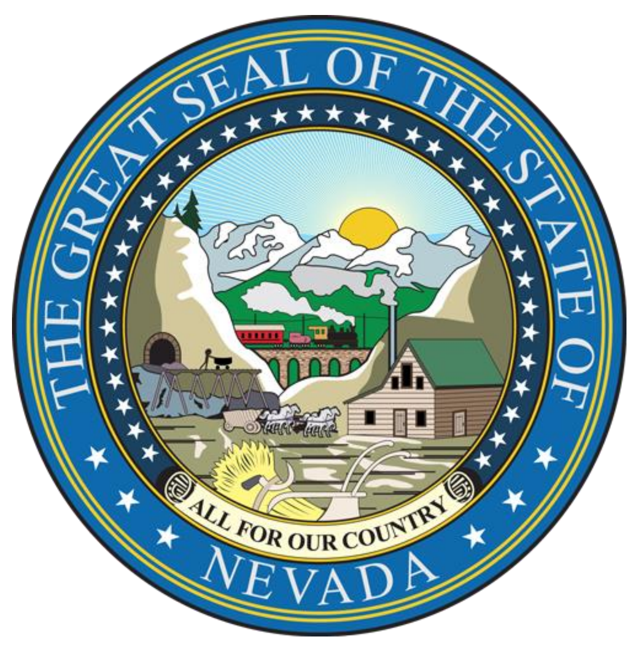
NEVADA STATE BOARD OF MEDICAL EXAMINERS



IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

RICHARD ALLAN BARGEN, M.D.

ADJUDICATION

Case No: 20-5783-1

Date: September 15, 2023

PUBLIC COPY

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1

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against Richard Allan Bargen, M.D., Respondent.	**Case No. 20-5783-1**

FILED
JUN 10 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ____

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Richard Allan Bargen, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 3877). He has been continuously licensed by the Board since September 15, 1979.

2. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. On October 31, 2016, Patient A was seen at the Spine Nevada Institute (SNI) with a diagnosis of chronic neck and back pain with a possible reticular etiology. No opioid treatment for Patient A was indicated within Patient A's medical records.

4. On January 25, 2017, Patient A established care at the High Desert Clinic (Clinic). Medical records indicated Patient A slipped on ice and had an ankle sprain; however, these medical records do not indicate or explain Patient A's treatment plan. The Nevada Prescription

[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Dr. Rachakonda Prabhu, M.D., Chairman, Dr. Victor Muro, M.D., and Ms. April Mastrolucca.

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Monitoring Program (PMP) report shows that Respondent prescribed and filled a 27 MME (morphine milligram equivalents) dosage of codeine (an opioid-based cough medicine). Further, Respondent's medical records do not document any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data for Patient A. Lastly, there is no medical justification indicated for Patient A's opioid treatment as prescribed by Respondent.

5. On February 9, 2017, Patient A visited the Clinic for foot & ankle pain, headaches and back pain. The PMP report for this date indicated Patient A obtained a prescription and filled 15 MME of hydrocodone-acetaminophen from Respondent. Respondent prescribed Lyrica (150mg). The medical record states "PMP clean," but such an entry demonstrates that Respondent failed to see that an opioid drug was prescribed along with a benzodiazepine drug (temazepam).

6. On February 23, 2017, Patient A was seen by an unidentifiable care provider at the Clinic and the medical record was unsigned for this patient encounter. The PMP report indicates Patient A was prescribed 60 MME of oxycodone by Respondent and was prescribed 15 MME of codeine by Mr. B. Such an amount of MME is a ***substantial increase*** of dosage from the previous encounter (2/9/2017). The medical record does not document any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high doses of opioid therapy.

7. On March 7, 2017, Patient A was prescribed temazepam (30 mg) by Respondent pursuant to the PMP for this date and there are no medical records for this prescription.

8. On March 23, 2017, the PMP report indicates Patient A was prescribed 60 MME of oxycodone by Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

9. On May 18, 2017, Patient A was seen by an unknown provider at the Clinic and was treated with an injection into the right lower back. The PMP for this date indicates Patient A

obtained and filled a prescription of 90 MME of oxycodone, an 18 MME prescription of codeine, and a prescription for temazepam from Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

10. On June 14, 2017, Patient A was seen by an unknown provider at the Clinic. The PMP indicates Respondent prescribed codeine (18 MME). There are no medical records for this encounter and prescription.

11. On June 20, 2017, Patient A was seen by an unknown provider at the Clinic. The medical record indicates that she was recently in the ER (Emergency Room) for possible pancreatitis. There is no provider name or signature on the medical record. The PMP for this date indicated Patient A obtained and filled a prescription of 90 MME of oxycodone as written by Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

12. On July 14, 2017, the PMP indicates that Patient A filled a "butalbital comp codeine" prescription as written by Respondent. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

13. On July 19, 2017, and on July 24, 2017, the PMP indicates that Patient A received a 250 MME prescription of oxycodone written by Mr. B. Additionally, Patient A received prescriptions for zolpidem 10 tablets, #30; and another refill of 18 MME of "butalbital comp codeine" prescribed by Respondent. This 250 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

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14. On August 14, 2017, the PMP indicates Patient A filled another codeine (18 MME) prescription as written by Respondent. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

15. On August 16, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 280 MME prescription for oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

16. On September 12, 2017, the PMP indicates Patient A filled another codeine (18 MME) prescription as written by Respondent. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

17. On September 13, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 280 MME prescription of oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

18. On September 28, 2017, the PMP report indicates that Patient A filled a 360 MME prescription for oxycodone written by Mr. B. This 360 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any

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1 consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

19. On October 11, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30, plus 18 MME of codeine prescribed by Respondent, written on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

20. On October 24, 2017, the PMP report indicates that Patient A filled a 180 MME prescription of oxycodone, written by Mr. B on this same date. There is no medical record for this encounter and the prescription of oxycodone. This 180 MME daily dosage of an opioid is ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

21. On November 8, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and there was no signature. The PMP report indicates Patient A received a 270 MME prescription of oxycodone from Respondent, plus a prescription for zolpidem 10 tablets, #30 from Mr. B's prescription, dated October 11, 2017, plus received another 18 MME of codeine as prescribed by Respondent, written on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is

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1 no evidence of medical decision-making to justify the dose escalation to using potentially
2 excessively high dosages of opioid therapy.

3 22. On November 21, 2017, the PMP report indicates that Patient A filled a 180 MME
4 prescription of oxycodone, written by Mr. B on this same date. There is no medical record for this
5 encounter and the prescription of oxycodone. There is no medical record for this encounter and
6 prescription. This 180 MME daily dosage of an opioid is a ***substantial decrease*** in the opioid
7 therapy treatment plan. The medical records do not have any consideration or an assessment of
8 non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP
9 data. There is no evidence of medical decision-making to justify the dose de-escalation to using
10 potentially inadequate dosages of opioid therapy.

11 23. On December 6, 2017, Patient A is seen by Respondent on her final visit to the
12 Clinic. The PMP report indicates Patient A received a 270 MME prescription of oxycodone
13 written by Mr. B, plus a prescription for zolpidem 10 tablets, #30 from Mr. B's prescription, dated
14 October 11, 2017, plus 18 MME of codeine prescribed by Dr. B on August 16, 2017. This 270
15 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The
16 medical records do not have any consideration or an assessment of non-opioid therapy, a
17 discussion of or an assessment of risks and benefits, or a review of the PMP data. There is no
18 evidence of medical decision-making to justify the dose escalation to using potentially excessively
19 high dosages of opioid therapy.

20 24. On December 11, 2017, Patient A died. The Churchill County Sheriff/Coroner
21 certificate states that "based upon the considerations of the circumstances surrounding death,
22 review of available medical history/records, autopsy examination, toxicological analysis, and
23 other ancillary testing, the death of [Patient A] is ascribed to multiple drug toxicity (venlafaxine,
24 amitriptyline, oxycodone and zolpidem). Based upon the circumstances of death as currently
25 known, there is insufficient evidence to suggest suicidal intent; hence, the manner of death is best
26 classified as accident." The Churchill County Sheriff's Office Report (Form 42) Supplement
27 indicates that there was a bottle of controlled substances (venlafaxine) prescribed by Respondent
28 found at the residence of Patient A and such inspection indicated the following:

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Rx Date	Name of Med.	Rx#	Rx#	Dose	Physician
11/8/17	Venlafaxine	90	65	(1) 3x day	Dr. Bargen

COUNT I

NRS 630.301(4) (Malpractice)

25. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

26. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

27. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A, who had a several encounters at the Clinic. The Respondent's specific acts of malpractice are as follows, but not limited to:

1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,* July 2013; 2) failing to justify the use and increase, decrease, and then increase of dosages of opioid medication; 3) prescribing a combination of benzodiazepines and opioids without documenting the medical justification; 4) failing to review the PMP prior to, during, and after the encounters with Patient A; 5) failing to assess Patient A for an alternative for non-opioid treatments; 6) failing to assess and discuss with Patient A with the risks versus benefits of opioid therapy; 7) failing to assess Patient A's concurrent medications interactions with the opioid therapy; 8) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 9) failing to review the PMP data; and, 10) failing to assess Patient A for possible drug screens on a consistent basis.

29. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

30. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

31. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

32. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,* July 2013, published Federation of State Medical Boards of the United States, Inc. (Model Policy).

33. NAC 630.187 sets forth the professional standards for the prescription of opioid analgesics.

34. Respondent prescribed to Patient A in a manner that violated the professional standards for the prescription of opioid analgesics.

35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action against a licensee.

38. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A.

39. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

40. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 4 day of June, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: ______________________
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Richakonda D. Prabhu, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 4th day of June, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Richakonda D. Prabhu, M.D., Chairman

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Complaint Against

RICHARD ALLAN BARGEN, M.D.,

Respondent.

Case No. 20-5783-1

FILED
JUL - 7 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: [signature]

FINDINGS AND RECOMMENDATIONS

TO: Deonne E. Contine, Esq.
Deputy General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521

Richard Allan Bargen, M.D.
490 HIGHLAND AVE. #24
Reno, NV 89512

This matter came for hearing on May 15, 2023. Present were Deonne E. Contine, Esq. on behalf of the Investigative Committee (the "IC") of the Nevada State Board of Medical Examiners ("NSBME"), and the undersigned hearing officer. Respondent Richard Allan Bargen, M.D. ("Dr. Bargen") did not appear nor otherwise participate.

Notice to Dr. Bargen was confirmed on the record. Specifically, proof was submitting indicating that the Scheduling Order, filed April 18, 2023, which contained notice of the hearing was sent by certified mail to Dr. Bargen by Ms. Mercedes Fuentes on April 19, 2023, at his last known address on file with the Nevada State Board of Medical Examiners (the "Board"). *See* NRS 630.254; NRS 630.255; NRS 630.344; Scheduling Order, p. 4. While Dr. Bargen had communications with the Board, the record indicates that he did not provide an alternative address, was aware of the proceedings, and did not engage in the proceedings despite several

notices and attempts to contact him.[1] *See* Volume 1, Exhibit 2. No continuance of the hearing was requested by any interested party.

With Dr. Bargen having failed to appear and no continuance having been requested nor granted, the matter was heard as scheduled pursuant to NRS 622A.350, which provides:

> 1. If a party fails to appear at a scheduled hearing and a continuance has not been scheduled or granted, any party who is present at the hearing may make an offer of proof that the absent party was given sufficient legal notice. Upon a determination by the regulatory body or hearing panel or officer that the absent party was given sufficient legal notice, the regulatory body or hearing panel or officer may proceed to consider and dispose of the case without the participation of the absent party.
>
> 2. If the licensee fails to appear at a hearing, the regulatory body or hearing panel or officer may accept the allegations against the licensee in the charging document as true.

As well as pursuant to NAC 630.470(2), which provides: "If a licensee fails to appear at a scheduled hearing and no continuance has been requested and granted, the evidence may be heard and the matter may be considered and disposed of on the basis of the evidence before the Board, panel or hearing officer in the manner required by this section."

In so proceeding, undersigned heard evidence from the IC in support of the Complaint allegations that consist of: Count I, NRS 630.301(4), Malpractice; and Count II, NRS 630.306(1)(b)(2), Violation of Standards of Practice; and Count III, NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records), premised upon controlled substances being prescribed and administered by an unknown provider, by and through credentials held by Dr. Bargen, and by Dr. Bargen himself. Through sworn testimony of Chief Investigator for the Nevada State Board of Medical Examiners Ernesto Diaz, and through the admission of Exhibits 1-6, the IC established as follows:

1. Dr. Bargen was employed as a locums for Dr. Gary Ridenour, a physician located in Fallon, Nevada. *See* Volume I, Exhibit 2.

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[1] In this respect, there are no filings in the record on behalf of Dr. Bargen including, but not limited to, an Answer to the Complaint.

2. While investigating to file a Complaint against another physician, Dr. Gary Ridenour, a peer review from Robert Gong, MD, dated January 6, 2020, referenced Dr. Richard Bargen as a physician whose treatment fell below the standard of care. *See* Volume I, Exhibit 1, p. 1, paragraph 10; Transcript of Hearing Proceedings, p. 9.

3. Multiple attempts were made by the IC to reach Dr. Bargen, to no avail. *See* Volume I, Exhibit 1, 2, 4, 5, and 6; Transcript of Hearing Proceedings, pp. 9-17.

4. The NSBME arranged with a process server, Legal Process Service, to personally serve Dr. Bargen at the last known address that he supplied to NSBME and the IC. *See* Volume I, Exhibit 1, p. 3; Exhibit 2; Exhibit 5; Transcript of Hearing Proceedings, pp. 23-25.

5. When the NSBME was unable to contact Dr. Bargen, it arranged for service by publication. Volume I, Exhibit 6; Transcript of Hearing Proceedings 25-26.

WHEREFORE the undersigned hearing officer finds as follows:

Proper notice of the proceedings, inclusive of the evidentiary hearing, was provided to Dr. Bargen and no continuance of the evidentiary hearing was sought nor granted;

Pursuant to NRS 622A.350(2) the undersigned accepts the allegations against Dr. Bargen in the Complaint, filed June 10, 2020, as true;

Aside from the authority granted by NRS 622A.350(2), the undersigned hearing officer finds that the IC established a violation of Count I, NRS 630.301(4), Malpractice, by establishing, as alleged, that Dr. Bargen dispensed, and prescribed excessively high doses of controlled substances to Patient A and that Dr. Bargen further failed to monitor, assess, or review the use of opioids or discuss alternatives with the patient, which compounded the improprieties engaged in by Dr. Bargen with respect thereto. The foregoing establishes that Dr. Bargen failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A, in a manner not authorized by law as contemplated by NRS 630.306(4).

Aside from the authority granted by NRS 622A.350(2), the undersigned hearing officer finds that the IC established a violation of Count II, NRS 630.306(1)(b)(2), Violation of Standards of Practice, by establishing that Dr. Bargen furnished opioids to Patient A as described above, i.e., in excessively high doses while failing to justify changes in doses, in a combination with other medications without documenting the medical justification, failing to review the PMP after encounters with the patient, failing to assess the patient for alternative non-opioid therapy or to assess the possible interaction of patient's concurrent medications with opioid therapy; failing to assess the patient for possible drug abuse, drug diversion or other non-medical related activity, failing to review the PMP data or to assess the patient for possible drug screens. The foregoing establishes that Dr. Bargen engaged in behavior that violated the professional standards in the practice of medicine contrary to law.

Aside from the authority granted by NRS 622A.350(2), the undersigned hearing officer finds that the IC established a violation of Count III, NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, by establishing that Dr. Bargen failed to maintain timely, complete, legible, and accurate medical records relating to the diagnosis, treatment, and care of Patient A.

BASED UPON THE FOREGOING, it is recommended that the Board find Dr. Bargen in violation of NRS 630.301(4), Malpractice, as alleged in Count I of the Complaint filed on June 10, 2020; NRS 630.306(1)(b)(2), Violation of Standards of Practice, as alleged in Count II of the Complaint filed on June 10, 2020; and NRS 630.3062(1)(a), failure to Maintain Complete Medical Records, as alleged in Count III of the Complaint filed on June 10, 2020.

RESPECTFULLY SUBMITTED this 3rd day of July 2023.

Nancy Moss Ghusn, Esq., Hearing Officer for the
Nevada State Board of Medical Examiners
675 West Moana Lane Ste. #107
Reno, NV 89509
(775) 772-5644
Nmg416@gmail.com

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 10th day of July, 2023, I served a file-stamped copy of the foregoing **FINDINGS AND RECOMMENDATIONS**, via U.S. Certified Mail, return receipt requested, to the following parties:

RICHARD ALLEN BARGEN, M.D.
490 Highland Ave. #24
Reno, NV 89512

Tracking No.: 9171 9690 0935 0255 6831 78

DATED this 10th day of July, 2023.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

3

In the Matter Of:

Nevada State Board of Medical Examiners

HEARING

May 15, 2023

Job Number: 982072

1 BEFORE THE BOARD OF MEDICAL EXAMINERS

2

3 OF THE STATE OF NEVADA

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9 In the Matter of Charges
and Complaint Against: Case No. 20-5783-1

10

RICHARD ALLAN BARGEN, M.D.,

11

Respondent.

12 ______________________________/

13

14 TRANSCRIPT OF HEARING PROCEEDINGS

15

16

17 Held at the Nevada State Board of Medical Examiners

18 9600 Gateway Drive

19 Reno, Nevada

20

21 Monday, May 15, 2023

22

23

24 Reported by: Brandi Ann Vianney Smith

25 Job No.: 982072

1 A P P E A R A N C E S:

2

THE HEARING OFFICER: NANCY MOSS GHUSN, ESQ.

3 nmg416@gmail.com

4

5 FOR THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS: DEONNE E. CONTINE, ESQ.
Deputy General Counsel
6 Nevada State Board of Medical Examiners
7 9600 Gateway Drive
Reno, NV 89521

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1 I N D E X

2 PAGE

3 WITNESSES

4 On behalf of the Investigative Committee:

5 Ernesto Diaz
Direct Examination by Ms. Contine 5, 13, 17
6 Examination by the Hearing Officer 12, 14

7 Mercedes Fuentes
Direct Examination by Ms. Contine 19, 25
8 Examination by the Hearing Officer 24, 26

9

10 E X H I B I T S

11

12 (Admitted but not attached) PAGE

13 On behalf of the Investigative Committee:

14 Exhibit 1 - Memorandum dated July 9, 2020 9

15 Exhibit 2 - Email dated June 20, 2020 9

16 Exhibit 3 - Complaint filed June 10, 2020 9

17 Exhibit 4 - Letter dated December 21, 2020 9

18 Exhibit 5 - Affidavit of Attempted Service 9

19 Exhibit 6 - RGJ Legal Notices 9

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1 RENO, NEVADA -- MAY 15, 2023 -- 1:35 P.M.
2 -o0o-
3
4
5 HEARING OFFICER GHUSN: Good afternoon. I'm
6 Hearing Officer Nancy Moss Ghusn. This is the time and
7 place for In the Matter of Charges Against Richard Allan
8 Bargen, M.D., respondent, case number 20-5783-1.
9 Appearances, please, for the record.
10 MS. CONTINE: Deonne Contine, general counsel for
11 the Nevada State Board of Medical Examiners.
12 HEARING OFFICER GHUSN: We'll just go ahead, since
13 we have you here.
14 MR. DIAZ: Ernesto Diaz, chief of investigations
15 for the Nevada State Board of Medical Examiners.
16 HEARING OFFICER GHUSN: Thank you, Mr. Diaz.
17 MS. FUENTES: Mercedes Fuentes, legal assistant
18 for the Nevada State Board of Medical Examiners.
19 HEARING OFFICER GHUSN: Who is in the room. Thank
20 you.
21 Is Mr. Diaz going first?
22 MS. CONTINE: Yeah.
23 Do you want to note -- can we note the absence of
24 the respondent?
25 HEARING OFFICER GHUSN: The hearing is the set for

1 today, Monday the 15th of May, 2023, at 1:30.

2 It's currently 1:36, and the respondent is not

3 present nor has he indicated his intention to appear. None

4 of us have heard anything.

5 Any other follow-up with that, because that's

6 going to be explored further; correct?

7 MS. CONTINE: Correct.

8 HEARING OFFICER GHUSN: All right.

9 MS. CONTINE: Deonne Continue for the record.

10 Just a little intro. Because Dr. Bargen has

11 failed to appear, I would like to make an offer of proof

12 pursuant NRS 622A.351, sub 1.

13 That he was given sufficient legal notice and

14 asked you to consider this case without his appearance.

15 Our legal assistant, Mercedes Fuentes, will

16 testify to the Board's efforts to serve him, and our chief

17 investigator will testify to summarize and give a little

18 ground work for the underlying allegations.

19 So, can I call Mr. Diaz now?

20 HEARING OFFICER GHUSN: Please. Thank you.

21 (The oath was administered.)

22 DIRECT EXAMINATION

23 BY MS. CONTINE:

24 Q. Can you please state your name and spell it for

25 the record?

1 A. Ernesto Diaz, E-R-N-E-S-T-O D-I-A-Z.

2 Q. Who is your employer?

3 A. The Nevada State Board of Medical Examiners.

4 Q. And what is your job title?

5 A. Chief of Investigations.

6 Q. And how long have you had that position?

7 A. Approximately three years and two months.

8 Q. Do you have any other investigative experience?

9 A. I do.

10 Q. And can you tell us a little bit about that?

11 A. Sure. I was a boarder patrol agent for four
12 years. I investigated administrative and immigration laws,
13 federal laws. Then I was an ATF special agent, and I
14 investigated federal criminal law for 21 years.

15 Q. Okay. As the chief of investigations for the
16 Board, what are your duties?

17 A. I oversee and run the day-to-day operations of the
18 investigations division. I review all complaints that are
19 submitted to the Board on licensees. I review them for
20 jurisdiction and also to see if they fall within the Board's
21 authority to investigate a violation of the Nevada Medical
22 Practice Act.

23 Q. And do you do cases on you own as well?

24 A. I do have cases that I investigate myself.

25 Q. Can you briefly describe the investigative process

1 **that we use here at the Board?**

2 A. Sure. When a complaint is received by the Board,

3 I review the complaint or a deputy chief is designated to

4 review the complaint.

5 When I review the complaint, I determine to see if

6 the individual is a licensee of the Board, which would give

7 us jurisdiction to investigate that individual, and then I

8 also look at what the allegations are in the complaint to

9 see if they fall within the Nevada Medical Practice Act,

10 which would be NRS 629, 630, and NAC 629 and 630,

11 collectively known as the Nevada Medical Practice Act.

12 If the complaint does fall within jurisdiction, a

13 case is opened, and it's assigned to an investigator.

14 Q. Okay. And then, can you just kind of summarize

15 the investigative process?

16 A. Sure. Once a complaint is received and opened,

17 the investigator will send an allegation letter to the

18 licensee.

19 Also, a request for medical records, if the case

20 involves records, follow up with the custodian of records to

21 ensure that we are receiving all the complete copy of

22 records.

23 Once that information is received, the

24 investigator provides it to a medical reviewer; it is a

25 medical doctor who works for the Board.

1 The medical reviewer will review the information
2 and records, and then make a recommendation for the
3 Investigative Committee of the Board, who will then decide
4 what action to take afterward.
5 Q. If there's going to be further action on that
6 matter and further investigation, what actions might those
7 be?
8 A. So, in some cases, we may send information off to
9 a peer reviewer, who is someone that the Board utilizes to
10 review all the information I've mentioned, as well as
11 provide a report determining whether what we are asking is
12 malpractice or not, and that could take place in various
13 statutes or questions that we ask the peer reviewer.
14 Q. Okay. Thank you.
15 Are you familiar with investigation number
16 [redacted], regarding Dr. Richard Bargen?
17 A. Yes, I am.
18 Q. And you've reviewed the file in this case?
19 A. Yes, I have.
20 MS. CONTINE: At this time, I'm going to ask that
21 the exhibits that were provided at the prehearing conference
22 -- I'm sorry -- the prehearing statement, Exhibits 1 through
23 6, the Investigative Committee's exhibits be admitted.
24 HEARING OFFICER GHUSN: And as we discussed this
25 before, we are going take them as a group, and the

1 Investigative Committee's Exhibits 1 through 6 will be
2 admitted to the record.
3 (Investigative Committee's Exhibits 1
4 through 6 were admitted.)
5 BY MS. CONTINE:
6 Q. Okay. Mr. Diaz, will you turn to Exhibit 1.
7 A. (Witness complied).
8 Q. Can you briefly explain how and why this memo was
9 created?
10 A. Sure. This is a timeline that I had requested the
11 investigator on this case to provide to myself.
12 The reason being is this case originally started
13 with a different individual. In the course of a peer
14 review, we were informed that Dr. Bargen, the respondent in
15 this case, may have also violated the Medical Practice Act;
16 therefore we added him to the case.
17 And because there were different timelines of this
18 case, of this investigation, the investigator created a
19 timeline for me.
20 In addition to that, we had some difficulty
21 contacting or reaching the respondent in this case, getting
22 responses from the respondent.
23 We made every effort to provide records so he
24 could provide a detailed response.
25 It's helpful in these cases to have a timeline

1 like this to allow us to break down every step that we made
2 to communicate with individuals in cases.
3 Q. So with respect to the timeline and your efforts
4 to contact Dr. Bargen, it is safe to say that you had
5 difficulty contacting him and getting a response from him
6 since as early as 2020?
7 A. Yes, that's correct.
8 Q. Okay. And then noting those difficulties -- I'm
9 just going to ask a little bit, historically, about the
10 efforts to contact him.
11 Can you talk a little bit about what were some of
12 the efforts that your team employed to reach out to him
13 prior to when we served him just a few months ago?
14 A. Sure. When the respondent was added to this
15 investigation, we send them an allegation letter, which is
16 asking, basically, for a response to the allegations.
17 The investigator in this case did do that. Don
18 Andreas, A-N-D-R-E-A-S, sent Dr. Bargen an allegation
19 letter.
20 We did not receive a full response. There was
21 some communication between the respondent and the
22 investigator. However, we did not get the complete response
23 that we normally require in these investigations.
24 That was one of the first efforts we made in
25 communicating with the respondent.

1 In addition to that, we also sent several letters;
2 they were returned to sender at the address on file with the
3 Medical Board; that would be the mailing address that
4 they're required to have on file with us for correspondence.
5 Those letters were returned to the investigator as
6 well.
7 We also queried different databases to try to
8 obtain a more accurate address. We subpoenaed the Nevada
9 Department of Motor Vehicles. We received an address from
10 them. Again, we sent correspondence to that address; it was
11 returned to sender.
12 And then we also queried -- it's the law
13 enforcement regulatory database known as "CLEAR," where we
14 got one more address that we sent two investigators out to
15 attempt to communicate with Dr. Bargen, but we were
16 unsuccessful at that as well.
17 Q. That address from the CLEAR search, was that the
18 current address that we have on file, which is the 490
19 Highland?
20 A. No. That was a different address.
21 Q. It was?
22 A. Yeah. Yeah, that was a different address.
23 And, again, that was based off open source
24 databases in that CLEAR database.
25 Q. Okay. I'm going to turn to --

1 HEARING OFFICER GHUSN: May I ask some follow-up

2 questions?

3 MS. CONTINE: Yeah. Sure.

4 HEARING OFFICER GHUSN: Thank you.

5 EXAMINATION BY THE HEARING OFFICER

6 BY HEARING OFFICER GHUSN:

7 Q. Can you tell me -- and it may be a multi-pronged

8 question.

9 A. Sure.

10 Q. Can you explain to me what CLEAR search is?

11 A. Yeah. CLEAR search is similar to LexisNexis or

12 Thompson Reuters, which is a database that's available for

13 law enforcement as well as private entities. For example,

14 private investigators subscribe to those databases, although

15 they cannot access law information.

16 And those databases, such as CLEAR, are derived

17 from public sources, court records, DMV records, credit

18 information, cellular information, all of that is uploaded

19 and it allows someone to -- it provides information on an

20 individual as well as their residences, known locations,

21 associates, family members, and it's very helpful in the

22 investigative processes.

23 And that's one of the databases we use here at the

24 Board.

25 Q. Okay. So, I understand LexisNexis, of course, but

1 **it's limited for use of law enforcement?**
2 A. Well, regulatory bodies can use it as well, which
3 is us, yes, ma'am.
4 **Q. So the Board has a subscription?**
5 A. Yes, we do.
6 **Q. You said also open source, so you Googled it?**
7 A. Yes. We tried to search in any way you can.
8 Goggle and internet and things of that nature.
9 But, again, the only addresses we were able to --
10 come back that we felt confident in trying to locate him
11 were the ones from CLEAR and the Department of Motor
12 Vehicles, as well as the address that he had on file with
13 the Board.
14 **Q. Okay. The address that he had on file with the**
15 **Board is not the Highlands address?**
16 HEARING OFFICER GHUSN: Is this where you're going
17 anyway, Ms. Contine?
18 MS. CONTINE: Yes.
19 HEARING OFFICER GHUSN: Okay. I was afraid you
20 were going to move on, and I wasn't clear on this part.
21 BY MS. CONTINE:
22 **Q. So --**
23 A. That's the one he submitted. We haven't got to
24 that one yet.
25 **Q. Yeah. So, can I go to --**

1 HEARING OFFICER GHUSN: Sure. Yeah.

2 Q. -- Exhibit 2, which is the letter -- his letter to

3 legal our legal assistant.

4 Did there come a time when you were notified

5 through legal that there was an updated address?

6 A. Yes, there was.

7 Q. Is that the address in the Exhibit 2, 490 Highland

8 Avenue, number 24?

9 A. That's correct. That's the address.

10 Q. And, again, that's that address that is on file

11 with the Board?

12 A. That is the most-recent address we received, yes.

13 Q. Okay.

14 MS. CONTINE: Do you have any other questions?

15 HEARING OFFICER GHUSN: I do.

16 EXAMINATION BY THE HEARING OFFICER

17 BY HEARING OFFICER GHUSN:

18 Q. So, he supplied 4090. What did you come up with

19 from open source, and did you follow up on any of those, if

20 you found something?

21 A. He provided -- it was 24 490 Highland Avenue, I

22 believe.

23 Q. Oh, okay. It's a unit number. I'm looking at his

24 letter. Okay. Same address.

25 A. Right.

1 Well, we did sent two investigators to that
2 address as well to try to make contact with the respondent;
3 they were unsuccessful in that as well.
4 I'd have to look at -- I don't have the case file
5 in front of me, but I'd have to look at the affidavit of
6 attempted service to confirm the address that we found in
7 CLEAR and that we tried to contact him with.
8 Q. And anything, open source, that you found that you
9 tried to run down?
10 A. Just an apartment complex in Reno, and I believe
11 it is this one as well that showed up. It also popped up in
12 CLEAR, so that was another one that we attempted to go to.
13 Sometimes the addresses are uploaded -- there's a
14 delay from when someone establishes a residence to when it
15 shows into CLEAR, because it's, again, submitted through
16 open sources, power companies, things like that.
17 We also went back to that address to try to serve
18 him or make contact with him.
19 Q. And there were no other addresses that you found?
20 A. We found Fallon, Nevada was one. There was
21 another we got from the DMV. I think it was Kathleen Lane,
22 that we attempted to make contact with him, but had we no --
23 Kathleen Denise Lane in Reno. That was from the DMV, one of
24 the addresses that we tried to make contact with him at.
25 Q. Okay. I'm going back one more time.

1 A. Yes, ma'am.

2 Q. Did you find anything on open source?

3 A. No. Nothing that we were able to send and get

4 sent back to us. No, we did not --

5 Q. Do you find anything?

6 A. No.

7 Q. You found no other addresses? Just on open

8 source, just Googling it, you found nothing?

9 A. Well, if we -- the ones that we did find matched

10 the ones from CLEAR. So if we went into open source Google,

11 there was the same address that was in CLEAR.

12 So we didn't, obviously, try to make contact at

13 the address we found in open source, such as Google or

14 internet or any social media, because we already had had

15 those address in CLEAR --

16 Q. But this --

17 A. Sorry for --

18 Q. And I don't want to get -- I don't want to take

19 away where you're going, but I want to be clear on this.

20 A. Yeah.

21 Q. But this was back in 2020?

22 A. That's correct.

23 Q. Did you do it periodically? I mean, I know

24 there's a burden and you don't have to do all that.

25 HEARING OFFICER GHUSN: I'd like you to address

1 that.

2 MS. CONTINE: Can I ask a --

3 HEARING OFFICER GHUSN: Please.

4 BY MS. CONTINE:

5 Q. Did there come a time in 2023, essentially when I

6 started here, where we refocused our efforts on trying to

7 serve Dr. Bargen?

8 A. Yes, there was.

9 Q. And then did you run a CLEAR search at that time?

10 A. I did.

11 Q. And you find any other addresses other than the

12 490 Highland Avenue?

13 A. I don't have the report in front of me, but that

14 was the second CLEAR query I'd done within a two- to

15 three-year period.

16 Q. That -- for Dr. Bargen?

17 A. Correct.

18 Q. And it was the same?

19 A. Yes.

20 Q. Okay. I think we will turn to Exhibit 3.

21 HEARING OFFICER GHUSN: Thank you, Mr. Diaz.

22 THE WITNESS: Yep.

23 BY MS. CONTINE:

24 Q. This is -- Exhibit 3 is the Board's formal

25 complaint against -- and charges against Dr.~Bargen, and I

1 **just want you to summarize -- earlier, you discussed the**
2 **investigative process, and based on the allegations in the**
3 **complaint, how the evidence that your team gathered, the**
4 **processes that we used went into what the legal division**
5 **used in filing a complaint.**
6 A. Sure. So as I previously stated, we receive the
7 complaint, which is information that is used to start the
8 investigation, we send an allegation letter, we request
9 records.
10 In this case, because it had to do with
11 prescribing, we also ran a query on the respondent in the
12 Nevada Pharmacy Board's Prescription Monitoring Program,
13 it's known as PMP, we pulled that information regarding this
14 particular patient in the complaint, we also provided that
15 to the peer reviewer who used that information to make the
16 determination that was provided to the Investigative
17 Committee in their decision-making for filing a formal
18 complaint.
19 So, we had medical records, we had a PMP printout,
20 we had the complaint, we had the allegation letter.
21 We had the partial response, which, again, he did
22 not provide a full response, and then that was the majority
23 of what we provided to support this investigation.
24 **Q. I think you mentioned earlier that you also had**
25 **the peer review?**

1 A. Oh, the peer review report, that is correct, yeah.
2 That was also the report that was included in this.
3 Q. Okay.
4 MS. CONTINE: I don't have anything further for
5 Mr. Diaz.
6 HEARING OFFICER GHUSN: Okay. Thank you.
7 MS. CONTINE: Can I call Mercedes Fuentes?
8 HEARING OFFICER GHUSN: Yes.
9 (The oath was administered.)
10 DIRECT EXAMINATION
11 BY MS. CONTINE:
12 Q. Can you state your name and spell it for the
13 record?
14 A. My name is Mercedes Fuentes, that is
15 M-E-R-C-E-D-E-S F-U-E-N-T-E-S.
16 Q. Who is your employer?
17 A. The Nevada State Board of Medical Examiners.
18 Q. And what is your job title?
19 A. I am a legal assistant.
20 Q. And how long have you had that position?
21 A. Roughly around two and a half years. Maybe a
22 little over.
23 Q. Did you have any other experiences as a legal
24 assistant before then?
25 A. Yes. Prior, I work for three years at the

1 Attorney General's Office as a legal secretary.

2 Q. Can you just briefly describe your duties? I know

3 they're extensive, but just kind of briefly describe what

4 you do.

5 A. Sure. I support the attorneys in the legal

6 division, and I will do proofing and finalizing of all legal

7 documents. I make sure that those legal documents are in

8 accordance with any statutes that our Board is governed

9 under. I finalize those documents. I submit them for

10 filing.

11 I also ensure the initiating disciplinary

12 documents get served pursuant to our statutes that regulate

13 our Board.

14 I handle -- I'll draft any kind of correspondence

15 for the attorneys.

16 I'm also responsible maintaining the case file.

17 So any kind of pleadings that are received from the

18 respondent or opposing counsel, I make sure they're filed,

19 disperse them to all the parties; same with any kind of

20 correspondence.

21 And I maintain, essentially, the docket and the

22 record of that case for the Board.

23 Q. So, are you responsible, then, for ensuring that

24 documents are served pursuant to the statute, and in this

25 case is NRS 630.344?

1 A. I do.

2 Q. Okay. Can you briefly describe your process? You

3 don't have to make it look like that statute, but what you

4 do on a daily basis.

5 A. Sure. So, from my understanding of 630.44, and

6 normally we start -- it says that you can serve a respondent

7 or a licensee by either personal service or certified mail.

8 Normally, we start with certified mail, it's

9 prepaid with return receipt requested for signature.

10 In that, I place the formal complaint. We have

11 like a little finger printing packet that we also put in

12 there, along with a letter that accompanies it, letting the

13 respondent know that there's been disciplinary action

14 initiated against them.

15 I put that all together, and I mail it out, by

16 certified mail, to the address that's last known by the

17 Board.

18 Q. And then what happens if gets returned from that?

19 A. If the envelope gets returned saying -- it depends

20 what it will say on the envelope. Sometimes it will show

21 from the Post Office that there's another address, and so

22 I'll go attempt -- I'll let the attorney know, and then I'll

23 attempt to mail the complaint to that address.

24 But if just says "unable to forward," then,

25 normally, we proceed with a process server to perform

1 personal service.

2 And then if that's not effective, then we're

3 supposed to arrange for legal notice in a newspaper, and

4 it's supposed to be in the county -- in same county as the

5 last-known address of the respondent. And we're supposed to

6 publish a legal notice for four weeks.

7 Q. Okay. Can you turn to Exhibit 4?

8 A. (Witness complied).

9 Q. Do you recognize this letter?

10 A. I do.

11 Q. The exhibit. Can you briefly describe it?

12 A. This is a letter that accompanies -- in the packet

13 that we mail out, this letter accompanies the formal

14 complaint and the finger printing materials.

15 And it, essentially, just goes over the

16 disciplinary action that has been initiated, and that

17 there's finger printing materials that need to be processed.

18 Q. And did you send this letter out?

19 A. I did not.

20 Q. Who did?

21 A. Meg Byrd, that's M-E-G B-Y-R-D, and she's the

22 other legal assistant that works here.

23 Q. And can you describe your working relationship and

24 how you guys work together?

25 A. Sure. We both will work on -- all of the cases

1 assigned in legal, attorneys are assigned to those cases;
2 however, we're the only legal assistants that are here.
3 It's just kind of like on a day-to-day basis, we will both
4 assist in cases, and just whatever needs to get done, gets
5 done.
6 Q. So even though Meg sent this original letter,
7 you're familiar with the file as well?
8 A. I am, yes.
9 Q. And was that document returned?
10 A. It was.
11 Q. Can you turn to Exhibit 5?
12 A. (Witness complied).
13 Q. Do you recognize this document?
14 A. I do.
15 Q. And what is it?
16 A. It is an affidavit of attempted service that was
17 sent to me by Legal Process Service, which is the company
18 that I arranged for to serve -- personally serve Dr.~Bargen
19 at his last-known address with the Board.
20 Q. Okay. And were -- was the service that you used
21 able to serve him there?
22 A. They were not. When we arranged for personal
23 service, it's always three attempts at that address, and so
24 they did three attempts and they were unable to serve
25 Dr. Bargen.

1 **Q. Okay. Can we turn to Exhibit 6?**

2 HEARING OFFICER GHUSN: I have a question, if I

3 may.

4 EXAMINATION BY THE HEARING OFFICER

5 BY HEARING OFFICER GHUSN:

6 **Q. Ms. Fuentes, it says January 18th. Am I missing**

7 **where it says three attempts? Because the next exhibit is**

8 **publication (inaudible) --**

9 THE REPORTER: I'm sorry. I can't hear you.

10 **Q. -- we're heading to the publication exhibits. So**

11 **this one, I just see day of attempted service.**

12 A. I see in the affidavit, it does not list that

13 there's three attempts.

14 When I was in communication with the company when

15 I arranged for the personal service, I asked for a quote and

16 I give them the address, and then they tell me how much it's

17 going to be for three attempts.

18 And then in the interim of this affidavit, I was

19 sent emails of -- from the process server saying that they

20 tried and they were unsuccessful, and they were going to try

21 again in a couple days. That's kind of how the

22 communications went.

23 **Q. Okay. I guess it's the -- it's the 23rd that they**

24 **tried, January 23rd of 2023. All right.**

25 **So, do you have any idea whether they tried three**

1 **different days or three times on the say same day?**

2 A. From my recollection from the emails, I believe it

3 was over a period of around a week.

4 **Q. Okay.**

5 BY MS. CONTINE:

6 **Q. But then, did they have an outcome that they**

7 **provided in the document? Did they ultimately end up**

8 **speaking with somebody at the location?**

9 A. Yes. And they notated that in the affidavit of

10 service that someone did answer, it was a male, and he had

11 stated that he was not Dr.~Bargen and that he did not know

12 Dr. Bargen and he had no relation to him.

13 HEARING OFFICER GHUSN: Thank you.

14 THE WITNESS: Um-hum.

15 BY MS. CONTINE:

16 **Q. Okay. Can we turn to Exhibit 6?**

17 A. (Witness complied).

18 **Q. Do you recognize these documents?**

19 A. I do.

20 **Q. And what are they?**

21 A. These are copies of proof of the publication. I

22 arranged for publication in the Reno Gazette Journal for a

23 legal notice since it's a newspaper in Washoe County and the

24 address is still in Washoe County.

25 I arranged for there to be a publication for four

1 consecutive weeks, and this was sent to me by the person I
2 was in contact with from Reno Gazette Journal proving that
3 this was published in their newspaper.
4 Q. And for the record, can you just state the dates
5 of the original publications, the weeks, the beginning of
6 the week dates?
7 A. Yes. Sure. So the first one is February 7th,
8 2023. The next legal notice was published February 14th,
9 2023. The third legal notice was published February 21st,
10 2023. And then the fourth was published February 28th,
11 2023.
12 Q. Okay. I don't have anything further.
13 HEARING OFFICER GHUSN: Thank you. One moment.
14 EXAMINATION BY THE HEARING OFFICER
15 BY HEARING OFFICER GHUSN:
16 Q. So between 2020 and the attempted service or
17 contact in January of 2023, did anything happen or were
18 there any contacts or attempts to contact?
19 A. To my knowledge since I've worked here, no. I
20 have not received any kind of contact from Dr. Bargen or a
21 representative of Dr.~Bargen or any kind of indication of
22 where he would be.
23 Q. And it was this same address in 2020 and 2023, it
24 looks like?
25 A. That's correct, yes.

1 **Q. Okay. Thank you.**
2 MS. CONTINE: All right. We're good.
3 HEARING OFFICER GHUSN: All right. Thank you very
4 much. Off the record.
5 Back on the record in 20-5781-1, in the matter of
6 Bargen, M.D.
7 Ms. Contine, your request?
8 MS. CONTINE: I would like to make an offer of
9 proof, pursuant to NRS 622A.350, sub 1, that we have given
10 sufficient legal notice, and we did that by complying with
11 NRS 630.344, which requires us to, first, serve respondent
12 at their address -- their address on file with the Board,
13 then to attempt to personally serve them, and then to
14 publish notice of the action for four consecutive weeks in a
15 newspaper in the jurisdiction, and we met that by publishing
16 in the Reno Gazette Journal.
17 I would ask you to accept the allegations in the
18 complaint as true.
19 And that's it.
20 HEARING OFFICER GHUSN: Okay. Thank you very
21 much.
22 (End of proceedings at 2:08 P.M.)
23
24
25

1 STATE OF NEVADA)
) ss.
2 COUNTY OF WASHOE)

3

4 I, BRANDI ANN VIANNEY SMITH, do hereby certify:

5 That I was present on May 15, 2023, at the Nevada

6 State Board of Medical Examiners, 9600 Gateway Drive, Reno,

7 Nevada, and took stenotype notes of the proceedings entitled

8 herein, and thereafter transcribed the same into typewriting

9 as herein appears.

10 That the foregoing transcript is a full, true, and

11 correct transcription of my stenotype notes of said

12 proceedings consisting of 28 pages.

13 DATED: At Reno, Nevada, this 21st day of May,

14 2023.

15

16

17

18 BRANDI ANN VIANNEY SMITH

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EXHIBIT 1

EXHIBIT 1

TIMELINE

DATE: July 9, 2020

TO: Ernie Diaz, Chief of Investigations

FROM: Don Andreas, Sr. Investigator

RE: Richard Bargen, MD Case#: [redacted]

LICENSURE HISTORY (PER MLO)

License issued: 09/15/1979
License number: 3877

1: COMPLAINT FILED: [redacted] 03/28/2018. Complaint was filed on [redacted]

2: Requested medical records from High Desert Clinic-[redacted]: 04/16/2018

3: Received medical records and response from [redacted] 06/05/2018

4: DEA contacted Investigator Andreas and asked to stand down while undercover buys conducted: 04/24/2018

6: Forwarded case to Medical Reviewer: 01/09/2019

7: Received Medical Review: 01/18/2019

8: Case reviewed by IC A Discussion with recommendation for peer review on Dr. Ridenour: 04/24/2019

9: Peer review mailed to peer reviewer: 12/04/2019

10: Received MALPRACTICE peer review from Robert Gong, MD: 01/06/2020: Dr. Gong also referenced Dr. Richard Bargen as a physician who's treatment fell below the standard of care.

11: Case sent to CMT on: 01/07/2020

12. Case was reviewed at the February 12, 2020 IC B meeting under section 2: MALPRACTICE CASES: REVIEWED BY CHIEF OF INV., EXEC. DIR. & LEGAL

13. IC B stated file a formal complaint on [redacted] and add Dr. Bargen to the Investigation and IC B gave authorization to file a formal complaint pending that Dr. Bargen's response does not change the peer reviewer's opinion.

14. On March 5, 2020 I spoke with Robert Kilroy, JD asking me if I sent an allegation letter to Dr. Bargen and I stated no but I can today.

15. Allegation letter to Dr. Bargen was mailed on March 5, 2020 to the address on file. PO Box 1447 Fallon, NV 89407

16. On March 18, 2020 USPS labeled the letter Return to Sender Not Deliverable as addressed unable to forward. (Copy of returned letter if necessary)

17. On or around March 24, 2020 I performed a LEXIS/NEXIS search for Dr. Bargen and an address of 1885 Steven Drive Fallon, NV 89406 was located.

18. The allegation letter was resent to Dr. Bargen to the 1885 Steven Drive Fallon, NV 89406 on March 24, 2020.

19. On April 3, 2020 the USPS labeled the letter Return to Sender Not Deliverable as addressed unable to forward. (Copy of returned letter if necessary)

20. On or around April 3, 2020 I emailed a copy of the allegation letter to the email address Dr. Bargen had on file: drbargen@hotmail.com

21. On May 3, 2020 an email was sent to me from Dr. Bargen with his response.

22. On May 15, 2020 I sent Dr. Bargen an emailed asking him if he would like to review the medical records to generate a proper response. No response was

ever received. (Copy of email if necessary)

23. On May 27, 2020 Robert Kilroy emailed Dr. Bargen asking Dr. Bargen to contact him. No response was received. (Copy of email if necessary)

24. On June 3, 2020 Robert Kilroy sent a follow up email to Dr. Bargen. No response was received. (Copy of email if necessary)

25. On June 22, 2020 I sent an email to Dr. Bargen with a letter attached from Chief of Investigations Ernie Diaz informing Dr. Bargen that NSBME would allow him to review the medical records of the patient. No response was received. Investigators Johnna Larue and Samantha Hendricks attempted to serve Dr. Bargen the same letter at an address that was provided by the DMV. Dr. Bargen did not reside at the location 4562 Kathleen Denise lane Reno, NV 89503. (Copy of email if necessary)

Don Andreas
Sr. Investigator
Las Vegas Office

EXHIBIT 2

EXHIBIT 2

June 30/ 2020

squigley@medboard.nv.gov

Dear Ms. Sheri Quigley,

Perhaps you have a sixth sense — despite my last email to you, I now have a **new mailing address** to report to the NSBME. My phone number and email address remain unchanged.

Effective tomorrow, my mailing address is:

#24, 490 Highland Ave.,
Reno, NV 89512

I understand that this notification will be entered in my official record in your office. As I mentioned earlier, I do not at present have any custodial responsibility for any medical records — the reason being that other than doing a locums for Dr. Ridenour for a few months 2016 -2017, I've been engaged in personal academic pursuits for more than five years. Dr. Ridenour is responsible for the custody of those medical records.

Regarding potential future medical record responsibility, it's unlikely that I'll be doing any clinical work over the next 12 months or so — After several decades of medical practice, I intend to let my license #3877 [issued in 1979] lapse at the renewal date in June 2021.

Please don't attribute any "snootiness" to my previous email — at it's writing this change of address was not pending or anticipated..

Sincerely,
Richard Bargen, MD
Richard Bargen, MD

EXHIBIT 3

EXHIBIT 3

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**
3 * * * * *

In the Matter of Charges and Complaint Against Richard Allan Bargen, M.D., Respondent.	**Case No. 20-5783-1**

FILED
JUN 10 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ____

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Richard Allan Bargen, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 3877). He has been continuously licensed by the Board since September 15, 1979.

2. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. On October 31, 2016, Patient A was seen at the Spine Nevada Institute (SNI) with a diagnosis of chronic neck and back pain with a possible reticular etiology. No opioid treatment for Patient A was indicated within Patient A's medical records.

4. On January 25, 2017, Patient A established care at the High Desert Clinic (Clinic). Medical records indicated Patient A slipped on ice and had an ankle sprain; however, these medical records do not indicate or explain Patient A's treatment plan. The Nevada Prescription

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[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Dr. Rachakonda Prabhu, M.D., Chairman, Dr. Victor Muro, M.D., and Ms. April Mastrolucca.

Monitoring Program (PMP) report shows that Respondent prescribed and filled a 27 MME (morphine milligram equivalents) dosage of codeine (an opioid-based cough medicine). Further, Respondent's medical records do not document any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data for Patient A. Lastly, there is no medical justification indicated for Patient A's opioid treatment as prescribed by Respondent.

5. On February 9, 2017, Patient A visited the Clinic for foot & ankle pain, headaches and back pain. The PMP report for this date indicated Patient A obtained a prescription and filled 15 MME of hydrocodone-acetaminophen from Respondent. Respondent prescribed Lyrica (150mg). The medical record states "PMP clean," but such an entry demonstrates that Respondent failed to see that an opioid drug was prescribed along with a benzodiazepine drug (temazepam).

6. On February 23, 2017, Patient A was seen by an unidentifiable care provider at the Clinic and the medical record was unsigned for this patient encounter. The PMP report indicates Patient A was prescribed 60 MME of oxycodone by Respondent and was prescribed 15 MME of codeine by Mr. B. Such an amount of MME is a ***substantial increase*** of dosage from the previous encounter (2/9/2017). The medical record does not document any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high doses of opioid therapy.

7. On March 7, 2017, Patient A was prescribed temazepam (30 mg) by Respondent pursuant to the PMP for this date and there are no medical records for this prescription.

8. On March 23, 2017, the PMP report indicates Patient A was prescribed 60 MME of oxycodone by Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

9. On May 18, 2017, Patient A was seen by an unknown provider at the Clinic and was treated with an injection into the right lower back. The PMP for this date indicates Patient A

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obtained and filled a prescription of 90 MME of oxycodone, an 18 MME prescription of codeine, and a prescription for temazepam from Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

10. On June 14, 2017, Patient A was seen by an unknown provider at the Clinic. The PMP indicates Respondent prescribed codeine (18 MME). There are no medical records for this encounter and prescription.

11. On June 20, 2017, Patient A was seen by an unknown provider at the Clinic. The medical record indicates that she was recently in the ER (Emergency Room) for possible pancreatitis. There is no provider name or signature on the medical record. The PMP for this date indicated Patient A obtained and filled a prescription of 90 MME of oxycodone as written by Respondent. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

12. On July 14, 2017, the PMP indicates that Patient A filled a "butalbital comp codeine" prescription as written by Respondent. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

13. On July 19, 2017, and on July 24, 2017, the PMP indicates that Patient A received a 250 MME prescription of oxycodone written by Mr. B. Additionally, Patient A received prescriptions for zolpidem 10 tablets, #30; and another refill of 18 MME of "butalbital comp codeine" prescribed by Respondent. This 250 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

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14. On August 14, 2017, the PMP indicates Patient A filled another codeine (18 MME) prescription as written by Respondent. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

15. On August 16, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 280 MME prescription for oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

16. On September 12, 2017, the PMP indicates Patient A filled another codeine (18 MME) prescription as written by Respondent. The medical records do not have any consideration of or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data.

17. On September 13, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 280 MME prescription of oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

18. On September 28, 2017, the PMP report indicates that Patient A filled a 360 MME prescription for oxycodone written by Mr. B. This 360 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any

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consideration or an assessment of the use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

19. On October 11, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30, plus 18 MME of codeine prescribed by Respondent, written on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of use of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

20. On October 24, 2017, the PMP report indicates that Patient A filled a 180 MME prescription of oxycodone, written by Mr. B on this same date. There is no medical record for this encounter and the prescription of oxycodone. This 180 MME daily dosage of an opioid is ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

21. On November 8, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and there was no signature. The PMP report indicates Patient A received a 270 MME prescription of oxycodone from Respondent, plus a prescription for zolpidem 10 tablets, #30 from Mr. B's prescription, dated October 11, 2017, plus received another 18 MME of codeine as prescribed by Respondent, written on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is

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no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

22. On November 21, 2017, the PMP report indicates that Patient A filled a 180 MME prescription of oxycodone, written by Mr. B on this same date. There is no medical record for this encounter and the prescription of oxycodone. There is no medical record for this encounter and prescription. This 180 MME daily dosage of an opioid is a ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

23. On December 6, 2017, Patient A is seen by Respondent on her final visit to the Clinic. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Mr. B, plus a prescription for zolpidem 10 tablets, #30 from Mr. B's prescription, dated October 11, 2017, plus 18 MME of codeine prescribed by Dr. B on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration or an assessment of non-opioid therapy, a discussion of or an assessment of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

24. On December 11, 2017, Patient A died. The Churchill County Sheriff/Coroner certificate states that "based upon the considerations of the circumstances surrounding death, review of available medical history/records, autopsy examination, toxicological analysis, and other ancillary testing, the death of [Patient A] is ascribed to multiple drug toxicity (venlafaxine, amitriptyline, oxycodone and zolpidem). Based upon the circumstances of death as currently known, there is insufficient evidence to suggest suicidal intent; hence, the manner of death is best classified as accident." The Churchill County Sheriff's Office Report (Form 42) Supplement indicates that there was a bottle of controlled substances (venlafaxine) prescribed by Respondent found at the residence of Patient A and such inspection indicated the following:

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Rx Date	Name of Med.	Rx#	Rx#	Dose	Physician
11/8/17	Venlafaxine	90	65	(1) 3x day	Dr. Bargen

COUNT I

NRS 630.301(4) (Malpractice)

25. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

26. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

27. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A, who had a several encounters at the Clinic. The Respondent's specific acts of malpractice are as follows, but not limited to:

1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,* July 2013; 2) failing to justify the use and increase, decrease, and then increase of dosages of opioid medication; 3) prescribing a combination of benzodiazepines and opioids without documenting the medical justification; 4) failing to review the PMP prior to, during, and after the encounters with Patient A; 5) failing to assess Patient A for an alternative for non-opioid treatments; 6) failing to assess and discuss with Patient A with the risks versus benefits of opioid therapy; 7) failing to assess Patient A's concurrent medications interactions with the opioid therapy; 8) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 9) failing to review the PMP data; and, 10) failing to assess Patient A for possible drug screens on a consistent basis.

29. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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1 COUNT II

2 NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

3 30. All of the allegations in the above paragraphs are hereby incorporated by reference
4 as though fully set forth herein.

5 31. Violation of a standard of practice adopted by the Board is grounds for initiating
6 disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

7 32. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics*
8 *in the Treatment of Chronic Pain,* July 2013, published Federation of State Medical Boards of the
9 United States, Inc. (Model Policy).

10 33. NAC 630.187 sets forth the professional standards for the prescription of opioid
11 analgesics.

12 34. Respondent prescribed to Patient A in a manner that violated the professional
13 standards for the prescription of opioid analgesics.

14 35. By reason of the foregoing, Respondent is subject to discipline by the Board as
15 provided in NRS 630.352.

16 COUNT III

17 NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

18 36. All of the allegations contained in the above paragraphs are hereby incorporated by
19 reference as though fully set forth herein.

20 37. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate
21 and complete medical records relating to the diagnosis, treatment and care of a patient is grounds
22 for initiating disciplinary action against a licensee.

23 38. Respondent failed to maintain complete medical records relating to the diagnosis,
24 treatment and care of Patient A.

25 39. By reason of the foregoing, Respondent is subject to discipline by the Board as
26 provided in NRS 630.352.

27 40. By reason of the foregoing, Respondent is subject to discipline by the Board as
28 provided in NRS 630.352.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 4 day of June, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: ______________________
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Richakonda D. Prabhu, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 4th day of June, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

[signature]

Richakonda D. Prabhu, M.D., Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT 4

EXHIBIT 4

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

December 21, 2020

Richard Allan Bargen, M.D.
#24 490 Highland Ave,
Reno, NV 89512

9171 9690 0935 0243 8332 40

RE: Complaint No. 20-5783-1; Bargen, Richard M.D.

Dear Dr. Bargen,

In accordance with Nevada Revised Statute (NRS) 630.342, the Nevada State Board of Medical Examiners (Board) is required to obtain both a complete set of fingerprints for a state and federal criminal history background check and written permission to forward the same to the appropriate entities, for any licensee with whom the Board initiates disciplinary action.

The Board has recently initiated formal disciplinary action against you, and as a result, it now requests you be fingerprinted on the card included with this correspondence. Please note NRS 630.342 states that "[t]he willful failure of a licensee to comply with the requirements of [NRS 630.342(1)] constitutes additional grounds for disciplinary action and the revocation of the license of the licensee."

In addition to the fingerprint card, also included with this correspondence is an envelope for mailing the completed fingerprint card back to the Board, and a form authorizing the fingerprint card (Nevada Department of Public Safety Fingerprint Background Waiver). Instructions for completing and submitting the fingerprint card, and a copy of NRS 630.342 are also enclosed.

The Board appreciates and anticipates your timely response to this statutory obligation.

If you have any questions regarding this requirement, please contact me directly at the phone number below.

Respectfully,

Robert G. Kilroy
General Counsel
Nevada State Board of Medical Examiners
(775) 324-9349
RGK:mfb
Enclosures

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 GATEWAY DRIVE
RENO, NV 89521

CERTIFIED MAIL™

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Hasler
FIRST-CLASS MAIL
12/21/2020
US POSTAGE $007.05º
ZIP 89521
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Return to Sender

M.D.
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RETURN TO SENDER
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EXHIBIT 5

EXHIBIT 5

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AFFT
Nevada State Board of Medical Examiners
Robert Kilroy, Esq.
9600 Gateway Drive
Reno , NV 89521

Attorney(s) for: Investigative Committee of the Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

In the Matter of Charges and Complaint Against Richard Allan Bargen, M.D., *Respondent.*	Case No.: **20-5783-1** Dept. No.: Date: Time: **AFFIDAVIT OF ATTEMPTED SERVICE**

I, Dawn Marie Sheldon, being duly sworn deposes and says: That Affiant is and was on the day when she attempted to serve the within action, a citizen of the United States, over 18 years of age, licensed to serve civil process in the State of Nevada under license #604, and not a party to or interested in, the within action. Pursuant to NRS 239B.030 this document does not contain the social security number of any person. That the affiant received the within Patient Designation; Complaint on the 18th day of January, 2023 and attempted to effect service on Richard Allan Bargen, M.D. at 490 Highland Ave., Apt. 24, Reno, NV 89512 as follows:

Date	Time	Address	Outcome
01/23/2023	03:43PM	As above.	Address corresponds to an apartment unit. Affiant spoke with a a current male resident (refused name, 30-35 yrs, white skin, brown hair, brown eyes, 5'10") who stated Richard Allan Bargen, M.D., does not reside here, nor did he have knowledge of him.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. Executed on this 10th day of February, 2023.

Dawn Marie Sheldon #:R-2020-17360
Legal Process Service License # 604
WorkOrderNo 2300425

EXHIBIT 6

EXHIBIT 6

reno gazette journal

Public Notice

Originally published at rgj.com on 02/07/2023

NEVADA BOARD OF MEDICAL EXAMINERS Case No. 20-5783-1 To: Richard Allen Bargen, M.D., Respondent You are hereby notified that the Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against you alleging violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The Complaint was mailed via USPS e-certified return receipt mail to you at your address of record with the Board: 490 Highland Ave., #24, Reno, Nevada 89521. The Complaint was returned to the Board as undeliverable. Personal service was also attempted to your address of record with the Board, to no avail. You are further notified that you may be subject to sanctions enunciated in NRS 630.352, which includes the potential for revocation of your license to practice medicine in the state of Nevada. In accord with NRS 630.344, if this Complaint cannot be served on Respondent personally, or by registered or certified mail with return receipt requested addressed to the Respondent at his last known address set forth above, and if said notice by mail is returned undelivered, the Board shall cause notice to be published once a week for four consecutive weeks in a newspaper published in Washoe County, Nevada. Proof of such service or publication of notice must be filed with the Board. Dated this 3rd day of February, 2023 Signed: Deonne E. Contine, General Counsel and Attorney for the Investigative Committee of The Nevada State Board of Medical Examiners Feb 7, 14, 21, 28, 2023 #5584590

reno gazette journal

Public Notice

Originally published at rgj.com on 02/14/2023

NEVADA BOARD OF MEDICAL EXAMINERS Case No. 20-5783-1 To: Richard Allen Bargen, M.D., Respondent You are hereby notified that the Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against you alleging violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The Complaint was mailed via USPS e-certified return receipt mail to you at your address of record with the Board: 490 Highland Ave., #24, Reno, Nevada 89521. The Complaint was returned to the Board as undeliverable. Personal service was also attempted to your address of record with the Board, to no avail. You are further notified that you may be subject to sanctions enunciated in NRS 630.352, which includes the potential for revocation of your license to practice medicine in the state of Nevada. In accord with NRS 630.344, if this Complaint cannot be served on Respondent personally, or by registered or certified mail with return receipt requested addressed to the Respondent at his last known address set forth above, and if said notice by mail is returned undelivered, the Board shall cause notice to be published once a week for four consecutive weeks in a newspaper published in Washoe County, Nevada. Proof of such service or publication of notice must be filed with the Board. Dated this 3rd day of February, 2023 Signed: Deonne E. Contine, General Counsel and Attorney for the Investigative Committee of The Nevada State Board of Medical Examiners Feb 7, 14, 21, 28, 2023 #5584590

reno gazette journal

Public Notice

Originally published at rgj.com on 02/21/2023

NEVADA BOARD OF MEDICAL EXAMINERS Case No. 20-5783-1 To: Richard Allen Bargen, M.D., Respondent You are hereby notified that the Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against you alleging violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The Complaint was mailed via USPS e-certified return receipt mail to you at your address of record with the Board: 490 Highland Ave., #24, Reno, Nevada 89521. The Complaint was returned to the Board as undeliverable. Personal service was also attempted to your address of record with the Board, to no avail. You are further notified that you may be subject to sanctions enunciated in NRS 630.352, which includes the potential for revocation of your license to practice medicine in the state of Nevada. In accord with NRS 630.344, if this Complaint cannot be served on Respondent personally, or by registered or certified mail with return receipt requested addressed to the Respondent at his last known address set forth above, and if said notice by mail is returned undelivered, the Board shall cause notice to be published once a week for four consecutive weeks in a newspaper published in Washoe County, Nevada. Proof of such service or publication of notice must be filed with the Board. Dated this 3rd day of February, 2023 Signed: Deonne E. Contine, General Counsel and Attorney for the Investigative Committee of The Nevada State Board of Medical Examiners Feb 7, 14, 21, 28, 2023 #5584590

reno gazette journal

Public Notice

Originally published at rgj.com on 02/28/2023

NEVADA BOARD OF MEDICAL EXAMINERS Case No. 20-5783-1 To: Richard Allen Bargen, M.D., Respondent You are hereby notified that the Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against you alleging violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The Complaint was mailed via USPS e-certified return receipt mail to you at your address of record with the Board: 490 Highland Ave., #24, Reno, Nevada 89521. The Complaint was returned to the Board as undeliverable. Personal service was also attempted to your address of record with the Board, to no avail. You are further notified that you may be subject to sanctions enunciated in NRS 630.352, which includes the potential for revocation of your license to practice medicine in the state of Nevada. In accord with NRS 630.344, if this Complaint cannot be served on Respondent personally, or by registered or certified mail with return receipt requested addressed to the Respondent at his last known address set forth above, and if said notice by mail is returned undelivered, the Board shall cause notice to be published once a week for four consecutive weeks in a newspaper published in Washoe County, Nevada. Proof of such service or publication of notice must be filed with the Board. Dated this 3rd day of February, 2023 Signed: Deonne E. Contine, General Counsel and Attorney for the Investigative Committee of The Nevada State Board of Medical Examiners Feb 7, 14, 21, 28, 2023 #5584590

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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Against:

RICHARD ALLAN BARGEN, M.D.

Respondent.

Case No. 20-5783-1

FILED

DEC 28 2020

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: ______

PROOF OF SERVICE

COMPLAINT

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

December 28, 2020

Dear MEG BYRD:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0243 8332 40**.

Item Details

Status:	Delivered to Agent for Final Delivery
Status Date / Time:	December 22, 2020, 1:23 pm
Location:	RENO, NV 89512
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic

Recipient Signature

Signature of Recipient: (Authorized Agent)	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

ALERT: USPS IS EXPERIENCING UNPRECEDENTED VOLUME INCREASES AND LIMI...

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 9171969009350243833240

Remove X

Your item has been delivered to an agent for final delivery in RENO, NV 89512 on December 22, 2020 at 1:23 pm.

Feedback

Delivered to Agent

December 22, 2020 at 1:23 pm
Delivered to Agent for Final Delivery
RENO, NV 89512

Get Updates

Text & Email Updates

Return Receipt Electronic

Tracking History

December 22, 2020, 1:23 pm
Delivered to Agent for Final Delivery
RENO, NV 89512
Your item has been delivered to an agent for final delivery in RENO, NV 89512 on December 22, 2020 at 1:23 pm.

December 22, 2020, 3:15 am
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

December 21, 2020, 10:01 pm
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

December 21, 2020, 8:46 pm
Accepted at USPS Origin Facility
RENO, NV 89521

Product Information

Feedback

See Less

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

FILED
MAR - 9 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: [signature]

In the Matter of Charges and Complaint Against: **RICHARD ALLAN BARGEN, M.D.,** **Respondent.**	**Case No. 20-5783-1** **Early Case Conference:** **April 3, 2023, at 11:30 a.m.**

ORDER SETTING EARLY CASE CONFERENCE

TO: Deonne E. Contine
General Counsel
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

~and~

Richard Allan Bargen, M.D.
490 Highland Ave., #24
Reno, NV 89512

NOTICE IS HEREBY GIVEN in compliance with NRS 630.339(3)[1], an Early Case Conference will be conducted on April 3, 2023, beginning at the hour of 11:30 a.m. The Early

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[1] Within 20 days after the filing of an answer or 20 days after the date on which an answer is due, whichever is earlier, the parties shall hold an early case conference at which the parties and a hearing officer appointed by the Board or a member of the Board must preside. At the early case conference, the parties shall in good faith:

(a) Set the earliest possible hearing date agreeable to the parties and the hearing officer, panel of the Board or the Board, including the estimated duration of the hearing;

(b) Set dates:

(1) By which all documents must be exchanged;

(2) By which all prehearing motions and responses thereto must be filed;

(3) On which to hold the prehearing conference; and

(4) For any other foreseeable actions that may be required for the matter;

(c) Discuss or attempt to resolve all or any portion of the evidentiary or legal issues in the matter;

(d) Discuss the potential for settlement of the matter on terms agreeable to the parties; and

(e) Discuss and deliberate any other issues that may facilitate the timely and fair conduct of the matter.

Case Conference will be held via *Zoom*, the link/invitation which has been sent preceding the email of this order. Parties may choose to participate by audio or video.

The scheduled Early Case Conference shall be attended by the parties or by any party's legal counsel of record and will be conducted by the undersigned hearing officer to discuss and designate the dates for the Pre-Hearing Conference, the Hearing and any other procedural matters established in NRS 630.339.

At the Pre-Hearing Conference, in accordance with NAC 630.465[2], each party shall provide the other party with a copy of the list of witnesses they intend to call to testify, including therewith, the qualifications of each witness so identified, and a summary of the testimony of each witness. If a witness id not on the list of witnesses, that witness may subsequently not be allowed to testify at the hearing unless good cause is shown for omitting the witness from said list[3]. Likewise, all evidence, except rebuttal evidence, that is not provided to each party at the Pre-Hearing Conference may also not be introduced or admitted at the hearing unless good cause is shown.

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[2] 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician or physician assistant of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its oral argument.

(Added to NAC by Bd. of Medical Exam'rs, eff. 1-13-94; A by R149-97, 3-30-98; R167-99, 1-19-2000; R108-01, 11-29-2001)

[3] In identifying a patient as a witness, parties are cautioned to omit from any pleadings filed with undersigned Hearing Officer any addresses, telephone numbers, social security numbers or other personal information regarding that individual and to confine their submissions in this regard to the name of witness, the relevancy of any testimony sought to be elicited from that witness and a summary of their anticipated testimony.

IT IS FURTHER ORDERED that legal counsel for the Nevada State Board of Medical Examiners and the Respondent shall keep undersigned Hearing Officer advised of each issue which has been resolved by negotiation or stipulation, if any. At the Early Case Conference, the parties must also provide an estimate, to the nearest hour, of time required for presentation of their respective cases.

IT IS SO ORDERED.

DATED this 8th day of March 2023.

NANCY L. MOSS GHUSN, ESQ.
Administrative Hearing Officer
Tel: 775-772-5644
Email: nmg416@gmail.com

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**
3 * * * * *
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5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **RICHARD ALLAN BARGEN, M.D.,**
8 **Respondent.**
9

Case No. 22-30484-1

FILED
APR 18 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: ____

10 **SCHEDULING ORDER**

11 TO: Deonne E. Contine
12 General Counsel
Nevada State Board of Medical Examiners
13 9600 Gateway Drive
Reno, NV 89521
14 ~and~
15 Richard Allan Bargen, M.D.
16 490 Highland Ave. #24
Reno, NV 89512

17 On April 3, 2023, an Early Case Conference was held via *Zoom* conference call. Together
18 with Hearing Officer Nancy Moss Ghusn, Deonne Contine, J.D., General Counsel, appeared on
19 behalf of the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board)
20 and, although it was determined that Respondent Richard Allan Bargen, M.D. was properly noticed,
21 Dr. Bargen did not appear nor did anyone appear on his behalf.

22 In compliance with Nevada Administrative Code 630.465, a prehearing conference will be
23 conducted on **May 8, 2023, via *Zoom* (either with or without video is acceptable) beginning at**
24 **the hour of 11:00 a.m. Pacific Daylight Time.** The *Zoom* teleconference has been coordinated by
25 the Hearing Officer and links have been sent.

26 All parties shall exchange witness and documents intended for use at the hearing on or before
27 the pre-hearing conference. This list shall include the qualifications and anticipated testimony of the
28 witness and the Bates stamp numbers on each of the exhibits. If a witness is not included on the list,

that witness may not be allowed to testify at the hearing unless good cause is shown for their testimony. Likewise, if a document has not been listed in a prehearing conference statement, it may not be admitted into evidence unless good cause is shown for its admittance.

All pre-hearing motions shall be served on all parties and this hearing officer on by **April 27, 2023.** Responses and Oppositions to pre-hearing motions shall be served on or before **May 12, 2023.** Service of prehearing motions, responses and replies may be effectuated by U.S. Mail or by electronic mail (e-mail) to all parties known email addresses and this hearing officer.

The Prehearing Statement is due **May 5, 2023,** and **the formal hearing in this matter is hereby scheduled for May 15, 2023, starting at the hour of 1:30 p.m.**, and will be held at the conference room at the Northern offices of the Nevada State Board of Medical Examiners and remotely from the Southern offices if necessary. The Northern Office is located at 9600 Gateway Drive, Reno, Nevada. The Southern Office is located at 325 E. Warm Springs Road, Ste. 225, Las Vegas, Nevada A court reporter will take take sworn testimony during the formal hearing and will produce a transcript to the hearing officer and all parties at their request and at their expense.

Once the formal hearing is concluded the hearing officer will submit to the Board a synopsis of the testimony recorded by the court reporter and will make a recommendation on the veracity of witnesses, if there is conflicting evidence or if credibility of witnesses is a determining factor, and thereafter the Board will render its decision. *See* NAC 630.470.

If a witness wishes to appear remotely[1] a request must be made to the hearing officer and the hearing officer must approve via order for appearance by the witness remotely. A request must be made in writing for a remote appearance on a date to be determined at the Pre-Hearing Conference.

Stipulation to stay the above dates shall be made to the hearing officer either by email or by formal, filed stipulation as soon as the parties are aware of the necessity for a stay. Any stay request will require a status conference to be set unless a formal settlement agreement is being presented to the Board at the next regularly held Board meeting. If a formal settlement agreement is being placed on the Board meeting agenda, notification of acceptance or denial of the settlement agreement by the

[1] Remotely means witness appearances not occurring in the Las Vegas office or Reno office of the Nevada State Board of Medical Examiners.

1 Board shall be delivered to this hearing officer no later than five (5) days after the Board meeting by
2 the Board attorney.
3 All parties to this case are required to keep the hearing office informed of events, progress
4 and resolution of this case.
5 IT IS SO ORDERED.
6
7 DATED this 17th day of April, 2023.
8
9 [signature]
10 NANCY MOSS GHUSN, ESQ.
Email: nmg416@gmail.com
11 Tel: (775) 772-5644
Hearing Officer
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 19th day of April, 2023, I served a file-stamped copy of the foregoing **SCHEDULING ORDER**, via U.S. Certified Mail, return receipt requested, to the following parties:

RICHARD ALLEN BARGEN, M.D.
490 Highland Ave. #24
Reno, NV 89512

Tracking No.: 9171 9690 0935 0254 7677 32

DATED this 19th day of April, 2023.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **RICHARD ALLAN BARGEN, M.D.** **Respondent.**	**Case No. 20-5783-1** FILED APR 26 2023 NEVADA STATE BOARD OF MEDICAL EXAMINERS By: [signature]

PREHEARING CONFERENCE STATEMENT OF THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) submits the following Prehearing Conference Statement in accordance with NAC 630.465 and the Hearing Officer's Scheduling Order filed on April 18, 2023.

I. LIST OF WITNESSES

The IC lists the following witnesses whom it may call at the hearing on the charges in the Complaint against Respondent filed herein:

a. Ernesto Diaz, Chief of Investigations
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Mr. Diaz, or his designee, is expected to verify documentary evidence obtained during the investigation of this case and testify regarding the investigation of this matter.

b. Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Ms. Fuentes is expected to verify documentary evidence obtained during the attempts to effectuate service of process pursuant to NRS 630.344.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

c. All witnesses identified by Respondent in his prehearing conference statement and/or in any subsequent amended, revised, or supplemental prehearing conference statement, or list of witnesses disclosed by Respondent of persons he may call to testify at the hearing herein.

The IC reserves the right to amend and supplement this list as required for prosecution of this case.

II. LIST OF EXHIBITS

The IC lists the following exhibits that it may introduce at the hearing on the charges in the Complaint against Respondent filed herein. Additionally, the IC reserves the right to rely on all exhibits listed in Respondent's prehearing conference statement and any supplement and/or amendment thereof.

EXHIBIT NO.	DESCRIPTION	BATES RANGE (NSBME)
1.	Memorandum from Investigator Don Andreas to Chief of Investigations Ernesto Diaz RE Complaint, dated July 9, 2020	001-003
2.	Email Letter from Dr. Richard Bargen to Sheri Quigley Reporting Change of Mailing Address, dated June 20, 2020	004
3.	Filed Formal Complaint, filed June 10, 2020	005-014
4.	Letter Enclosing Complaint and Certified Mail Return, dated December 21, 2020	015-016
5.	Affidavit of Attempted Service, dated February 10, 2023	017
6.	Reno Gazette Journal Published Legal Notices, dated February 7, 2023 through February 28, 2023	018-021

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The IC reserves the right to amend and supplement this list as required for prosecution of this case.

DATED this 26 day of April, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Deonne E. Contine

DEONNE E. CONTINE
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dcontine@medboard.nv.gov
Attorney for the Investigative Committee

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 26th day of April, 2023, I served a file-stamped copy of the foregoing **PREHEARING CONFERENCE STATEMENT OF THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS**, via U.S. Certified Mail, return receipt requested, to the following parties:

RICHARD ALLEN BARGEN, M.D.
490 Highland Ave. #24
Reno, NV 89512

Tracking No.: 9171 9690 0935 0254 7678 17

DATED this 26th day of April, 2023.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners