.3.

Suicide prevention at work

The workplace is an important place for suicide prevention efforts because the workplace is where many adults spend a great deal of their time.

Workplace suicide prevention strategies include employee assistance and workplace wellness programs, technology to provide online mental health screenings, web-based tools, reduction of stigma toward help-seeking and mental illness, and increased awareness of the National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org, 1-800-273-TALK [8255]).

CDC’s [Preventing Suicide: A Technical Package of Policies, Programs, and Practices and the National Violent Death Reporting System](#) can help states and communities prioritize prevention efforts and address persistent upward trends in suicide rates.

As a reminder, media can avoid increasing risk when reporting on suicide by:

- Following and sharing recommendations available at reportingonsuicide.org (for example, avoiding dramatic headlines or explicit details on suicide methods);
- Providing information on suicide warning signs and suicide prevention resources; and
- Sharing stories of hope and healing.

Contact: [Media Relations](#) (404) 639-3286



Suicide Prevention

Friday, February 15, 2019 at Paris Hotel in Las Vegas

1:30—2:30 PM: “Is Suicide Preventable? Lessons From Robin Williams’ Death” by J. Michael Bostwick, MD

**2:30—3:30 PM: “Essentials of Suicide Assessment: Why Bother?”
by J. Michael Bostwick, MD**

*Suicide Prevention CME will be available and meets
the requirement of AB105**

Offered as part of NPA’s 24th Annual Psychopharmacology Update Course, February 13-16, 2019 at Paris Hotel and Casino, Las Vegas, Nevada

Three options to meet this requirement:

- 1) Sign up for the whole Update Course, February 14-16 at:
www.nvpsychiatry.org**
- 2) Sign up for Friday, February 15, all day and 8 CME credits by going to: www.nvpsychiatry.org**
- 3) Sign up for just the 2 hours in the afternoon at a prorated fee by going to: <https://www.eiseverywhere.com/2019suicideupdate>**

***The 2017 Nevada Legislature added all physicians to the requirement to obtain 2 hours of CME in suicide prevention. The requirement applies within two years after initial licensure and thereafter every four years. Unfortunately this no longer meets the Ethics requirement.**

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of Nevada Reno School of Medicine and Nevada Psychiatric Association. The University of Nevada Reno School of Medicine is accredited by the ACGME to provide continuing medical education to physicians. This live activity is approved for 2 AMA PRA Category 1 Credits™.

INVESTIGATIVE COMMITTEE STATS

2017

Investigative Committee A

Total Cases Considered	440
Total Cases Authorized for Filing of Formal Complaint	25
Total Cases Authorized for Peer Review	66
Total Cases Requiring an Appearance	42
Total Cases Authorized for a Letter of Concern	92
Total Cases Authorized for Further Follow-up or Investigation	13
Total Cases Reviewed for Compliance	2
Total Cases Authorized for Closure	202

Investigative Committee B

Total Cases Considered	420
Total Cases Authorized for Filing of Formal Complaint	4
Total Cases Authorized for Peer Review	42
Total Cases Requiring an Appearance	30
Total Cases Authorized for a Letter of Concern	76
Total Cases Authorized for Further Follow-up or Investigation	7
Total Cases Reviewed for Compliance	2
Total Cases Authorized for Closure	259

INVESTIGATIVE COMMITTEE STATS

2018

Investigative Committee A, Year to Date

Total Cases Considered	485
Total Cases Authorized for Filing of Formal Complaint	63
Total Cases Authorized for Peer Review	65
Total Cases Requiring an Appearance	21
Total Cases Authorized for a Letter of Concern	104
Total Cases Authorized for Further Follow-up or Investigation	22
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	210

Investigative Committee B, Year to Date

Total Cases Considered	462
Total Cases Authorized for Filing of Formal Complaint	48
Total Cases Authorized for Peer Review	51
Total Cases Requiring an Appearance	27
Total Cases Authorized for a Letter of Concern	83
Total Cases Authorized for Further Follow-up or Investigation	7
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	244

LICENSING STATS

2017

In 2017, the Board issued the following total licenses:

- 789 physician licenses
- 173 limited licenses for residency training
- 115 physician assistant licenses
- 149 practitioner of respiratory care licenses
- 21 perfusionist licenses

LICENSING STATS

2018 – YEAR TO DATE (12/17/2018)

For the year to date, the Board has issued the following licenses:

- 916 physician licenses
- 164 limited licenses for residency training
- 143 physician assistant licenses
- 153 practitioner of respiratory care licenses
- 11 perfusionist licenses

WHOM TO CALL IF YOU HAVE QUESTIONS

Management: Edward O. Cousineau, JD
Executive Director
Jasmine K. Mehta, JD
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

2019 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day
January 21 – Martin Luther King, Jr. Day
February 18 – Presidents' Day
March 1 – Board meeting
May 27 – Memorial Day
June 7 – Board meeting
July 4 – Independence Day
September 2 – Labor Day
September 6 – Board meeting
October 25 – Nevada Day
November 11 – Veterans' Day
November 28 & 29 – Thanksgiving Day & Family Day
December 6 – Board meeting (Las Vegas)
December 25 – Christmas

Nevada State Medical Association

5355 Kietzke Lane
Suite 100
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

5355 Kietzke Lane
Suite 100
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

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

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

ABBOTT, Karen R., M.D. (11149)

Reno, Nevada

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Dr. Abbott's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Abbott violated NRS 630.304(1) and NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) perform 250 hours of community service without compensation; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (4) she shall be subject to the following permanent limitations imposed upon her license: (a) she shall not perform any surgical procedures; and (b) she may maintain her responsibilities as a member of the Community Faculty at the University of Nevada, Reno School of Medicine, pursuant to p. 25, subsection (5)(k), of the Office for Community Faculty Handbook, which states, "Perform supervisory responsibilities commensurate with one's roles, abilities and qualification."

BAKTARI, Jonathan B., M.D. (8103)

Las Vegas, Nevada

Summary: Alleged failure to adequately supervise medical assistants and aiding, assisting and advising unlicensed persons to engage in the practice of medicine.

Charges: One violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; one violation of NRS 630.305(1)(e) [aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Baktari violated NRS 630.306(1)(r), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) \$1,000.00 fine; (2) 4 hours of Continuing Medical Education (CME), in

addition to his statutory CME requirements for licensure; (3) 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.

BURT, Hugh A., M.D. (8725)

Las Vegas, Nevada

Summary: Alleged failure to disclose an arrest on his license renewal application.

Charges: 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 November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Burt violated NRS 630.304(1), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 3 hours of CME, in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

CARTER, Max L., PA (592)

Las Vegas, Nevada

Summary: Alleged writing prescriptions to a patient for opioid analgesics to treat chronic pain in a manner that deviated from the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc.

Charges: One violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Mr. Carter violated NRS 630.306(1)(b)(2), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 20 hours of CME, in addition to his statutory CME requirements for licensure; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

CESARETTI, Luke S. J., M.D. (6238)

Las Vegas, Nevada

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Dr. Cesaretti's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Cesaretti violated NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 3 hours of CME, in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed with prejudice.

GOLDSMITH, Ivan L., M.D. (6116)

Las Vegas, Nevada

Summary: Alleged failure to maintain appropriate medical records related to Dr. Goldsmith's treatment of patients, failure to adequately supervise medical assistants, unauthorized dispensing and prescribing, and engaging in unsafe or unprofessional conduct, conduct in violation of standards of practice established by regulations of the Board, conduct in violation of regulations adopted by the State Board of Pharmacy, and conduct that brings the medical profession into disrepute.

Charges: Two violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; two violations of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law]; one violation of NRS 630.306(1)(p) [engaging in unsafe or unprofessional conduct]; one violation

of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; two violations of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Goldsmith violated NRS 630.306(1)(b)(3), as set forth in Count I of the Complaint, NRS 630.306(1)(b)(2), as set forth in Count V of the Complaint, and NRS 630.3062(1)(a), as set forth in Counts VI and X of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) Dr. Goldsmith's license to practice medicine in the State of Nevada shall be placed on probation for a period of time not to exceed 24 months, subject to various terms and conditions; (3) total fines in the amount of \$4,000.00; (4) 22 hours of CME, in addition to his statutory CME requirements for licensure; (5) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (6) Dr. Goldsmith's license shall be placed in "Inactive" status until successful completion of the terms of his probationary period. Counts II, III, IV, VII and IX of the Complaint were dismissed with prejudice.

GOLLARD, Russell P., M.D. (7818)

Las Vegas, Nevada

Summary: Alleged failure to maintain appropriate medical records related to Dr. Gollard's treatment of a patient.

Charges: One violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Gollard violated NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: (1) \$2,000.00 fine; (2) 4 hours of CME, in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

GRINSELL, John W., M.D. (10449)

Reno, Nevada

Summary: Alleged rendering professional services to patients while under the influence of alcohol and disruptive behavior with other physicians, hospital personnel, patients and other persons, which interfered with, and adversely impacted the quality of, the care rendered to his patients and those of others.

Charges: One violation of NRS 630.306(1)(b)(2)/NAC 630.230(1)(c) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board/rendering professional services to patients while under the influence of alcohol]; one violation of NRS 630.306(1)(p)/NAC 630.230(1)(c) [engaging in unsafe or unprofessional conduct/rendering professional services to patients while under the influence of alcohol]; one violation of NRS 630.306(1)(a) [inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance]; one violation of NRS 630.301(6) [disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Grinsell violated NRS 630.306(1)(b)(2)/NAC 630.230(1)(c), as set forth in Count I of the Complaint, and NRS 630.306(1)(a), as set forth in Count III of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 6 hours of CME, in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (4) Dr. Grinsell shall participate in a professional monitoring program approved by the Board, enter into an agreement with that program that specifies the requirements of the program, submit a copy of the executed program agreement to the Board, and comply fully with the program until further ordered by the Board or the Investigative Committee, or by mutual

agreement between Dr. Grinsell and the Board/Investigative Committee; (5) Dr. Grinsell will obtain an independent medical evaluation (IME) from a provider specializing in the evaluation of physicians and approved by the Board, and will cause the IME provider to submit his/her evaluation to the Board; (6) Dr. Grinsell may complete an application for change of status from "Inactive" to "Active" and petition the Board to allow him to resume the practice of medicine so long as he remains compliant with the terms and conditions of the foregoing requirements regarding participation in the professional monitoring program and obtaining an IME, and reserves the right to modify and/or adjust the terms and conditions upon his practice of medicine to ensure he is competent and compliant with the professional monitoring program. Counts II and IV of the Complaint were dismissed with prejudice.

GUERRA, Horace P., IV, M.D. (11608)

Las Vegas, Nevada

Summary: Dr. Guerra voluntarily surrendered his license to practice medicine in the State of Nevada.

Statutory Authority: NAC 630.240 [voluntary surrender of license].

Disposition: On November 30, 2018, the Board accepted Dr. Guerra's voluntary surrender of his license to practice medicine in the State of Nevada.

IMAS, Alexander, M.D. (12082)

Henderson, Nevada

Summary: Alleged writing prescriptions to a patient for opioid analgesics to treat chronic pain in a manner that deviated from the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc.

Charges: One violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Imas violated NRS 630.306(1)(b)(2), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 20 hours of CME, in addition to his statutory CME requirements for licensure; (3) reimbursement

of the Board's fees and costs associated with investigation and prosecution of the matter.

**LUCKETTE, Adam J., PA-C (PA1149)
Henderson, Nevada**

Summary: Alleged failure to maintain appropriate medical records related to Mr. Luckettes treatment of patients.

Charges: One violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Mr. Luckettes violated NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: (1) 22 hours of CME; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

lated NRS 630.304(7), as set forth in Count III of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$2,500.00 fine; (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 with prejudice.

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**MIRZA, Irfan M., M.D. (9290)
Fort Mohave, Arizona**

Summary: Disciplinary action taken against Dr. Mirzas medical license in Arizona.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state.

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Mirza violated NRS 630.301(3), 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.

**SANTOS, Crispino S., M.D. (8198)
Las Vegas, Nevada**

Summary: Alleged malpractice and terminating the medical care of a patient without making other arrangements for the continued care of the patient.

Charges: Two violations of NRS 630.301(4) [malpractice]; one violation of NRS 630.304(7) [terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient].

Disposition: On November 30, 2018, the Board accepted a Settlement Agreement by which it found Dr. Santos vio-

Public Reprimands Ordered by the Board

December 19, 2018

Karen Abbott, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, NV 89519

**Re: In the Matter of Charges and Complaint Against Karen Abbott, M.D.
BME Case No. 18-29273-2**

Dr. Abbott:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(4), malpractice, and NRS 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall perform 250 hours of community service without compensation, which can be satisfied through continuing with your volunteer work with University of Nevada, Reno School of Medicine, as assigned, and you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

Hugh Arthur Burt, M.D.
4275 S. Burnham Avenue, Suite 128
Las Vegas, NV 89119

**Re: In the Matter of Charges and Complaint Against Hugh Arthur Burt, M.D.
BME Case No. 18-12263-1**

Dr. Burt:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.304(1), dishonesty in renewing license. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, you shall complete three (3) hours of continuing medical education (CME) related to medical ethics and 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 you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

Max L. Carter, PA
c/o L. Kristopher Rath, Esq.
Hutchison & Steffen
10080 West Alta Drive, Suite 200
Las Vegas, NV 89145

**Re: In the Matter of Charges and Complaint Against Max L. Carter, PA
BME Case No. 18-350-1**

Mr. Carter:

On November 30, 2018, the Nevada State Board of Medical Examiners (Board) accep-

ted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), violation of standards of practice. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, you shall complete 20 hours of continuing medical education (CME) related to best practices in prescribing of controlled substances. 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 you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

Luke St. John Cesaretti, M.D.
c/o Shirley Blazich, Esq.
Alverson Taylor & Sanders
6605 Grand Montecito Parkway, Suite 200
Las Vegas, NV 89149

**Re: In the Matter of Charges and Complaint Against Luke St. John Cesaretti, M.D.
BME Case No. 18-7235-1**

Dr. Cesaretti:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)¹, failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall complete three (3) hours of continuing medical education (CME) related to electronic medical records. 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 you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

¹ now codified as NRS 630.3062(1)(a)

December 19, 2018

Ivan Lee Goldsmith, M.D.
c/o Richard Schonfeld, Esq.
Chesnoff & Schonfeld
520 South Fourth Street
Las Vegas, NV 89101-6593

**Re: In the Matter of Charges and Complaint Against Ivan Lee Goldsmith, M.D.
BME Case No. 18-8756-1**

Dr. Goldsmith:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

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

ute (NRS) 630.3062(1)(b)(3), engaging in conduct that violated Pharmacy Board regulations; NRS 630.306(1)(b)(2), violation of standards of practice; and NRS 630.3062(1)(a), failure to maintain complete medical records. For the same, your license to practice medicine in the state of Nevada shall be placed on probation and on an "Inactive" status until successful completion of the Physician Assessment and Competency Evaluation Program (PACE), pay the costs, expenses related to the investigation and prosecution of this matter and a fine of \$4,000. You shall complete 22 hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances. 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 you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

John Wood Grinsell, M.D.
c/o Thomas A. Vallas, Esq.
Hoy, Chrissinger, Kimmel, Vallas, PC
50 West Liberty Street, Suite 840
Reno, NV 89501

**Re: In the Matter of Charges and Complaint Against John Wood Grinsell, M.D.
BME Case No. 18-27627-1**

Dr. Grinsell:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2) and Nevada Administration Code (NAC) 630.230(1)(c), standards of practice, and NRS 630.306(1)(a), unsafe practice of medicine. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, complete six (6) hours of continuing medical education (CME) relating to substance abuse and stress management. 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 you shall be publicly reprimanded.

You shall participate in a Professional Monitoring Program (Program) approved by the Board and enter into an agreement with that Program that specifies the requirements of the Program. You will comply fully with that Program until further ordered by the Board or Investigative Committee (IC) or by mutual agreement between you and the Board/IC. You will submit a copy of the executed Program agreement to the Board within fifteen (15) days following the Board's acceptance, adaption and approval of the Agreement and entry of a final order making this Agreement an order of the Board. Within forty-five (45) days following the Board's acceptance, adaption and approval of the Agreement and entry of a final order making this Agreement an order of the Board, you will obtain an independent medical evaluation (IME) from a provider specializing in the evaluation of physicians and approved by the Board. You will cause the IME provider to submit his or her evaluation to the Board. Pursuant to NRS 630.255, you may complete an application for a change of status from "Inactive" to "Active" and petition the Board to allow you to resume the practice of medicine so long as you remain compliant with terms and conditions of sections above, and you reserve the right to modify and/or adjust the terms and conditions upon your practice of medicine to ensure you are competent and compliant with your Program.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

Alexander Imas, M.D.
c/o L. Kristopher Rath, Esq.
Hutchison & Steffen
10080 West Alta Drive, Suite200
Las Vegas, NV 89145

**Re: In the Matter of Charges and Complaint Against Alexander Imas, M.D.
BME Case No. 18-32172-1**

Dr. Imas:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), standards of practice. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall complete 20 hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances. 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 you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018
Irfan Mirza, M.D.
c/o Maria Nutile, Esq.
Nutile Law
7395 S. Pecos Road, Suite 103
Las Vegas, NV 89120

**Re: In the Matter of Charges and Complaint Against Irfan Mirza, M.D.
BME Case No. 18-12909-1**

Dr. Mirza:

On November 30, 2018, 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 formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(3), disciplinary action by another licensing board. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

December 19, 2018

Crispino Santos Santos, M.D.
c/o John Hunt, Esq.
Clark Hill PLC
3800 Howard Hughes Parkway, Suite 500
Las Vegas, NV 89169

**Re: In the Matter of Charges and Complaint Against Crispino Santos Santos, M.D.
BME Case No. 18-11729-1**

Dr. Santos:

On November 30, 2018, the Nevada State Board of Medical Examiners (Board) ac-

cepted the Settlement Agreement (Agreement) between you and the Board’s Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.304(7), terminating care without making other arrangements for the continued care of the patient. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter and a fine of \$2,500. You shall also be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521