

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. 24-53587-2

6 **Against:**

FILED

7 **HISBAY HAIDER ALI, M.D.,**

APR 24 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 Hisbay Haider Ali, 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. 20660). Respondent was
19 originally licensed by the Board on December 31, 2020.

20 2. Patient A² was a forty-one (41) year-old male at the time of the events at issue.

21 3. Before being seen by Respondent, Patient A had previously seen another
22 psychiatric provider at the same psychiatry practice for four (4) years. This provider ran a
23 prescription monitoring program (PMP) report of Patient A on September 16, 2021, as required by
24 NRS 639.23507 when issuing a prescription for specific controlled substances.

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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 Bret W. Frey, M.D., Carl N. Williams, Jr.,
M.D., FACS, and Col. Eric D. Wade, USAF (Ret.).

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

1 4. While under care of this provider, on October 15, 2021, Patient A was prescribed 1
2 mg of Alprazolam twice per day for thirty (30) days. Alprazolam is a benzodiazepine and is listed
3 as a Schedule IV controlled substance.

4 5. On November 16, 2021, Patient A presented to Respondent for psychiatric care
5 following Patient A's transfer from another provider in the Respondent's practice. During the
6 November 16, 2021, visit, Respondent failed to run a PMP for Patient A prior to continuing the
7 prescription for his of 1 mg of Alprazolam twice per day for thirty (30) days. Additionally,
8 Respondent's notes for Patient A at this visit contained an identical subjective mental status exam
9 from Patient A's previous encounter with the previous physician, indicating that Patient A's
10 medical record for this visit was cloned form his prior visit at the facility.

11 6. Respondent continued to see Patient A for an additional six (6) visits over a period
12 of six (6) months and continued to provide refills of the Alprazolam 1 mg. During these visits,
13 Respondent failed to run a single PMP report on Patient A for the duration of his treatment.

14 7. PMP data showed Patient A was concurrently being prescribed opioids during his
15 treatment with Respondent which is contraindicated. Respondent failed to address Patient A's
16 opioid use in his medical records, taper down Patient A's benzodiazepine usage, or switch
17 Patient A to a longer acting medication such as clonazepam. Respondent's notes during the
18 remainder of Patient A's visits continued to be highly templated and contained identical subjective
19 and mental status exams which included repeated spelling errors, all of which indicate the records
20 were cloned.

21 **COUNT I**

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

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

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

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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 failing to appropriately screen Patient A for proper
7 prescription safety.

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

10 **COUNT II**

11 **NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records**

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

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

17 15. Respondent failed to maintain complete medical records relating to the diagnosis,
18 treatment and care of Patient A, by failing to correctly document his actions when he treated
19 Patient A, whose medical records were not timely, legible, accurate, and complete. Patient A’s
20 records included identical subjective and mental status exams across multiple visits, including
21 identical spelling errors, indicating that Respondent’s records were cloned.

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

24 **COUNT III**

25 **NRS 630.306(1)(b)(3) - Violation of Statutes and Regulations of the**
26 **Nevada State Board of Pharmacy**

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

1 18. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who
2 holds a license to practice medicine in the State of Nevada.

3 19. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision
4 of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto,
5 that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for
6 initiating discipline against a licensee.

7 20. NRS 639.23507 a physician shall, before issuing an initial prescription for a
8 controlled substances listed in Schedule II, III, or IV or an opioid that is a controlled substance
9 listed in schedule V, and at least once every ninety (90) days thereafter for the duration of the
10 course of treatment using the controlled substance, shall obtain a patient utilization report (PMP)
11 regarding the patient from the computerized program established by the Board of Pharmacy and
12 the Department of Public Safety pursuant to NRS 453.162.

13 21. Respondent violated NRS 639.23507 by failing to run a PMP report for Patient A
14 at any time during his course of treatment, which extended six (6) months or approximately one
15 hundred and eighty-two (182) days.

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

18 **WHEREFORE**, the Investigative Committee prays:

19 1. That the Board give Respondent notice of the charges herein against him and give
20 him notice that he may file an answer to the Complaint herein as set forth in
21 NRS 630.339(2) within twenty (20) days of service of the Complaint;

22 2. That the Board set a time and place for a formal hearing after holding an Early
23 Case Conference pursuant to NRS 630.339(3);

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

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

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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 24th day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., 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 24th day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



BRET W. FREY, M.D.
Chairman of the Investigative Committee