



The Intersection of Nevada’s Consumer Privacy Law and HIPAA

By: *Rachel V. Rose, JD, MBA*

Overview

C.S. Lewis once said, “[w]e live, in fact, in a world starved for solitude, silence, and private.” In today’s world, where more scrutiny over a company’s use of a person’s data is emerging on a state, national and international level, more people are looking for privacy. In June 2019, the Nevada Privacy of Information Collected on the Internet from Consumers Act (NPICICA)¹ was amended through SB-220 to “allow consumers to opt-out of certain data disclosures (Sales)”² and became effective on October 1, 2019 – three months ahead of the California Consumer Privacy Act (CCPA).

What’s important about the intersection between NPICICA, CCPA and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)³ is that the two state privacy laws have an exemption around HIPAA. For example, section 1798.145(c)(1) of the CA Civil Code, which codifies the HIPAA exemption under the CCPA, states that PHI collected by the business associate or covered entity as those terms are defined in HIPAA are permissible for the purposes allowable under HIPAA. More specifically:

On its face, the text of section 1798.145(c)(1)(B) appears to exempt not only certain kinds of *information* regulated by HIPAA, but also a certain kind of *organization*, namely, a “covered entity” who maintains patient information in a certain way: “This title shall not apply to any of the following: ... (B) ... a covered entity governed by [HIPAA] ... to the extent the ... covered entity maintains patient information in the same manner as ... [PHI].” In other words, the CCPA exempts an organization that “maintains patient information in the same manner” as PHI under HIPAA. The consequence of this reading is that a health care provider might be exempt as a whole; all of its *non*-health care information might qualify for the CCPA’s HIPAA exemption so long as the health care provider protects “patient information” in the right way.⁴

Like the CCPA, SB-220 also has an exemption for entities subject to HIPAA.⁵

Now that the foundation has been laid, this article addresses the specific issue of selling data.

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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.

BOARD NEWS

At the direction of Governor Sisolak, the Nevada State Board of Medical Examiners office will be closed to the public until further notice. For assistance during this time, please email nsbme@medboard.nv.gov.

BOARD MEMBERS

Rachakonda D. Prabhu, MD, *President*
Mr. M. Neil Duxbury, *Vice President*
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Edward O. Cousineau, JD, *Executive Director*

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.

Analysis

As a U.S. Department of Health and Human Services (HHS) white paper illustrates, “the HIPAA Privacy Rule provides consumers with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed by health plans and health care providers.”⁶ In relation to the sale of protected health information (PHI), the Omnibus Rule (78 Fed. Reg. 5566 (Jan. 25, 2013)) implemented Section 13405(d) of the HITECH Act.

In general, a covered entity or business associate is prohibited from engaging in a “sale” of an individual’s PHI without express, written consent. Specifically:

Section 164.502(a)(5)(ii)(B)(1) defines “sale of PHI” to mean a disclosure of PHI when the covered entity or business associate “directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.” HHS expressly refused to limit this definition to instances where there is a transfer of ownership of PHI. Furthermore, HHS included a broad interpretation of “remuneration.” In contrast to the marketing provision where remuneration must be financial, HHS will consider nonfinancial benefits received in exchange for PHI as falling within the scope of the rule.

Excluded from this definition is the utilization of PHI in relation to grants and the related program studies using PHI (i.e., a research study). Yet, the CCPA defines a “sale” as “selling, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, a consumer’s personal information by the business to another business or a third party for monetary or other valuable consideration.” The NPICICA has a specific definition of “data sale.”⁷ Nevada law stipulates that this is the exchange of “covered information” for monetary consideration by the operator to a person for the person to license or sell the covered information to additional persons.⁸

“Sale’ does not include:

- Disclosures to service providers;
- Disclosures at consumer’s request;
- Disclosures for purposes which are consistent with the reasonable expectations of a consumer considering the context;
- Disclosure affiliates of the operator; or
- Disclosures in the context of M&A operations and/or bankruptcy proceedings.

Perhaps the most striking difference between SB-220 and the CCPA is the definition of what constitutes a sale. In contrast, under the CCPA, sale is broadly defined as any exchange of personal information for monetary value or other valuable consideration.” The common threads between all three laws are the requisite consent before data, including PHI, can be sold and the default for entities subject to HIPAA.⁹

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Conclusion

To sum up the impact of laws such as HIPAA and NPICICA, Greta Garbo said it best. “I never said, ‘I want to be alone.’ I only said ‘I want to be let alone!’ There is all the difference.” Privacy and security laws across the country enable consumers and patients alike to have reasonable expectations that information is created, received, maintained and/or transmitted in a secure environment with adequate technical, administrative and physical safeguards. In other words, free from cyberattacks that let an individual “be alone.” Additionally, consumers are now gaining control over how their information is used, including the need for consent before it is utilized for marketing purposes or sold. Physicians and other health care providers should begin with HIPAA compliance. Doing so can help to ensure that the security requirements are met and then add on additional requirements for privacy, notice and authorization under NPICICA and CCPA for non-PHI data.

¹ The National Law Review, *Nevada’s New Privacy Law Will Go Into Effect Next Month: Are You Ready?* (Sept. 13, 2019), <https://www.natlawreview.com/article/nevada-s-new-privacy-law-will-go-effect-next-month-are-you-ready>.

² *Id.*

³ See <https://www.physicianspractice.com/hipaa/intersection-hipaa-and-illinois-biometric-information-privacy-act> (Jan. 23, 2020).

⁴ See <https://www.carltonfields.com/insights/publications/2019/ccpa-health-care-hipaa-exemption-apps-data> (Sept. 10, 2019).

⁵ American Health Lawyers Association, *Nevada’s New Privacy Law Will Go Into Effect Next Month: Are You Ready?* (Sept. 13, 2019), <https://www.lexology.com/library/detail.aspx?g=78419624-9375-4bed-bd95-6a06fdc1c450>.

⁶ HHS, *HIPAA Privacy Rule and Sharing Information Related to Mental Health*, <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf> (last visited Jan. 25, 2020).

⁷ *Supra* n. 5.

⁸ *Id.*

⁹ *Id.*

Rachel V. Rose – Attorney at Law, PLLC (Houston, Texas) - advises clients on healthcare, cybersecurity and *qui tam* matters. She also teaches bioethics at Baylor College of Medicine. She has consecutively been named by *Houstonia Magazine* as a Top Lawyer (Healthcare) and to the National Women Trial Lawyers - Top 25. 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.

All of Us Research Program Launches COVID-19 Research Initiatives

NIH effort expands data collection to shed light on pandemic's spread and impact.



The *All of Us* Research Program, part of the National Institutes of Health, today announced that it is leveraging its significant and diverse participant base to seek new insights into COVID-19—through antibody testing, a survey on the pandemic's impacts and collection of electronic health record information.

All of Us will make data gathered through these activities broadly accessible to approved researchers over time, in future releases of its data platform, the [Researcher Workbench](#), now in beta testing. Analyses may help reveal the origins of entry, spread and impact of COVID-19 in the United States.

“With our nearly 350,000 participant partners across the country, *All of Us* will enable the research community to answer some of today’s most critical questions and inform future preparedness efforts,” said Josh Denny, M.D., *All of Us*’s chief executive officer.

Antibody Testing

All of Us will test blood samples from 10,000 or more participants who joined the program most recently, starting with samples from March 2020 and working backward until positive tests are no longer found. The tests will show the prevalence of novel coronavirus exposure among *All of Us* participants, and help researchers assess varying rates across regions and communities.

Study collaborators include the Frederick National Laboratory for Cancer Research, supported by the National Cancer Institute; the National Institute of Allergy and Infectious Diseases; the Centers for Disease Control and Prevention; and Quest Diagnostics.

Antibody testing, which uses blood samples, is different than the nasal swab tests health care providers commonly use to detect active infection. Antibody tests are generally done with people who do not currently have symptoms, to find out if they had the virus in the past.

The program will look for a certain kind of antibody produced in response to infection, IgG antibodies, using a test approved for emergency use by the Food and Drug Administration. Positive samples will potentially undergo further testing to determine if the positive finding is due to the new coronavirus specifically and to assess the level of the immune system’s response.

COVID-19 Participant Experience (COPE) Survey

In addition to antibody testing, *All of Us* has deployed a new online survey to better understand the effects of the COVID-19 pandemic on participants’ physical and mental health. This 20- to 30-minute survey is designed both for participants who have been ill with COVID-19 and those who have not, and includes questions on COVID-19 symptoms, stress, social distancing and economic impacts.

Participants are invited to take the survey each month until the pandemic ends, so researchers can study the effects of COVID-19 over time and better understand how and why COVID-19 affects people differently.

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Electronic Health Records

To round out its COVID-19 research efforts, *All of Us* is rapidly collecting relevant information from participants' electronic health records. More than 200,000 participants have shared their electronic health records with the program so far, offering a rich dataset for analysis. A number of participants have either been diagnosed with COVID-19 or sought health care for related symptoms. The program is working to standardize EHR information to help researchers look for patterns and learn more about COVID-19 symptoms and associated health problems, as well as the effects of different medicines and treatments.

"Collectively, these efforts are an important step toward helping researchers learn more about COVID-19 and its impact on different communities across the United States," said Kelly Gebo, M.D., M.P.H., *All of Us*'s chief medical and scientific officer. "We are grateful to our participants for so generously sharing their information, which will allow us to support research on COVID-19 and other diseases."

All of Us, which launched national enrollment in 2018, is building a massive research resource with data and samples shared by participants for use in thousands of studies, spanning many different aspects of health and disease.

While the program has temporarily halted in-person biosample collection, new participants can still sign up at [JoinAllofus.org](https://www.joinallofus.org). Participants can complete most program activities online, including answering survey questions and agreeing to share electronic health records. The program removes personal identifiers from this information and stores it in a central platform, with safeguards in place to protect participant privacy. Over the course of the program, participants will receive information back about themselves and about studies that use *All of Us* data.

"For many, the importance of research has never been more clear," said Denny. "Our participants share a common hope and sense of purpose--to improve the health of their communities and future generations. None of this work would be possible without them."

To learn more about *All of Us* and to enroll, visit [JoinAllofus.org](https://www.joinallofus.org).

"All of Us" is a registered service mark of the U.S. Department of Health & Human Services.

About the *All of Us* Research Program: The mission of the *All of Us* Research Program is to accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us. The program will partner with one million or more people across the United States to build the most diverse biomedical data resource of its kind, to help researchers gain better insights into the biological, environmental, and behavioral factors that influence health. For more information, visit [www.JoinAllofus.org](https://www.joinallofus.org) and www.allofus.nih.gov.

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.

2019 ANNUAL REPORT HIGHLIGHTS

The Board licenses physicians, physician assistants, respiratory therapists, perfusionists, and limited licenses for residency training. In 2019, the Board issued the following new licenses:

Practice	
Physicians*	977
Physician Assistants	142
Respiratory Therapists	147
Perfusionists	9
Residency Training Licenses	194

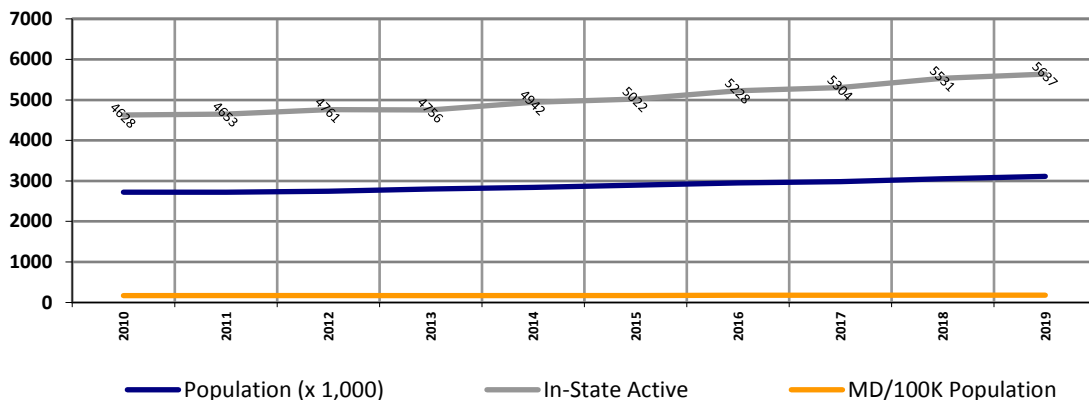
*267 of these physicians were licensed via the Interstate Medical Licensure Compact (IMLC).

Average licensing times in 2019 were as follows (these times include weekends and holidays):

Practice	Average Time to License	Fastest Time to Licensure
Physicians (Non-IMLC)	77 days	1 day
Physicians (IMLC)	3 days	same day
Physician Assistants	61 days	23 days
Respiratory Therapists	59 days	21 days
Perfusionists	9 days	7 days

In 2019, the ratio of physicians to 100,000 population* remained the same as the previous year. The following graph shows the growth of the state's population (measured in thousands so that the trend line will fit on the graph, and last reported at 3,112,937), the state's active, in-state physician population (in absolute numbers), and the ratio of physicians to population (measured as physicians per 100,000 population). From 2010 through 2015, the ratio averaged between 170 and 174. In 2016, the ratio increased to 177; in 2017, the ratio increased to 178; and in 2018 and 2019, the ratio was 181.

Comparison of Population With In-State, Active Physicians



*Population statistics provided by the Nevada State Demographer, Nevada Department of Taxation.

The physician licensure for active, in-state physicians increased by 1.9% in 2019. The following table is a county-by-county breakdown of physician licenses for the last ten years. In 2019, Clark, Douglas, Elko, Lander, Mineral and Washoe Counties showed growth in their physician populations; Carson City, Churchill, Lyon, Nye and Pershing Counties showed a decrease; and the remaining six counties remained static in their physician populations.

Physician Licensure Counts (2010-2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Carson City	151	158	152	164	168	171	177	173	173	155
Churchill	20	22	23	27	29	24	24	25	27	21
Clark	3186	3207	3305	3277	3403	3460	3605	3674	3845	3943
Douglas	84	87	89	80	86	79	79	85	87	97
Elko	46	48	41	40	40	43	42	39	39	42
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	0	0	1	0	0	0	0	0	0	0
Humboldt	9	10	11	12	11	11	12	9	9	9
Lander	3	2	2	2	2	3	2	2	2	4
Lincoln	2	2	2	2	2	2	2	2	2	2
Lyon	13	15	16	15	16	12	13	14	13	11
Mineral	6	5	6	5	5	6	4	2	2	3
Nye	15	16	14	13	16	15	13	12	13	10
Pershing	3	2	1	0	0	1	1	2	2	1
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	1081	1069	1088	1110	1155	1186	1246	1254	1306	1327
White Pine	9	10	10	9	9	9	8	11	11	11
In-State Active Status	4628	4653	4761	4756	4942	5022	5228	5304	5531	5637
Out-of-State Active Status	1888	1757	2084	1868	2251	2116	2561	2523	3229	3066
TOTAL ACTIVE STATUS	6516	6410	6845	6624	7193	7138	7789	7827	8760	8703
Inactive & Retired Statuses	770	758	748	818	801	806	802	772	763	772
TOTAL LICENSED (Active, Inactive & Retired Statuses)	7286	7168	7593	7442	7994	7944	8591	8599	9523	9475

The number of physician assistants increased significantly by 6.4% in 2019. The locale of physician assistants trends similarly to the locale of physicians statewide, as is shown on the following table. In 2019, there was growth in Clark, Douglas, Elko, Lander, Mineral and Washoe Counties; Carson City, Churchill, Lyon, Nye and Pershing Counties showed decreases; and the remaining six counties remained static.

Physician Assistant Licensure Counts (2010-2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Carson City	13	16	17	14	18	17	18	28	28	32
Churchill	4	6	9	10	9	9	10	7	6	5
Clark	332	342	386	398	452	479	533	559	618	655
Douglas	11	9	12	16	17	15	19	19	18	21
Elko	5	5	7	9	10	13	14	15	17	18
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	0	1	1	0	0	0
Humboldt	0	0	0	0	0	1	1	1	1	1
Lander	0	1	2	1	1	1	1	1	1	1
Lincoln	3	3	3	3	3	3	3	4	4	4
Lyon	6	6	4	5	6	7	9	9	9	8
Mineral	1	2	2	3	3	3	3	2	4	5
Nye	7	4	4	2	2	5	4	3	5	4
Pershing	0	0	0	0	0	0	0	0	0	1
Storey	1	1	1	2	2	1	1	1	1	2
Washoe	91	91	104	109	121	138	149	156	183	195
White Pine	1	1	1	1	1	1	1	1	1	1
TOTAL ACTIVE STATUS	476	488	553	574	645	694	767	806	896	953

The number of respiratory therapists decreased by 3.2% in 2019. In 2019, Carson City, Churchill, Clark, Douglas, Elko, Humboldt, Lyon, Nye and Washoe Counties showed decreases; and the remaining eight counties remained static.

Respiratory Therapist Licensure Counts (2010-2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Carson City	12	12	13	12	13	11	14	12	14	12
Churchill	5	4	5	4	4	5	6	8	9	8
Clark	880	920	1006	982	1069	1079	1167	1158	1246	1231
Douglas	20	18	15	16	16	13	13	14	16	15
Elko	6	8	9	7	8	9	10	12	13	9
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	1	1	1	1	1
Humboldt	4	5	5	4	4	2	2	2	4	3
Lander	1	1	1	2	2	2	2	2	1	1
Lincoln	0	0	0	0	0	0	0	0	0	0
Lyon	18	15	16	15	16	15	14	14	17	15
Mineral	3	2	2	2	2	2	4	1	2	2
Nye	11	13	12	13	15	13	14	15	14	10
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	176	192	197	186	202	191	207	193	199	180
White Pine	4	3	3	3	3	3	3	3	3	3
TOTAL ACTIVE STATUS	1140	1193	1284	1246	1354	1346	1457	1435	1539	1490

The number of perfusionists remained static in 2019, with growth in Clark County, a decrease in Washoe County, and all other counties remaining static.

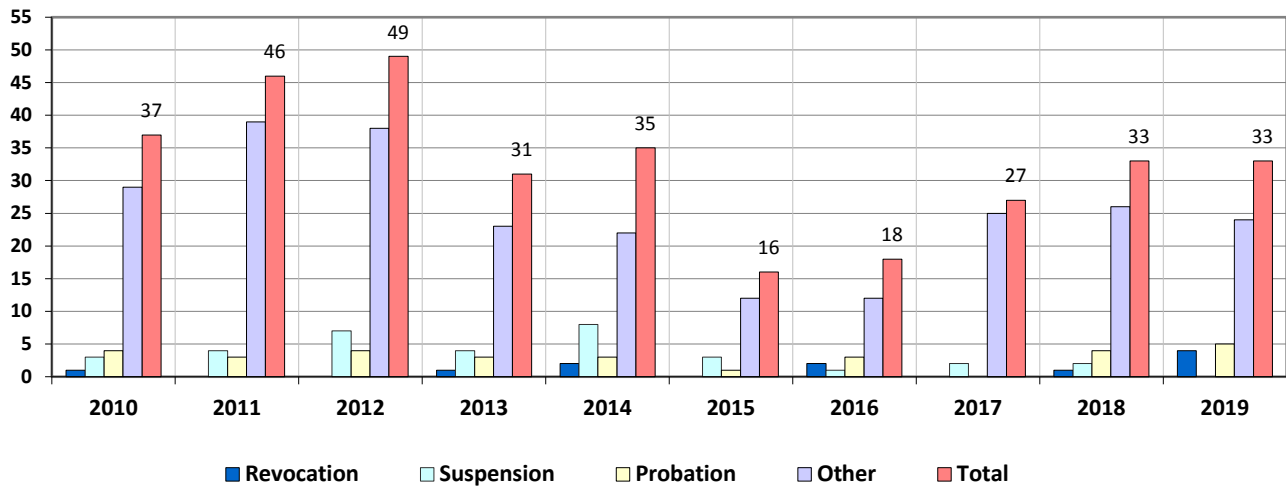
Perfusionist Licensure Counts (2010-2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Carson City	1	1	1	1	1	0	0	1	1	1
Churchill	0	0	0	0	0	0	0	0	0	0
Clark	20	19	25	20	23	20	24	19	24	25
Douglas	0	0	0	0	0	0	0	0	0	0
Elko	0	0	0	0	0	0	0	0	0	0
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0	0	0	0
Humboldt	0	0	0	0	0	0	0	0	0	0
Lander	0	0	0	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0	0	0	0
Lyon	0	0	0	0	0	0	0	0	0	0
Mineral	0	0	0	0	0	0	0	0	0	0
Nye	0	0	0	0	0	0	0	0	0	0
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	5	5	5	4	5	4	4	6	5	4
White Pine	0	0	0	0	0	0	0	0	0	0
TOTAL ACTIVE STATUS	26	25	31	25	29	24	28	26	30	30

COMPLAINTS, INVESTIGATIONS AND DISCIPLINE

In 2019, the Board opened 902 investigations, closed 653 investigations (many of which, of course, originated in preceding years) and imposed 33 disciplinary actions against physicians. The graph below shows the number and types of discipline imposed by the Board regarding physicians for the last ten years.

Disciplinary Actions Taken Against Medical Doctors*

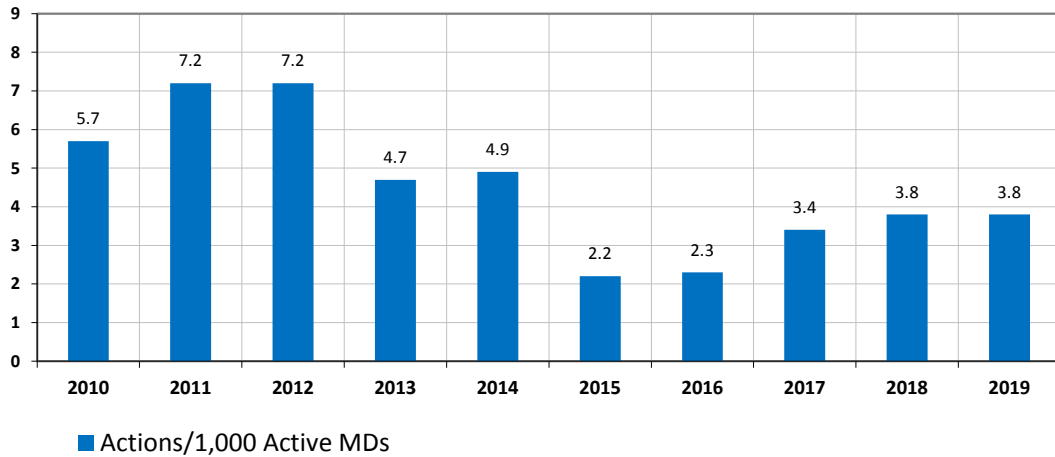


Note: "Other" actions include: Voluntary Surrender of License While Under Investigation, License Restriction, Public Reprimand, Licensure Denial, CME Ordered, Fine, Drug or Alcohol Treatment Program Ordered, and Competency Exam Ordered.

*Any discrepancy in these numbers from a report published by any other source is due to: (1) differences in verbiage or categorization; or (2) differences in the number of actions taken per practitioner.

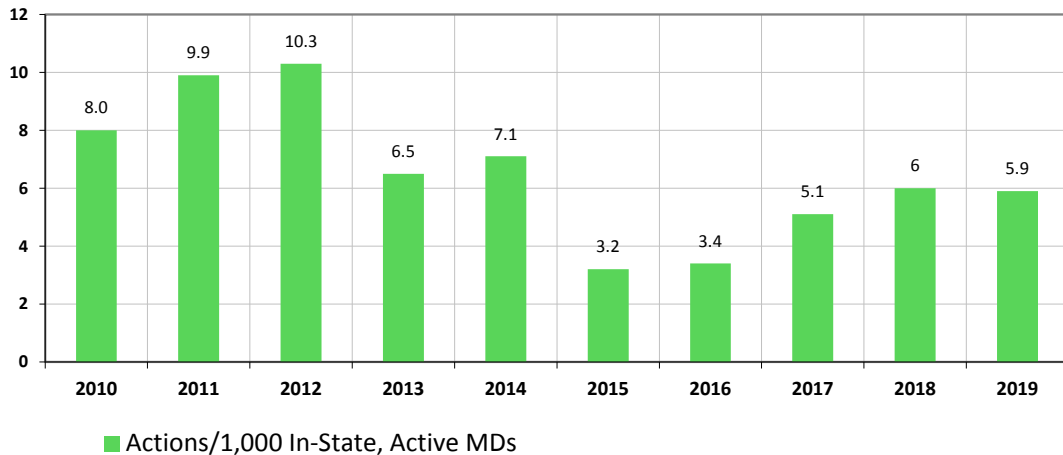
The graph below shows the rate of disciplinary actions taken by the Board per 1,000 active-status licensed physicians for the last ten years.

Rate of Disciplinary Actions Per All Licensed Active-Status Medical Doctors



The graph below shows the rate of disciplinary actions taken by the Board per 1,000 in-state, active-status licensed physicians for the last ten years.

Rate of Disciplinary Actions Per In-State, Active-Status Medical Doctors



**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: Ernesto Diaz, 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.

DISCIPLINARY ACTION REPORT

BOREN, William L., M.D. (6453)

Las Vegas, Nevada

Summary: Alleged malpractice.

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

Disposition: On June 5, 2020, the Board accepted a Settlement Agreement by which it found Dr. Boren 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; (4) he shall not reactivate his license without Board approval and shall let his license expire on June 30, 2021.

IVEY, Cynthia V., CRT (RC1108)

Henderson, Nevada

Summary: Alleged failure to maintain appropriate medical records relating to her treatment of a patient and failure to disclose a hospital investigation on her license renewal application.

Charges: One violation of 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 630.304(1) [obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement].

Disposition: On March 6, 2020, the Board found Ms. Ivey violated NRS 630.3062(1)(a) and NRS 630.304(1), as alleged in the Complaint, and imposed the following discipline against her: (1) revocation of Ms. Ivey's license to practice respiratory care in Nevada, and she may not apply for reinstatement of a 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, pursuant to the Memorandum of Costs, with the order for reimbursement of fees and costs stayed until such time as Ms. Ivey reapplies for licensure.

NGUYEN, Huy N., M.D. (11525)

Las Vegas, Nevada

Summary: Alleged malpractice, failure to maintain appropriate medical records

related to Dr. Nguyen'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 June 5, 2020, the Board accepted a Settlement Agreement by which it found Dr. Nguyen violated NRS 630.306(1)(b)(2), as set forth in Count III of the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$500.00 fine; (3) 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.

PATEL, Manish J., M.D. (16992)

Paradise Valley, Arizona

Summary: Disciplinary action taken against Dr. Patel's medical license in Arizona.

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

Disposition: On June 5, 2020, the Board accepted a Settlement Agreement by which it found Dr. Patel violated NRS 630.301(3), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$500.00 fine (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

RIDENOUR, Gary C., M.D. (4525)

Fallon, Nevada

Summary: Alleged malpractice, engaging in conduct that violated Pharmacy Board regulations, engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board, and failure to maintain appropriate

medical records related to Dr. Ridenour's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; 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)(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 June 5, 2020, the Board accepted a Settlement Agreement by which it found Dr. Ridenour violated NRS 630.301(4), NRS 630.306(1)(b)(3), NRS 630.306(1)(b)(2) and NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: Dr. Ridenour's license to practice medicine in Nevada shall be placed on probation for a period not to exceed 36 months, subject to various terms and conditions, and his license shall remain in an "Inactive" status until successful completion of those terms and conditions. The terms and conditions include the following (1) public reprimand; (2) total fines in the amount of \$2,000.00, with the order for payment of fines stayed until such time as he reapplies for active licensure; (3) 20 hours of live, in-person continuing medical education (CME) related to best practices in the prescribing of controlled substances, and 3 additional hours of CME related to electronic medical records, the latter 3 to be in addition to his statutory CME requirements for licensure; (4) he shall complete all terms and conditions of any criminal sanctions incurred, if any, including probation or parole; (5) he shall not supervise any physician assistant or collaborate with any advanced practice registered nurse during the probationary period; (6) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, with the order for reimbursement of fees and costs stayed until such time as he reapplies for active licensure.

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Public Reprimands Ordered by the Board

June 15, 2020

William Lee Boren, M.D.
c/o LeAnn Sanders, Esq
Alverson, Taylor & Sanders
6605 Grand Montecito Pkwy, Suite 200
Las Vegas, NV 89149

**Re: In the Matter of Charges and Complaint Against William Lee Boren, M.D.
BME Case No. 19-7440-1**

Dr. Boren:

On June 5, 2020, 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 one count of Nevada Revised Statute (NRS) 630.301(4), Malpractice (Count I). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, pay a fine of \$1,000.00, you shall not reactivate your license without Board approval and shall let your license expire on June 30, 2021, and 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

April 13, 2020

Cynthia V. Ivey, CRT
1316 Panini Drive
Henderson, NV 89052

**Re: In the Matter of Charges and Complaint Against Cynthia V. Ivey, CRT
BME Case No. 19-30399-1**

Ms. Ivey:

On March 6, 2020, the Nevada State Board of Medical Examiners (Board) found, by a preponderance of the evidence, that you violated NRS 630.3062(1)(a) and NRS 630.304(1), as alleged in the formal Complaint filed against you in the aforementioned case.

In accordance, the Board ordered that your license to practice as a respiratory therapist in Nevada be revoked, and you may not apply for reinstatement of your license for a period of two years. For the same, you shall receive a public reprimand and pay the costs and expenses related to the investigation and prosecution of this matter pursuant to the Memorandum of Costs, with the order for reimbursement of costs stayed until such time you reapply for licensure.

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

June 15, 2020

Huy Nguyen, M.D.
c/o Jill M. Chase, Esq.
Lewis Brisbois Bisgaard & Smith LLP
6385 S Rainbow Blvd, Suite 600
Las Vegas, NV 89118

**Re: In the Matter of Charges and Complaint Against Huy Nguyen, M.D.
BME Case No. 19-30254-1**

Dr. Nguyen:

On June 5, 2020, 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 one count of NRS 630.306(1)(b)(2), Violation of a Standard of Practice Established by Regulation (Count III). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, pay a fine of \$500.00, and 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

June 15, 2020

Manish J. Patel, M.D.
9289 N. Morning Glory Road
Paradise Valley, AZ 85253

**Re: In the Matter of Charges and Complaint Against Manish J. Patel, M.D.
BME Case No. 20-46475-1**

Dr. Patel:

On June 5, 2020, 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 one count of Nevada Revised Statute (NRS) 630.301(3), Disciplinary Action by Another State Medical Board (Count I). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, pay a fine of \$500.00, and be publicly reprimanded.

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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

June 18, 2020

Gary C. Ridenour, M.D.
774 Copperwood Drive
Fallon, NV 89406

Re: In the Matter of Charges and Complaint Against Gary C. Ridenour, M.D. BME Case No. 20-6691-1

Dr. Ridenour:

On June 5, 2020, 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 one count of Nevada Revised Statute (NRS) 630.301(4), Malpractice (Count I), one count of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II), one count of NRS 630.306(1)(b)(2), Violation of a Standard of Practice Established by Regulation (Count III), and one count of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count IV). For the same, your license to practice medicine in the State of Nevada shall be placed on probation and remain in “Inactive” status until successful completion of the following terms and conditions: you shall take twenty (20) hours of live, in-person continuing medical education (CME) related to best practices in the prescribing of controlled substances. Additionally, you shall take three (3) hours of CME related to electronic

medical records, 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, pay a fine of \$2,000.00, and you shall be publicly reprimanded. The order for payment of fines, fees and costs is stayed, until such time as you reapply for active licensure.

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



NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521