NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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Refusing Patients Their Medical Records – Not an Option

By: Rachel V. Rose, JD, MBA

Overview

While doing research for this article, I came across a quote from a patient who said, "I'm not an option, I'm a necessity." No truer words have been spoken in relation to physicians and other providers giving patients what they are entitled to under the law – the patient's own complete medical record. This right has been inherent since the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was promulgated over twenty (20) years ago. In other words, it's a requirement, not an option to provide a patient with their medical records.

While this may seem like common sense, patients are still having difficulties obtaining their medical records. As the U.S. Department of Health and Human Services (HHS) states on its website, "[t]he Privacy Rule generally requires HIPAA covered entities (health plans and most health care providers) to provide individuals, upon request, with access to the protected health information (PHI) about them in one or more "designated record sets" maintained by or for the covered entity."[1]

FEATURED IN THIS ISSUE:

ALSO IN THIS ISSUE:

A "designated record set" is defined at 45 CFR 164.501 as a group of records maintained by or for a covered entity, that is:

- Medical records and billing records about individuals maintained by or for a covered health care provider;
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.

The term "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.[2]

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MISSION STATEMENT

The Nevada State Board of Medical Examiners protects the public and 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 shall 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.

Would You Be Willing to Help in an Emergency?

Following the events of October 1, 2017, many areas in need of improvement were noted statewide among various agencies. One of the bills introduced to the 80th Nevada Legislature was AB 534, in an effort to help mitigate gaps identified from October 1, 2017, related to behavioral health services specific to the treatment of emotional trauma. Explicitly, Section 18 of this bill requires the Nevada State Board of Medical Examiners (Board), during biennial registration, to solicit and maintain a list of those licensees who have received training in the treatment of mental and emotional trauma immediately following an emergency or disaster and for those licensees to indicate if they are willing to respond immediately should an emergency or disaster occur within the state. The Nevada Division of Public and Behavioral Health, Public Health Preparedness (PHP) Program has been collaborating with the state licensing boards to ensure access to those licensees who have been trained in emotional trauma following a disaster and who have indicated they are willing to respond immediately, should an emergency occur within our state.

The PHP Program Manager will work with Board Executive Director, Edward O. Cousineau, JD, to coordinate messaging only in an emergency, which will include specific licensee contact information to utilize only in that moment. The next Board renewal cycle in 2021 will include the requirements of AB 534.

If you are interested in learning more about how you can help in a Nevada emergency, please contact the Nevada PHP Program Manager, Malinda Southard, at msouthard@health.nv.gov.

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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.

CDC Update: Outbreak of Lung Injury Associated with E-Cigarette or Vaping Product Use

As the investigation continues, Centers for Disease Control and Prevention (CDC) encourages clinicians to continue to report possible cases of e-cigarette or vaping product use-associated lung injury (EVALI) to their local or state health department for further investigation.

If EVALI is suspected, a detailed history of the substances used, the sources of products, duration and frequency of use, and the devices used and how they are used should be obtained, as outlined in

- Update: Interim Guidance for Health Care Providers for Managing Patients with Suspected E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, November 2019 and
- Characteristics of Hospitalized and Nonhospitalized Patients in a National Outbreak of E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, November 2019.

CDC has also developed International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM)-Supplement pdf icon coding guidance for healthcare encounters related to EVALI.

Hospitalized patients should be documented as clinically stable for 24–48 hours prior to discharge. Patients should have a follow-up visit with a primary care provider or pulmonary specialist, optimally within 48 hours of discharge, as outlined in

- Update: Interim Guidance for Health Care Professionals Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use–Associated Lung Injury and for Reducing the Risk for Rehospitalization and Death Following Hospital Discharge — United States, December 2019.

New tools for physicians include an updated algorithm pdf icon for management of patients with suspected EVALI and a Discharge Readiness Checklist pdf icon.

What's new

- Syndromic dataexternal icon **on emergency department (ED) visits suggest that the e-cigarette, or vaping, product use-associated lung injury (EVALI) outbreak began in June 2019. Cases have been declining since a peak in September.**
  - These data align with recently released epidemiologic data among EVALI patients suggesting that the number of new hospitalized EVALI cases has also been declining since a peak in September.
  - While ED visits associated with possible EVALI have declined, they have not returned to levels before June 2019 and EVALI remains a concern.
- Laboratory dataexternal icon **support previous findings that vitamin E acetate is closely associated with EVALI.**
  - This study analyzed samples from 51 EVALI cases from 16 states and a comparison group of samples from 99 healthy people for vitamin E acetate, plant oils, medium chain triglyceride (MCT) oil, coconut oil, petroleum distillates, and diluent terpenes.
  - Vitamin E acetate was identified in bronchoalveolar lavage (BAL) fluid samples (fluid samples collected from the lungs) from 48 of the 51 EVALI patients, but not in the BAL fluid from the healthy comparison group.
- **Although we are seeing progress in the investigation and response, we must remain vigilant.** National data **show that certain groups of EVALI patients released from the hospital are more likely to be rehospitalized or die.**
  - Characteristics of EVALI patients who were readmitted or died following hospital discharge indicate that some chronic medical conditions, including cardiac disease, chronic pulmonary disease, and diabetes, as well as increasing age, might be risk factors leading to higher morbidity and mortality among some EVALI patients.
- **Based on the findings on EVALI patient rehospitalization and death, CDC has updated its** guidance to clinicians **to minimize these outcomes.**
  - The updated clinical guidance recommends that hospitalized patients be documented as clinically stable for 24–48 hours prior to discharge.
  - Patients should have a follow-up visit with a primary care provider or pulmonary specialist, optimally within 48 hours of discharge—a shorter follow-up time than the previous recommendation of 1–2 weeks.
  - Healthcare providers should continue to report cases of EVALI to their state or local health department.

CDC will continue to update guidance as we learn more about EVALI.

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Notably, there are exceptions, which include the following: (1) patient safety activities, business planning items; (2) psychotherapy notes, 45 C.F.R. 164.524(a)(1)(i) and 164.501; and (3) information complied in reasonable anticipation of, or for use in, a civil, criminal, or administrative matter, 45 C.F.R. 164.524(a)(1)(ii). "However, the underlying PHI from the individual's medical or payment records or other records used to generate the above types of excluded records or information remains part of the designated record set and subject to access by the individual."[3]

In light of these items, the purpose of this article is to provide a recent example of where a patient's request for medical records turned into a provider's monetary settlement with the HHS Office for Civil Rights (OCR)[4] and detail Nevada's specific statutes, which also require physicians to provide medical records to patients or risk an adverse action.

Analysis

HIPAA Enforcement Action

After 22 years of HIPAA and 10 years of the Health Information Technology for Economic and Clinical Health (HITECH) Act on the books, it should be common knowledge that a patient has a right of access to his/her medical records.

Although providers or business associates can charge a fee for patient medical records, it must be reasonable and the format (i.e., paper or electronic) matters. "The HIPAA Privacy Rule at 45 CFR 164.524(c)(4) permits a covered entity to charge a reasonable, cost-based fee that covers only certain limited labor, supply, and postage costs that may apply in providing an individual with a copy of PHI in the form and format requested or agreed to by the individual." Additionally, an entity may charge a flat fee "not to exceed $6.50 per request" to avoid going through the process of calculating allowable costs for electronic copies of PHI maintained electronically. Regardless of the cost issue, which is meant to be minimal, patients do have a right of access to their own medical records, including those of an unborn fetus as part of maternal care.

Recently, Bayfront Health St. Petersburg agreed to pay the U.S. Department of Health and Human Services Office of Civil Rights (OCR) $85,000 and implement a corrective action plan for a potential breach of failing to provide a pregnant woman with a full copy of her medical record, including the fetal heart monitor records of her unborn child, within the 30 days prescribed by HIPAA.

OCR initiated its investigation based on a complaint from the mother. As a result, Bayfront directly provided the individual with the requested health information more than nine months after the initial request. The HIPAA Rules generally require covered health care providers to provide medical records within 30 days of the request and providers can only charge a reasonable cost-based fee. This right to patient records extends to parents who seek medical information about their minor children, and in this case, a mother who sought prenatal health records about her child.

"Providing patients with their health information not only lowers costs and leads to better health outcomes, it's the law," said OCR Director Roger Severino. "We aim to hold the health care industry accountable for ignoring people's rights to access their medical records and those of their kids."[5]

Although it did not admit liability, as part of its corrective action plan, Bayfront had to do the following: update its policies and procedures; provide training to staff on at least an annual basis and keep track of each person's training completion; retain all documents for six years; and keep track of business associates.[6,7]

Nevada's Requirements for Physicians

In addition to potential adverse actions by HHS-OCR, physicians may also face adverse consequences from the state medical board for not providing patients with the protected health information. *Continued on page 5*

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According to a report to the Nevada Department of Health and Human Services, Office on Health Information Technology, Nevada has implemented the following laws:[8]

Confidentiality of and Access to Medical Records

The provisions of NRS 629.061 require a provider of health care or a person who owns or operates an ambulance to make health care records of a patient available for inspection by certain persons. Additional provisions of chapter 629 of NRS require a provider of health care to provide health care records to law enforcement agents, district attorneys, and the Department of Corrections under certain circumstances.

Pursuant to NRS 449.720, with a few specific exceptions, all communications and records concerning a patient of a medical facility, facility for the dependent or home for individual residential care are confidential.

The provisions of NRS specify various instances in which medical records must be submitted or must be accessible for examination. These include medical records being submitted to a court; accessible in cases in which a hospital has a lien on a judgment or settlement; provided to adoptive parents; provided to providers of family foster care; available for inspection in criminal cases involving the abuse of older or vulnerable persons; provided to various entities responsible for investigating the abuse or neglect of a child; accessible in cases involving viatical settlements; being accessible in cases involving personal injury claims under a policy of motor vehicle insurance; and accessible by a quality improvement committee of a managed care organization. These provisions also set forth procedures for: the Department of Corrections accessing records of the Division of Mental Health and Developmental Services of the Department of Health and Human Services; access to information related to compensation for certain victims of crimes; the Department of Health and Human Services sharing information among its Divisions and with certain agencies of local governments; the inspection of ambulance or firefighter records by health authorities; and examinations of health insurers and health maintenance organizations by the Commissioner of Insurance.

There are specific provisions in NRS governing the confidentiality of: records containing genetic information; records concerning recipients of governmental assistance; records of clients of the Division of Mental Health and Developmental Services of the Department of Health and Human Services; records of narcotic addicts; records related to cancer; and records of treatment facilities for alcohol or drugs. In addition, various provisions of NRS set forth specific rules governing the accessibility of records related to: an investigation of communicable disease, infectious disease, or exposure to biological, radiological or chemical agents; birth defects; the use of alcohol or substance abuse during pregnancy; medical records involved in industrial insurance; and records of medical laboratories.

In addition to the laws cited in the aforementioned report, there are three other statutory provisions physicians must consider:

NRS 630.3062 *Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations; failure to comply with certain requirements relating to controlled substances.*

1. *The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:*
   (a) Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
   (b) Altering medical records of a patient.
   (c) Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or knowingly or willfully obstructing or inducing another to obstruct such filing.

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(d) Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061, if the licensee is the custodian of health care records with respect to those records.

(e) Failure to comply with the requirements of NRS 630.3068.

(f) Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

(g) Failure to comply with the requirements of NRS453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

(h) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.

2. As used in this section, "custodian of health care records" has the meaning ascribed to it in NRS 629.016.

(Added to NRS by 1985, 2223; A 1987, 199; 2001, 767; 2002 Special Session, 19; 2003, 3433; 2009, 2963; 2015, 493, 1170; 2017, 2763, 4411)

NRS 630.139 Board authorized to take possession of health care records from licensee who becomes incapacitated; disclosures by licensee; regulations.

1. If a licensee becomes incapable of keeping his or her office open or unable to practice because of death, disability, incarceration or any other incapacitation, the Board may take possession of the health care records of patients of the licensee kept by the custodian of health care records pursuant to NRS 629.051 to:

(a) Make the health care records of a patient available to the patient either directly or through a third-party vendor; or

(b) Forward the health care records of a patient to the patient's subsequent provider of health care.

2. A licensee shall post, in a conspicuous place in each location at which the licensee provides health care services, a sign which discloses to patients that their health care records may be accessed by the Board pursuant to subsection 1.

3. When a licensee provides health care services for a patient for the first time, the licensee shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be accessed by the Board pursuant to subsection 1.

4. The Board shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the sign and written statement required by this section; and

(b) Any other regulations necessary to carry out the provisions of this section.

5. As used in this section:

(a) "Custodian of health care records" has the meaning ascribed to it in NRS 629.016.

(b) "Health care records" has the meaning ascribed to it in NRS 629.021.

(Added to NRS by 2017, 2762, 2854)

NRS 630.254 Active licensees: Notice of change of mailing address; notice of change of location or close of office located in State; location of records; maintenance of electronic mail address with Board if performing certain acts outside State.

1. Each licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If a licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board:

(a) May impose upon the licensee a fine not to exceed $250; and

(b) May initiate disciplinary action against the licensee as provided pursuant to paragraph (j) of subsection 1 of NRS 630.306.

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2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.
3. Any licensee who closes his or her office in this State shall:
(a) Notify the Board in writing of this occurrence within 14 days after the closure; and
(b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.
4. In addition to the requirements of subsection 1, any licensee who performs any of the acts described in subsection 3 of NRS 630.020 from outside this State or the United States shall maintain an electronic mail address with the Board to which all communications from the Board to the licensee may be sent.

In sum, it is perplexing that physicians and other providers resist giving patients their medical records – something that they are entitled to under both federal and state law.

Conclusion

This action by OCR serves as a reminder to providers and business associates alike. Now is a good time to make sure staff is educated to provide a patient or representative with a copy of medical records for both federal and state timeframes, policies and procedures are up to date, and acceptable charges have been relayed to staff and/or business associates handling these requests. Failing to do so can lead to outcomes similar to Bayfront or an adverse action by the state medical board, which are costly in terms of time, fines and reputation. Compliance in this area is not optional – it's a necessity.

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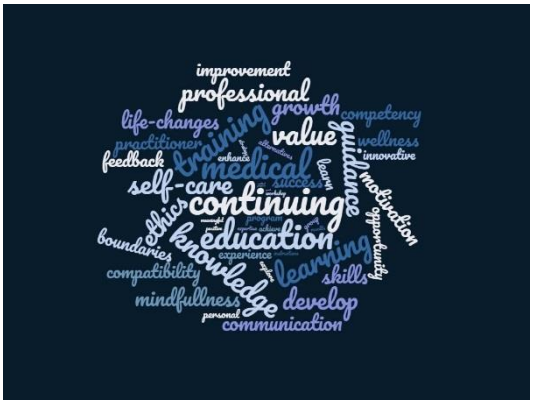
[1] *See* https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html (last visited Nov. 15, 2019).
[2] *Id*.
[3] *Id*.
[4] Department of Health and Human Services, *OCR Settles First Case in HIPAA Right of Access Initiative* (Sept. 9, 2019), https://www.hhs.gov/about/news/2019/09/09/ocr-settles-first-case-hipaa-right-access-initiative.html.
[5] *See* https://www.hhs.gov/about/news/2019/09/09/ocr-settles-first-case-hipaa-right-access-initiative.html (last visited Nov. 15, 2019).
[6] *See* https://www.hhs.gov/sites/default/files/bayfront-st-pete-ra-cap.pdf (last visited Nov. 15, 2019).
[7] R.V. Rose, *Failure to provide patient records can result in a HIPAA fine*, Physicians Practice (Sept. 13, 2019), https://www.physicianspractice.com/law-malpractice/failure-provide-patient-records-can-result-hipaa-fine.
[8] *See* http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/HIT/StateHealthIT/Appendix%20D1_NVHITRegInventory.pdf (Aug. 23, 2010).

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.

UNR Med Offers "Best Practices and Tools for Prescribing Controlled Substances" Course

By Guest Author: *Paul Snyder MA, LADCS, CPCI*



In November 2018, the University of Nevada, Reno School of Medicine (UNR Med) launched a comprehensive course tailored to the individual needs of medical professionals who may be facing professional or personal challenges that affect their ability to provide optimal patient care. The course entitled, "Best Practices and Tools for Prescribing Controlled Substances" (BP&T) was developed in close cooperation with the Nevada State Board of Medical Examiners to address the needs of clinicians, potential disciplinary issues and other professional challenges related to the safe and appropriate prescribing of controlled substances.

The creators of the BP&T course, chief among them, Paul Snyder, MA, LADCS, CPCI and Melissa Piasecki, MD, use a different approach from most other Continuing Medical Education (CME) courses. The creators recognized that health care professionals are individuals, who are exposed to many stressors and pressures every day, making them susceptible to burnout, distress, substance use disorders, and a lack of self-care. They also recognized these daily challenges often impact personal and professional well-being and need to be addressed in concert with updated clinical knowledge and tools to provide optimal health care. The BP&T course is a live, hands-on and highly interactive course. The content is presented by a variety of faculty, and participants are encouraged to actively interact and collaborate with faculty and fellow participants.

UNR Med faculty presented the BP&T course to the Board at its September 2018 meeting. Since UNR Med launched the BP&T course, it has received excellent evaluation scores and consistently positive feedback from the participants and faculty. The course's comprehensive approach is designed to refresh the participants' lives and practices by providing tools to increase wellness, clinical knowledge, and capacity for high-quality care while being compliant with current policies, laws, and regulations related to prescribing. All components of the course have been enthusiastically embraced.

> ***"I did the CME that you've recommended and I loved it. This course should be promoted more by the board. I feel that I'm a much better equipped [as a] physician to deal with pain and opioids that were never taught in medical school and in my residency ages ago," said one participant.***
>
> ***"Honestly, the entire course was great," said another participant.***
>
> ***". . . I can be a much better practitioner because of what I've learned in this course," explained a participant.***
>
> ***"Extend this course nationwide," said another participant.***

Based on participant feedback and some innovative scheduling, UNR Med has made the following improvements to this course:

- The course is now scheduled over two weekend days (Saturday and Sunday), rather than over three weekdays

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- The course is approved for 22 CME credits, including Nevada-specific CME requirements (ethics, suicide prevention, and controlled substances prescribing)
- The registration fee has been lowered to $2200.00
- The course materials have been supplemented with additional legal and ethical content

Due to overwhelmingly positive response to the BP&T course, UNR Med intends to offer the course for the foreseeable future and hopes to offer it more frequently, which is a great benefit to Nevada practitioners, as well as practitioners in other states who can easily travel to Nevada (a global tourism destination) to attend. The BP&T course will continue to offer participants the opportunity to:

- Create meaningful personal and professional, positive life changes
- Update clinical knowledge and incorporate current best practices with evidence-based strategies
- Enhance patient communication using Cognitive Behavioral Therapy and Motivational Interviewing techniques
- Utilize ethical-based processes and create healthy boundaries
- Reduce stress and burnout
- Implement mindfulness, wellness, and self-care techniques
- Build a robust referral system to provide optimal care for patients
- Learn the best tools for screening, assessing, diagnosing and treating patients
- Explore alternatives to prescribing opioids for the treatment of pain
- Utilize best practices in prescribing controlled substances
- Return joy, meaning and a sense of purpose to your practice of medicine

All of this is offered in a supportive, small-group setting that allows ample individual time and interaction with local experts.

Currently, the BP&T course faculty include:

Reka Danko, MD; Michael J. Lewendowski, PhD; Louis Ling, JD; Denis G. Patterson, DO; Melissa Piasecki, MD; Misty Vaughan Allen, MA; Colleen Camenisch, MBA; and Paul Snyder, MA, LADCS, CPCI.

The next course dates are March 14-15, 2020 in Reno, Nevada.

Additional details can be found here: med.unr.edu/cme/bestpractices. UNR Med can also create customized courses based on the specific needs of your professional group or licensing board. Please contact the Course Director, Paul Snyder, if you would be interested discussing the BP&T program or other offerings. For questions, please contact Paul Snyder at rpsnyder@med.unr.edu.

Emergency Department Study Reveals Patterns of Patients at Risk for Suicide

NIH-funded research examined suicide and overdose risk in the year after an emergency department visit.

A new study found that people who presented to California emergency departments with deliberate self-harm had a suicide rate in the year after their visit 56.8 times higher than those of demographically similar Californians. People who presented with suicidal ideation had suicide rates 31.4 times higher than those of demographically similar Californians in the year after discharge. The findings, published in *JAMA Network Open*, reinforce the importance of universal screening for suicide risk in emergency departments and the need for follow-up care. The study was funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health.

More than 500,000 people present to emergency departments each year with deliberate self-harm or suicidal ideation — both major risk factors for suicide. However, little is known about what happens to these people in the year after they leave emergency care.

"Until now, we have had very little information on suicide risk among patients after they leave the emergency department because data that link emergency records to death records are rare in the United States. Understanding the characteristics and outcomes of people with suicide risk who visit emergency departments is important for helping researchers and practitioners improve treatment and outcomes," said lead author Sidra Goldman-Mellor, PhD, an Assistant Professor of Public Health at the University of California, Merced.

Goldman-Mellor and colleagues sought to understand patterns of suicide and other mortality in the year after emergency department presentation — and patient characteristics associated with suicide death — by linking emergency department patient records from California residents who presented to a licensed emergency department between Jan. 1, 2009, to Dec. 31, 2011, with California mortality data.

The researchers divided individuals presenting to the emergency department into three groups: people with deliberate self-harm with or without co-occurring suicidal ideation (85,507 patients), people presenting with suicidal ideation but without deliberate self-harm (67,379 patients), and people without either self-harm or suicidal ideation, called "reference" patients (497,760 patients).

The researchers found that the probability of suicide in the first year after discharge from an emergency department was highest — almost 57 times that of demographically similar Californians overall — for people who had presented with deliberate self-harm. For those who presented with suicidal ideation, the suicide rate was approximately 31 times higher than among Californians overall. The suicide rate for the reference patients was the lowest amongst the studied groups, but still double the suicide rate among Californians overall.

The risk for death via unintentional injury (i.e., accidents) was also markedly elevated — 16 times higher for the deliberate self-harm group and 13 times higher for the ideation group than for demographically similar Californians. Most deaths due to unintentional injury were found to be due to overdose — 72% in the self-harm group and 61% in the ideation group — underscoring the overlap between suicide and overdose risk.

The researchers also examined if certain clinical or demographic characteristics measured at the emergency department visit were predictive of subsequent suicide death. For all three groups, men and those over the age of 65 had higher suicide rates than women and people 10-24 years of age. In all groups, suicide rates were higher

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for non-Hispanic white patients than for patients of other ethnicities. In addition, for all groups, those with Medicaid insurance had lower suicide rates than those with private- or other-payer insurance.

Comorbid diagnoses were also found to be associated with suicide risk, but differently for each of the three groups studied. For patients who had presented with deliberate self-harm, those with a comorbid diagnosis of bipolar disorder, anxiety disorder, or a psychotic disorder were more likely to die by suicide than those without these co-occurring diagnoses. For patients who presented with suicidal ideation, a comorbid diagnosis of depression was found to be associated with increased suicide risk. Among reference patients, patients with bipolar disorder, depression, or alcohol use disorder had an increased risk of suicide. Of note, patients in the deliberate self-harm group who presented to the emergency department with a firearm injury had a subsequent suicide rate in the following year of 4.4%, far higher rate than any other patient group in this study.

"We think our findings will be useful for guiding intervention and healthcare quality improvement efforts," said Goldman-Mellor. "Our results also highlight the fact that patients with suicidal ideation or self-harming behaviors are at high risk not only for death by suicide, but also for death by accidents, homicide, and natural causes. We think this shows the importance of addressing the full spectrum of their health and social needs in follow-up care."

Study co-author Michael Schoenbaum, PhD, a senior advisor for mental health services, epidemiology, and economics at NIMH added that this type of analysis should become routine, saying, "We improve what we measure. In cancer and heart surgery, we have tracked and reported patient survival for decades – and outcomes have steadily improved. We should do the same for people with suicide risk, to inform our prevention and treatment programs."

Grant: MH113108

Reference

Goldman-Mellor, S., Olfson, M., Lidon-Moyano, C., & Schoenbaum, M. (2019). Association of suicide and other mortality with emergency department presentation. JAMA Network Open.

About the National Institute of Mental Health (NIMH): The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. For more information, visit the NIMH website.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

If you or someone you know needs immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Learn more about ways you can help someone who might be at risk for self-harm.

Suicide Prevention

Friday, February 14, 2020 at Paris Hotel in Las Vegas

3:45 - 4:45 PM: "**Suicidality: Assessment and Pharmacological Treatment"** by David Sheehan, MD

4:45 - 5:45 PM: "**The Impact of Research Findings on our Understanding and Treatment of Suicidal Behavior"** by John Keilp, PhD

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

Offered as part of NPA's 25th Annual Psychopharmacology Update course, February 12-15, 2020 at Paris Hotel and Casino, Las Vegas, Nevada

Three options to meet this requirement:

1) **Sign up for the whole Update Course, February 13-15, at www.nvpsychiatry.org**
2) **Sign up for Friday, February 14, all day and 8 CME credits by going to www.nvpsychiatry.org**
3) **Sign up for just the 2 hours in the afternoon at a prorated fee by going to https://www.eiseverywhere.com/2020suicideupdate**

Online registration is now open. For any questions, please call 1-877-493-0007 or go to www.nvpsychiatry.org.

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

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

INVESTIGATIVE COMMITTEE STATS 2018

Investigative Committee A

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

Investigative Committee B

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

INVESTIGATIVE COMMITTEE STATS 2019

Investigative Committee A, Year to Date

Total Cases Considered	410
Total Cases Authorized for Filing of Formal Complaint	37
Total Cases Authorized for Peer Review	39
Total Cases Requiring an Appearance	16
Total Cases Authorized for a Letter of Concern	63
Total Cases Authorized for Further Follow-up or Investigation	27
Total Cases Reviewed for Compliance	3
Total Cases Authorized for Closure	225

Investigative Committee B, Year to Date

Total Cases Considered	396
Total Cases Authorized for Filing of Formal Complaint	25
Total Cases Authorized for Peer Review	40
Total Cases Requiring an Appearance	19
Total Cases Authorized for a Letter of Concern	60
Total Cases Authorized for Further Follow-up or Investigation	12
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	240

LICENSING STATS 2018

In 2018, the Board issued the following total licenses:

- 932 physician licenses
- 171 limited licenses for residency training
- 158 physician assistant licenses
- 156 practitioner of respiratory care licenses
- 12 perfusionist licenses

LICENSING STATS 2019

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

- 963 physician licenses
- 190 limited licenses for residency training
- 142 physician assistant licenses
- 147 practitioner of respiratory care licenses
- 9 perfusionist licenses

WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Edward O. Cousineau, JD Executive Director
	Sarah A. Bradley, JD, MBA 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

2020 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day
January 20 – Martin Luther King, Jr. Day
February 17 – Presidents' Day
March 6 – Board meeting
May 25 – Memorial Day
June 5 – Board meeting
July 3 – Independence Day (observed)
September 7 – Labor Day
September 11 – Board meeting
October 30 – Nevada Day
November 11 – Veterans' Day
November 26 & 27 – Thanksgiving Day & Family Day
December 4 – Board meeting (Las Vegas)
December 25 – Christmas

Nevada State Medical Association
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-6788
http://www.nvdoctors.org

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

Washoe County Medical Society
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521
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

BURT, Hugh A., M.D. (8725)
Las Vegas, Nevada

Summary: Alleged failure to maintain appropriate medical records relating to his treatment of a patient.

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

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Burt violated NRS 630.3062(1)(a), as set forth in the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 6 hours of continuing medical education (CME), in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

CHOI, Christopher S., M.D. (9589)
Las Vegas, Nevada

Summary: Alleged engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners.

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

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Choi violated NRS 306(1)(b)(2), as set forth in the First Amended Complaint, and imposed the following discipline against him: (1) $1,000.00 fine; (2) 10 hours of continuing medical education (CME), in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

DEFTU, Ileana C., M.D. (12431)
Reno, Nevada

Summary: Alleged malpractice, failure to maintain appropriate medical records related to Dr. Deftu's treatment of a patient, and engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Deftu violated NRS 630.306(1)(b)(2), as set forth in Count III of the First Amended Complaint, and imposed the following discipline against her: (1) public reprimand; (2) $1,000.00 fine; (3) 3 hours of continuing medical education (CME), in addition to her statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I and II of the First Amended Complaint were dismissed with prejudice.

LI, Shouping, M.D. (12382)
Reno, Nevada

Summary: Alleged illegal dispensing of controlled substances, engaging in unsafe or unprofessional conduct, and engaging in conduct that brings the medical profession into disrepute.

Charges: One violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law]; one violation of NRS 630.306(1)(p) [engaging in any act that is unsafe or unprofessional conduct]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Li violated NRS 630.306(1)(c), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) revocation of Dr. Li's license to practice medicine in Nevada, and he may not apply for reinstatement of his license for a period of two years; (2) public reprimand; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, with the order for reimbursement stayed until such time as Dr. Li reapplies for licensure. The remaining counts of the complaint were dismissed with prejudice.

MEHTA, Roger R., M.D. (14004)
Henderson, Nevada

Summary: Alleged malpractice, failure to maintain appropriate medical records related to Dr. Mehta's treatment of a patient, and engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board].

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Mehta violated NRS 630.3062(1)(a) and NRS 630.306(1)(b)(2), as set forth in Counts II and III of the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $1,000.00 fine; (3) 3 hours of continuing medical education (CME), in addition to his statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the First Amended Complaint was dismissed with prejudice.

OUTLAW, Edward M., M.D. (10630)
Stockton, California

Summary: Alleged failure to comply with orders of an Investigative Committee of the Board of Medical Examiners (Board), failure to timely notify the Board of a change of permanent mailing address, failure to maintain appropriate medical records related to Dr. Outlaw's treatment of a patient, engaging in conduct in violation of standards of practice established by regulation of the Board; failure to perform a statutory obligation; engaging in conduct that violated Pharmacy Board regulations, and engaging in conduct that brings the medical profession into disrepute.

Charges: Case No. 19-28023-1: one violation of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee]; one violation of NRS

Continued from page 15

630.306(1)(j) [failure to comply with the requirements of NRS 630.254]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]. Case No. 19-28023-2: one violation of NRS 630.3065(3) [knowingly or willfully failing to perform a statutory or other legal obligation imposed upon a licensed physician]; one violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]. Case No. 19-28023-3: one violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Outlaw violated NRS 630.3065(2)(a), NRS 630.306(1)(j) and NRS 630.301(9), as set forth in the Complaint in Case No. 19-28023-1, NRS 630.3065(3), NRS 630.306(1)(b)(3), NRS 630.3065(2)(a) and NRS 630.301(9), as set forth in the Complaint in Case No. 19-28023-2, and NRS 630.3062(1)(a), as set forth in Count II of the Complaint in Case No. 19-28023-3, and imposed the following discipline against him: Dr. Outlaw's license to practice medicine in Nevada shall be placed on probation for a period of 5 years, subject to various terms and conditions, including the following: (1) public reprimand; (2) total fines in the amount of $4,000.00; (3) 20 hours of live, in-person and comprehensive continuing medical education (CME), in addition to his statutory CME requirements for licensure; (4) 100 hours community service, without compensation, at the direction of a recognized nonprofit organization; (5) comply with all court orders and complete all conditions or terms of sanctions imposed upon him by the courts of the State of Nevada; (6) Dr. Outlaw shall not supervise or formally agree to supervise any physician assistant, or formally agree to supervise or enter into a collaboration agreement with an advanced practice registered nurse, in the State of Nevada; (7) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint in Case No. 19-28023-3 was dismissed with prejudice.

PAK, Su Young, M.D. (13434)
La Palma, California

Summary: Disciplinary action taken against Dr. Pak's medical license in California.

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

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Pak violated NRS 630.301(3), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 3 hours of continuing medical education (CME), in addition to his statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

PRESTON, Digby M., M.D. (7415)
Reno, Nevada

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

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

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Preston violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $1,000.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

SMITH, Kathleen D., M.D. (10735)
Las Vegas, Nevada

Summary: Alleged acquisition of a controlled substance by misrepresentation, fraud, deception or subterfuge, engaging in conduct that violated Pharmacy Board regulations, failure to adequately supervise medical assistants, and failure to maintain appropriate medical records related to Dr. Smith's treatment of a patient.

Charges: One violation of NAC 630.230(1)(d) [acquisition of any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge]; one violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Smith violated NRS 630.306(1)(b)(3), NRS 630.306(1)(r) and NRS 630.3062(1)(a), as set forth in Counts II, III and IV of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) $1,500.00 fine; (3) 6 hours of continuing medical education (CME), in addition to her statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed with prejudice.

SMITH, Kathleen D., M.D. (10735)
Las Vegas, Nevada

Summary: Alleged engaging in conduct that violated Pharmacy Board regulations and failure to maintain appropriate medical records related to Dr. Smith's treatment of patients.

Charges: Three violations of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; three violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On December 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Smith violated NRS 630.3062(1)(a) (3 counts), as set forth in Counts I, V and VI of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) 3 hours of continuing medical education (CME), in addition to her statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts II, III and IV of the Complaint were dismissed with prejudice.

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Public Reprimands Ordered by the Board

December 13, 2019

Hugh Arthur Burt, M.D.
c/o Eric K. Stryker, Esq.
Wilson, Elser, Moskowitz, Edelman & Dicker LLP
300 South 4th Street, 11th Floor
Las Vegas, NV 89101-6014

Re: In the Matter of Charges and Complaint Against Hugh Arthur Burt, M.D.
BME Case No. 19-12263-1

Dr. Burt:

On December 6, 2019, 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 First Amended Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1)(a), failure to maintain complete medical records. For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, you shall be publicly reprimanded, and you shall take six (6) hours of continuing medical education (CME). 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.

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

Sincerely,

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

December 13, 2019

Ileana C. Deftu, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, Nevada 89519

Re: In the Matter of Charges and Complaint Against Ileana C. Deftu, M.D.
BME Case No. 19-29210-1

Dr. Deftu:

On December 6, 2019, 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 First Amended Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(1)(b)(2), violation of a standard of practice. For the same, you shall take three (3) hours of continuing medical education (CME). 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. You shall pay the costs and expenses related to the investigation and prosecution of this matter, you shall pay a fine of $1,000.00, and you shall be publicly reprimanded.

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

Sincerely,

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

December 13, 2019

Shouping Li, M.D.
c/o Lyn E. Beggs, Esq.
Law Offices of Lyn Beggs, PLLC
316 California Avenue #863
Reno, NV 89509

Re: In the Matter of Charges and Complaint Against Shouping Li, M.D.
BME Case No. 19-32638-1

Dr. Li:

On December 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(1)(c), illegal dispensing of controlled substances. For the same, you shall be publicly reprimanded, and your license will be immediately revoked. Upon your reapplication for licensure, if that occurs, you shall pay the costs and expenses 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

December 13, 2019

Roger R. Mehta, M.D.
142 Loss Ball Court
Henderson, NV 89074

Re: In the Matter of Charges and Complaint Against Roger R. Mehta, M.D.
BME Case No. 19-38522-1

Dr. Mehta:

On December 6, 2019, 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 First Amended Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain complete medical records, and NRS 630.306(1)(b)(2), violation of standards of practice established by regulation. For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, you shall pay a fine of $1,000.00, you shall be publicly reprimanded, and you shall take three (3) hours of continuing medical education (CME). 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.

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

Sincerely,

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

December 13, 2019

Edward Michael Outlaw, M.D.
c/o Ogonna Brown, Esq.
Lewis, Roca, Rothgerber & Christie, LLP
3993 Howard Hughes Parkway, Suite 600
Las Vegas, NV 89169

Re: In the Matter of Charges and Complaint Edward Michael Outlaw, M.D.
BME Case Nos. 19-28023-1, 19-28023-2 and 19-28023-3

Dr. Outlaw:

On December 6, 2019, 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 Complaints filed against you in the aforementioned cases.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated the following provisions of the Nevada Medical Practice Act. As alleged in Complaint 19-28023-1: Nevada Revised Statute (NRS) 630.3065(2)(a), failing to comply with a lawful order of the Investigative Committee; NRS 630.306(1)(j), failing to timely notify the Board of a change of permanent mailing address; NRS 630.301(9), disreputable conduct. As alleged in Complaint 19-28023-2: NRS 630.3065(3), failure to perform a statutory obligation; NRS 630.306(1)(b)(3), engaging in conduct that violated Pharmacy Board regulations; NRS 630.3065(2)(a), failing to comply with a lawful order of the Investigative Committee; NRS 630.301(9), disreputable conduct. As alleged in Complaint 19-28023-3: NRS 630.3062(1)(a), failure to maintain proper medical records. For the same, your license shall be placed on probation for a period of five (5) years. During the probationary period, your license shall be subject to revocation for noncompliance. You shall perform one hundred (100) hours of community service without compensation. You shall complete twenty (20) hours of live, in-person and comprehensive continuing medical education (CME) related to best practices for prescribing of controlled substances. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the State of Nevada. You shall comply with all court orders and complete all conditions or terms of sanctions imposed on you by the courts of the State of Nevada. You shall not supervise or formally agree to supervise any physician assistant or agree to supervise or enter into a collaboration agreement with an advanced practice registered nurse in the State of Nevada. You shall pay a fine of $4,000.00. You shall pay the costs and expenses related to the investigation and prosecution of these matters, and you shall be publicly reprimanded.

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

Sincerely,

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

December 13, 2019

Su Young Pak, M.D.
5451 La Palma Avenue, #14
La Palma, CA 90623

Re: In the Matter of Charges and Complaint Against Su Young Pak, M.D.
BME Case No. 19-35720-1

Dr. Pak:

On December 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), out-of-state discipline. For the same, your license shall remain in an inactive status, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall take three (3) hours of continuing medical education (CME). 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. You shall be publicly reprimanded.

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

Sincerely,

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

December 13, 2019

Digby Maxwell Preston, M.D.
c/o Thomas J. Doyle, Esq.
Schuering, Zimmerman & Doyle
400 University Avenue
Sacramento, CA 95825

Re: In the Matter of Charges and Complaint Digby Maxwell Preston, M.D.
BME Case No. 19-10778-1

Dr. Preston:

On December 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(4), malpractice. For the same, you shall pay a fine of $1,000.00, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

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

Sincerely,

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

Continued from page 18

December 13, 2019

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

Re: In the Matter of Charges and Complaint Against Kathleen D. Smith, M.D.
BME Case No. 19-28205-1

Dr. Smith:

On December 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(3), engaging in conduct that violated pharmacy board regulations, NRS 630.306(1)(r), failure to adequately supervise medical assistants, and NRS 630.3062(1)(a), failure to maintain proper medical records. For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall take six (6) hours of continuing medical education (CME). 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. You shall pay a fine of $1,500.00 and you shall be publicly reprimanded.

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

Sincerely,

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

December 13, 2019

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

Re: In the Matter of Charges and Complaint Against Kathleen D. Smith, M.D.
BME Case No. 19-28205-2

Dr. Smith:

On December 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1)(a), failure to maintain complete medical records (three (3) violations). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, you shall take three (3) hours of continuing medical education (CME). 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. You shall be publicly reprimanded.

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

Sincerely,

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

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521