

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28213-1

6 **Against:**

FILED

7 **BEVERLY MOEMOE YEE, M.D.,**

OCT - 9 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Beverly Moemoe Yee, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating
16 the IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 10658). Respondent was
19 originally licensed by the Board on September 30, 2003.

20 2. Patient A² was a forty-five (45) year-old male at the time of the events at issue.

21 3. Patient A established medical care with Respondent on March 26, 2018, due to the
22 retirement of his previous physician.

23 4. Patient A was noted to be a habitual alcohol user in Respondents record on
24 March 26, 2018. Respondent diagnosed Patient A with panic attacks, anxiety, insomnia, and

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27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Nick M. Spirtos, M.D., F.A.C.O.G.,
Aury Nagy, M.D., and Ms. Maggie Arias-Petrel.

² Patient A's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient
Designation served upon Respondent along with a copy of this Complaint.

1 noted that Patient A refused a referral to a psychiatrist for his anxiety. Respondent's records were
2 handwritten, and largely illegible.

3 5. During the March 26, 2018, visit, Respondent prescribed Patient A
4 benzodiazepines (Valium 10mg), despite its use being contraindicated with alcohol. Prior to
5 prescribing controlled substances to Patient A, Respondent failed to check Patient A's Prescription
6 Monitoring Program (PMP) report or order drug tests. Additionally, Respondent did not
7 adequately obtain informed written consent from Patient A for the prescription of a controlled
8 substance.

9 6. On June 26, 2018, Patient A presented to Respondent for a follow-up appointment.
10 Respondent noted Patient A's continued alcohol abuse but refilled Patient A's prescription for
11 benzodiazepines for another three (3) months. Respondent failed to check Patient A's PMP report
12 or order any drug testing. Moreover, Respondent failed to document or discuss switching Patient
13 A from benzodiazepines to another anxiety medication, not contraindicated with alcohol use.

14 7. From September 2018, until November 2021, Respondent saw Patient A on no less
15 than nine (9) occasions. During each appointment, Respondent routinely failed to screen
16 Patient A for safety, and continued to prescribe Patient A benzodiazepines, despite his alcohol
17 abuse being noted on seven (7) of these nine (9) visits. Respondent documented Patient A's
18 alcohol use as "chronic." Respondent further failed to check Patient A's PMP or order any drug
19 testing to determine if Patient A was abusing his medication, and did not address the underlying
20 anxiety order, or appropriately facilitate a referral to a psychologist for psychiatric treatment.
21 Throughout Respondent's treatment of Patient A, Respondent failed to obtain appropriate
22 informed written consent for the prescription of controlled substances.

23 COUNT I

24 **NRS 630.301(4) - Malpractice**

25 8. All of the allegations contained in the above paragraphs are hereby incorporated by
26 reference as though fully set forth herein.

27 9. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
28 disciplinary action against a licensee.

1 10. NAC 630.040 defines malpractice as “the failure of a physician, in treating a
2 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
3 circumstances.”

4 11. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
5 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
6 rendering medical services to Patient A by inappropriately prescribing benzodiazepines to a
7 patient with chronic alcohol use. Furthermore, Respondent routinely failed to screen Patient A for
8 safety by running PMP reports to check if Patient A was being prescribed controlled substances by
9 other healthcare providers.

10 12. By reason of the foregoing, Respondent is subject to discipline by the Board as
11 provided in NRS 630.352.

12 **COUNT II**

13 **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

14 13. All of the allegations contained in the above paragraphs are hereby incorporated by
15 reference as though fully set forth herein.

16 14. NRS 630.3062(1)(a) provides that the “failure to maintain timely, legible, accurate
17 and complete medical records relating to the diagnosis, treatment and care of a patient” constitute
18 grounds for initiating discipline against a licensee.

19 15. Respondent failed to maintain proper medical records relating to the diagnosis,
20 treatment and care of Patient A, by failing to correctly document her actions when she treated
21 Patient A, whose medical records were not timely, legible, accurate, and complete as evidenced by
22 Respondent’s largely handwritten and illegible records which failed to adequately address Patient
23 A’s alcohol use, and proper informed consent.

24 16. By reason of the foregoing, Respondent is subject to discipline by the Board as
25 provided in NRS 630.352.

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COUNT III

**NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation –
Failure to Consult**

17. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

18. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

19. NAC 630.210 requires a physician to “seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.”

20. Respondent failed to timely seek consultation with regard to Patient A’s medical condition from March 2018 through November 2021 and Respondent should have consulted with an appropriate care provider to address the doubtfulness of the diagnosis of Patient A’s medical condition and such a timely consultation would have confirmed or denied such a diagnosis and may have enhanced the quality of medical care provided to the Patient with regard to Patient A’s anxiety disorder and chronic alcohol usage. Respondent failed to provide a proper referral nor consult with a psychiatrist or psychologist in reference to Patient A’s anxiety disorder and chronic alcohol use.

21. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.306(1)(b)(2) - Violation of Standards of Practice – Violation of Model Policy

22. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

23. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

24. The Board adopted by reference the Model Policy in NAC 630.187.

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3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 9th day of October, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

IAN J. CUMINGS
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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Nick M. Spirtos, M.D., F.A.C.O.G, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 9th day of October, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
NICK M. SPIRTOS, M.D., F.A.C.O.G.
Chairman of the Investigative Committee