

NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Suite 301
Reno, NV 89502-2144

Michael J. Fischer, M.D.
Board President



Edward O. Cousineau, J.D.
Executive Director

***** MINUTES *****

OPEN SESSION BOARD MEETING

Held in the Conference Room at the Offices of the
Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, Nevada 89502

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 Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

FRIDAY, JUNE 2, 2017 – 8:30 a.m.

Board Members Present

Michael J. Fischer, M.D., President
Rachakonda D. Prabhu, M.D., Vice President
Theodore B. Berndt, M.D.
Ms. Sandy Peltyn
Victor M. Muro, M.D.
Mr. M. Neil Duxbury
Ms. April Mastroluca
Aury Nagy, M.D.

Board Members Absent

Wayne Hardwick, M.D., Secretary-Treasurer

Staff/Others Present

Edward O. Cousineau, J.D., Executive Director
Todd C. Rich, Deputy Executive Director
Robert Kilroy, J.D., General Counsel
Jasmine K. Mehta, J.D., Deputy General Counsel
Aaron Fricke, J.D., Deputy General Counsel
Laurie L. Munson, Chief of Administration and Information Systems
Pamela J. Castagnola, CMBI, Chief of Investigations
Lynnette L. Daniels, Chief of Licensing
Donya Jenkins, Finance Manager
Henna Rasul, J.D., Senior Deputy Attorney General

Agenda Item 1

CALL TO ORDER AND ANNOUNCEMENTS

- Roll Call/Quorum

The meeting was called to order by President Michael J. Fischer, M.D., at 8:31 a.m.

Mr. Cousineau took roll call, and all Board members were present with the exception of Wayne Hardwick, M.D. Mr. Cousineau announced there was a quorum.

Mr. Kilroy introduced new Deputy General Counsel Aaron Fricke, J.D.

Ms. Daniels introduced new Deputy Chief of Licensing Curtis Worden and new License Specialist Brenda F. Goodwin.

Agenda Item 2

PUBLIC COMMENT

Dr. Fischer asked whether there was anyone in attendance who would like to present public comment.

Weldon Havins, M.D., J.D., President of the Nevada State Medical Association, stated he was there for Senator Joseph Hardy, who could not be present due to legislative commitments. He said that Dr. Hardy wanted to make the Board aware that there were potential language changes to SB69 regarding what applicants, licensees and renewing licensees will have to report. The language regarding reporting of anonymous cases in which the Board has not acted on or cases in which the Board has acted but found no fault by the physician may be removed. Senator Hardy has asked that the Board keep an open mind on this, and he may be asking the Board to obtain an Attorney General Opinion regarding the definition of an investigation and what needs to be reported. Dr. Havins said we will know more when the legislative session concludes.

Agenda Item 3

APPROVAL OF MINUTES

- March 3, 2017 Board Meeting – Open/Closed Sessions

Dr. Prabhu moved that the Board approve the Minutes of the March 3, 2017 Board Meeting – Open/Closed Sessions. Mr. Duxbury seconded the motion, and it passed unanimously.

Agenda Item 4

CONSIDERATION AND APPROVAL OF FY 2016 ANNUAL AUDIT BY KOHN & COMPANY LLP, CERTIFIED PUBLIC ACCOUNTANTS

Connie Christiansen, CPA, CFE, CGMA, of Kohn & Company LLP, gave a PowerPoint presentation summarizing the results of the Board's 2016 financial audit. She stated the Board had received an unmodified opinion on its overall financial statements. As a state board, the Board is subject to government auditing standards, so Kohn & Company had also issued a separate report on internal controls and compliance. There were no material weaknesses in internal controls reported and no issues of noncompliance to report, so overall it was as clean an audit as you can have. There were no difficulties encountered during the audit, staff was extremely helpful and well-prepared, and there were no adjusting journal entries proposed for the year end. There were no disagreements with management, there were no transactions during the year that lacked authoritative guidance, and all significant transactions were recognized in the proper period.

Ms. Christensen explained there are certain estimates that are inherent in financial statements. The Board's more significant estimates had to do with the portion of the licensing and renewal fees that are deferred because of the biennial licensing period, the useful lives of the Board's capital assets and depreciation, the collectability of the Board's receivables, and the net pension liability that is determined by PERS. The more significant disclosures in the Board's financial statements are cash and cash equivalents, the defined pension plan, and the post-employment retirement benefits.

Ms. Christiansen stated the licensing trend over the last four years shows significant growth. She explained the auditors used a four-year trend because of the Board's biennial licensing period. She then outlined the revenues and expenses over the last four years, as well as the change in net position over that period. She stated the Board's revenue and expenses were both a little less than budgeted, and the overall change in net assets was higher than expected for the year. The majority of the Board's assets are in cash and cash equivalents, with just a very small amount for compliance receivable, and the capital assets increased a little. The Board's liabilities include the deferred licensing fees, as well as normal payables and other current liabilities. In 2015 and 2016, the net pension liability the Board was required to report added significantly to the Board's liabilities. The Board's net position declined in 2015 due to the net pension liability, but increased in 2016.

Dr. Prabhu moved that the Board accept the audit report. Ms. Mastroluca seconded the motion, and it passed unanimously.

Agenda Item 5

CONSIDERATION OF REQUEST OF RENOWN HEALTH FOR CONFIRMATION THAT THE CONSULTATIVE PORTION OF ITS TELEHEALTH PROGRAM MEETS THE INTENT OF NEVADA REVISED STATUTES CHAPTER 630 AND NEVADA ADMINISTRATIVE CODE CHAPTER 630

Kirk Gillis, Vice President of Accountable Care for Renown Health, explained that Renown Health had been working on a telehealth initiative for several years and that he was before the Board with a request that pertains to the ability of Nevada residents and physicians to collaborate with peers, specifically, in this case, with Stanford Medicine in northern California.

Mr. Gillis gave a PowerPoint presentation outlining what Renown Health has done over the last few years as far as leveraging technology to enable access and care for residents across the entire region that it covers, including northern Nevada and eastern California. He explained Renown began several years ago with educating patients, families, caregivers and clinicians, and now has more than 50 different educational events for patients and 100 different events for clinicians. Renown provides virtual urgent care, primary care, and specialty care. Renown has partnered with Nevada Medicaid, Northern Nevada Hopes, the Community Health Alliance and the Washoe County School District to provide school-based telehealth medicine, and will be going live with it at two schools selected by the School District on August 1. Renown began with specialty care about 5 years ago, connecting rural patients with urban specialists. With the passage of the telehealth bill a few years ago, it has expanded to include connectivity in urban environments as well, and now has more than 30 specialties and is conducting about 500 to 600 appointments a month through telemedicine.

Renown has discovered it has a high percentage of patients who are being transferred from, or are traveling from, rural Nevada and rural eastern California to Renown Regional Medical Center for what Renown believes is tertiary care. Renown performed a study and found that more than 50% of its patient population that comes to Reno from outside the area is basically being seen and released within a few hours of arrival, which begs the question of how much of that care could have remained in the patient's local community. Another aspect of this is Renown is seeing a large number of readmissions to the hospital from rehab facilities and skilled nursing facilities after 5 p.m. because their onsite physicians go home and there is no evening coverage in these facilities. He said you would be amazed at how many readmissions of home health and hospice patients are occurring in the middle of the day because the home health or hospice nurse can't get in touch with a provider. So Renown is launching a pilot on July 1 to provide a team of virtual physicians, providers and nurses who will be working with all of these stakeholders 24/7 through telehealth to ensure they are effectively managing patients with the right level of care in the right location of care. Mr. Gillis then described the planning and execution of Renown's telehealth program, as well as its telehealth training program and population health management system.

Mr. Gillis explained that this past year, Renown conducted a study and discovered it was exporting more than \$65 million a year of quaternary-level care to northern California, \$45 million to \$50 million of which was in hard medical expenses and the remainder was in the economic impact to patients and families when going to northern California to receive services. Renown also realized as a tertiary-healthcare system, it needed a preferred partner with which to collaborate. Renown went through a formal RFP process and every major quaternary system in northern California responded. Renown decided to enter into an affiliation relationship with Stanford Medicine. One of the reasons it went with Stanford was its track record for partnering, affiliating and collaborating with health systems like Renown. Renown is now at a point with Stanford to go live with telehealth and telemedicine. Mr. Gillis said there is a provision in the Nevada Administrative Code that allows for physicians to consult and collaborate with a Nevada-licensed physician regarding a patient's care without getting a Nevada license. The language uses the term "other than on a regular basis." Stanford's General Counsel doesn't understand what this limitation means, and unless or until it can get some clarity on this limitation, Stanford will be forced to take a very conservative approach on how it collaborates with Renown or any other healthcare system in this state. Therefore, Renown has provided a draft Memorandum of Understanding to the Board that would provide Stanford with the clarity it needs in order to continue to invest in the training and program development activities that will allow Renown to connect patients to Stanford's experts to have its experts consult and collaborate with physicians in our community. Renown's request is that the Board approve a version of this document it can provide to Stanford that would give it the clarity it needs to achieve these care objectives.

Dr. Fischer stated the Board could not enter into such an agreement at that time; that the Board's legal counsel would need to review it first.

Mr. Cousineau said it was important to note that there would be circumstances where Stanford physicians would have to obtain licensure in Nevada if their conduct becomes more than irregular. He clarified that the particular provision Mr. Gillis referred to is spelled out in statute, and not regulation; however the reporting requirements for those individuals who consult with Nevada physicians are found in regulation. He asked Mr. Gillis to clarify for the Board Renown's intent as to how it would notice the Board under those reporting requirements, and Mr. Gillis explained how Renown envisioned the process to work.

Dr. Berndt asked whether Stanford has any similar relationships with other entities in other parts of the state, and if so, how mature they are, and asked how well Renown's relationship with Stanford is working.

Mr. Gillis stated they are working hard at their relationship. It hasn't been easy, but they are both committed to making it work. This has been a journey for Stanford. Stanford wants to be in the technology-enabled care delivery system for lots of different reasons and has really relied on Renown's expertise and experience in this area over the last 5 to 6 years to get its program up and running.

Mr. Cousineau asked the Board to take a vote as to going forward with the formulation of a Memorandum of Understanding between Renown and the Board. He said it could either be brought back to the Board for approval or the Board could cede the approval authority to staff in the pendency.

Dr. Fischer moved that the Board engage in the Memorandum of Understanding efforts. Dr. Prabhu seconded the motion.

Dr. Berndt said his understanding was that the legal departments for the Board and Renown would work together on a final document that would be brought back to the Board.

Mr. Cousineau stated it could come back before the Board or the Board could authorize staff to obtain Dr. Fischer's signature – whatever the Board felt was appropriate. He said he knows Renown would like to get this memorandum in place as soon as possible to put Stanford more at ease, so he thinks we could have something in place no later than the September Board meeting. He then asked if that was amenable to Renown, and Mr. Gillis indicated it was.

A vote was taken on the motion, and it passed unanimously.

Agenda Item 6

CONSIDERATION OF REQUEST OF TOURO UNIVERSITY NEVADA FOR AMENDMENT TO NEVADA ADMINISTRATIVE CODE 630.375 TO ALLOW WAIVER OF THE PHYSICIAN SUPERVISION REQUIREMENT FOR PHYSICIAN ASSISTANTS WHEN PROVIDING GRATUITOUS MEDICAL CARE TO THE COMMUNITY AS PART OF AN ORGANIZATION WITH MEDICAL DIRECTOR OVERSIGHT

Phil Tobin, DHSc, PA-C, Director, School of Physician Assistant Studies at Touro University Nevada, provided a brief description of his background. He then explained that the Physician Assistant (PA) Program has a mobile health clinic that goes to different places in Las Vegas. Currently, there are over 10,000 homeless individuals in Las Vegas who are falling through

the cracks of our healthcare system. Those represent women, children and veterans. The PA Program has a grant for that, as well as a grant for a clinic within the Shade Tree, which is a women's homeless and domestic violence shelter in Las Vegas. Currently, the mobile clinic is taken out by the PA faculty and the Shade Tree clinic is manned by providers in the local community. He said he would use himself as an example to illustrate the issue at hand. He is credentialed at the Shade Tree clinic, and has been signed up with a supervising physician at the clinic for the last 3 months to see patients, but has been hesitant because if he works at the clinic during the month, according to the way they read the regulation, his supervising physician would have to go with him to ensure he is practicing the standard of care. The spirit of the regulation seems to be that if a PA is working at a rural health clinic for 160 hours a month, sometime during that period, the PA should be interacting with his/her supervising physician; but he is not sure whether a limited amount of volunteerism and seeing patients for free at different sites was contemplated in that regulation. An alternative to the suggestion made within Touro University's request letter would be to obtain an advisory opinion from the Board so it can continue to provide free healthcare to the homeless and veterans.

Mr. Cousineau explained that pursuant to regulation, there is a process to request an advisory opinion from the Board, and he said he would provide a copy of that regulation to Touro University. He said that, based on Mr. Tobin's description of how the process is working, it would not necessitate a change to the regulation. The supervisory requirements may be met by electronic medium – telephonically, via Skype, and the like. So, based on his understanding of the dynamic of this gratuitous care, there is no need to change the regulation, but to put Touro University at ease, the Board would certainly be willing to provide an advisory opinion.

Dr. Berndt asked whether the PAs who are providing the care are students or fully-trained PAs.

Mr. Tobin stated they are fully-trained PA faculty members, who have students with them to assist. A licensed PA faculty member – either a physician or a PA – will always be present.

Agenda Item 7

REPORTS

(a) Investigative Committees

Dr. Prabhu reported that at its May 10, 2017 meeting, Investigative Committee B considered 90 cases. Of those, the Committee authorized the filing of a formal complaint in 1 case, sent 11 cases out for peer review, requested an appearance in 6 cases, issued 14 letters of concern, referred 1 case back to investigative staff for further investigation or follow-up and recommended closure of a total of 57 cases.

Dr. Berndt reported that at its May 19, 2017 meeting, Investigative Committee A considered 133 cases. Of those, the Committee authorized the filing of a formal complaint in 4 cases, sent 26 cases out for peer review, requested an appearance in 8 cases, issued 34 letters of concern, referred 4 cases back to investigative staff for further investigation or follow-up and recommended closure of a total of 57 cases. Dr. Berndt thanked the staff for all the work they do for the Investigative Committee meetings.

Mr. Kilroy thanked Dr. Berndt for all of his work on the Investigative Committee.

(b) Nevada State Medical Association Report

Weldon Havins, M.D., J.D., President of the Nevada State Medical Association (NSMA), reported that NSMA will hold its annual meeting August 25 through 27, and at that meeting, there will be a two-hour CME on suicide prevention that will cover the requirement in a new law being adopted requiring two hours of CME in suicide prevention. He said it is not necessary to go to the meeting to attend the CME. The CME will be held the evening of the 25th and all licensees are welcome.

(c) Clark County Medical Society Report

No report was presented at this meeting.

(d) Washoe County Medical Society Report

Mary Ann McCauley, Executive Director of the Washoe County Medical Society (WCMS), said she joined the WCMS in the middle of January. She reported that WCMS was seeing a slight uptick in membership, which was encouraging. WCMS is in the process of reviewing and approving a long-range plan it has been working on for some weeks now in order to improve the benefits it is offering to members, improve the learning opportunities available, and get more of the students and residents engaged in hopes that through that and some other collaborations, they will want to stay in Nevada.

Dr. Nagy asked how the WCMS felt about the expansion efforts by Renown into telehealth. Ms. McCauley said she thought it was a good idea and something WCMS really needed to look at. She said Stanford has an excellent reputation, she wishes them well, and WCMS will do what it can to help support the effort.

Agenda Item 8

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. WILSON F. BERNALES, M.D.*, BME CASE NO. 16-39003-1

Dr. Bernales was not present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Bernales and the terms of the proposed Settlement Agreement.

Dr. Prabhu moved that the Board accept the Settlement Agreement. Ms. Peltyn seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 9

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SU YOUNG PAK, M.D.*, BME CASE NO. 17-35720-1

Dr. Pak was not present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Pak and the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board accept the Settlement Agreement. Dr. Nagy seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 10

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. WILLIAM CRAIG, M.D.*, BME CASE NO. 16-44275-1

Neither Dr. Craig nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Craig and the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board accept the Settlement Agreement. Dr. Prabhu seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 11

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. FRANK PALLARES, M.D.*, BME CASE NO. 17-40466-1

Dr. Pallares was not present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Pallares and the terms of the proposed Settlement Agreement.

Dr. Muro moved that the Board approve the Settlement Agreement. Ms. Peltyn seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 12

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. RITA ELAINE STARRITT, M.D.*, BME CASE NO. 17-39985-1

Dr. Starritt was not present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Starritt and the terms of the proposed Settlement Agreement.

Dr. Muro moved that the Board approve the Settlement Agreement. Dr. Prabhu seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 13

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DANIEL P. TAHERI, M.D.*, BME CASE NO. 17-31390-1

Neither Dr. Taheri nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Taheri and the terms of the proposed Settlement Agreement.

Dr. Nagy moved that the Board accept the Settlement Agreement. Dr. Prabhu seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 14

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. JOSE HIRAM ALVAREZ, M.D.*, BME CASE NO. 17-28177-1

Neither Dr. Alvarez nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Alvarez and the terms of the proposed Settlement Agreement.

Dr. Nagy moved that the Board accept the Settlement Agreement. Dr. Muro seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 15

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ROBERT FEINGOLD, M.D.*, BME CASE NO. 16-11221-1

Neither Dr. Feingold nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Feingold and the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board accept the Settlement Agreement. Dr. Prabhu seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 16

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. HENRI WETSELAAR, M.D.*, BME CASE NO. 11-5083-1

Neither Dr. Wetselaar nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Wetselaar and the terms of the proposed Settlement Agreement.

Dr. Prabhu moved that the Board accept the Settlement Agreement. Ms. Peltyn seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 17

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. GEORGE VAGUJHELYI M.D.*, BME CASE NO. 14-11807-1

Neither Dr. Vagujhelyi nor his attorney was present.

Dr. Fischer named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Vagujhelyi and the terms of the proposed Settlement Agreement.

Dr. Berndt moved that the Board accept the Settlement Agreement. Mr. Duxbury seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 18

EXECUTIVE STAFF/STAFF REPORTS

(a) Investigations Division Report

Ms. Castagnola reported the current number of open investigative cases was 606 and the current number of cases per investigator was approximately 76. There were 36 peer reviews in the field and 39 peer reviews awaiting assignment.

(b) Quarterly Compliance Report

Ms. Jenkins reported the total number of files in collection with the State Controller's Office for the first quarter of 2017 was 7, for a total of \$39,706.91. Collections written off during the quarter were in the amount of \$15,000.00, which was for one case. Total costs outstanding were \$16,132.43, total fines outstanding were \$6,000.00, for a total amount outstanding of \$22,132.43. The total costs collected during the quarter were \$12,774.42.

(c) Quarterly Update on Finances

Ms. Jenkins highlighted the various sections of the Balance Sheet for the first quarter of 2017. She stated the Board's total assets were \$6,394,000.00. With respect to the liabilities and equity section, she explained that because the Board is coming to the end of a biennium, the total deferred revenue was only \$1,238,000.00, which was the revenue from the last licensing renewal period that the Board will be recognizing in the second quarter of 2017. The PERS liability was \$3,768,000.00, and had improved a little bit in the last year. The Board's equity, which is the Board's reserves, was \$1,343,000.00.

Ms. Jenkins then highlighted the various sections of the Profit and Loss Budget vs. Actual for the first quarter of 2017. She stated the total income was \$1,135,000.00, which was at 96.3% of the Board's budget. Ms. Jenkins explained that the largest part of the Board's expenses is personnel expenses, which were \$848,000.00, at 92.7% of budget. The Board's operating expenses were dead on, at 101.4% of budget, for a total of \$343,000.00. The Board's interest income was \$16,831.00, which was above budget by about \$4,000.00. The Board had a loss for the quarter of \$55,000.00. She explained the Board budgeted a loss of \$77,000.00 because the intent is to use some of its reserves and to be in a net loss position. So the Board was better than budget by \$22,000.00.

Ms. Mastroluca offered congratulations on the audit.

(d) Legal Division Report

Mr. Kilroy reported there were currently 135 cases in the Legal Division, 10 of which had been presented to the Board for action at this meeting; 61 cases pending the CMT process; 34 cases awaiting filing of a formal complaint; 20 cases in which a formal complaint had been filed that were pending hearings, 8 since the last Board meeting; 7 miscellaneous legal matters requiring further investigation, etc.; and 41 letters of concern approved by the Investigative Committees during their May meetings. He provided an update regarding three pending civil court cases in which the Board was currently involved.

(d) Report on Status of Processing 2017-2019 Biennial Licensure Registration Renewals

Ms. Daniels thanked those licensees who assisted with beta testing the online renewals system. She reported that the renewal period commenced the first week of April and, at that point, about 11,500 licenses were generated for renewal. To date, 5,622 licensees had renewed their licenses. She thanked the staff for their assistance with the renewals effort.

(d) Report on Federation of State Medical Boards 2017 Annual Meeting

Mr. Cousineau named the Board members and staff who attended the Federation of State Medical Boards (FSMB) meeting in Fort Worth, Texas this year and reported the main topics were what seemed to be the subjects of the day – opioid prescribing, telemedicine and telehealth, and the Interstate Medical Licensure Compact (IMLC). The FSMB was very proud to announce at the meeting that the first IMLC license had been issued out of Wisconsin, and the individual had chosen to be licensed in another Compact state, Colorado. He explained that this Board is currently able to license individuals by way of a Letter of Qualification if the individual is licensed in another IMLC state, and has issued eight IMLC licenses to date. Nevada is still not able to act as a state of initial licensure due to the fact that DPS and the FBI are unwilling to accept fingerprint cards from individuals applying through the IMLC because they consider these to be expedited licenses under the current statutory language. The revised statutory language in the Board's bill,

AB339, which is before the Legislature this session, should satiate the concerns of DPS and the FBI, and we expect the bill will pass.

Dr. Fischer said the ability to understand electronic healthcare records across the country is a big issue they are going to be working on.

Dr. Berndt said there were some interesting interactions with representatives from the drug industry there; that they were very interested in seeing what is being done about the opioid epidemic on a national level. He said that Ohio was the first state to sue pharmaceutical companies with respect to this issue. Mr. Rich stated he knew that certain cities had also done so, and he assumed more states would follow.

Agenda Item 19

LICENSURE RATIFICATION

- Ratification of Licenses Issued, Reinstatements of Licensure and Changes of Licensure Status Approved Since the March 3, 2017 Board Meeting

Dr. Prabhu moved that the Board ratify the licenses issued, reinstatements of licensure and changes of licensure status approved since the March 3, 2017 Board Meeting. Mr. Duxbury seconded the motion, and it passed unanimously.

Agenda Item 20

APPEARANCES FOR CONSIDERATION OF ACCEPTANCE OF APPLICATIONS FOR LICENSURE

(a) Paul Jin-Young Park, M.D., Ph.D.

Dr. Fischer asked Dr. Park whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did.

Dr. Prabhu moved that the Board go into closed session pursuant to NRS 241.030. Dr. Berndt seconded the motion, and it passed unanimously.

Upon returning to open session, Dr. Muro moved that Dr. Park undergo a fitness to practice medicine evaluation prior to being granted a limited license. Dr. Prabhu seconded the motion.

Mr. Cousineau said he wanted to clarify that staff can issue Dr. Park a limited license if the evaluation is favorable to Dr. Park, and if it is not favorable, Dr. Park will have to reappear at the next meeting for further discussion.

Dr. Muro amended his motion to include that if the evaluation is favorable, the limited license will be granted, and if it is unfavorable, Dr. Park may reappear at the next meeting to discuss further options. Dr. Prabhu seconded the amended motion, and it passed unanimously.

(b) Roch Andre Lefebvre, M.D.

Dr. Fischer asked Dr. Lefebvre whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Fischer stated that Dr. Lefebvre was applying for a license by endorsement, as he had not passed a major examination within the past 10 years, he had not completed 36 months of progressive postgraduate training, and he had answered affirmatively to Question 12 on his application for licensure.

Dr. Lefebvre described the circumstances surrounding the case of malpractice that had been filed against him that resulted in a monetary settlement.

Dr. Fischer said that Dr. Lefebvre had stated in his application that he would be willing to undergo a peer review if the Board requested it, and Dr. Lefebvre concurred.

Dr. Fischer moved that the Board grant Dr. Lefebvre an unrestricted license contingent upon successful passage of a peer review. Dr. Prabhu seconded the motion, and it passed unanimously.

Ms. Daniels described the peer review process and stated that Dr. Lefebvre would be responsible for the cost of the peer review.

(c) Codrin Eugen Iacob, M.D.

This item was not discussed at the meeting.

(d) Pamela Hillyard Cheney, M.D.

Dr. Fischer asked Dr. Cheney whether she wanted her application to be considered in closed session, with the public being excluded, and she said that she did not.

Ms. Mastroluca asked Dr. Cheney how she came to be in her present position.

Dr. Cheney explained how she came to be a Medical Director at Humana. She said that in this position, she makes determinations regarding medical necessity. There are certain states that require you to be licensed in the state in order to make determinations for medical necessity, and Nevada is one of them. She had lawyers at Humana look at the Nevada statutes and they told her an administrative license would fit her job description.

Mr. Cousineau stated that if she were to get an administrative license, she would not be able to perform utilization reviews, which would be considered the practice of medicine in Nevada. To do that, she would need an unrestricted license. Mr. Cousineau read from the job responsibilities provided by Dr. Cheney as part of her application, and stated that was at least tantamount to utilization review.

Dr. Muro stated he would consider what she does clinical medicine because her decisions impact patient care.

Discussion ensued regarding whether Dr. Cheney would qualify for an unrestricted license.

Ms. Daniels stated that Dr. Cheney had applied for an administrative license, so if she wanted an unrestricted license, she would have to reapply.

Dr. Muro stated an administrative license would not allow her to function in Nevada in the role she has been functioning in for other states. To do so for patients in Nevada, she would need

an unrestricted license. Despite her current Board certification, given her lack of recent clinical hands-on experience, in order to obtain an unrestricted license, she would need to come up with something to satisfy the Board's questions as to whether she is capable to practice clinical medicine. He explained there are reentry programs she could attend which would allow her to do so.

Mr. Cousineau suggested the Board could table consideration of Dr. Cheney's application and she could come back to the Board in September with something from Humana that would clarify her job description to satisfy the Board's concerns that she won't be engaging in professional conduct that is not appropriate under an administrative license. An alternative would be to withdraw her application.

Discussion ensued regarding whether a restricted license was a viable option for Dr. Cheney.

Dr. Cheney said she would like to table consideration of her application.

Dr. Fischer moved that the Board table consideration of Dr. Cheney's application for licensure. Dr. Prabhu seconded the motion, and it passed unanimously.

(e) Hung Sheng Lu, M.D.

Hal Taylor, Esq. appeared with Dr. Lu as his legal counsel.

Dr. Fischer asked Dr. Lu whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Berndt reviewed Dr. Lu's medical training and practice with him.

Dr. Berndt asked what he planned to do if granted a license to practice medicine in Nevada.

Dr. Lu said he has friends in Nevada and is looking for a position here.

Dr. Berndt questioned Dr. Lu about being placed on probation during his Pathology residency at the University of Hawaii for performing an autopsy on the wrong body.

Dr. Lu stated he had no recollection of it and he wasn't aware of it until 2015. The residency program never sent anything to the hospitals or other Boards that he has applied to.

Dr. Berndt questioned Dr. Lu regarding his affirmative responses to Questions 5a and 5b on the Uniform Application for licensure.

Dr. Lu described the circumstances surrounding the two cases of malpractice that had been filed against him.

Dr. Berndt questioned Dr. Lu regarding his affirmative responses to Questions 13 and 15 on the Uniform Application for licensure.

Dr. Lu described the circumstances surrounding the investigations of him by the Arizona Medical Board in 2003, 2009 and 2010.

Dr. Berndt moved that the Board grant Dr. Lu's application for licensure. Dr. Prabhu seconded the motion, and it passed unanimously.

(f) Sandeep Rao, M.D.

Dr. Fischer asked Dr. Rao whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Muro questioned Dr. Rao regarding his affirmative response to Question 8 on the Uniform Application for licensure and his failure to respond to Question 13 on the application.

Dr. Rao explained that initially he was uncertain how to respond to both questions, so he left them blank. He knew he had to respond in the affirmative to both, but he had questions with respect to the explanations he needed to provide. After speaking with his License Specialist, he provided a response that pertained to being placed on probation during his surgical internship year. He then described the circumstances that led to his placement on probation.

Dr. Muro asked Dr. Rao what he planned to do if granted a license to practice medicine in Nevada.

Dr. Rao said there is a facility near Elko that wanted him to perform teleradiology readings for it, and since he is certified in Vascular and Interventional Radiology, he may also be able to help them out there as well, on a periodic basis.

Ms. Daniels asked Dr. Rao to explain why he had to pay an administrative fee to the Texas Medical Board.

Dr. Rao stated that he did not disclose the disciplinary action in Boston on his Texas application because it was called an academic review and the question asked if he had been placed on probation. In his mind, there was a distinction between probation and academic review. The Texas Medical Board subsequently gave him a license.

Dr. Prabhu moved that the Board grant Dr. Rao's application for licensure. Dr. Nagy seconded the motion.

Dr. Fischer asked about the letter from Dr. Josef Fischer, M.D., Program Director for the General Surgery training program at Beth Israel Deaconess Medical Center, which stated he had been placed on probation and indicated it had been hand-delivered to Dr. Rao.

Dr. Rao said that although it indicated it had been hand-delivered to him, he did not have one in his possession.

A vote was taken on the motion, and it passed unanimously.

(g) Mudalodu Veeraraghavachar Vasudevan, M.D.

Dr. Fischer asked Dr. Vasudevan whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Berndt reviewed Dr. Vasudevan's medical training with him.

Board License Specialist Aimee Dodge explained she was able to verify Dr. Vasudevan's medical school and two years of his residency training, but had been unable to verify the remaining year of his residency training.

Dr. Berndt asked Dr. Vasudevan about his medical practice for the last five years, and Dr. Vasudevan described it.

Dr. Berndt asked Dr. Vasudevan what he planned to do if granted a medical license in Nevada.

Dr. Vasudevan said he wanted to practice holistic medicine and family practice, focusing on preventive medicine.

Dr. Berndt stated that Dr. Vasudevan appeared to have unique talents and a unique practice. Although his background and training were not mainstream, he has very good letters of recommendation and appears to have done a type of general practice the last few years.

Mr. Cousineau said that although Dr. Vasudevan had a unique skill set, he may not meet the threshold for licensure by endorsement, so staff would recommend that he undergo a peer review.

Dr. Vasudevan stated he was concerned about the costs associated with a peer review.

Mr. Cousineau described the peer review process and said he did not think it would be terribly expensive.

Dr. Vasudevan said he would have no problem with going through the peer review.

Dr. Berndt moved that the Board grant Dr. Vasudevan an unrestricted license contingent upon successful passage of a peer review. Dr. Prabhu seconded the motion.

Ms. Mastroluca said she wanted to verify that Dr. Vasudevan was willing to undergo the peer review, and he said he was.

A vote was taken on the motion, and it passed unanimously.

(h) Noreen Enriquez Tiangco, M.D.

Dr. Fischer asked Dr. Tiangco whether she wanted her application to be considered in closed session, with the public being excluded, and she said that she did not.

Mr. Duxbury questioned Dr. Tiangco regarding her affirmative response to Question 19 on her application for licensure.

Dr. Tiangco explained that she started her training in 2012, and was there for a total of four years, but she had to repeat her second year, so she only completed three years in General Surgery. Towards the end of her training, she decided she would rather pursue primary care. She applied this past season for a Family Medicine residency, but she did not match, so in the fall, she plans to apply for Family Medicine, Internal Medicine and Pediatrics residencies.

Mr. Duxbury asked her to describe her current practice.

Dr. Tiangco explained that she works for CenseoHealth and performs health assessments at Medicare Advantage members' homes. These are wellness visits to make sure their current diagnoses, management and medications are as they should be and to identify any case management issues so that they can be addressed through the health plan.

Mr. Duxbury stated Dr. Tiangco was applying for an unrestricted license and has no postgraduate training in the fields in which she wants to work.

Dr. Tiangco said she wanted to apply for an urgent care position and feels her years in surgery would qualify her to deal with urgent care issues.

Mr. Cousineau explained the concern is that because the Board doesn't license by specialty, once someone has an unrestricted license, there is nothing to prevent him/her from practicing outside the scope of his/her training.

Dr. Nagy asked the name of the program that was willing to hire her.

Dr. Tiangco said she had looked into locum tenens positions in Las Vegas and had heard of other positions in urgent care, but she didn't have a particular company in mind.

Dr. Nagy asked if they were aware of her current status and were willing to hire her in that capacity, and Dr. Tiangco said they were.

Mr. Duxbury said his concern was that with an unrestricted license, nothing would preclude her from working in any specialty.

Dr. Tiangco said she knows there are things that are beyond her scope and she would gladly refer to her colleagues who were more qualified in those instances.

Dr. Muro said he was comfortable that the entities that choose to hire her will make sure she is qualified for what she will be doing for them.

Mr. Duxbury moved that the Board grant Dr. Tiangco an unrestricted license. Dr. Prabhu seconded the motion, and it passed, with Ms. Peltyn abstaining from the vote and the remaining Board members voting in favor of the motion.

(i) Madeline Renee Hardacre, M.D.

Elizabeth Hutson, M.D., Dr. Hardacre's proposed Preceptor, appeared with Dr. Hardacre.

Dr. Fischer asked Dr. Hardacre whether she wanted her application to be considered in closed session, with the public being excluded, and she said that she did not.

Ms. Peltyn questioned Dr. Hardacre regarding the fact that she had not practiced clinical medicine since 2013.

Dr. Hardacre explained that she had moved to Nevada in 2013 when her husband took a position at Renown. They have three children and she decided to take some time off.

Ms. Peltyn asked Dr. Hardacre what she planned to do if granted a license to practice medicine in Nevada.

Dr. Hardacre said she would be practicing office Gynecology with Dr. Hutson four days a week.

Ms. Peltyn questioned Dr. Hardacre regarding her affirmative response to Question 12 on her application for licensure.

Dr. Hardacre described the circumstances surrounding the pending malpractice case that had been filed against her.

Ms. Daniels complimented Dr. Hardacre and Dr. Hutson on their proposed preceptorship plan. She then suggested that for the first three months, reports be submitted to the Board on a bimonthly basis, and then monthly thereafter.

Ms. Mastroluca moved that the Board grant Dr. Hardacre an unrestricted license with the condition that she complete the preceptorship plan, to include the changes as outlined by Ms. Daniels, and come back to the Board in a year to request that the condition be lifted. Dr. Nagy seconded the motion, and it passed unanimously.

(j) Gregory Charles Tanner, M.D.

Dr. Fischer asked Dr. Tanner whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Mr. Duxbury questioned Dr. Tanner regarding his affirmative responses to Questions 12 and 12a on his application for licensure.

Dr. Tanner described the circumstances surrounding the three cases of malpractice that had been filed against him that resulted in settlements over \$100,000.00.

Mr. Duxbury asked Dr. Tanner what he planned to do if granted a license to practice medicine in Nevada.

Dr. Tanner said he planned to supplement his current practice by working at the hospital in Ely one week a month.

Mr. Duxbury moved that the Board grant Dr. Tanner's application for licensure. Dr. Prabhu seconded the motion, and it passed unanimously.

(k) Douglas Joseph Erickson, M.D.

Dr. Fischer asked Dr. Erickson whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Mr. Duxbury asked Dr. Erickson why he chose to go into inactive status in 2015.

Dr. Erickson explained that he moved to Reno in 2012, and wasn't working at the time. He obtained a license in Nevada in 2013 because although he had no definite plans at the time, he thought he might decide to practice medicine here in the future. He met with Dr. Tim Baker, Director of Medical Education at the University of Nevada, Reno (UNR) while his license application was pending, and Dr. Baker was very enthusiastic about him participating in the teaching program there, but it ultimately did not work out. In 2015, Dr. Erickson had not yet

practiced medicine in Nevada, so he contacted Board staff and asked about the process of going from active to inactive. He was advised it was a fairly simple process and that if he decided to reverse the process within 24 months, it was also a fairly simple process. Maybe 18 months into his inactive status, he began the process of changing his license status to active, which turned out not to be quite as simple as he thought. He decided to do so because it is one thing to be a medical doctor with a degree and it is another to be a licensed physician. To him, emotionally, it means something different. He got in touch with the Director of the University of California, San Diego physician retraining and reentry program, and the Director was very enthusiastic about Dr. Erickson taking the courses to retrain himself, not as a pathologist, but as a primary care physician under appropriate circumstances. At the same time, he again met with Dr. Baker at UNR. Dr. Baker was pretty skeptical about this working out, and asked him Dr. Erickson if he wanted to reconsider medical education. Subsequently, Dr. Erickson was appointed as a community faculty member, and depending on how this works out, this may go beyond that to a more standard-type of participation in the Department of Pathology. Dr. Erickson then described the peer review process in place in the Pathology Department at UNR.

Ms. Daniels asked when he last practiced clinical Pathology, and Dr. Erickson said it was in June 2012.

Discussion ensued regarding whether it would be appropriate to require Dr. Erickson to undergo an independent peer review prior to granting Dr. Erickson's request to change status.

Mr. Cousineau recommended that the Board grant Dr. Erickson's application to change licensure status to active. He said there are protocols in place and people will be reviewing Dr. Erickson's work. He already has a license and is just requesting a change in status. So although he has been out of clinical practice for a while, there are modalities in place based on his specialty that should satiate any concerns.

Dr. Prabhu moved that the Board grant Dr. Erickson's request to change status from inactive to active. Ms. Peltyn seconded the motion, and it passed unanimously.

(I) John Arthur Cerritelli, M.D.

Dr. Fischer asked Dr. Cerritelli whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Muro asked Dr. Cerritelli when he last practiced clinical medicine.

Dr. Cerritelli said it was in February 2014. He then described his clinical practice at that time.

Dr. Muro asked Dr. Cerritelli about his medical training, and Dr. Cerritelli described it. He said he may do some locum tenens work in Nevada if granted a license here.

Dr. Muro said that Dr. Cerritelli's locum tenens would be in Family Medicine; however, Dr. Cerritelli had never done any formal training in Family Medicine.

Dr. Cerritelli explained his fourth year was in Surgical Endoscopy, under the auspices of the General Surgery Program, where he was trained by the surgeons, as well as the Internal Medicine people, and he rounded with Internal Medicine every day. They did the same thing the family

practitioners did as far as routing goes. He also worked in the outpatient offices of the Internal Medicine doctors.

Mr. Cousineau said it was staff's position that the Board needed to make a determination as to whether Dr. Cerritelli met the threshold for licensure by endorsement. It is a very high standard, and although has a diverse background, he has been out of clinical practice for quite a while.

Dr. Muro said he did not think Dr. Cerritelli met the requirements for licensure by endorsement.

Dr. Cerritelli said he was withdrawing his application for licensure.

(m) Juan Enrique Wantig Azcarraga, M.D.

Dr. Fischer asked Dr. Azcarraga whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Prabhu asked Dr. Azcarraga to describe what he had been doing since he completed his fellowship training in 1998.

Dr. Azcarraga described his medical training and medical practice.

Dr. Prabhu asked Dr. Azcarraga to explain to the Board the circumstances surrounding his academic probation at the University of Hawaii and how he failed to disclose it.

Dr. Azcarraga described the circumstances surrounding being placed on probation during his residency training at the University of Hawaii.

Dr. Prabhu asked Dr. Azcarraga to describe his current practice, and Dr. Azcarraga did so.

Dr. Prabhu questioned Dr. Azcarraga regarding the fact that he had not passed a major examination in the past 10 years.

Dr. Azcarraga explained he returned to the States and tried to find a retraining program. For 6 months he was in a program like an internship. He then took a position in Illinois and was working more than 60 hours a week, 6 days a week. He took his test last year and didn't pass, but his score was not bad and there were only two areas in which he was a little weak. He said this was the first test he had taken in this country in more than 18 years.

Dr. Prabhu asked if he would be willing to undergo a peer review, and Dr. Azcarraga said he would do whatever he had to do.

Dr. Prabhu moved that the Board grant Dr. Azcarraga an unrestricted license contingent upon successful passage of a peer review. Ms. Peltyn seconded the motion.

Mr. Cousineau described the peer review process and stated that Dr. Azcarraga would be responsible for the cost of the peer review.

A vote was taken on the motion, and it passed unanimously.

Agenda Item 21

CONSIDERATION AND APPROVAL OF 2016 BOARD ANNUAL REPORT

Mr. Cousineau outlined the contents of the proposed 2016 Annual Report. He noted the Board had added staff members and that staff continues to grow in both the Licensing and Investigations Divisions. In 2015 and 2016, there was a significant downtick in the number of disciplinary actions from previous years. He explained there had been some turnover in the Legal Division, but he could say with comfort and confidence that he is very pleased with the current composition of the legal staff and, based on the sheer number of settlement agreements adopted earlier in this meeting, it is clear they are endeavoring to get through the backlog that resulted from the turnover and get the numbers back to where they need to be. With respect to licensure, although not included in the Annual Report, the Board issued 375 residency training licenses. These licenses are issued on an annual basis, not a biennial basis like the other licensure categories. Additionally, physician licensure increased by 4%, physician assistants by over 10%, respiratory therapists by over 8% and perfusionists by 17%.

Mr. Duxbury asked why there had been a decrease in disciplinary actions from what looked like a progressive increase until 2012.

Mr. Cousineau stated it was largely due to the turnover in the Legal Division.

Mr. Duxbury asked if it was safe to say the 2015-2016 upward trend should continue.

Mr. Cousineau said very much so. There is currently a backlog in the Legal Division, but with the current Legal Division staff, we can expect to see a very significant uptick.

Dr. Prabhu moved to approve the 2016 Board Annual Report. Dr. Muro seconded the motion, and it passed unanimously.

Agenda Item 22

MATTERS FOR FUTURE AGENDAS

Mr. Cousineau stated the following items would be on the agenda for a future meeting: a legislative update by Keith Lee, Esq. at the September meeting, consideration of the 2018 meeting schedule at the September meeting, request for authorization to go forward with the regulatory adoption process for new regulations based on legislation from the 2017 Legislative Session; and consideration of the 2018 budget at the December meeting. He said, along those lines, the Board has a lease with the Regional Transportation Commission which will expire in less than two years. The Board is out of space to increase staff, so it is going to have to find new office space. His intention is to put a planning committee together to come up with options for the Board to consider. The annual reviews of staff will also be discussed in December.

Dr. Hardwick requested that a staff organizational chart, including phone numbers, be provided to Board members.

Agenda Item 23

STAFF COMMENTS/UPDATES

Mr. Cousineau said that he was just in Minneapolis last Sunday and Monday for an IMLC Commission meeting. The IMLC states have collectively issued about 80 licenses to date, and Nevada issued 8 of those by Letter of Qualification. He reported that Mr. Rich, Mr. Kilroy and he

had presented the Board's Outreach Program to the Philippine Medical Association on May 11, in Las Vegas, and there were about 50 attendees. The Outreach Program is a two-hour program, and attendees receive two hours of CME credit for attending.

Mr. Rich stated that 465 Nevadans lost their lives in 2015 due to opioids – prescription pain medications and heroin – and that is a huge number. We are in an epidemic, and the public is looking to the Board and asking what we are doing to help. Board staff has been working with the other health boards, but took the lead on developing an opioid awareness website. He showed the Board the website on the video screen and outlined the information available to the public on the website. He explained that in addition to this information, there are links to file a complaint with any of the associated health boards. He stated there has been an increase in the number of visits to the site since its inception. Additionally, in an effort to get the information out there, the Board had engaged in a marketing program. Television promotions began on May 8 and radio ads began on May 15.

Dr. Berndt suggested putting the information in pamphlet form and providing those to medical providers for their offices.

Mr. Duxbury asked Mr. Rich to provide a link to the commercial to the Board members.

Mr. Rich said he wanted to recognize Ms. Jenkins for the audit. It was a perfect audit and she had worked hard. He thanked Dr. Fischer for all of his efforts as Board President, as well as on the Investigative Committee.

Mr. Cousineau thanked Dr. Fischer and Dr. Berndt, and added that Dr. Berndt had served the Board admirably as Chairman of one of the Investigative Committees for many years. He said we will sincerely miss them both and there will be a dinner for both of them the Thursday prior to the September Board meeting in Reno.

Mr. Kilroy stated that the Board is blessed to have the assistance of Senior Deputy Attorney General Henna Rasul; that she is a great asset and is always willing to help the Board.

Agenda Item 24

ELECTION OF OFFICERS AND APPOINTMENT OF COMMITTEE MEMBERS

Mr. Cousineau explained that the Board normally holds elections in September; however, because Dr. Fischer is terming out on August 31, elections were being held at this meeting. He said Dr. Fischer will serve as Board President until September 1, when the newly-elected Board President will take over. The other two officers elected today will also take over effective September 1.

Dr. Muro nominated Dr. Prabhu for President. Ms. Peltyn seconded the nomination. Dr. Fischer asked if there were any other nominations, and there were none. A vote was taken, and Dr. Prabhu was elected President, with Dr. Prabhu abstaining and all participating Board members voting in favor of the nomination.

Dr. Prabhu nominated Dr. Hardwick for Vice President. Mr. Duxbury seconded the nomination. Dr. Fischer asked if there were any other nominations, and there were none. A vote was taken, and Dr. Hardwick was elected Vice President unanimously (Dr. Hardwick was not present at the meeting).

Dr. Prabhu nominated Mr. Duxbury for Secretary-Treasurer. Ms. Peltyn seconded the nomination. Dr. Fischer asked if there were any other nominations, and there were none. A vote was taken, and Mr. Duxbury was elected Secretary-Treasurer, with Mr. Duxbury abstaining and all participating Board members voting in favor of the nomination.

Dr. Fischer said that Dr. Nagy would replace Dr. Berndt on Investigative Committee A, so Investigative Committee A would be comprised of Dr. Hardwick, Mr. Duxbury and Dr. Nagy, with Dr. Prabhu, Ms. Peltyn and Dr. Muro remaining on Investigative Committee B.

Agenda Item 25
PUBLIC COMMENT

Dr. Fischer asked whether there was anyone in attendance who would like to present public comment.

Ms. Daniels thanked Dr. Fischer and Dr. Berndt for their many years of service. She told them that we appreciate all of their efforts and that it had been wonderful working with them and getting to know them.

Dr. Fischer said it had been, by far, one of the most interesting things he had done in medicine in his lifetime.

Ms. Peltyn thanked Dr. Fischer and Dr. Berndt, and said we are definitely going to miss them.

Agenda Item 26
ADJOURNMENT

Dr. Berndt moved to adjourn the meeting. Dr. Fischer seconded the motion, and it passed unanimously. Dr. Fischer adjourned the meeting at 3:05 p.m.

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