NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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The Facts About Substance Abuse Among Physicians

By: Rachel V. Rose, JD, MBA

Overview

These days, one cannot log onto the internet, turn on the news or listen to a radio program without learning about the nation-wide opioid epidemic. As more and more states file lawsuits against manufacturers and distributors, as well as the federal government notching the largest healthcare fraud takedown in history that included 400 individuals and entities[1], the issue of substance abuse is on the forefront.

Medical professionals are the conduit into the prescription drug world. In turn, this begs the following questions:

- What is the incidence of physician substance abuse?
- What are the underlying causes?
- What are the professional ramifications?
- What treatment avenues are available?

The purpose of this article is to address physician substance abuse. Given that healthcare providers have greater access than the average person to a variety of drugs, it is not surprising that among various professions (e.g., law, medicine and accounting), physicians fare higher in relation to drug abuse.[2] It is frightening to think that physicians may be performing a surgical procedure on someone while "stoned" or impaired.[3] As a lawyer, it is unsettling to see fellow members of the bar struggling with these issues, still practicing law and "advising" clients. Practicing law and performing surgery somehow do not carry the same weight – someone could die on the operating room table because of an anesthesiologist rendering the wrong drug or a surgeon cutting a vessel. Hence, underscoring the fundamentals of the Hippocratic Oath – first and foremost, you are to do no harm.[4]

Analysis

What leads individuals to abuse drugs? With a physician's training, one would think that doctors would have a lower rate of substance abuse. Let's take the four questions that were identified above and look at the answers.

What is the incidence of physician substance abuse?

A comparison of two articles indicates that physician chemical dependency remains greater than that of the general population, and has risen between 2009 and 2016.[5] "Approximately 10% to 12% of physicians will develop a substance use disorder during their careers, a rate similar to or exceeding that of the general population."[6] A 2016 article indicated that while the addiction rates in the general population are between 8-10%, physician addiction rates were estimated to be as high as 15%.[7]

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FEATURED IN THIS ISSUE:

ALSO IN THIS ISSUE:

MISSION STATEMENT

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

BOARD NEWS

Michael C. Edwards, MD, FACS Joins Nevada State Board of Medical Examiners

Michael C. Edwards, MD, FACS was appointed by Governor Sandoval to a position on the Nevada State Board of Medical Examiners effective July 1, 2017. The Board welcomes Dr. Edwards.

Michael C. Edwards, MD, FACS, is a board-certified plastic and reconstructive surgeon in group practice in Las Vegas; Anson, Edwards and Higgins Plastic Surgery Associates, with over 21 years of clinical experience.

Dr. Edwards is a past president of the American Society for Aesthetic Plastic Surgery, and past president of the Clark County Medical Society. Dr. Edwards is a Fellow of the American College of Surgeons and a member of many professional organizations, including the American Society for Aesthetic Plastic Surgery (past president and trustee), American Society of Plastic Surgery (serving on both the Ethics Committee and Judicial Council), American Association of Plastic Surgery, Clark County Medical Association (past president) and the Nevada State Medical Association. Dr. Edwards lectures both nationally and internationally on all facets of breast surgery, specializing in complex breast revision.

A veteran of the United States Air Force, where he was an active duty Air Force Plastic Surgeon and attained the rank of Lieutenant Colonel, Dr. Edwards graduated from the F. Edward Hebert School of Medicine (Uniformed Services University of the Health Sciences) in Bethesda, Maryland. He completed a residency in general surgery at David Grant Medical Center, Travis Air Force Base, in California, and a residency in plastic and reconstructive surgery at Wilford Hall Medical Center, Lackland Air Force Base, in Texas. Throughout his military career, Dr. Edwards served as Chief of Surgery, Chief of Plastic Surgery, and Chief of Staff. He also served a tour in Kuwait supporting Operation Iraqi Freedom.

Dr. Edwards is a proud member of the medical community of Nevada and has a strong commitment to the safe and ethical delivery of medical care.

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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.

BOARD NEWS

Weldon Havins, MD, JD, LLM Joins Nevada State Board of Medical Examiners

Weldon (Don) Havins, MD, JD, LLM was appointed by Governor Sandoval to a position on the Nevada State Board of Medical Examiners effective August 31, 2017. The Board welcomes Dr. Havins.

Dr. Havins attended the Coronado, California primary school system, then San Diego State University, where he received a BA with high honors. Graduating from Wake Forest University School of Medicine with an MD in 1970, he interned in surgery at the Washington Hospital Center in Washington, DC. Following two years with the U.S. Navy (one year as a medical officer on the USS Daniel Webster SSBN-626 nuclear submarine, one year at the Long Beach Regional Naval Medical Center), he completed an Ophthalmology residency at the Jules Stein Eye Institute at UCLA in 1976, and later, a fellowship in Ophthalmic Plastic and Reconstructive Surgery at the University of Texas, Houston, in 1981. He earned a Master's degree in Management from the Claremont Graduate University while practicing Ophthalmology in Upland, California.

From 1982 to 1995, Dr. Havins practiced Ophthalmology and Oculoplastic Surgery in Las Vegas, Nevada. Returning to San Diego in 1995, he attended law school at the University of San Diego, where he graduated *cum laude*, was an editor of the law review, and was selected to Order of the Coif. Remaining at the University of San Diego School of Law for an additional year, he earned a Master of Laws degree, *cum laude,* in Health Law.

Returning to Las Vegas in 1999, Dr. Havins served as a law clerk for a district court judge while practicing medicine part-time. From 2001 to 2008, he worked as the Executive Director and legal counsel for the Clark County Medical Society. Following a stint as Executive Director of the Nevada State Board of Osteopathic Medicine, Dr. Havins received a full-time appointment to the faculty of Touro University College of Osteopathic Medicine, where he currently serves as an Associate Dean, Professor and Director Medical Jurisprudence, and Professor of Ophthalmology, while practicing General Ophthalmology part-time.

Dr. Havins is a member of the Nevada Bar and is in-house counsel for Touro University Nevada. He is certified by the American Board of Ophthalmology and the American Board of Legal Medicine. He serves as a member of the Board of Governors of the American College of Legal Medicine and the American Board of Legal Medicine. He is currently a Board Member of the Nevada State Board of Medical Examiners, and a Board Member of the Governor's Office of Economic Development.

Dr. Havins is a fellow of the American College of Surgeons, the American Society of Ophthalmic Plastic and Reconstructive Surgeons, and the American College of Legal Medicine. He is immediate past president of the Nevada State Medical Association. He has numerous publications in medical journals and law reviews.

Dr. Havins enjoys aviation and has earned Airline Transport Pilot ratings in both single and multi-engine aircraft. He has earned ratings as a certified flight instructor in single and multi-engine aircraft, and as an instrument flight instructor.

Dr. Havins and his wife Kelly enjoy time with son Bradley, a U.S. Army Major in the Army Medical Corps (Family Medicine), daughter Laura, who is an R.N. working in a surgical intensive care unit while completing her Masters Degree as a Nurse Practitioner (UNLV), and daughter Anna, who teaches English in Kochi, Japan.

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"Physicians are invested with awesome responsibility and trust."[8] A self-reported survey by 5,426 physicians from twelve different medical specialties indicated that the use of a variety of substances, ranging from alcohol to marijuana to cocaine to opioids to benzodiazepines, revealed that pediatricians and surgeons had the lowest incidence of abuse. On the other end of the spectrum, anesthesiologists abused major opioids at a higher rate, while psychiatrists and emergency physicians topped the charts for overall substance abuse and addiction.[9]

Indeed, of all of the professions, society entrusts doctors to touch us, to render anesthesia to us and to rid us of a variety of wide-ranging ailments. Given that physicians are intelligent and driven individuals, the question begged is - what leads to substance abuse?

What are the underlying causes?

According to a 2013 *Journal of Addiction Medicine* study, 69% of doctors abused prescription medicine "to relieve stress and physical or emotional pain."[10] As Dr. Marc Myer would state, "tomorrow – tomorrow, I will stop" as he continued to steal his patient's opioids to fuel his own addiction.[11] Dr. Myer, like most physicians, was not seeking a "recreational thrill" from the drugs. Rather, he used them as a way to cope with depression.

Dr. Myer's experience mirrors that of research published in the *Journal of Addiction Medicine.* The study, which included interviews of 55 physicians who were being monitored by various state physician health programs, revealed that 69% of physicians abused prescription drugs. And, as stated above, the impetus was to alleviate stress and pain (e.g., emotional and physical).[12]

In July 2010, *JAMA* published a survey that revealed the following:

- 17% of nearly 1900 responding physicians reported having direct knowledge of an impaired or incompetent colleague in their practice or on the medical staff over the past three years;
- One-third did not report the individual; and
- The reasons given for not reporting included: believed someone else was taking care of the problem (19%), didn't think reporting the problem would make a difference (15%), feared retribution (12%), felt it wasn't their responsibility to report (10%), or worried that the physician would be excessively punished (9%).[13]

Hence, the takeaway is that not reporting is far from a "professional courtesy." And, failing to report could have significant professional ramifications.

What are the professional ramifications?

The professional ramifications associated with addiction include: being arrested and charged with either misdemeanors and/or felonies, loss or suspension of a medical license, removal from a practice and/or medical staff and earnings. Personally, a marriage may end or family and friends may abandon the physician.[14]

As Dr. Peter Grinspoon shared, "I've been in recovery since 2007. After I regained my medical license, I was asked to join the Physician Health Service as an associate director, helping other addicted doctors. As it turns out, physicians, once they get help, often excel at rehab. According to health service studies, we succeed at rates of 70% to 80%, which for addiction is astronomically high."[15] Dr. Grinspoon's experience underscores that once a physician enters treatment, the ability to overcome the addiction and reenter the medical profession successfully is exceptional. Therefore, it is in both the physicians' and the patients' best interests for physicians to seek treatment and resume medical practice with continued and appropriate monitoring.

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What treatment avenues are available?

Impairment has been defined as, "the inability or impending inability to practice according to accepted standards as a result of substance use, abuse, or dependency (addiction)."[16] Both prevention and detection begin at the local level through monitoring and ensuring acceptable physician performance.[17]

"Society has begun to shift from viewing addiction as a moral failing that deserves punishment to understanding it as a disease that can be successfully treated. That's no less true for physicians than for everyone else."[18] The Federation of State Medical Boards and the Federation of State Physician Health Programs are great places for physicians, state medical boards and hospitals/group practices to begin their research. Help is available but physicians must remember that their own issues must be balanced against those of protecting society. As a matter of public policy, physicians have the utmost fiduciary duty. Therefore, don't be surprised if an aggressive lawyer is fueled with passion to go after a physician for harming a patient or placing patients in harm's way.

Conclusion

The consensus of medical boards and various publications indicates that a "blind-eye" should not be turned in relation to existing or suspected physician addiction. Rather, seeking help through physician health programs, which are run in accordance with the Federation of State Physician Health Programs and the Federation of State Medical Boards' guidelines, is a prudent first step. With the increasing complexities and demands of the medical profession, it is possible that the substance abuse rate may again increase. Therefore, physicians, their colleagues and their families need to be vigilant for signs of addiction and substance abuse; and, also remember, *prinum non nocere* – "first, do no harm."

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[1] B. Jones Sanborn, *HHS announces 'largest fraud takedown in history', charging 400 defendants in schemes involving $1.3 billion in false billings* (July 13, 2017) http://www.healthcarefinancenews.com/news/hhs-announces-largest-fraud-takedown-history-charging-400-defendants-schemes-involving-13

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[3] American Academy of Orthopaedic Surgeons, *The Impaired Physician*; https://www.aaos.org/WorkArea/DownloadAsset.aspx?id=31367.

[4] Council on Ethical and Judicial Affairs: Code of Medical Ethics, Opinions 8.15, 9.0305, 9.031. Chicago, IL, American Medical Association, ed (2014-2015); http://www.ama-assn.org/ama/pub/physician-resources/medicalethics/code-medical-ethics/opinion9031.page.

[5] K. Berge, M. Seppala, and A. Schipper, *Chemical Dependency and the Physician*, *Mayo Clin Proc.*, 2009 Jul; 84(7): 625-631; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2704134/.

[6] Hughes PH, Brandenburg N, Baldwin DC, Jr, et al. *Prevalence of substance use among US physicians* [published correction appears in *JAMA.* 1992;268(18):2518] *JAMA* 1992;267(17):2333-2339.

[7] P. Grinspoon, *Up to 15% of doctors are drug addicts. I was one of them*. (Jun. 5, 2016); http://www.latimes.com/opinion/op-ed/la-oe-grinspoon-addicted-doctors-20160605-snap-story.html. Peter Grinspoon is a primary care physician and an instructor at Harvard Medical School. He is the author of *Free Refills: A Doctor Confronts His Addiction.*

[8] *Ibid.*

[9] P.H. Hughes, et al., *Physician substance use by medical specialty*. *J Addict Dis.* 1999; 18(2): 23-27; https://www.ncbi.nlm.nih.gov/pubmed/10334373.

[10] *Supra* n. 6.

[11] S. Reese, *Drug Abuse Among Doctors: Easy, Tempting, and Not Uncommon* (Jan. 29, 2014), http://www.medscape.com/viewarticle/819223.

[12] *Ibid*.

[13] S. Reese, *Drug Abuse Among Doctors: Easy, Tempting and Not Uncommon* (Jan. 29, 2014); http://www.medscape.com/viewarticle/819223_4.

[14] L. Leape and J. Fromson, *Problem Doctors: Is There a System-Level Solution?*, *Ann Intern Med*. 2006; 144: 107-115.

[15] *Supra* n. 6.

[16] M. Baldisseri, *Impaired healthcare professional*. *Critical Care Med*. 2007 Feb; 35 (2 Suppl): S106-16; https://www.ncbi.nlm.nih.gov/pubmed/17242598.

[17] *Supra* n. 13.

[18] *Supra* n. 6.

Rachel V. Rose, **JD, MBA** is a Principal with Rachel V. Rose – Attorney at Law, P.L.L.C. (Houston, TX).

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

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

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

Nevada QTAC Provides Patient Diabetes Education Through Collaborative Programs

Guest Author: Molly Michelman, MS, RDN, LD

A highly proactive approach to patient care is being implemented by healthcare practitioners nationwide, specifically in the area of diabetes. In Nevada, according to the Behavioral Risk Factor Surveillance System (BRFSS) data, it is estimated that 215,082, or 9.7%, of adults were diagnosed with diabetes in 2015.[1] Prediabetes, which is treatable, has its own set of stunning statistics. One in three adults nationally - that's 84 million - has prediabetes; and for those age 65 or older, 1 in 2 have the condition.[2] More alarming is that 9 out of 10 do not know that they have prediabetes.[3] For the year 2012, Nevada's total estimated medical cost for diabetes was $2,466 million, with prediabetes representing $194 million.[4] BRFSS 2015 data estimates that 38% of Nevada adults were overweight while 26.7% of Nevada adults were obese. The prevalence of adults in Nevada with a diabetes diagnosis who are obese is close to double that of those who do not have diabetes. Obesity, according to the BRFSS, is defined as having a body mass index (BMI) >30.[5] A similar trend exists for prediabetes.

Numbers such as these are overwhelming, and the potential impact on healthcare teams is considerable. In an effort to help reduce the burden, and prevent patient progression to type 2 diabetes, the American Medical Association and the CDC developed a toolkit (https://preventdiabetesstat.org/toolkit.html) to be used for screening and testing, and to help them to refer at-risk patients to face-to-face or online diabetes prevention programs.

Practitioners may not know where to refer patients in need of prediabetes or diabetes education. The Nevada Quality and Technical Assistance Center (Nevada QTAC) is a neutral organization, serving as the leader in execution of program implementation, expansion, and sustainability of diabetes education programs throughout the state of Nevada. Nevada QTAC seeks to decrease the prevalence of diabetes by collaborating with key members of the community, healthcare providers, insurance providers and health plans to increase awareness of evidence-based programs. The goal is to improve health outcomes and quality of life of those suffering from diabetes and other chronic illnesses. Evidence-based programs support Nevada QTAC's foundation, including the National Diabetes Prevention Program (DPP) and Stanford Self-Management Programs such as the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Manejo Personal de la Diabetes (PMPD).

Further information about various sessions or workshops and locations/class times is available through the following websites:

- Nevada QTAC - http://nvhealthyliving.org/;
- National Diabetes Prevention Program - www.cdc.gov/diabetes/prevention;
- Nevada Diabetes Education for Resources and Information Within the state - http://nevadawellness.org/community-wellness/diabetes-education/.

[1] Nevada Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System Survey (BRFSS) Data. Carson City, Nevada: Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, 2015.
[2] Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.
[3] Centers for Disease Control and Prevention (CDC). Awareness of Prediabetes--United States, 2005-2010. *MMWR Morb Mortal Wkly Rep*. 2013 Mar 22;62(11):209-12.
[4] Wenya Yang; Timothy M.; Pragna Halder; Paul Gallo; Stacey L. Kowal; and Paul F. Hogan; Economic Costs of Diabetes in the U.S. in 2012, Diabetes Care April 2013 vol. 36 no. 4 1033-1046.
[5] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/. Accessed 8/25/17.

Molly Michelman, MS, RDN, LD is the owner of The Food Connection, a private dietetics practice in Las Vegas. Molly was the didactic program director and on faculty for University of Nevada, Las Vegas' Nutrition Sciences Program for 17 years. Molly has been a registered dietitian since 1999, and has worked in that time as a consultant and educator for Southwest Medical Associates, MGM Mirage, Paiute Tribe, Southern Nevada Health District, Create a Change Now, Dignity Health, Clark County School District, Families for Effective Autism Treatment, and University of Nevada Reno Cooperative Extension and School of Medicine. She also teaches weekly diabetes education classes in southern Nevada.

Statement from FDA Commissioner Scott Gottlieb, MD on the Agency's Continued Efforts to Promote the Safe Adoption of Medication-Assisted Treatment for Opioid Addiction

Statement

Medication-assisted treatment (MAT) – the use of medication combined with counseling and behavioral therapies – is one of the major pillars of the federal response to the opioid epidemic in this country. This type of treatment is an important tool that has the potential to help millions of Americans with an opioid use disorder regain control over their lives. In fact, patients receiving MAT cut their risk of death from all causes in half, according to the Substance Abuse and Mental Health Services Administration. Addressing the epidemic of opioid addiction is my highest public health priority. One element of that effort is promoting more widespread, safe adoption of MAT as a way to help more people overcome addiction.

However, health care providers and patients face significant challenges when determining how best to treat opioid use disorder, especially when the MAT drugs contain methadone or buprenorphine – which are also opioids. For example, many patients with opioid use disorder might abuse other substances or have a co-existing chronic condition, such as a mental health disorder. This may require separate treatment using medications that, when combined with the MAT drugs methadone or buprenorphine, may pose serious risks. Today, the FDA issued a Drug Safety Communication alerting health care providers and patients of the increased risk of serious side effects when combining these particular MAT drugs with benzodiazepines – often prescribed to treat anxiety, insomnia, or other conditions – and how to address these risks while continuing to maintain patients on MAT. In addition, the FDA also recently strengthened labeling for the MAT drug buprenorphine to emphasize that patients may require treatment indefinitely and should continue treatment for as long as they benefit and as long as the use of MAT contributes to their intended treatment goals.

As noted in the Drug Safety Communication, the co-administration of the MAT drugs methadone or buprenorphine with benzodiazepines or other central nervous system (CNS) depressants can pose serious risks, including difficulty breathing, coma, and death. The FDA's new alert follows the agency's warning last year of the risks of using opioid analgesics (to treat pain) or prescription opioid cough products and benzodiazepines at the same time. At that time, more consideration was needed regarding the combined use of these MAT drugs and benzodiazepines or other CNS depressants due to the unique medical needs and benefit-risk considerations for this specific patient population. As a result of that consideration, the FDA's new advisory that we're issuing today asks health care providers and patients to be aware of these risks. But at the same time, the agency is also reinforcing that MAT should not necessarily be denied to patients taking these other medications. The dangers associated with failing to treat an opioid use disorder can outweigh the risks of co-prescribing MAT and benzodiazepines. Instead, careful management of the patient and coordination of care is recommended.

To underscore the importance of appropriately utilizing MAT products, the FDA is requiring changes to MAT drug labels to help decrease the risks of combining these drugs, while taking steps to address situations where the MAT drugs methadone or buprenorphine might be co-administered with benzodiazepines. The new labeling recommends that health care providers develop a treatment plan that closely monitors any concomitant use of these drugs, and carefully taper the use of benzodiazepines, while considering other treatment options to address mental health conditions that the benzodiazepines might have been initially prescribed to address.

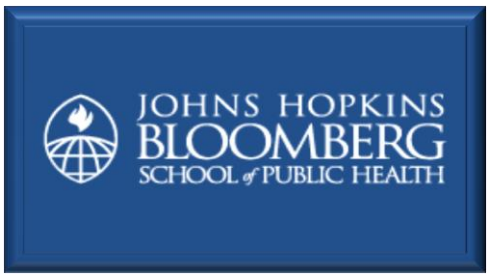
Reducing the number of Americans who are addicted to opioids and cutting the rate of new addiction is one of the FDA's highest priorities. We must do everything possible to address the staggering human toll caused by opioid use disorders, and ensuring patients receive proper treatment for both addiction and coexisting mental health conditions is a critical step in that effort.

Media Contact - *Michael Felberbaum* - *240-402-9548*

The FDA, an agency within the U.S. Department of Health and Human Services, promotes and protects the public health by, among other things, assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Long-Term Opioid Prescription Use Jumps Threefold Over 16-Year Period, Large-Scale Study Suggests

OVERALL INCREASE DRIVEN BY PATIENTS TAKING OPIOID MEDICATION FOR 90 DAYS OR LONGER



A new study from the Johns Hopkins Bloomberg School of Public Health found that opioid prescription use increased significantly between 1999 and 2014, and that much of that increase stemmed from patients who'd been taking their medication for 90 days or longer.

Long-term use, which is associated with greater risk for addiction and overdose, increased threefold during the study's time frame. In 1999-2000, less than half of the people who were taking prescription opioids were taking them for 90 days or more. By 2013-2014, more than 70 percent were taking opioid medication on a long-term basis.

The findings come as the U.S. grapples with a worsening opioid epidemic that on average is killing nearly 100 people a day, some from prescription opioids and others from illegal forms, primarily heroin. Last month, the Trump administration declared the opioid epidemic a public health emergency, a step that will allow the government to dispense additional federal funds for treatment.

The study, published online in the journal *Pharmacoepidemiology and Drug Safety*, draws from survey data gathered by the National Health and Nutritional Examination Survey, which the National Center for Health Statistics has conducted every two years since 1999-2000. Prescription opioid use, the paper found, rose from 4.1 percent of U.S. adults in 1999-2000 to 6.8 percent in 2013-2014, an increase of 60 percent. Long-term prescription opioid use, defined as 90 days or more, increased from 1.8 percent in 1999-2000 to 5.4 percent in 2013-2014.

"What's especially concerning is the jump in long-term prescription opioid use, since it's linked to increased risks for all sorts of problems, including addiction and overdoses," says study author Ramin Mojtabai, MD, PhD, MPH, a professor in the Department of Mental Health at the Bloomberg School. "The study also found that long-term use was associated with heroin use as well as the concurrent use of benzodiazepines, a class of widely prescribed drugs that affect the central nervous system," he says.

This is one of the paper's more worrisome findings, Mojtabai notes, since combining opioids and benzodiazepines significantly increases the risk of overdose, even if the patient is taking a moderate dosage of opioid medication. Combining these drugs can also cause respiratory suppression, he says.

For the paper, Mojtabai examined eight consecutive biannual surveys, each of which included over 5,000 adults living throughout the U.S. Interviews were conducted via computer in participants' homes. Participants were asked to identify prescription medication they'd taken in the past 30 days, and for what length of time. A total of 47,356 adults participated in the eight surveys, and the response rate ranged from 71 percent to 84 percent. If participants were taking more than one opioid medication, the study logged the duration for the longest-used medication.

Opioid medication use overall and long-term use were more common among participants on Medicaid and Medicare versus private insurance.

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Despite the upward trend, there is scant evidence supporting benefits of longer-term prescription opioid use, Mojtabai says, with no randomized clinical trials that support their extended use, given the risks.

Prescription opioids were originally designed for shorter-term use, which involves fewer patient risks. Many patients who take opioid medication for weeks or months develop a tolerance that over time requires higher dosages for the medication to relieve pain. As a result, patients will take more medication to reduce their pain, setting them on the path to possible addiction. While there is no clear delineation as to when addiction kicks in, longer-term use is thought to be a risk factor.

The Centers for Disease Control and Prevention issued new guidelines last year, recommending that physicians prescribe opioids for chronic pain only after other options have been proven ineffective. The guidelines also recommend short-term use (three days instead of seven) and lower dosages. The impact of these new guidelines is not yet known, Mojtabai says.

The 2013-2014 survey asked participants for the first time to identify the main reason they were taking prescription opioid medication. Back pain was the leading reason, with over 42 percent, or 167 of 402 participants, taking these medications in 2013-2014 reporting they were seeking relief for back pain. This was followed by arthritis and other joint pain, with 102, or 25.3 percent, identifying them as the reason for taking prescription opioids.

For those with back pain, nearly one half had been taking medication for over 90 days, while among those with arthritis or other joint pain, a quarter had been taking opioid medication for over 90 days. Other leading reasons for prescription opioid use included injury-related pain (14.4 percent) and muscle and soft tissue pain (11.4 percent).

"Despite the upward trend, there is scant evidence supporting the benefits of longer-term prescription opioid use, Mojtabi says, with no randomized clinical trials that support their extended use, given the risks."

"Given the urgency, it's critical that we continue to try and understand what benefits, if any, exist for prescribing opioids for both short- but especially for longer-term consumption," says Mojtabai, "There may be alternative treatments. We also need to understand what other factors contribute to the considerable risks of prescription opioid medication among different groups, especially those with other drug or alcohol use in their profiles."

"National trends in long-term use of prescription opioids" was written by Ramin Mojtabai.

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The media and public relations staff works within the Johns Hopkins Bloomberg School of Public Health's communications and marketing team in the Office of External Affairs. The staff fields media inquiries, writes and distributes news releases, manages the School's social media accounts and handles School-wide communications for faculty, staff and students. The News section of the website includes news releases going back to 1999 and stories highlighting faculty, students and alumni. The News section also includes a page where viewers can subscribe to the School's magazine, Hopkins Bloomberg Public Health, which appears three times a year, and Global Health NOW, a Monday-through-Friday email that summarizes top global health news stories.

Project ECHO Provides Clinics for Pain Management and Medication-Assisted Treatment

The State of Nevada and Project ECHO Nevada are partners in bringing two very important healthcare provider resources aimed at addressing the opioid epidemic in our state. Project ECHO is a telehealth model that provides multidisciplinary teams of sub-specialists that help guide and mentor primary care providers in treating patients with common, complex conditions. At its core, the ECHO model is similar to virtual grand rounds, where participants present challenging cases from their own patient panel and receive feedback and recommendations from ECHO sub-specialists. This provider-to-provider consultation conducted in a small group setting has multiple benefits. First, participants are able to receive suggestions on the appropriate course of therapy or additional diagnostic testing from the same kind of sub-specialist the patient would have normally been referred to in the first place. Second, in the group format, this case-based learning is highly effective and participants will be able to apply the skills learned during an ECHO clinic to similar patients in their panel, dramatically reducing the need for specialist referrals. And third, because ECHO Nevada offers various clinics on a monthly or bi-monthly basis, the time from diagnosis to treatment can be reduced from several months to just a few weeks in most cases and the patient is spared the burden of long wait times, lost wages, and travel time and costs when their primary care provider receives guidance on their case utilizing the ECHO model. Approximately 20 minutes of a 1 hour ECHO clinic consists of a short didactic presentation covering emerging best practices or high demand information on disease states and treatments, while the remaining 40 minutes are reserved for participants to present cases and use the sub-specialists as an information resource. ECHO Nevada encourages health care providers of all levels and disciplines to participate in the variety of ECHO clinics offered, and both participation and CME/CEU credits are free of charge. ECHO Nevada utilizes the web-based videoconferencing platform "Zoom" which allows providers to participate in an ECHO clinic from a desktop or laptop computer, tablet, smartphone, or room-based videoconferencing system.

ECHO Nevada first launched the **Pain Management ECHO clinic** back in February 2015 as an attempt to help primary care providers be better prepared to address the growing opioid epidemic in Nevada. The Pain Management ECHO clinic was led by a board-certified pain management physician and pain management psychologist until November 2016, when a substance abuse counselor joined the multidisciplinary team. ECHO Nevada's Pain Management ECHO clinic focuses on helping primary care providers become better versed in proper prescribing practices, alternatives to opioid treatments, behavioral health factors that contribute to effectively treating pain, and available screening tools to identify opioid use disorder. The multidisciplinary Pain Management ECHO team is an invaluable resource for providers who are seeking to employ a holistic treatment approach for their chronic pain patients, understanding that opioids can be an appropriate therapy for certain patients when other treatment options have been exhausted. The Pain Management ECHO team brings over 50 years of combined pain management and addiction counseling experience to this clinic and they are committed to collaborating with providers around Nevada to address the opioid crisis.

- **Pain Management ECHO clinic (eligible for ethics CME credit)**
- **Schedule: Occurs every 1st and 3rd Wednesday of the month from 8am to 9am**
- **Webpage for more information:** https://med.unr.edu/echo/clinics/pain-management

Medication-Assisted Treatment (MAT) ECHO clinic was created as a result of the Opioid STR grant the state of Nevada received and is anticipated to launch September 28th. This highly specialized ECHO clinic will take place twice per month with the goal of filling the critical gap of supporting providers who are either interested in becoming MAT certified or are already MAT certified but do not feel they possess the confidence or skills necessary to treat a full patient panel with medication-assisted therapy needs. We have recruited a multidisciplinary team from HOPES clinic in Reno that already works as a cohesive unit treating MAT patients and we have recruited two additional providers from Reno and Las Vegas to provide their expertise in support of the MAT ECHO team. MAT therapies have been identified as a critical tool for addressing opioid dependence and this ECHO clinic will provide a forum for the community of providers who are willing to learn more about providing MAT services.

continued on page 11

continued from page 10

- **Medication-Assisted Treatment (MAT) ECHO clinic (eligible for ethics CME credit)**
- **Schedule: Occurs every 2nd and 4th Wednesday of the month (starting September 28th) from 8am to 9:30am**
- **Webpage for more info:** https://med.unr.edu/echo/clinics/medication-assisted-treatment

To learn more about Project ECHO Nevada and sign up for the weekly email updates that contain clinic schedules and information resources, please go to the ECHO Nevada webpage at https://med.unr.edu/echo.

For instructions about logging onto an ECHO clinic, please visit the "Getting Started" ECHO webpage at: https://med.unr.edu/echo/getting-started.

Contact:
Chris Marchand, MPH
Director, Project ECHO Nevada, Office of Statewide Initiatives, University of Nevada, Reno School of Medicine
Email: cmarchand@med.unr.edu

FSMB Releases Free Online Education Module for Medical Students and Residents

"Understanding and Navigating the Medical Licensing Process" is available now

Washington, DC - The Federation of State Medical Boards (FSMB) has released its latest free online education module to teach medical students and residents about the medical licensing process.

Nearly two-thirds of medical students completing their graduate questionnaire of the Association of American Medical Colleges categorized their knowledge of medical licensing and regulation as "inadequate." The new module, "Understanding and Navigating the Medical Licensing Process," is designed to address this knowledge gap.

"Our goal is to help medical students and residents familiarize themselves with the licensing process before they apply with their state medical board," said FSMB President and CEO Humayun Chaudhry, DO, MACP. "A prepared and informed applicant will likely experience a smoother pathway to licensure."

This is the second module in a series of online educational offerings developed by the FSMB Workgroup on Education for Medical Regulation. The workgroup, formed to assist member medical and osteopathic boards in their educational outreach to future licensed physicians, is currently working on future modules focused on the medical disciplinary process and dealing with physician health and impairment.

Upon completion of the "Understanding and Navigating the Medical Licensing Process" module, graduates will be able to:

- Recognize that each state has statutes setting the broad requirements for medical licensure in that state
- Describe the four major areas state boards evaluate medical students on as part of the licensing decision
- Discuss the implications of errors, gaps, omissions, and/or dishonesty on the medical licensing application
- Explain what constitutes a physician profile

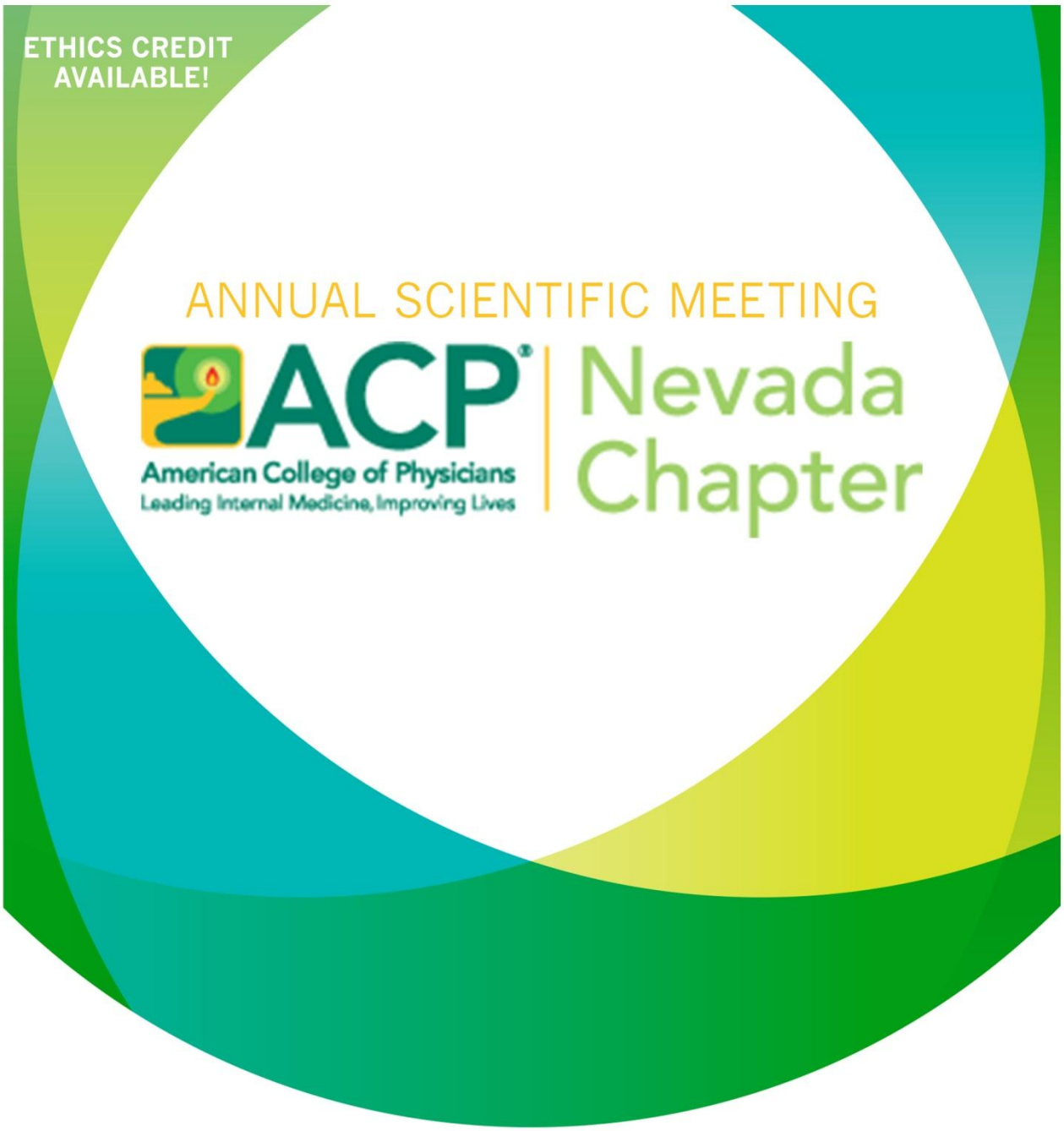
Upcoming modules will address the following topics:

- Reasons why physicians get in trouble
- What is the medical disciplinary process?
- Physician health and impairment

To access "Understanding and Navigating the Medical Licensing Process" module and past and future offerings, please visit the FSMB's Educational Modules on Medical Regulation website.

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

Contact:
Joe Knickrehm
(202) 601-7803
Email: ***jknickrehm@fsmb.org***
FSMB Website: ***www.fsmb.org***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NEVADA CANCER CONTROL SUMMIT

NOVEMBER 6, 2017
WHITNEY PEAK HOTEL
RENO, NEVADA
http://nevadacancercoalition.org/summit

WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Edward O. Cousineau, JD Executive Director
	Jasmine K. Mehta, JD Deputy Executive Director
	Donya Jenkins Finance Manager
Administration:	Laurie L. Munson, Chief
Legal:	Robert Kilroy, JD General Counsel
Licensing:	Lynnette L. Daniels, Chief
Investigations:	Pamela J. Castagnola, CMBI, Chief

2017 BME MEETING & HOLIDAY SCHEDULE

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

Nevada State Medical Association
3700 Barron Way
Reno, NV 89511
775-825-6788
http://www.nvdoctors.org

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

Washoe County Medical Society
3700 Barron Way
Reno, NV 89511
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org

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

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Ste. 210
Henderson, NV 89074
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov

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

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

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

DISCIPLINARY ACTION REPORT

BIEN, Robert, M.D. (5658)
Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Bien's treatment of two patients and alleged failure to maintain appropriate medical records related to his treatment of one patient.

Charges: Two violations of NRS 630.301(4) [malpractice]; 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 September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Bien pled "nolo contender" to one violation of NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

KAPLAN, Stuart S., M.D. (10758)
Las Vegas, Nevada

Summary: Alleged he instructed his physician assistant to sign his (Dr. Kaplan's) name on patients' medical records.

Charges: One violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.306(2)(a) [engaging in any conduct which is intended to deceive]; one violation 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]; one violation of NRS 630.3062(1) and (2) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of patients/altering medical records of patients].

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Kaplan violated NRS 630.306(1)(b)(2) and NRS 630.3062(1), as set forth in Counts III and IV of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I and II of the Complaint were dismissed with prejudice.

NASON, Daniel T., M.D. (8637)
Reno, Nevada

Summary: Alleged rendering professional services to patients while under the influence of a controlled substance and in an impaired mental or physical condition, alleged inability to practice medicine with reasonable skill and safety because of the use of drugs, narcotics or other substances, alleged unlawful prescribing of controlled substances, and alleged disruptive behavior which interfered with patient care and adversely impacted the quality of care rendered to patients.

Charges: One violation of NRS 630.306(1)(b)(2)/NAC 630.230(1)(c) [rendering professional services to patients while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition/engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance or dangerous drug to or for himself except as authorized by law]; one violation of NRS 630.306(1)(b)(3)/NRS 453.381(1) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.306(1)(p)/NAC 630.230(1)(c) [rendering professional services to patients while under the influence of alcohol or any controlled substance or in any impaired mental or physical condition/engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board]; one violation of NRS 630.306(1)(a) [inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance]; one violation of NRS 630.301(6) [disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient].

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Nason violated NRS 630.306(1)(b)(2)/NAC 630.230(1)(c), based on and limited to the temporary mental stress precipitated by significant issues in his personal life on January 30, 2017, violated NRS 630.306(1)(c), violated NRS 630.306(1)(b)(3)/NRS 453.381(1), violated NRS 630.306(1)(a), based on and limited to the temporary mental stress precipitated by significant issues in his personal life on January 30, 2017, and violated NRS 630.301(6), to the extent that his temporary mental stress referenced above caused other physicians, staff and patients of his practice group to be disrupted on January 30, 2017, and imposed the following discipline against him: (1) public reprimand; (2) six hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) continue his full compliance with both his Lifepath Recovery LLC Professional Monitoring Program agreement and the Stipulation to Comply with the Lifepath Program and Order, as executed on March 17, 2017, until further ordered by the Board or IC or by mutual agreement between Dr. Nason and the Board/IC; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count 4 of the Complaint was dismissed with prejudice.

NUTHI, Usha K., M.D. (15593)
Sparks, Nevada

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

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

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Nuthi violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) $500.00 fine; (3) reimbursement of the Board's fees and

Continued from page 16

costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

PAUL, Sheldon W., M.D. (9007)
Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Paul's treatment of a patient.

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

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Paul violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

SIMONS, Ryan F., PA-C (PA1272)
Las Vegas, Nevada

Summary: Alleged he signed his supervising physician's name on patients' medical records pursuant to the physician's instructions.

Charges: One violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.306(2)(a) [engaging in any conduct which is intended to deceive]; one violation 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]; one violation of NRS 630.3062(1) and (2) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of patients/altering medical records of patients].

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Mr. Simons violated NRS 630.306(1)(b)(2) and NRS 630.3062(1), as set forth in Counts III and IV of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I and II of the Complaint were dismissed with prejudice.

WATSON, Robert W., M.D. (9076)
Reno, Nevada

Summary: Alleged failure to provide adequate supervision of a physician assistant.

Charges: One violation of NAC 630.230(1)(i) [failure to provide adequate supervision of a physician assistant].

Disposition: On September 8, 2017, the Board accepted a Settlement Agreement by which it found Dr. Watson violated NAC 630.230(1)(i), as set forth in the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) three hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

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Public Reprimands Ordered by the Board

September 8, 2017

Robert Bien, M.D.
c/o Adam Schneider, Esq.
John H. Cotton & Associates
7900 W. Sahara Avenue, Ste. 200
Las Vegas, NV 89117

Dr. Bien:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 16-9727-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you plead nolo contendere to one (1) violation of Nevada Revised Statute 630.301(4), malpractice. Therefore, you shall receive a public reprimand; take three (3) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

September 8, 2017

Stuart S.Kaplan, M.D.
c/o Adam Schneider, Esq.
John H. Cotton & Associates
7900 W. Sahara, Ste. 200
Las Vegas, NV 89117

Dr. Kaplan:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 16-28531-2.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(1)(b)(2), standard of practice and 630.3062(1), medical records. Therefore, you shall receive a public reprimand; take three (3) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

September 8, 2017

Daniel T. Nason, M.D.
c/o Tom Vallas, Esq.
50 West Liberty Street Ste. 840
Reno, NV 89501

Dr. Nason:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 17-12279-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated the Nevada Medical Practice Act. Therefore, you shall receive a public reprimand; take six (6) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

September 8, 2017

Usha K. Nuthi, M.D.
c/o Edward Lemons, Esq.
6005 Plumas Street, 3rd Floor
Reno, NV 89519

Dr. Nuthi:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 17-42879-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute NRS 630.301(3), disciplinary action taken by another state. Therefore, you shall receive a public reprimand; you shall be assessed a fine; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

Continued from page 18

September 8, 2017

Sheldon Paul, M.D.
c/o Chelsea R. Hueth, Esq.
8239 W. Sunset Road, Ste 300
Las Vegas, NV 89113

Dr. Paul:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 15-11328-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(4), malpractice. Therefore, you shall receive a public reprimand; take three (3) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

September 8, 2017

Ryan Simons, PA-C
c/o Adam Schneider, Esq.
John H. Cotton & Associates
7900 W. Sahara, Ste. 200
Las Vegas, NV 89117

Mr. Simons:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 16-38587-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(1)(b)(2), standard of practice and 630.3062(1), medical records. Therefore, you shall receive a public reprimand; take three (3) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

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

September 8, 2017

Robert W. Watson, M.D.
c/o Edward Lemons, Esq.
6005 Plumas Street, 3rd Floor
Las Vegas, NV 89519

Dr. Watson:

On September 8, 2017, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the Complaint filed in Case Number 15-12823-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Administrative Code NAC 630.230(1)(i), failure to supervise a physician assistant. Therefore, you shall receive a public reprimand; take three (3) hours of continuing medical education, the aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada; and pay the fees and costs related to the investigation and prosecution of this matter.

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

Sincerely,

Rachakonda D. Prabhu, 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