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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and
Complaint Against
Jonathan B. Baktari, M.D.,
Respondent.**

Case No. 18-11602-1

FILED
AUG - 7 2018
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Jonathan B. Baktari, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

I. Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 8103), and has been licensed by the Board since February 21, 1997. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

II. Statement of Nevada Law Applicable to So-called "Medical Directors"
Part A – Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to chapters 631 to 637, inclusive, and chapters 639 or 640 of NRS.

3. Pursuant to NRS 630.020, the "Practice of medicine" means:

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this complaint was approved, was composed of Board members Theodore B. Berndt, M.D., Wayne Hardwick, M.D., and Mr. M. Neil Duxbury.

- 1 1. To diagnose, treat, correct, prevent or prescribe for any human disease,
2 ailment, injury, infirmity, deformity or other condition, physical or mental, by any
3 means or instrumentality, including, but not limited to, the performance of an
4 autopsy.
5 2. To apply principles or techniques of medical science in the diagnosis or the
6 prevention of any such conditions.
7 . . .
8 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the
9 acts described in subsections 1 and 2.

10 4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant may not
11 aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice
12 of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for
13 initiating disciplinary action or denying licensure.

14 5. Pursuant to the Medical Practice Act, the only means by which a Nevada physician
15 or physician assistant may lawfully aid, assist, employ or advise, directly or indirectly, an
16 unlicensed person to engage in the practice of medicine is by delegating specific tasks to an
17 adequately supervised and trained “medical assistant.” Pursuant to NRS 630.0129, a “medical
18 assistant” means a person who: (a) performs clinical tasks under the supervision of a physician or
19 physician assistant; and (b) does not hold a license, certificate or registration issued by a
20 professional licensing or regulatory board in this State to perform such clinical tasks; the term
21 does not include a person who performs only administrative, clerical, executive or other
22 nonclinical tasks.

23 6. Pursuant to NRS 630.306(1)(r), a Nevada physician or physician assistant must
24 adequately supervise their medical assistants, and failing to do so is grounds for initiating
25 disciplinary action or denying licensure.

26 7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible
27 for the safety and performance of each task which is delegated to a medical assistant. Pursuant to
28 NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a)
the delegating practitioner knows that the medical assistant possesses the knowledge, skill and
training to perform the task safely and properly; (b) the medical assistant is not required to be
certified or licensed to perform that task; and (c) the medical assistant is employed by the

1 delegating practitioner or the medical assistant and the delegating practitioner are employed by the
2 same employer.

3 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
4 medical assistant, except in a specific case of emergency in a rural area.²

5 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
6 medical assistant is delegated a task which involves an invasive procedure³, the delegating
7 practitioner must be immediately available to exercise oversight in person while the medical
8 assistant performs the task.

9 10. The term “medical director” is not recognized or defined under any Nevada law or
10 regulation pertaining to the professional conduct and responsibility of licensed medical
11 professionals, and no law authorizes so-called “medical directors” to violate or circumvent the
12 aforementioned statutes and regulations of the Nevada Medical Practice Act.

13 11. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and
14 NAC 630.800-840:

- 15 a. If a physician or physician assistant, whether by serving as a so-called “medical
16 director” or by some other relationship or circumstance, aids, assists, employs or
17 advises, directly or indirectly, any unlicensed person to engage in the practice of
18 medicine, then they may lawfully do so only as a delegating practitioner to an
19 adequately supervised, competent and properly trained medical assistant.
- 20 b. If a physician or physician assistant, whether by serving as a so-called “medical
21 director” or by some other relationship or circumstance, aids, assists, employs or
22 advises, directly or indirectly, any unlicensed person to engage in the practice of
23 medicine, and if that physician or physician assistant has not delegated specific
24

25 ² 1. Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
26 the delegating practitioner is physically located a significant distance from the location where the task is to be
27 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
28 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
delegating practitioner is immediately available by telephone or other means of instant communication during the
performance of the task by the medical assistant. As used in NAC 630.820, “rural area” means any area in this State
other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

³ NAC 449.9733 defines “invasive procedure” as a medical procedure involving entry into the human body by
puncture or incision or by insertion of an instrument.

1 tasks to an adequately supervised, competent and properly trained medical
2 assistant, then (1) that unlicensed person has violated NRS 630.400(1)(d), by
3 practicing medicine without a license, and (2) that physician or physician assistant
4 has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting
5 the unlicensed practice of medicine.

- 6 c. If a physician or physician assistant delegates a medical task to a medical assistant,
7 whether by serving as a so-called “medical director” or by some other relationship
8 or circumstance, then they remain professionally responsible for the safety and
9 performance of each task, and they must ensure, and they are professionally
10 responsible for ensuring, that the medical assistant is trained, skilled, and properly
11 directed and supervised by them, and they must be present to supervise the specific
12 medical tasks at issue, and, if it is an invasive medical task, then they must be
13 immediately available to exercise oversight in person while the medical assistant
14 performs the task.
- 15 d. If a physician or physician assistant delegates a medical task to a medical assistant,
16 whether by serving as a so-called “medical director” or by some other relationship
17 or circumstance, and they fail to adequately supervise that medical assistant as
18 required under the circumstances, then that physician or physician assistant has
19 violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately
20 supervise a medical assistant.

21 **Part B – Nevada Pharmacy Laws Regarding Dangerous Drugs**

22 12. Pursuant to NRS 454.201, a “dangerous drug” is any drug, other than a controlled
23 substance, unsafe for self-medication or unsupervised use, and includes, among other things, any
24 drug which has been approved by the Food and Drug Administration for general distribution and
25 bears the legend: “Rx only,” . . . any drug which, pursuant to the Board’s regulations, may be sold
26 only by prescription because the Board has found those drugs to be dangerous to public health or
27 safety.
28

1 13. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense, or
2 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
3 prescription.

4 14. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled
5 substances or dangerous drugs must apply to the Nevada State Board of Pharmacy for a certificate
6 of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a
7 separate application for each site of practice, including, without limitation, any remote site or
8 satellite consultation site, from which the practitioner wishes to dispense controlled substances or
9 dangerous drugs.

10 15. NAC 639.742(2) provides that if a facility from which the practitioner intends to
11 dispense dangerous drugs or controlled substances is not wholly owned and operated by the
12 practitioner, the owner or owners of the facility must also submit an application to the Nevada
13 State Board of Pharmacy for a license to do so.

14 16. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if
15 applicable, the owner or owners of the facility, shall ensure that:

- 16 (b) All drugs are received and accounted for by the dispensing practitioner;
- 17 (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing
18 practitioner has the only key or lock combination;
- 19 (d) All drugs are dispensed in accordance with NAC 639.745⁴;

20 _____
21 ⁴ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs.
(NRS 639.070, 639.0727)

22 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs,
23 including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's
24 patients outside his or her presence shall:

25 (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug
26 purchased and dispensed. The record for each such product dispensed to a patient must include:

- 27 (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;
- 28 (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;
- (3) The directions for use;
- (4) The date the prescription was issued; and
- (5) A unique identifying number.

 (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule
II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each
prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the
requirements set forth in NAC 453.480.

 (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must
be restricted to the persons described in NRS 453.375.

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(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally on-site at the facility; ...

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

17. NAC 639.742(4)(a)-(b) provides in part that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

18. NAC 639.945 (1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Nevada State Board of Pharmacy or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

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(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

19. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Nevada State Board of Pharmacy is responsible for the acts of all personnel in his or her employ.

20. NAC 639.945(3) provides that, for purposes of applying Nevada State Board of Pharmacy regulations, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

III. Respondent's Medical Directorship of Vaccine Center

21. At all relevant times alleged herein, pursuant to the Nevada Secretary of State, The Vaccine Center LLC and/or Vaccine Center Franchise Company LLC (collectively "Vaccine Center") is a Nevada limited liability company with its principle places of business located at 500 E. Windmill Lane, Suite 155, Las Vegas, Nevada 89123, and/or 2051 N. Rainbow Blvd., Suite 100, Las Vegas, Nevada 89108, respectively.

22. Respondent was serving as the "Medical Director" of Vaccine Center including, but not limited to the dates in question, July 13, 2015 through July 17, 2015.

1 23. John H. Dawson, Esq., is Vaccine Center’s commercial registered agent, and The
2 Jobba Limited Partnership is listed as manager of The Vaccine Center LLC.

3 24. Vaccine Center, through Respondent, held itself out to the public as a “preventative
4 health and wellness company” “specializing” in medical procedures, products and treatments
5 including “Travel Medicine,” “Student Health,” “Corporate Health Services,” “Drug Testing”
6 “STD Testing” (including treatment), “Physicals,” and “Lab Services.”

7 25. Vaccine Center is and/or was a quasi-primary care facility.

8 26. Respondent was an independent contractor of Vaccine Center.

9 27. Respondent was not a manager, agent, officer or employee of Vaccine Center.

10 28. Respondent had no ownership or member interest in Vaccine Center, nor did he
11 have contractual authority to manage the affairs of Vaccine Center.

12 29. None of Vaccine Center’s employees or other independent contractors were
13 employed by Respondent during the time Respondent served as Medical Director of Vaccine
14 Center.

15 30. At all times relevant to the facts alleged herein, and pursuant to NAC 630.810(c),
16 the medical assistants of Vaccine Center were not employed by Respondent and the medical
17 assistants and Respondent were not employed by the same employer.

18 31. Upon information and belief, no employee of Vaccine Center held any professional
19 license issued by any Nevada board during the time Respondent served as Medical Director.

20 32. Upon information and belief, an Advanced Practice Registered Nurse (APRN),
21 would supervise employees of Vaccine Center.

22 33. Pursuant to NRS Chapter 632, Nursing, an APRN is prohibited from supervising a
23 non-licensed medical assistant, and is only permitted to supervise Certified Nursing Assistants
24 and/or Certified Medication Aides.

25 34. Respondent knew it was a violation of the Nevada Medical Practice Act to allow an
26 unsupervised medical assistant to perform invasive medical procedures.

27 35. Upon information and belief, medical assistants were performing blood draws for
28 testing.

1 36. Pursuant to NAC 449.9733, drawing blood involves a puncture to the skin, which is
2 an invasive procedure.

3 37. Respondent personally saw no patients at Vaccine Center.

4 38. Respondent knew that there were no other physicians or physician assistants on
5 staff.

6 39. Respondent is licensed to prescribe prescription drugs by the Nevada State Board
7 of Pharmacy (Pharmacy Board) in active status (License No. CS08542), and has been licensed by
8 the Pharmacy Board since January 9, 1997.

9 40. Respondent does not possess a license to dispense prescription drugs.

10 41. Upon information and belief, Respondent, personally or at his direction to either a
11 medical assistant or APRN, procured prescription anti-malaria medication, prescription anti-
12 diarrheal medication, prescription medication for high-altitude sickness, and prescription
13 medication to treat and/or prevent jet lag; the aforementioned drugs are available only by
14 prescription and are dangerous drugs as defined by NRS 454.201.

15 42. Upon information and belief, Respondent, personally or at his direction, to either a
16 medical assistant or APRN, delivered these dangerous drugs to Vaccine Center employees at
17 Vaccine Center's office locations and left them in their sole possession, custody and control and
18 beyond the supervision or restraint of Respondent.

19 43. Respondent did not apply to the Nevada State Board of Pharmacy for a certificate
20 of registration to dispense controlled substances or dangerous drugs at Vaccine Center's locations.

21 44. During Respondent's service as Medical Director to Vaccine Center, medical
22 assistants provided unsupervised medical treatment and/or prescriptions and/or performed blood
23 draws.

24 45. All of the dangerous drugs listed, while in the custody and control of Vaccine
25 Center and its employees or agents, were not stored in a secure, locked room or cabinet to which
26 the dispensing practitioner had the only key or lock combination.

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OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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46. Vaccine Center and its employees and agents possessed, controlled, stored, prescribed and/or dispensed all the aforementioned dangerous drugs without a dispensing license as required by the Pharmacy Board.

47. Respondent was not present when Vaccine Center and its employees and agents possessed, controlled, stored, prescribed and/or dispensed the aforementioned dangerous drugs.

48. Respondent neither received nor accounted for the dangerous drugs administered and dispensed by Vaccine Center, nor did he ensure that such drugs were stored in a secure, locked room or cabinet to which he had the only key or lock combination. The dangerous drugs were not dispensed in accordance with NAC 639.745. Respondent did not have a bona fide therapeutic relationship with any patients, nor did he write a prescription for any drugs to any patients, nor was he on-site at the facility or otherwise immediately available when they were prescribed or otherwise administered or dispensed. Respondent dispensed none of the drugs to patients personally at either of Vaccine Center's two facilities, and did not assure that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

49. Respondent supplied dangerous drugs so that unqualified persons could circumvent laws pertaining to the legal sale of such articles, and allowed others to dispense and prescribe dangerous drugs to those whom he did not have a bona fide therapeutic relationship.

50. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vaccine Center, and failed to ensure that he had the legal and practical control of Vaccine Center's operations sufficient to effectively control the conduct of its employees and agents in performance of all medical activities as medical assistants or otherwise, in order to prevent misconduct and ensure that medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

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Count I

NRS 630.306(1)(r): Failure to Adequately Supervise

51. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

52. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action.

53. By the conduct described herein, Respondent failed to adequately supervise, or supervise in any way, medical assistants and all other employees or contractors of Vaccine Center in their performance of medical tasks during his time as medical director.

54. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

Count II

NRS 630.305(1)(e): Aiding Practice by Unlicensed Person

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of NRS Chapter 630 or the regulations of the Board is an act, among others, that constitutes grounds for initiating disciplinary action.

57. By the conduct described herein, to the extent that Respondent either did not delegate medical tasks to Vaccine Center's agents and employees as medical assistants, or to the extent that their actions were not authorized by Respondent, Respondent nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in their engaging in the practice of medicine contrary to the provisions of NRS Chapter 630 or the regulations of the Board.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

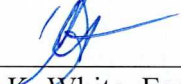
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WHEREFORE, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;
2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);
3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;
4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, in writing which shall include the sanctions imposed; and
5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 7 day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Donald K. White, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

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

Dated this 7th day of August, 2018.



Wayne Hardwick, M.D.

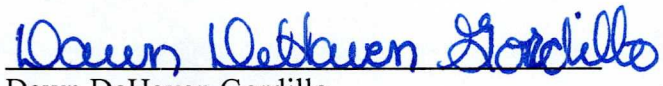
CERTIFICATE OF MAILING

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I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 8th day of August 2018; I served a filed copy of COMPLAINT and Fingerprint information, via USPS e-certified return receipt mail to the following:

Jonathan Baktari
500 Windmill Lane, Suite 155
Las Vegas, NV 89123

Dated this 8th day of August, 2018.



Dawn DeHaven Gordillo
Legal Assistant