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Patient Care, The Pharmaceutical Industry and Antitrust Law

By: Rachel V. Rose, JD, MBA

Introduction

Oftentimes, things are not as they appear. Typically, when one thinks of antitrust law, the implication is that a merger or acquisition is taking place. A recent case involving Actavis, a pharmaceutical company that manufactures Namenda, raises other issues, too.

A Wall Street Journal Article[1] exposed some of the underlying issues, which included:

- Forced switching or product hopping
- The FTC's interest and previous attention to the issues
- "[w]ell, Forest Laboratories – which was bought earlier this year by Actavis – allegedly attempted to pressure doctors and patients to switch by being unclear about when the older Namenda pill would be discontinued, according to the lawsuit. Both the new and older Namenda pills were sold by Forest and are now part of the Actavis product portfolio."[2]

FEATURED IN THIS ISSUE:

ALSO IN THIS ISSUE:

According to the unredacted suit, *The People of the State of New York v. Actavis, PLC and Forest Laboratories, LLC*, executives intentionally facilitated a "forced switch" which "forecasts indicated dramatically increased profits if it were able to switch a large number of patients to Namenda XR." The purpose of this article is to examine this case, give physicians a behind-the-scenes perspective, and illustrate how patient care is influenced.

The People of the State of New York v. Actavis, PLC and Forest Laboratories, LLC

An area of the healthcare sector where mergers and acquisitions (M&A) activity is significant is in the area of pharmaceutical and medical device companies. In September 2014, the Attorney General for The State of New York filed suit against "Actavis, PLC ("Actavis") and its wholly owned subsidiary Forest Laboratories, LLC ("Forest") (collectively "Defendants") to prevent Defendants from violating federal and state antitrust laws by improperly maintaining and extending their monopoly in the market for certain drugs that treat Alzheimer's disease."[3] The anti-competitive impact was the monopoly in the market for Namenda and "the inflation of profits to the detriment of patients suffering from Alzheimer's disease" in the context of a scenario deemed a "forced switch."[4] "In a forced switch, a pharmaceutical company that sells a drug facing imminent generic competition withdraws its drug from the market, forcing patients to switch to a different form of the drug holding patents that expire later. The switch has the effect of impeding the entry of lower-cost generic drugs."[5]

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Douglas C. Cooper, Executive Director Retires

Douglas C. Cooper, CMBI, Executive Director, announced his retirement effective 31 December 2014. Mr. Cooper was the Chief of the Investigations Division for the Board from July 2001 until October 2009. He has been the Board's Executive Director since October 2009. Mr. Cooper took the reins at a time when the Hepatitis C crisis was in full bloom in Clark County, and when there was great controversy as to who could legally administer vaccinations and other medical injections. His leadership brought the Board through both crises. Mr. Cooper was responsible for establishing and staffing the Board's Las Vegas office, among many other accomplishments. The Board and staff of the Board of Medical Examiners wish Mr. Cooper great success in his future endeavors.

Continued from front page

In this scenario, Namenda is scheduled to go off-patent in 2015. In a non-forced switch scenario, the patent would expire and the drug would become available to the market as a "generic drug." According to the Food and Drug Administration ("FDA"), "[g]eneric drugs are important options that allow greater access to health care for all Americans. They are copies of brand-name drugs and are the same as those brand name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use."[6] Preventing this natural cycle of pharmaceutical protection and distribution has a potential anti-competitive impact.

In order to circumvent having the drug go generic, Forest concocted a strategy to remove Namenda IR from the market while depriving lower-cost drugs and forcing consumers to switch to Namenda XR, an extended release version of the original. This enables a longer period of non-competition because of the longer patent time of Namenda XR and, in turn, the company reaps higher profits. In taking this action, physicians and patients are taken out of the decision making process in determining which drug is best suited for the individual's financial and medical situation. As the NY State Attorney General articulated, "Defendants are abusing their exclusivity rights by continuing to prohibit generic manufacturers from providing generic Namenda to this needy patient population while at the same time refusing to make their own Namenda product available to these patients."[7] The Attorney General argued that this scheme is an affront to public policy, as well as the federal and state allowances given to pharmaceutical companies to enjoy a ten year monopoly on a brand name drug that goes to market in order to recoup the costs of research and development. This is because a staggering "95% of experimental medicines that are studied in humans fail to be both safe and effective."[8] Moreover, the average cost of bringing a single drug to market is estimated to be around $350 million.[9] This is why pharmaceutical companies are granted this "grace period" so they can remain viable in the market.

The Federal Food, Drug and Cosmetic Act provides the general framework for the production, sale and marketing of pharmaceuticals in the United States.[10] The basic process requires that a New Drug Application be submitted, along with scientific evidence of both safety and efficacy.[11] The intended use must also be expressly provided, which later may become the basis for an "off-label" promotion scenario.

"In 1984, Congress enacted the Drug Price Competition and Patent Term Restoration Act of 1984, Pub. L. No. 98-417, 98 Stat. 1585, commonly referred to as the Hatch-Waxman Act ("Hatch-Waxman" or "Act"), which was intended to encourage and facilitate competition from lower-priced generic drugs, while also providing further incentives for pharmaceutical companies to invest in new drug development. By creating benefits and incentives for both generic and branded pharmaceutical manufacturers, the Act attempts to reconcile the competing policy goals of encouraging innovation and expediting access to less expensive generic versions of important but costly branded drugs."[12] Again, underscoring the balance between giving a company time to recoup the cost to market, as well as the ability for consumers and health plans to provide the medication at a lower cost by introducing the generic version after the patent has expired.

In addition to a "forcedswitch," other tactics are equally as prohibitive in entering into anticompetitive agreements with a generic firm and "product extension."[13] Product extensions are often coupled with a "forced switch" however, there are instances where the therapeutic benefits or indications differ enough from the original where they are legitimate and the patent extension is warranted. The balance is then offering the generic of the original and the brand-only option of the later derivation of the drug. In sum, Actavis put profits before prudence regarding product marketing and entering the acquisition of Forest Laboratories.

Conclusion

When reading a case, it may be necessary to look beyond the main issue to the underlying facts. The article in the Wall Street Journal was triggered by such facts. With an emphasis on cost containment and the use of generic drugs, physicians should pay close attention to pharmaceutical companies' use of targeted marketing. The brand-name drug still may be the best choice, but knowing all of the options will help facilitate informed discussions between the physician and the patient, as well as the pharmaceutical representative.

About the Author

Rachel V. Rose, JD, MBA is a Principal with Rachel V. Rose – Attorney at Law, PLLC located in Houston, TX. Ms. Rose holds an MBA with minors in healthcare and entrepreneurship from Vanderbilt University, and a law degree from Stetson University College of Law, where she graduated with various honors, including the *National Scribes Award* and *The William F. Blews Pro Bono Service Award*. Ms. Rose is licensed in Texas. Currently, she is Vice Chair of Publications for the Federal Bar Association's Corporations and Associations Counsel Division, the Co-editor of the American Health Lawyers Association's *Enterprise Risk Management Handbook for Healthcare Entities* (2nd Edition) and Vice Chair of the Book Publication Committee for the Health Law Section of the American Bar Association and Co-author of the ABA's publication, *The ABCs of ACOs*. Ms. Rose is an Affiliated Member with the Baylor College of Medicine's Center for Medical Ethics and Health Policy. She can be reached at: rvrose@rvrose.com.

[1] Ed Silverman, *What Actavis Did not Want You To See in That Antitrust Law Suit* (Sept. 25, 2014), *available at*, http://blogs.wsj.com/pharmalot/2014/09/25/what-actavis-did-not-want-you-to-see-in-that-antitrust-lawsuit/. See also, The Federal Trade Commission, *An Overview of FTC Antitrust Actions In Pharmaceutical Services and Products* (Mar. 2013), *available at*, http://www.ftc.gov/sites/default/files/attachments/competition-policy-guidance/rxupdate.pdf.
[2] *Ibid.*
[3] *The People of the State of New York v. Actavis, PLC and Forest Laboratories, LLC*, 14-CV-7473, p. 1 (S.D.NY, Sept. 15, 2014), *available at*, http://freepdfhosting.com/613d3b6cab.pdf.
[4] *Id.* at 1-2.
[5] *Id.* at 2-3.
[6] U.S. Food and Drug Administration, *Understanding Generic Drugs*, *available at*, http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/.
[7] *Supra* n. 3 at paragraph 5-6.
[8] Matthew Herper, *The Cost of Creating a New Drug Now $5 Billion, Pushing Big Pharma to Change* (Aug. 11, 2013), *available at*, http://www.forbes.com/sites/matthewherper/2013/08/11/how-the-staggering-cost-of-inventing-new-drugs-is-shaping-the-future-of-medicine/.
[9] *Ibid.*
[10] The Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 301 *et seq.*.
[11] 21 U.S.C. §355(b)(1).
[12] *Supra* n. 3 at paragraph 17.
[13] *Id.* at paragraphs 31-32, indicating that the U.S. Supreme Court in *FTC v. Actavis*, 133 S.Ct. 2223 (2013) upheld that anticompetitive agreements are generally unenforceable.

BOARD MEMBER NEWS

Board Announces New Executive Director and Deputy Executive Director

On January 1, 2015, Edward O. Cousineau, J.D., will assume the role of Executive Director of the Board, replacing retiring Executive Director, Douglas C. Cooper, CMBI. Mr. Cousineau has worked for the Board for over a decade in the roles of Deputy General Counsel, General Counsel, and for the last four years as Deputy Executive Director. Assuming Mr. Cousineau's role as Deputy Executive Director will be Todd C. Rich. Mr. Rich comes to the Board from the Nevada Division of Insurance, where he served as Chief Deputy Commissioner, and brings with him a significant managerial, fiscal and human resource background.

HOW TO RENEW!

The 2015 licensing renewal process will run April 1 through June 30. Please ensure the Board has your current mailing address! Licensees will receive a postcard which includes **individual** renewal information. Please retain your postcard for renewal purposes, as you will need the information contained thereon (such as your Renewal I.D.) in order to renew your license online. There is a $15 administrative processing fee for online renewals and a $50 administrative processing fee for renewals by paper application. The administrative processing fee will be waived for those licensees who are not eligible to renew online in 2015. Once renewed, licenses are valid from July 1, 2015 – June 30, 2017*.

Fees are as follows:	**Online Renewal Fee**	**Paper Renewal Fee**
Active Medical Doctors	$815	$850
Inactive Medical Doctors	$415	$450
Physician Assistants	$415	$450
Perfusionists	N/A	$400
Practitioners of Respiratory Care	$215	$250

Online, you can pay with American Express, Discover, MasterCard or Visa. By paper, you can pay with personal check, money order, cashier's check or the above-listed credit cards (no cash please).

Perfusionists are not eligible for online renewal in 2015 and will receive their renewal applications in the mail. The administrative processing fee will be waived for these licensees in 2015.

All licensees are subject to a random audit of their CME/CE, which includes licensees who are renewing by paper application. If you are selected to provide proof of completion of your continuing medical education (CME)/continuing education (CE) at the time you renew online, and cannot satisfy the CME/CE requirement, your license will **not** be renewed, and will be mandatorily audited the next renewal period. Word to the wise: please have your CME/CE up to date. Further information regarding CME/CE requirements can be found on the Board's website: www.medboard.nv.gov.

**Renewing licensees who currently hold a Visa, Employment Authorization or Conditional Resident Alien Card are required to fax proof of extension of their immigration status to licensing staff at (775) 688-2551, prior to renewal of their licenses. Licenses are only valid for the duration of the existing immigration status, which is verified through USCIS, and if extended by USCIS may be valid until June 30, 2017.*

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NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

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

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

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

Primary Care Doctors Report Prescribing Fewer Opioids for Pain

CONCERNS ABOUT PRESCRIPTION DRUG ABUSE AND ADDICTION MAY AFFECT PRESCRIBING HABITS, SURVEY SUGGESTS

Nine in ten primary care physicians say that prescription drug abuse is a moderate or big problem in their communities and nearly half say they are less likely to prescribe opioids to treat pain compared to a year ago, new Johns Hopkins Bloomberg School of Public Health research suggests.

Primary care doctors also appear to recognize many risks of prescription opioid use, including addiction and death by overdose, according to the findings reported in the Dec. 8 issue of *JAMA Internal Medicine*.

"Our findings suggest that primary care providers have become aware of the scope of the prescription opioid crisis and are responding in ways that are important, including reducing their overreliance on these medicines," says study leader G. Caleb Alexander, MD, MS, an associate professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health and co-director of Johns Hopkins' Center for Drug Safety and Effectiveness. "The health care community has long been part of the problem, and now they appear to be part of the solution to this complex epidemic."

Prescription drug abuse is the nation's fastest growing drug problem, according to a report released by the White House a few years ago. According to the U.S. Centers for Disease Control and Prevention, drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. The clinical use of prescription opioids nearly doubled between 2000 and 2010. In 2010, more than 38,000 people died from drug overdoses of all kinds, with many of these deaths caused by prescription opioids.

Only in recent years has the medical community paid much attention to the mounting epidemic, the researchers say.

For their research, Alexander and his colleagues sent surveys in February 2014 to a nationally representative sample of 1,000 U.S. internists, family physicians and general practitioners, with 58 percent responding.

Among the findings: A large majority of the respondents – 85 percent – say they believe that opioids are overused in clinical practice. Many reported they are "very" or "moderately" concerned about serious risks such as addiction (55 percent reporting "very concerned"), death (48 percent) and motor vehicle crashes (44 percent) that may be associated with opioid overuse. Many also reported they believe that adverse events, such as tolerance (62 percent) and physical dependence (56 percent) occur "often," even when the medications are used as directed for chronic pain.

Surprisingly, despite concerns about overprescribing, nearly all physicians surveyed (88 percent) expressed confidence in their own ability to prescribe opioids appropriately. Such attitudes may reflect the fact that doctors tend to perceive their own clinical skills and judgment as superior to that of their peers. For example, physicians' "ego bias" has been demonstrated in the setting of engagements with pharmaceutical manufacturers. Prior studies have shown that most doctors believe their colleagues' prescribing decisions are swayed by pharmaceutical marketing and promotion, yet they themselves are immune to such effects.

Alexander says he hopes more physicians and patients look toward more non-opioid treatments for pain, such as other types of pain relievers and non-drug treatments including physical therapy, massage and acupuncture.

Meanwhile, he says more research is needed. While there is good value in surveying physicians about their attitudes, beliefs and experiences, he says research using pharmacy data is needed to confirm the degree to which prescribers' reliance on prescription opioids is actually decreasing.

"Prescription Drug Abuse: A National Survey of Primary Care Physicians" was written by Catherine S. Hwang, MSPH; Lydia W. Turner, MHS; Stefan P. Kruszewski, MD; Andrew Kolodny, MD; and G. Caleb Alexander, MD, MS.

Hwang is an ORISE Fellow at the Food and Drug Administration. Kruszewski has served as a general and case-specific expert for multiple plaintiff litigations involving OxyContin, Neurontin, and Zyprexa and has had false claims settled as co-plaintiff with the United States against Southwood Psychiatric Hospital, Pfizer (Geodon), and AstraZeneca (Seroquel). Kolodny is Chief Medical Officer at Phoenix House and Director of Physicians for Responsible Opioid Prescribing. Alexander is Chair of the Food and Drug Administration's Peripheral and Central Nervous System Drugs Advisory Committee, serves as a paid consultant to IMS Health, and serves on an IMS Health scientific advisory board. This arrangement has been reviewed and approved by the Johns Hopkins University in accordance with its conflict of interest policies.

The research was supported by the Robert Wood Johnson Foundation Public Health Law Research Program and the Lipitz Public Health Policy Fund Award from the Johns Hopkins Bloomberg School of Public Health.

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NTSB STUDY: Drug Use in Aviation Shows Upward Trend in Use of Potentially Impairing Medications

First Step in Understanding Drug Use and Accident Risk

WASHINGTON – In a recent study adopted on the prevalence of drug use by pilots who died in crashes, the NTSB found an upward trend in the use of both potentially impairing medications and illicit drugs. Almost all of the crashes – 96 percent – were in general aviation.

"I think that the key take-away from this study for every pilot is to think twice about the medications you're taking and how they might affect your flying," said NTSB Acting Chairman Christopher A. Hart. "Many over-the-counter and prescription drugs have the potential to impair performance, so pilots must be vigilant to ensure that their abilities are in no way compromised before taking to the skies."

The study analyzed toxicology results for 6,677 pilots who died in aircraft accidents between 1990 and 2012. None of the pilots who died in large airline accidents had recently used illicit drugs, though some had been using potentially impairing medications.

Over the period studied, the proportion of pilots testing positive for drugs with impairment potential nearly doubled from about 11 percent to almost 23 percent. The most common impairing drug was a sedating antihistamine (diphenhydramine) found in many cold and allergy medications as well as sleep aids.

Study authors emphasized that it could not be stated with certainty that more pilots are actually flying impaired. While the study noted that the greater use of medications pointed to an increasing risk of impairment, it stressed that further research is needed to better understand the relationship between drug use and accident risk. Since 1990, the NTSB cited pilot impairment as a cause or contributing factor in about 3 percent of fatal accidents, a figure that was relatively stable over the study period.

Importantly, the study explained that it was difficult to ascertain whether a pilot who tested positive was actually impaired at the time of the accident. However, the study did say that increasing numbers of accident pilots chose to fly after taking potentially impairing drugs, suggesting that some pilots are either unaware of the risks that such drugs present or consider such risks acceptable.

Illicit drug use was relatively uncommon among the study population, increasing from 2.4 percent of pilots who died in accidents in the 1990s to around 4 percent by 2012, largely due to increasing marijuana use.

The study included 6 safety recommendations, all related to gathering better information about impairment in transportation or urging better dissemination of information on potentially impairing drugs to pilots and others.

In addition to the safety recommendations, the NTSB issued a safety alert urging pilots to consult medical professionals about the potentially impairing effects of any drug that they are taking, carefully read medication dosing instructions, and to refrain from flying if they feel impaired in any way.

Complete Safety Study Available Here - http://www.ntsb.gov/safety/safety-studies/Documents/SS1401.pdf

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Office of Public Affairs - 490 L'Enfant Plaza, SW Washington, DC 20594

FSMB Offers Free Online CME on Safe Prescribing of Extended-Release and Long-Acting Opioids

Over the last two decades, the use of opioids for the treatment of chronic, non-cancer pain has increased significantly. Opioids are very potent analgesics that may work when other approaches to treating a patient's pain have failed. But the use of these drugs introduces risks, which include misuse, abuse, addiction, overdose, diversion and death.

A growing body of evidence suggests that physicians and other prescribers must be extremely vigilant about these risks, should they choose to prescribe ER/LA opioids.

To provide prescribers with comprehensive, up-to-date training and educational resources, a free, online CME activity for prescribing ER and LA opioid medications is now available at www.fsmb.org/safeprescribing. The "Extended-Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing" activity is offered FREE and qualifies for up to three hours of Continuing Medical Education AMA PRA Category 1 Credit(s)™ and AOA Category 2B Credit(s).

Developed and implemented by the University of Nebraska Medical Center, Center for Continuing Education, Federation of State Medical Boards (FSMB) and the FSMB Foundation, CECity, and The France Foundation, "ER/LA Opioids: Assessing Risks, Safe Prescribing" provides the help clinicians need.

Federation of STATE MEDICAL BOARDS

About the program:
Content based on the work of the nation's leading experts in opioid prescribing and patient risk assessment

- FREE, user-friendly online webinar and other resources that can be accessed at any time
- Strong emphasis on better understanding opioid prescribing and building risk assessment into prescribing practices
- Six clinical-practice modules offer a consistent and reliable approach to safe prescribing

What you'll learn:

- How to appropriately assess patients for the treatment of pain with ER/LA opioid analgesics, including analyzing risks versus potential benefits
- How to assess patients' risk of abuse, including substance use and psychiatric history
- How to identify state and federal regulations on opioid prescribing
- Effective strategies for starting therapy, modifying dosing or discontinuing use of ER/LA opioid analgesics in patients with pain
- New ways of managing ongoing therapy with ER/LA opioid analgesics
- How to incorporate effective counseling of patients and caregivers
- Valuable product-specific drug information related to ER/LA opioid analgesics

Who should participate:
"ER/LA Opioids: Assessing Risks, Safe Prescribing" is available for ANY healthcare provider who prescribes opioids, but its educational content is focused particularly on the needs of clinicians who are:

- Registered with the U.S. Drug Enforcement Administration
- Eligible to prescribe Schedule 2 and 3 drugs
- Have written at least one ER/LA opioid prescription in the past year

How to participate:
To participate in this FREE online CME activity, please visit www.fsmb.org/safeprescribing.
For more information about the program, contact the Federation of State Medical Boards at kalfred@fsmb.org.

VA to Pilot IBM Computer Technology to Assist Physicians in Caring for Patients

Two-Year Pilot Program Places Emphasis on Evidence-based Clinical Decisions

The Department of Veterans Affairs (VA) has begun a two-year pilot to study innovative approaches to quickly search electronic medical records and medical literature for relevant published studies. During the pilot, VA will assess how the technology may accelerate evidence-based clinical decisions.

"Physicians can save valuable time finding the right information needed to care for their patients with this sophisticated and advanced technology," said Interim Under Secretary for Health Carolyn M. Clancy, M.D. "A tool that can help a clinician quickly collect, combine, and present information will allow them to spend more time listening and interacting with the Veteran. This directly supports the patient-centric medicine VA is committed to delivering every day."

The IBM Corporation was selected to provide the system which uses its "Watson technology" made famous on *Jeopardy!* in 2011. Today, IBM is working with several healthcare organizations to apply Watson's cognitive capabilities in helping doctors identify and analyze cancer treatment options. Learning about the opportunities and challenges these next-generation technologies may have is part of an ongoing effort for VA to advance the quality of healthcare provided to our Nation's Veterans. During the pilot, clinical decisions will not be made on actual patient encounters, but instead will use realistic simulations.

Notice can be found here: https://www.fbo.gov/notices/1e9767c0e2880cf2e4ce98f75b113efa **For more information visit:** http://www.va.gov/health/

FDA: Avoid Fetal "Keepsake" Images, Heartbeat Monitors

December 16, 2014 - Ultrasound imaging is the most widely used medical imaging method during pregnancy.

Fetal ultrasound imaging provides real-time images of the fetus. Doppler fetal ultrasound heartbeat monitors are hand-held ultrasound devices that let you listen to the heartbeat of the fetus. Both are prescription devices designed to be used by trained healthcare professionals. They are not intended for over-the-counter (OTC) sale or use, and the FDA strongly discourages their use for creating fetal keepsake images and videos.

"Although there is a lack of evidence of any harm due to ultrasound imaging and heartbeat monitors, prudent use of these devices by trained health care providers is important," says Shahram Vaezy, Ph.D., an FDA biomedical engineer. "Ultrasound can heat tissues slightly, and in some cases, it can also produce very small bubbles (cavitation) in some tissues."

The long-term effects of tissue heating and cavitation are not known. Therefore, ultrasound scans should be done only when there is a medical need, based on a prescription, and performed by appropriately-trained operators.

Fetal keepsake videos are controversial because there is no medical benefit gained from exposing the fetus to ultrasound. FDA is aware of several enterprises in the U.S. that are commercializing ultrasonic imaging by making fetal keepsake videos. In some cases, the ultrasound machine may be used for as long as an hour to get a video of the fetus.

While FDA recognizes that fetal imaging can promote bonding between the parents and the unborn baby, such opportunities are routinely provided during prenatal care. In creating fetal keepsake videos, there is no control on how long a single imaging session will last, how many sessions will take place, or whether the ultrasound systems will be operated properly. By contrast, Vaezy says, "Proper use of ultrasound equipment pursuant to a prescription ensures that pregnant women will receive professional care that contributes to their health and to the health of their babies."

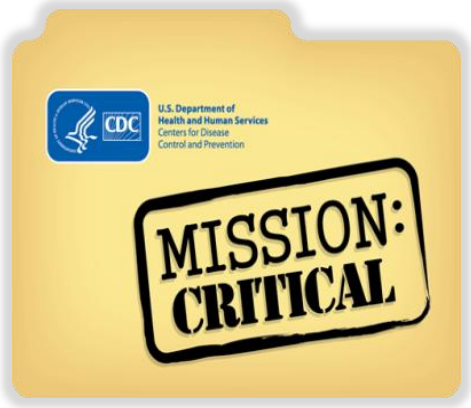
Doppler Ultrasound Heartbeat Monitors

Similar concerns surround the OTC sale and use of Doppler ultrasound heartbeat monitors. These devices, which are used for listening to the heartbeat of a fetus, are legally marketed as "prescription devices," and should only be used by, or under the supervision of, a healthcare professional.

"When the product is purchased over the counter and used without consultation with a health care professional taking care of the pregnant woman, there is no oversight of how the device is used. Also, there is little or no medical benefit expected from the exposure," Vaezy says. "Furthermore, the number of sessions or the length of a session in scanning a fetus is uncontrolled, and that increases the potential for harm to the fetus and eventually the mother."

This article appears on FDA's Consumer Updates page, which features the latest on all FDA-regulated products.

CDC YEAR IN REVIEW: "Mission: Critical"



The 10 most challenging public-health threats of 2014

It's been an unprecedented year for the Centers for Disease Control and Prevention (CDC), as America's public health agency continues its emergency response to the most complex Ebola epidemic in history. Ebola, however, is far from the only critical mission CDC undertook in 2014.

"CDC's Ebola response is the largest global effort in the agency's history, but we're carrying out many other public-health missions crucial to protecting American lives," said CDC Director Tom Frieden, M.D., M.P.H. "We're taking action on a wide range of health threats."

In a digital press kit released December 15, CDC reviews its responses to the 10 most important public-health challenges of 2014:

Mission: New Infectious Disease Threats

1. With 170 staff in the field and more than 700 people working on Ebola at any one time, CDC's response to the ongoing **Ebola** outbreak in West Africa is the largest in the agency's history. "Americans will be 100 percent safe only when we succeed in stopping Ebola at its source in West Africa," Dr. Frieden said.
2. CDC has made important progress against **antibiotic resistance**, but it remains a serious threat. Combatting antibiotic resistance and preventing **healthcare-associated infections** remains a critical initiative for 2015. "Every day we don't act to better protect antibiotics will make it harder and more expensive to address drug resistance in the future," said Beth P. Bell, M.D., M.P.H., Director of CDC's National Center for Emerging and Zoonotic Infectious Diseases. "Drug resistance can undermine both our ability to fight infectious diseases and much of modern medicine."
3. **Enterovirus D-68 (EV-D68)** is a previously rare virus mostly affecting American children, and is particularly severe in children with asthma. CDC's intense investigations into EV-D68 have been sped by a CDC-developed rapid lab test that can detect the virus. "When rare or uncommon viruses suddenly begin causing severe illness, CDC works quickly to develop diagnostic tests to enhance our response and investigations," said Anne Schuchat, M.D., Assistant Surgeon General and Director of CDC's National Center for Immunization and Respiratory Diseases.
4. **Middle Eastern Respiratory Syndrome (MERS-CoV)**, a new viral respiratory illness that was first reported in Saudi Arabia in 2012, showed a dramatic increase in cases during 2014. "In this interconnected world we live in, we expected MERS-CoV to make its way to the United States. We have been preparing since 2012 for this possibility," Dr. Frieden said.

Mission: Continued Fight against Infectious Diseases

5. The **HIV/AIDS pandemic** continues to be one of the world's most important public-health challenges. CDC is a primary partner in the **President's Emergency Plan for AIDS Relief (PEPFAR)**, which provides support to more than 60 countries to build capacity for their national HIV/AIDS programs. Through PEPFAR, CDC has helped support life-saving antiretroviral treatment for 7.7 million people and supported HIV testing and counseling for more than 56.7 million people during fiscal year 2014. "The heart of what CDC brings to the fight against AIDS is our ability to share our science and innovation to build capacity across the globe. We are beginning to turn the tide on the HIV pandemic, and saving millions of lives in doing so," Dr. Frieden said.

Continued from page 8

6. The world is on the brink of **eliminating polio**, but we risk losing hard-won ground. "If we eradicate polio in the next few years, we'll not only eliminate a crippling disease for generations to come, but have an estimated global savings of $40 billion to $50 billion over the subsequent 20 years," said Gregory Armstrong, M.D., Incident Manager for CDC's polio eradication response. "The finish line is in sight and will be a gift to every generation to come."

Mission: Laboratory Safety

7. Laboratory incidents during 2014 raised national awareness of the importance of **laboratory safety**. CDC applied important lessons learned to ensuring its laboratories are safe and effective. "Safety improvement is a continuous process," said Leslie Dauphin, Ph.D. Acting Associate Director for Laboratory Science and Safety. "It is essential that we strive for the highest standards of safety to ensure that CDC labs are the most scientifically rigorous and the safest in the world."

Mission: Leading Causes of Death

8. Nearly 800,000 Americans die each year from **cardiovascular diseases**. In 2014, with support of key partners, the **Million Hearts®** campaign encouraged widespread adoption and use of standardized treatment protocols for improving blood pressure control. "Simple, evidence-based treatment protocols can have a powerful impact in improving blood pressure control and reducing deaths from heart attack and stroke," said Janet S. Wright, M.D., Executive Director of Million Hearts.

9. **Smoking** remains the leading cause of preventable death and disease in the United States, killing more than 480,000 Americans each year. In 2014, CDC continued its national tobacco education campaign, **Tips from Former Smokers**, with hard-hitting new ads featuring secondary health conditions people may not realize are related to smoking. "These new ads are powerful. They highlight illnesses and suffering caused by smoking that people don't commonly associate with cigarette use," Dr. Frieden said. "Smokers have told us these ads help them quit by showing what it's like to live every day with disability and disfigurement from smoking."

10. A silent epidemic of **fatal overdose** kills 44 people every day in the US. In 2014 CDC joined with partners to improve prescription monitoring, reducing unnecessary prescriptions. "Prescription drug overdose is epidemic in the United States," Dr. Frieden said. "All too often, and in far too many communities, the treatment is becoming the problem. States where prescribing rates are highest need to take a particularly hard look at ways to reduce the inappropriate prescription of these drugs that are dangerous when misused or abused."

Link for Digital Press Kit: http://www.cdc.gov/media/dpk/2014/dpk-eoy.html **Contact:** Media Relations (404) 639-3286

Prescription Drug Overdose Resources

Most Relevant –

Press Release: Deaths from Prescription Painkiller Overdoses Rise Sharply Among Women
Vital Signs: Home | July 2013 Vital Signs: Prescription Drug Overdoses Among Women | Factsheet | PDF eBook | Issues

CDC Related Links –

- Policy Impact: Prescription Painkiller Overdoses
- Unintentional Poisoning
- National Center for Injury Prevention and Control

Additional Resource Links –

- MedlinePlus - Prescription Drug Abuse
- The White House - Office of National Drug Control Policy
- SAMHSA – Substance Abuse and Mental Health Services Administration
- Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends
- Drug Enforcement Administration – Office of Diversion Control
- National Institute on Drug Abuse – Prescription Medications
- Drugs, Brains, and Behavior: The Science of Addiction
- U.S. Food and Drug Administration - Drugs Information
- PDMP Center of Excellence, Brandeis University

MEDICAL MARIJUANA

FROM THEORY TO PRACTICAL APPLICATION

January 29, 2015 - 7:30 a.m. - 12:30 p.m.

Harrah's Reno
Douglas/Ormsby Room
3rd Floor West Tower, Convention Center
219 N. Center Street
Reno, NV 89501

7:30 a.m. - Registration and Continental Breakfast
8:00 a.m. - Program begins

Who should attend:

- Elected Officials
- Attorneys
- Judges
- Law Enforcement
- Physicians, Nurses and other Medical Professionals
- Substance Abuse Professionals

CLE, **CME** and **POST** credits available.

Attendees will be provided with a medical, legal and law enforcement perspective.

OUR GOAL is to provide an in-depth look at how medical marijuana has impacted other communities to prepare attendees for dispensaries opening in Nevada.

Hear from **experts** Dr. Stuart Gitlow, President of the American Society of Addiction Medicine and Tom Gorman, President of the High Intensity Drug Trafficking Area program, and others.

Space is limited. Cost is free. All attendees must **RSVP** to jennifer@jtnn.org or 775-324-7557.

Nevada Statewide Coalition Partnership

JTNN
Join Together Northern Nevada

University of Nevada School of Medicine

INVESTIGATIVE COMMITTEE STATS 2013

Investigative Committee A

Total Cases Considered	499
Total Cases Authorized for Filing of Formal Complaint (to be Published)	43
Total Cases Authorized for Peer Review	39
Total Cases Requiring an Appearance	36
Total Cases Authorized for a Letter of Concern	134
Total Cases Authorized for Further Follow-up or Investigation	
Total Cases Reviewed for Compliance	3
Total Cases Authorized for Closure	237

Investigative Committee B

Total Cases Considered	280
Total Cases Authorized for Filing of Formal Complaint (to be Published)	12
Total Cases Authorized for Peer Review	28
Total Cases Requiring an Appearance	21
Total Cases Authorized for a Letter of Concern	67
Total Cases Authorized for Further Follow-up or Investigation	11
Total Cases Reviewed for Compliance	1
Total Cases Authorized for Closure	140

INVESTIGATIVE COMMITTEE STATS 2014 – *YEAR TO DATE (12/2014)*

Investigative Committee A, Year to Date

Total Cases Considered	475
Total Cases Authorized for Filing of Formal Complaint (to be Published)	23
Total Cases Authorized for Peer Review	27
Total Cases Requiring an Appearance	39
Total Cases Authorized for a Letter of Concern	116
Total Cases Authorized for Further Follow-up or Investigation	22
Total Cases Reviewed for Compliance	2
Total Cases Authorized for Closure	246

Investigative Committee B, Year to Date

Total Cases Considered	271
Total Cases Authorized for Filing of Formal Complaint (to be Published)	11
Total Cases Authorized for Peer Review	24
Total Cases Requiring an Appearance	6
Total Cases Authorized for a Letter of Concern	60
Total Cases Authorized for Further Follow-up or Investigation	5
Total Cases Reviewed for Compliance	1
Total Cases Authorized for Closure	164

LICENSING STATS 2013

In 2013, the Board issued the following total licenses:

- 492 physician licenses
- 127 limited licenses for residency training
- 82 physician assistant licenses
- 149 practitioner of respiratory care licenses
- 9 perfusionist licenses

LICENSING STATS 2014 – *YEAR TO DATE (12/9/2014)*

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

- 553 physician licenses
- 120 limited licenses for residency training
- 88 physician assistant licenses
- 154 practitioner of respiratory care licenses
- 11 perfusionist licenses

WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Edward O. Cousineau, J.D. Executive Director
	Todd C. Rich Deputy Executive Director
	Donya Jenkins Finance Manager
Administration:	Laurie L. Munson, Chief
Legal:	Erin L. Albright, J.D. General Counsel
Licensing:	Lynnette L. Daniels, Chief
Investigations:	Pamela J. Castagnola, CMBI, Chief

2015 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day holiday
January 19 – Martin Luther King, Jr. Day holiday
February 16 – Presidents' Day holiday
March 6-7 – Board meeting
May 25 – Memorial Day holiday
June 5-6 – Board meeting
July 3 – Independence Day holiday (observed)
September 7 – Labor Day holiday
September 11-12 – Board meeting
October 30 – Nevada Day holiday
November 11 – Veterans' Day holiday
November 26 & 27 – Thanksgiving/family day holiday
December 4-5 – Board meeting
December 25 – Christmas holiday

Nevada State Medical Association
3660 Baker Lane #101
Reno, NV 89509
775-825-6788
http://www.nsmadocs.org website

Clark County Medical Society
2590 East Russell Road
Las Vegas, NV 89120
702-739-9989 phone
702-739-6345 fax
http://www.clarkcountymedical.org website

Washoe County Medical Society
3660 Baker Lane #202
Reno, NV 89509
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org website

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
775-850-1440 phone
775-850-1444 fax
http://bop.nv.gov/ website
pharmacy@pharmacy.nv.gov email

Nevada State Board of Osteopathic Medicine
901 American Pacific Dr., Unit 180
Henderson, NV 89014
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov website

Nevada State Board of Nursing
Las Vegas Office
4220 S. Maryland Pkwy, Bldg. B, Suite 300
Las Vegas, NV 89119
702-486-5800 phone
702-486-5803 fax
Reno Office
5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502
775-687-7700 phone
775-687-7707 fax
www.nevadanursingboard.org website

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

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

DISCIPLINARY ACTION REPORT

ANSON, John A., M.D. (8076)
Las Vegas, Nevada

Summary: Alleged malpractice.

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

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Anson violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) $3,500.00 contribution to a non-profit medical organization of his choice; (2) 20 hours of Continuing Medical Education (CME) regarding the subject of cervical surgeries, which must include at least 5 hours of CME regarding complications associated with cervical surgeries; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

ANSON, John A., M.D. (8076)
Las Vegas, Nevada

Summary: Alleged malpractice.

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

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Anson violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) $3,500.00 contribution to a non-profit medical organization of his choice; (2) 20 hours of CME regarding the subject of conditions of the brain and/or spine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

BRUCE, Victor R., M.D. (8652)
Las Vegas, Nevada

Summary: Alleged malpractice, continual failure to exercise the skill or diligence or use methods ordinarily used in the same circumstances by other physicians practicing in the same specialty or field, unlawful prescribing of controlled substances, practicing beyond the scope permitted by law and/or performing services that were beyond the scope of his training, and failure to maintain appropriate medical records related to Dr. Bruce's treatment of 8 patients.

Charges: Eight violations of NRS 630.3062(1) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; 8 violations of NRS 630.301(4) [malpractice]; 8 violations of NRS 630.306(3) [administering, dispensing or prescribing any controlled substance to others except as authorized by law]; 8 violations of NRS 630.306(5) [practicing beyond the scope permitted by law or performing services which the licensee knows he is not competent to perform or which are beyond the scope of his training]; 8 violations of NRS 630.306(7) [continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field]; 8 violations of NRS 630.306(2)(b) [engaging in any conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Bruce violated NRS 630.301(1) [conviction of a felony relating to the practice of medicine or the ability to practice medicine] and imposed the following discipline against him: (1) revocation of license, with the revocation stayed until December 31, 2014, when the revocation becomes effective; (2) public reprimand; (3) following his release from incarceration, Dr. Bruce may petition the Board to reinstate his license to practice medicine, pursuant to various terms and conditions, including reimbursement of the Board's fees and costs of investigation and prosecution of the matter prior to petitioning the Board for reinstatement of his license. In the event the Board reinstates Dr. Bruce's license, Dr. Bruce shall be placed on probation for a period of 3 years with an obligation to comply with the terms and conditions of his parole and probation related to the case of *United States of America v. Victor Bruce, MD*, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Upon receipt of written notice of completion of Dr. Bruce's probation, the Board shall reinstate Dr. Bruce's licensure status to active with no conditions/restrictions.

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

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

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

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Grigoryev Grigg violated NRS 630.3062(1), as set forth in the Complaint, and imposed the following discipline against him: (1) $2,000.00 fine; (2) 10 hours of CME regarding record keeping and/or ethics; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

KIM, Daniel K., M.D. (5693)
Las Vegas, Nevada

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

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

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Kim violated NRS 630.3062(1), as set forth in Count I of the Complaint, and imposed the following

Continued from page 13

discipline against him: (1) public reprimand; (2) $2,000.00 fine; (3) 15 hours of CME regarding Radiofrequency Ablation procedures, defibrillators, medical records and/or ethics; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed.

MARANON, William R., M.D. (7873)
Las Vegas, Nevada

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

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

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Maranon violated NRS 630.3062(1), as set forth in the Complaint, and imposed the following discipline against him: suspension of his license to practice medicine, with said suspension stayed and Dr. Maranon being placed on probation for a period of 6 months, subject to various terms and conditions including reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

MARTIN, Andrew S., M.D. (11416)
Las Vegas, Nevada

Summary: Settlement of summary suspension of license to practice medicine.

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it ordered that the summary suspension of Dr. Martin's license to practice medicine be lifted and his license suspended, with said suspension stayed and Dr. Martin placed on probation for a period of 24 months, subject to various terms and conditions, including reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

PACKER, David Lynn, M.D. (13014)
Gainesville, Florida

Summary: Alleged lack of competency to practice medicine and willful failure to comply with an order of the Board's Investigative Committee.

Charges: One violation of NRS 630.3065(2)(a) [willful failure to comply with an order of the Board's Investigative Committee]; one violation of NRS 630.306(13) [failure to be found competent to practice medicine as a result of an examination to determine medical competency]; one violation of NRS 630.306(1) [inability to practice medicine with reasonable skill and safety because of illness and/or a mental or physical condition].

Disposition: On December 5, 2014, the Board found Dr. Packer violated NRS 630.3065(2)(a), NRS 630.306(13) and NRS 630.306(1), as set forth in the Complaint, and imposed the following discipline against him: (1) revocation of license; (2) reimbursement of the Board's fees and costs of investigation and prosecution.

VANSOMPHONE, Boungkhong, M.D. (9448)
Las Vegas, Nevada

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

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(11) [failure to report in writing, within 30 days, disciplinary action taken against him by another state]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement].

Disposition: On December 5, 2014, the Board accepted a Settlement Agreement by which it found Dr. Vansomphone violated NRS 630.306(11), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs of investigation and prosecution. Counts I and III of the Complaint were dismissed.

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Public Reprimands Ordered by the Board

Victor R. Bruce, M.D.

December 10, 2014

Victor R. Bruce, M.D.
c/o John Hunt, Esq.
Morris Polich & Purdy LLP
500 S. Ranch Drive, Ste 17
Las Vegas, NV 89106

Dr. Bruce:

On December 5, 2014, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 14-12252-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(1), conviction of a felony relating to the practice of medicine or the ability to practice medicine. For the same, your license to practice medicine in the state of Nevada is revoked, with said revocation stayed until December 31, 2014, when the revocation becomes effective; you shall receive a public reprimand; and comply with the following terms and conditions once released from incarceration: reimburse the Board for the fees and costs of the investigation and prosecution prior to petitioning the Board for reinstatement of your license to practice medicine; submit proof of compliance with CME requirements; submit proof of surrender of your DEA registration and Nevada State Pharmacy license to prescribe Schedule II, III, IV or V controlled substances; and submit proof of attendance and completion of a twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course." In the event the Board reinstates your license to practice medicine in the state of Nevada, you shall be placed on probation for a period of three (3) years with an obligation to comply with the terms and conditions of your parole and probation related to the case of *United States of America v. Victor Bruce,* MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Upon receipt of written notice of your completion and compliance with the terms of your probation, the Board shall reinstate your licensure status to active with no conditions/restrictions.

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

Sincerely,

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

Daniel K. Kim, M.D.

December 12, 2014

Daniel K. Kim, M.D.
c/o Michael Navratil, Esq.
John H. Cotton & Associates, Ltd.
7900 W. Sahara, Ste. 200
Las Vegas, NV 89117

Dr. Kim:

On December 5, 2014, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 13-9995-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. For the same, you shall receive a public reprimand; pay a fine of Two Thousand and 00/100 Dollars ($2,000.00) to the Board within sixty (60) days, complete fifteen (15) hours of CME regarding the subject of Radiofrequency Ablation procedures, defibrillators, medical records and/or ethics within one (1) year of the Boards acceptance of the Agreement and pay the fees and costs related to the investigation and prosecution of this matter within sixty (60) days of the Board's acceptance of the Agreement.

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

Sincerely,

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

Boungkhong Vansomphone, M.D.

December 12, 2014

Boungkhong Vansomphone, M.D.
c/o James Cox, Esq.
715 S. 9th Street
Las Vegas, NV 89101

Dr. Vansomphone:

On December 5, 2014, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 14-11853-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(11), failure to report in writing, within thirty (30) days any disciplinary action taken against the licensee by another state. For the same, you shall receive a public reprimand and pay the fees and costs related to the investigation and prosecution of this matter within sixty (60) days of the Board's acceptance of the Agreement.

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

Sincerely,

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

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Ste. 301

Reno, NV 89502-2144