

NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Suite 301
Reno, NV 89502-2144

Rachakonda D. Prabhu, M.D.
Board President



Edward O. Cousineau, J.D.
Executive Director

*** * * MINUTES * * ***

OPEN SESSION BOARD MEETING

Held in the Conference Room at the Offices of the
Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, Nevada 89502

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 Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

FRIDAY, SEPTEMBER 8, 2017 – 8:30 a.m.

Board Members Present

Rachakonda D. Prabhu, M.D., President
Wayne Hardwick, M.D., Vice President
Mr. M. Neil Duxbury, Secretary-Treasurer
Ms. Sandy Peltyn
Victor M. Muro, M.D.
Ms. April Mastroluca
Aury Nagy, M.D.
Michael C. Edwards, M.D., FACS
Weldon Havins, M.D., J.D.

Board Members Absent

None

Staff/Others Present

Edward O. Cousineau, J.D., Executive Director
Jasmine K. Mehta, J.D., Deputy Executive Director
Robert Kilroy, J.D., General Counsel
Aaron Fricke, J.D., Deputy General Counsel
Laurie L. Munson, Chief of Administration and Information Systems
Pamela J. Castagnola, CMBI, Chief of Investigations
Lynnette L. Daniels, Chief of Licensing
Donya Jenkins, Finance Manager
Henna Rasul, J.D., Senior Deputy Attorney General

Agenda Item 1

CALL TO ORDER AND ANNOUNCEMENTS

- Roll Call/Quorum

The meeting was called to order by President Rachakonda D. Prabhu, M.D., at 8:32 a.m.

Mr. Cousineau took roll call, and all Board members were present. Mr. Cousineau announced there was a quorum.

Dr. Prabhu recognized Credentialing and Consumer Assistance Specialist Julie M. Espinoza for her long-term service to the Board of 15 years, and Ms. Espinoza was presented with a service award memorializing the same.

Ms. Castagnola introduced new Administrative Assistant, Debra Foster.

Mr. Kilroy introduced new Legal Assistant, Kimberly Rosling.

Dr. Prabhu welcomed new Board members, Michael C. Edwards, M.D., FACS, and Weldon Havins, M.D., J.D.

Agenda Item 2

PUBLIC COMMENT

Dr. Prabhu asked whether there was anyone in attendance who would like to present public comment. No public comment was received.

Agenda Item 3

APPROVAL OF MINUTES

- (a) June 2, 2017 Board Meeting – Open/Closed Sessions
- (b) July 18, 2017 Board Meeting – Open Session

Ms. Peltyn moved that the Board approve the Minutes of the June 2, 2017 Board Meeting – Open/Closed Sessions, and July 18, 2017 – Open Session. Dr. Edwards seconded the motion, and it passed unanimously. Dr. Havins stated he was abstaining from the vote since he was not present at either of those meetings. A vote was taken on the motion and it passed, with all other Board members voting in favor of the motion.

LEGISLATIVE REPORT

Keith L. Lee, Esq., Board Legislative Representative, thanked the Board and staff for their assistance during the 2017 Legislative Session. He said he thought the Board did very well this session, due to the legislative package the Board had developed. The Board essentially got everything it needed and requested from its bill, AB 339. Mr. Lee stated that the Board did not always have a good reputation at the Legislature, and he was pleased to report that has changed completely. Not only in the Board's bill, but in several other bills that are related to what we do under Chapter 630, the Board was cited by legislators, and by staff of the Legislative Counsel Bureau, as being the model board – the Board they want other boards to look like, act like, and follow. He congratulated the Board on a huge turnaround from the attitude at the Legislature of 12 or 14 years ago to what it is today.

Mr. Lee then provided an overview of AB 339. He said this bill accomplished several things. It gave the Board authority, in the event of incapacitation, death or other inability of a practitioner to practice, to take control of the practitioner's records and either send a patient's records to another physician or employ a third-party vendor to take possession of the records and distribute them at the behest of a patient. Another very important aspect of the bill is that it changed the law in such a way that the FBI will now be willing to process fingerprints for those applicants applying via the Interstate Medical Licensure Compact. Additionally, for years, the law had been that if a licensee failed to notify the Board of a change of address, it was mandatory that the Board impose a fine, and the bill changed the law to make it discretionary to do so.

Mr. Lee next provided an overview of AB 474. He stated this bill attempted to address the country's opioid epidemic, and has put a burden on the licensing boards to determine what the bill is trying to accomplish and then to accomplish it. During the last legislative session, the Prescription Monitoring Program (PMP) was created, which required all of the Board's licensees to register with the PMP, even if they did not have a dispensing license from the Board of Pharmacy or dispense schedule II, III or IV drugs. AB 474 changed this a bit, in that now only licensees who dispense drugs are required to register with the PMP. Additionally, there are requirements that physicians registered with the PMP access the PMP to determine whether other opioid-related drugs have been prescribed to a patient. AB 474 also requires a licensing board to begin an investigation if it receives information from either law enforcement or the Board of Pharmacy that one of its licensees is overprescribing opioids. If the initial investigation leads to a determination that a licensee has overprescribed, the licensing board is empowered to immediately suspend the licensee's license. He stated that regulations will need to be adopted to implement these changes.

Dr. Havins said he was aware of two regulations proposed by the Board of Pharmacy, one of which may contain an internal inconsistency in it. In the past, this Board hasn't gotten involved with these regulations, at least not in open session, but these are going to impact all licensees who have prescriptive authority for controlled substances, so he wondered what the Board's position is as far as working with the Pharmacy Board to express or address any potential concerns with those regulations.

Mr. Lee said the Board has been working closely with not only the Board of Pharmacy, but also other licensing boards, on this, as well as other issues. The Board worked very closely with the Board of Pharmacy in particular during the negotiations on AB 474.

Mr. Cousineau added that Board staff has been attending regular meetings with the various licensing boards, and has been working collectively with them in this regard.

Mr. Lee concluded by saying it was a good session for the Board and the Board was pointed to as a board others should follow with respect to how it does licensing, investigations and discipline.

Mr. Cousineau stated Mr. Lee had been the Board's lobbyist for nearly 15 years, he does a wonderful job for the Board, and he thinks Mr. Lee has contributed to some of the change in the perception of the Board from that which existed in years past.

Agenda Item 5

CONSIDERATION AND ACTION REGARDING PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 630

Request for Authorization to Proceed With the Regulatory Adoption Process to Create a Regulation Establishing Disciplinary Actions for Fraudulent, Illegal, Unauthorized or Inappropriately Prescribed Controlled Substances, Pursuant to AB 474 (2017 Legislative Session)

Ms. Mehta explained that AB 474 requires the Board to promulgate regulations regarding disciplinary actions for violations of the codified prescribing and recordkeeping in the bill. Staff is seeking authorization from the Board to proceed with a regulation that would provide for incremental discipline. She then outlined the proposed tiered discipline, and explained that the regulation would also ensure that if there were imminent public harm, the Board would still be able to summarily suspend a licensee and would still be able to utilize letters of concern prior to implementing the tiered discipline. She stated another approach would be to add a couple of additional tiers with lesser penalties that would allow the Board to address infractions of sections 52 to 58 of the bill, which impose some pretty strict medical recordkeeping requirements, because initially practitioners might not be as aware of what they are required to do in the bill as they need to be, and this might be a way to address those infractions that aren't necessarily bad conduct; they are just failures to recognize the changes implemented by this bill.

Ms. Peltyn moved that the Board grant authorization to proceed. Dr. Nagy seconded the motion.

Ms. Mastroluca stated that when Nevada passed the law that prohibiting use of your cell phone in your car, the fines were waived or reduced the first year, and after that, they were imposed at the set level, and she recommended doing something similar in this case.

Mr. Cousineau said he thought it was an excellent suggestion; however, AB 474 allows no accommodation for that, and the Legislative Counsel Bureau (LCB) may say the Board doesn't have the authority to promulgate into regulation something that is not authorized under statute. He said staff would look into it and run it by the attorneys at the LCB as a consideration. He asked that the Board's motion allow staff to incorporate that language into the draft to send to the LCB if LCB counsel thinks it would be acceptable.

Discussion ensued regarding the proposed provisions enunciated in paragraph 5 related to letters of concern.

Mr. Cousineau suggested that in the event staff discovers that Ms. Mastroluca's proposal would not be viable, based on the language of AB 474, the Board could authorize staff to modify the sanctions to a degree to provide another increment or with sanctions that are less punitive than those currently enunciated.

Ms. Mastroluca recommended that the motion be amended to include the ability for staff to make changes based on the discussion the Board has had, so that staff does not have to come back before the Board and the proposed regulation can move forward.

Ms. Peltyn accepted the amendment to the motion. Dr. Nagy seconded the amended motion.

Dr. Havins said he hoped the Board planned to make its licensees aware of the requirements of AB 474 in the form of an article in the newsletter or by email so they have some idea of the requirements in sections 52 through 58.

A vote was taken on the motion, and it passed unanimously.

Agenda Item 6

CONSIDERATION OF REQUEST OF REEM M. SHUJA, M.D. FOR REMOVAL OF CONDITION ON HER MEDICAL LICENSE

Zahid Hamid, M.D., Dr. Shuja's preceptor, was present with Dr. Shuja in Las Vegas.

Dr. Shuja explained that she had worked at Dr. Hamid's office Monday through Thursday from nine to three. She initially saw patients with Dr. Hamid, and then afterwards on her own, about 10 to 12 patients a day. She had fulfilled the requirements of the preceptorship and was hopeful she could now have a regular license.

Dr. Hamid said that for the first two or three months, he was seeing patients with Dr. Shuja, and later, on she was seeing patients herself and he reviewed everything with her. He said she is very competent and he thought she should be granted her request to remove the condition from her license.

Dr. Nagy moved that the Board lift the condition on Dr. Shuja's license. Dr. Edwards seconded the motion, and it passed unanimously.

Agenda Item 7

CONSIDERATION OF REQUEST OF JOHN M. LYNN, RRT FOR REMOVAL OF CONDITION ON HIS RESPIRATORY CARE LICENSE

Mr. Lynn stated he was requesting that the condition be removed from his license based on his current track record as a respiratory therapist. He hasn't had any incidents or any issues since graduating from school, he has been with Renown for almost five years now, and has promoted with the company, and he recently became the new supervisor of South Meadows.

Ms. Daniels stated the Board had received a document dated July 14, 2017, from Murray Brooks, wherein he indicated he had reassessed Mr. Lynn and didn't feel that treatment or monitoring is needed at this time.

Ms. Mastroluca moved that the Board remove the condition on Mr. Lynn's license. Mr. Duxbury seconded the motion, and it passed unanimously.

ADJUDICATION IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. NICOLA M. SPIRTOS, M.D.*, BME CASE NO. 16-11486-1

Dr. Spirtos and his legal counsel, Robert C. McBride, Esq. and Chelsea R. Hueth, Esq., were present in Las Vegas.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Ms. Rasul asked whether the adjudicating Board members had received and reviewed the materials related to the matter, and they confirmed that they had.

Mr. Cousineau stated that Dr. Prabhu was a treating practitioner with regard to the patient at issue, so he was recusing himself from discussion and deliberation of the matter.

Dr. Prabhu stated that Dr. Nagy would chair the matter.

Ms. Rasul then provided procedural instruction regarding the adjudication process.

Dr. Nagy stated the first count of the Complaint was whether Dr. Spirtos failed to use reasonable care, skill or knowledge ordinarily used under similar circumstances when he performed a radical hysterectomy with bilateral salpingo-oophorectomy and lymph node dissection without first performing a less invasive procedure, such as a cone biopsy, on the patient to determine whether such surgery was indicated. Dr. Nagy then outlined the sequence of events in the case.

Dr. Nagy said that based on the testimony, the patient did have adequate consent and information about the procedure. Based on testimony given by the medical expert for the Investigative Committee, it was his opinion a biopsy should be performed prior to performing a hysterectomy, in order to get a firm diagnosis of Cancer, and, in general, that is true. However, Dr. Copeland, who is Chairman of one the large national Ob/Gyn organizations, and Dr. Spirtos, who himself is a nationally recognized expert in this field, both felt that in this particular case, the patient ultimately would have faced a hysterectomy regardless of the findings of the cone biopsy. Dr. Nagy said that in light of those findings and in light of the significant experience of both Dr. Copeland and Dr. Spirtos, it was his opinion the procedure was appropriate.

Ms. Peltyn, Dr. Muro and Dr. Edwards concurred.

Ms. Rasul read Count I from the Complaint.

Dr. Nagy moved that the Board find Dr. Spirtos did not commit malpractice in performing the modified radical hysterectomy on the patient prior to performing the labs, as it relates to Count I. Dr. Muro seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Dr. Nagy stated the allegation of malpractice in Count II was that Dr. Spirtos failed to use reasonable care, skill or knowledge ordinarily used under similar circumstances when he performed a radical hysterectomy with bilateral salpingo-oophorectomy and lymph node dissection, causing perforation of multiple areas of the bowel. He then outlined the sequence of events following the surgery, and said there was no evidence, based on the record, that there were perforations at that time. According to Dr. Spirtos' testimony, there were no perforations at that time. According to Dr. Copeland's testimony, the timeline of the patient's subsequent deterioration was not consistent

with a perforation. Dr. Connor did not agree; however, his testimony showed he had not performed a bowel resection in several years, and it is not something he commonly does in his practice, whereas, Dr. Spirtos testified that he performs many of these bowel resections. Dr. Nagy said that it seemed to him from the evidence, that Dr. Spirtos' explanation for the reason for subsequent bowel resection was accurate. Dr. Nagy then outlined the other complications the patient experienced. He said the question was whether or not the radical hysterectomy caused perforations in multiple areas of the bowel, and he didn't think there was evidence that supported that.

Dr. Muro moved that, as it relates to Count II, there was not enough evidence to find malpractice. Dr. Edwards seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Dr. Nagy said that the allegation of malpractice in Count III was that Dr. Spirtos failed to use reasonable care, skill or knowledge ordinarily used under similar circumstances when, after the initial surgery, he performed another surgery for uretal resection and reimplantation when the patient had a markedly infected abdomen. Dr. Nagy said that in his opinion, the surgery seemed reasonable, and Dr. Copeland also stated it was reasonable in his opinion. The Board does not have corroborating testimony; however, Dr. Spirtos testified he does more than 90% of the uretal repairs for surgeons in Las Vegas, and if that is true, he would be aware of how well these would heal in both a setting where there is an infection and a setting where there is no infection. Dr. Connor felt it was inappropriate; although it was again found Dr. Connor has not been performing these kinds of procedures. Dr. Nagy said in his opinion, Dr. Spirtos did not commit malpractice by performing the uretal surgery.

Dr. Muro moved that on Count III, there was not enough evidence to find malpractice. Ms. Peltyn seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Dr. Nagy stated that Count IV was an allegation of a records violation wherein Dr. Spirtos failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of the patient when he failed to include the Pap smear, laboratory results of genotype testing for HPV, curettage pathology results, or colposcopy cytology for the patient. Dr. Nagy said the evidence showed the handling of medical records was performed primarily by Dr. Spirtos' practice manager, who testified that much of the patient records for Dr. Spirtos are entered into their electronic medical record system either by Dr. Spirtos personally or by one of the residents who are rotating with him, who sometimes login under his name because it is too expensive to maintain an individual account for each resident. Dr. Nagy said, as he recalled, the results of the Pap smear, laboratory results of the genotype testing for HPV, the curettage pathology results and colposcopy cytology results were all results from Dr. McHale's office, and not results that Dr. Spirtos obtained himself. So it is conceivable that since those records were primarily with Dr. McHale's office, Dr. Spirtos' office thought the Investigative Committee would obtain those from Dr. McHale. So while it is true that these records were not provided by Dr. Spirtos' office at the time they were requested, it may also be true that the reason they didn't provide them was they felt the records would be included with Dr. McHale's chart, and their record was only a copy of Dr. McHale's chart. He thinks it would be prudent to find that was likely, and if so, to find that, as to Count IV, there was no willful records violation.

Ms. Peltyn moved that the Board find there was no records violation. Dr. Muro seconded the motion, and it passed, with Ms. Mastroluca voting against the motion and the remaining adjudicating Board members voting in favor of the motion.

Ms. Rasul stated there was no need to go into the disciplinary phase of the hearing, as no violations were found.

Agenda Item 9

REPORTS

(a) Investigative Committees

Dr. Hardwick reported that at its August 18, 2017 meeting, Investigative Committee A considered 102 cases. Of those, the Committee authorized the filing of a formal complaint in 6 cases, sent 15 cases out for peer review, requested an appearance in 7 cases, issued 25 letters of concern, referred 2 cases back to investigative staff for further investigation or follow-up, and recommended closure of a total of 47 cases.

Dr. Prabhu reported that at its August 9, 2017 meeting, Investigative Committee B considered 128 cases. Of those, the Committee authorized the filing of a formal complaint in 2 cases, sent 8 cases out for peer review, requested an appearance in 9 cases, issued 27 letters of concern, referred 2 cases back to investigative staff for further investigation or follow-up, reviewed 2 cases for compliance, and recommended closure of a total of 78 cases.

(b) Nevada State Medical Association Report

Catherine O'Mara, Executive Director of the Nevada State Medical Association (NSMA), stated that NSMA was very happy to have worked with Mr. Lee and Mr. Cousineau during the legislative session. The opioid bill is obviously something that will impact the Board's licensees significantly. NSMA received the official white paper last night at an opioid CME it held in conjunction with St. Mary's in Reno. NSMA will be pushing out education to its members electronically today and Monday, and will also be working with Board staff regarding a column in the Board's newsletter regarding what physicians can expect starting January 1. There is an ongoing opioid task force, that worked very diligently leading up to introduction of the Governor's bill at the Legislature, and NSMA is going to get it back together to work on some things that were not addressed by the bill. She reported that NSMA will participate in the statewide Take-Back Program on October 21, which provides an opportunity for the public to return their unused medications. She stated that Nevada physicians will now be required to take two units of suicide prevention CME every four years, and NSMA will work to ensure there are ample opportunities for licensees to obtain these credits. She reported that NSMA held a suicide prevention CME with Dr. Lesley Dickson two weeks ago, and they are beginning to see feedback from that with respect to what physicians can do to help their colleagues. She then addressed the proposed regulation by the Board of Pharmacy regarding electronic prescribing. She said until now, the law has been that if a physician prescribes electronically, the physician must transmit that prescription. There was a misunderstanding by the licensees about whether that task could be delegated to a nurse or a medical assistant, and there were a number of physicians who were delegating this to their nurses or medical assistants. So, when that regulation began being enforced around May of last year, it was enforced through the pharmacists, which created a backlog in physicians' offices, a lot of frustration between physicians and pharmacists, and impacted patients because of delayed patient care. NSMA has worked over the last year and a half to develop a proposal that will allow a physician to delegate transmission of a prescription to a designated agent who may be an RN or a medical assistant, and it got this through the Board of Pharmacy yesterday. The regulation now awaits approval from the Legislative Commission. Ms. O'Mara stated that two weeks ago, NSMA installed Dr. Steven Parker as its new President, and she thanked Dr. Havins for his tireless efforts

last year. She reported that NSMA is working with the Texas Medical Association in its hurricane relief efforts.

(c) Clark County Medical Society Report

Alexandra P. Silver, Executive Director of the Clark County Medical Society (CCMS), introduced herself to the Board. She reported that CCMS is actively planning a mini med internship in conjunction with the Clark County School District, as well as a number of private schools in the area, that will take place next month. CCMS has a tentative date on November 16 for its opioid town hall meeting, which will be geared toward physicians and what they can expect when the legislation goes into effect in January. CCMS' main focus currently, in terms of membership, in addition to renewals, is reaching out to the med students and residents in Clark County. CCMS just held a successful resident job fair a few weeks back with over 50 residents and employers in attendance. She said she looks forward to working with the Board.

Ms. Mastroluca welcomed Ms. Silver and said knows the physicians will be in good hands with her there.

(d) Washoe County Medical Society Report

Mary Ann McCauley, Executive Director of the Washoe County Medical Society (WCMS), reported that WCMS was still in rebuilding mode, and is making great progress. Its long-range plan is in the works now, and it is focusing on building its membership. In doing so, WCMS is looking at ways to get physicians more engaged than they have been in the WCMS recently, and ways to engage students. WCMS is also improving its communications to more effectively communicate with its members and prospective members. It is nurturing new and stronger relationships with the medical school here, and with other organizations that provide healthcare-related services, and is also looking at community outreach. In April WCMS held a program open to the public on the athlete's heart. It was very well received, and next year, WCMS plans to provide more public education programs. She informed the Board that WCMS and NSMA are going to be moving their offices.

Agenda Item 10

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ROBERT BIEN, M.D.*, BME CASE NO. 16-9727-1

Neither Dr. Bien nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Bien and the terms of the proposed Settlement Agreement.

Dr. Hardwick moved that the Board approve the Settlement Agreement. Ms. Mastroluca seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 11

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. STUART S. KAPLAN, M.D.*, BME CASE NO. 16-28531-21

Neither Dr. Kaplan nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Kaplan and the terms of the proposed Settlement Agreement.

Dr. Hardwick moved that the Board approve the Settlement Agreement. Dr. Havins seconded the motion.

Dr. Nagy recused himself from consideration of this matter, as well as consideration of Agenda Item 12, as he was engaged in negotiations for a merger with Dr. Kaplan and Mr. Simons' firm.

A vote was taken on the motion, and it passed, with all participating adjudicating Board members voting in favor of the motion.

Agenda Item 12

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. RYAN F. SIMONS, PA-C*, BME CASE NO. 16-38587-1

Neither Mr. Simons nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Mr. Simons and the terms of the proposed Settlement Agreement.

Dr. Hardwick moved that the Board approve the Settlement Agreement. Mr. Duxbury seconded the motion, and it passed, with all participating adjudicating Board members voting in favor of the motion. Dr. Nagy reiterated that he had recused himself from consideration of the matter, as he was engaged in negotiations for a merger with Mr. Simons' firm.

Agenda Item 13

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. DANIEL THOMAS NASON, M.D.*, BME CASE NO. 17-12279-1

Neither Dr. Nason nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Nason and the terms of the proposed Settlement Agreement.

Mr. Duxbury moved that the Board approve the Settlement Agreement. Dr. Havins seconded the motion.

Dr. Hardwick recused himself from consideration of this matter due to a professional relationship with Dr. Nason.

A vote was taken on the motion, and it passed, with all participating adjudicating Board members voting in favor of the motion.

Agenda Item 14

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. USHA KIRAN NUTHI, M.D.*, BME CASE NO. 17-42879-1

Neither Dr. Nuthi nor her attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Nuthi and the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board approve the Settlement Agreement. Dr. Muro seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 15

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. SHELDON PAUL, M.D.*, BME CASE NO. 15-11328-1

Neither Dr. Paul nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Paul and the terms of the proposed Settlement Agreement.

Mr. Duxbury moved that the Board accept the Settlement Agreement. Ms. Mastroluca seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 16

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ROBERT W. WATSON, M.D.*, BME CASE NO. 15-12823-1

Neither Dr. Watson nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Watson and the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board accept the Settlement Agreement. Dr. Nagy seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 17

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. JORGE YSACC BURGOS, M.D.*, BME CASE NO. 17-26547-1

Neither Dr. Burgos nor his attorney was present.

Dr. Prabhu named the adjudicating Board members who would be considering the matter.

Mr. Kilroy outlined the allegations contained in the Complaint filed against Dr. Burgos and the terms of the proposed Settlement Agreement.

Discussion ensued with respect to the provisions in the Settlement Agreement related to Dr. Burgos' ability to petition the Board for termination of his probation with the Board.

Ms. Mastroluca moved that the Board decline the Settlement Agreement. Dr. Edwards seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 18

EXECUTIVE STAFF/STAFF REPORTS

(a) Investigations Division Report

Ms. Castagnola reported the current number of open investigative cases was 650 and the current number of cases per investigator was approximately 82. There were 41 peer reviews and one psychiatric examination in the field and 29 peer reviews awaiting assignment.

(b) Quarterly Compliance Report

Ms. Jenkins reported the total number of files in collection with the State Controller's Office for the second quarter of 2017 was 7, for a total of \$39,706.91. Total costs outstanding were \$26,903.74, total fines outstanding were \$5,000.00, for a total amount outstanding of \$31,903.74. The compliance collections during the second quarter were \$8,361.39.

(c) Quarterly Update on Finances

Ms. Jenkins highlighted the various sections of the Balance Sheet for the second quarter of 2017, which she noted was the end of the licensing period. She stated the Board's total assets as of June 30 were \$11,986,555, the total current liabilities were \$6,668,886, long-term liabilities were \$3,768,150, with total reserves of \$1,549,518.

Ms. Jenkins then highlighted the various sections of the Profit and Loss Budget vs. Actual for the second quarter of 2017. She stated the total income was at 123.4% of budget, which was to

be expected as the Board recognizes the rest of the income from the end of a licensing period. The personnel expenses were at 96% of budget. The operating expenses were 24.2% over budget for the quarter, which is also expected at the end of a licensing period because the Board has more expenses during a renewal period. The Board's interest income, which comes from its investments in CDS, was \$14,734. The Board's net income of \$209,205 was above budget for the quarter, but that is also to be expected at the end of a licensing period. We expect the next quarter to be smaller because it is the beginning of the Board's licensing period, and the net income should not be different from budget once we come to the end of the year.

Mr. Duxbury said he wanted to acknowledge Ms. Jenkins' hard work and the fantastic job she is doing.

(d) Legal Division Report

Mr. Kilroy reported there were currently 144 cases in the Legal Division, 9 of which had been presented to the Board for action at this meeting; 67 cases pending the CMT process; 44 cases awaiting filing of a formal complaint; 13 cases in which a formal complaint had been filed that were pending hearings, 4 since the last Board meeting; and 61 letters of concern approved by the Investigative Committees during their August meetings. He provided an update regarding the pending civil court cases in which the Board was currently involved.

Agenda Item 19

LICENSURE RATIFICATION

- Ratification of Licenses Issued, Reinstatements of Licensure and Changes of Licensure Status Approved Since the June 2, 2017 Board Meeting

Dr. Nagy moved that the Board ratify the licenses issued, reinstatements of licensure and changes of licensure status approved since the June 2, 2017 Board Meeting. Dr. Havins seconded the motion, and it passed unanimously.

Agenda Item 20

APPEARANCES FOR CONSIDERATION OF ACCEPTANCE OF APPLICATIONS FOR LICENSURE

(a) Anil P. Rajani, M.D.

Dr. Prabhu asked Dr. Rajani whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Mr. Duxbury stated that Dr. Rajani was applying for a license by endorsement, as he had not passed a major examination within the past 10 years. He asked Dr. Rajani why he let his board certification in Family Medicine expire in 2014.

Dr. Rajani said he let his board certification expire because he was no longer practicing in that field.

Mr. Duxbury asked Dr. Rajani about his training in aesthetic medicine, and Dr. Rajani described it. Mr. Duxbury said it doesn't seem there is a lot of "formal" training in the field, and Dr. Rajani said the companies train most people who do these kinds of procedures.

Mr. Duxbury asked what Dr. Rajani planned to do if granted a license in Nevada.

Dr. Rajani said he didn't have any immediate plans to start a practice here, but a lot of friends he works with have practices here and he plans to teach and work with those practices. He doesn't have any plans to treat patients in Nevada for personal financial gain.

Ms. Daniels said Dr. Rajani had previously held two Special Event Licenses, and described the purpose of Special Event License. She said he would no longer qualify for a Special Event License because he is no longer board certified.

Mr. Duxbury asked how often he comes to Nevada to teach, and Dr. Rajani says he lectures in Nevada probably every two months. He said he is applying for a full license now because he is coming here more and more frequently than in the past.

Dr. Edwards stated he had concerns about Dr. Rajani's website because it indicates he is board certified and that he is a physician and surgeon. The purpose of the Truth in Advertising Law in Nevada is to educate the public about patient safety and prevent misleading the public in terms of who they go to. He said in his practice, they see a lot of complications from less well-trained providers and their patients always think they went to a plastic surgeon, when in fact they did not. Additionally, the American Academy of Cosmetic Surgery and the American Board of Cosmetic Surgery are not boards that are recognized by the American Board of Medical Specialties and cannot be used. Dr. Edwards encouraged Dr. Rajani, should he be granted a license in Nevada, to make sure his website followed the law.

Dr. Rajani said he believed the verbiage of the his website should have been changed, or will be, to read differently.

Dr. Edwards asked who follows the patients that he injects in Nevada, in the event there is a complication. Dr. Rajani explained the main shows have consent forms and they have a central contact person.

Dr. Edwards asked whether there had ever been complications with injectables, and Dr. Rajani said there had been two cases of necrosis, both of which were reversed, and there had been other minor complications.

Mr. Duxbury said that Dr. Rajani had indicated he would be willing to undergo a peer review. Dr. Rajani said he would prefer not to have to do it, but if the Board deemed it necessary, he would be willing to.

Dr. Havins said that generally, endorsement has been reserved for individuals with a unique skill set for which there is a compelling need in the State. There are a lot of people doing cosmetic procedures in this state, so he didn't know that Dr. Rajani would fall under a needed specialty.

Mr. Duxbury moved that the Board not grant Dr. Rajani a license by endorsement, but grant him an unrestricted license contingent upon successful passage of a peer review.

Ms. Daniels described the peer review process. Discussion ensued regarding what specialty would be appropriate for the peer review.

Mr. Duxbury amended his motion to add that the peer review would be conducted by a plastic surgeon. Ms. Peltyn seconded the motion.

Discussion ensued regarding the motion.

A vote was taken on the motion, and it passed, with Dr. Hardwick, Dr. Edwards and Dr. Havins voting against the motion and the remaining Board members voting in favor of the motion.

(b) Sara Rose Garcia, RRT

Ms. Garcia appeared in Las Vegas.

Dr. Prabhu asked Ms. Garcia whether she wanted her application to be considered in closed session, with the public being excluded, and she said that she did not.

Ms. Peltyn questioned Ms. Garcia regarding the fact that she answered Questions 20 and 25 in the negative, when she should have answered them in the affirmative.

Ms. Garcia explained that she had misunderstood the language of the questions, and apologized.

Ms. Peltyn questioned Ms. Garcia regarding her affirmative response to Question 13 on her application for licensure.

Ms. Garcia described the circumstances surrounding her convictions for Minor Consumption in 2005 and Possession of Marijuana in 2006.

Ms. Peltyn questioned Ms. Garcia regarding her affirmative response to Question 21 on her application for licensure.

Ms. Garcia explained that her initial licenses in Indiana and California had been probationary licenses due to her prior criminal convictions.

Ms. Peltyn asked Ms. Garcia what she planned to do if granted a license in Nevada, and Ms. Garcia said she planned to work in a NICU or Pediatrics.

Ms. Daniels asked Ms. Garcia about the discrepancy in her explanation regarding her affirmative response to Question 21 on her application for licensure.

Ms. Garcia explained that it was a miscommunication on her part.

Ms. Peltyn moved that the Board grant Ms. Garcia's application for licensure. Dr. Edwards seconded the motion, and it passed unanimously.

(c) Thomas Paul Nowak, M.D.

Dr. Prabhu asked Dr. Nowak whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Nagy stated that Dr. Nowak had not initially disclosed on his application several of the cases of malpractice that had been filed against him, and Dr. Nowak stated that it took a while to find some of them, as most of them occurred over 17 years ago.

Dr. Nagy reviewed Dr. Nowak's education, exam and practice history with him. He asked Dr. Nowak why it took him 11 years to obtain board certification, and Dr. Nowak said he had passed the written portion, but had difficulty with the oral portion, and had to take it several times before passing.

Dr. Nagy questioned Dr. Nowak regarding his affirmative response to Questions 12, 12a, 31 and 33 on his application for licensure.

Dr. Nowak described the circumstances surrounding the two cases of malpractice that had been filed against him that prompted the investigation of him by the California Medical Board. He then described the circumstances surrounding the investigations by the California Medical Board and Scripps Mercy Hospital, and the subsequent suspension of his privileges at Scripps Mercy Hospital.

Ms. Daniels stated that Dr. Nowak had shared with Dr. Nagy that he had failed his oral boards; however, he did not provide that information on his application. Dr. Nowak said he must have misread it, and he thought he had mentioned he had failed attempts.

Dr. Nagy continued reviewing Dr. Nowak's practice history with him. Dr. Nagy asked Dr. Nowak what he planned to do if granted a license to practice medicine in Nevada.

Dr. Nowak explained that he was applying for licensure in Nevada because Dr. Bonati wants him to work with another physician in Las Vegas.

Dr. Nagy asked whether the other physician has privileges at any of the hospitals in Las Vegas because if they are doing spine procedures at an outpatient facility and a patient has a complication, it would be necessary to follow the patient to a hospital in order to manage that.

Dr. Nowak said generally, they treat their own complications if they can, and if they can't, they have people on the outside they send the patients to.

Dr. Edwards asked if it was his intent to obtain admitting privileges at a hospital, and Dr. Nowak said it was.

Dr. Nagy questioned Dr. Nowak regarding his reduced privileges at TriCity Medical Center, and Dr. Nowak described the circumstances surrounding that.

Dr. Nagy asked Dr. Nowak when he last performed a spine operation at the Bonati Institute, and Dr. Nowak said it was in 2009.

Dr. Nagy discussed with Dr. Nowak the types of procedures that are performed at the Bonati Institute.

Dr. Nagy said to summarize, on his original application, Dr. Nowak did not disclose six malpractice cases, he did not disclose the information about failing the Board exam three times, he didn't inform the Board of the issues he had where they removed his privileges at one hospital to perform spine procedures and then that he had limited ability to perform spine procedures, and it wasn't clear that he hadn't performed spine procedures at all since 2009. Now, after a year of training at a facility that isn't recognized by a national organization as a training facility for a spine fellowship, he wants to come to Nevada to perform spine surgery. What the Board has to decide is whether that is going to be something that is safe or productive for patients here.

Dr. Muro said Dr. Nowak is still Board Certified, but some of the questions Dr. Nagy has brought up may be an issue when it comes time to recertify.

Dr. Edwards asked if he thought he may have difficulty obtaining privileges at a hospital with what was in front of the Board, and Dr. Nowak said he didn't know. Dr. Edwards said the idea that Dr. Nowak may not be able to provide follow-on care to his patients was concerning to him.

Dr. Nagy said he was concerned about Dr. Nowak's overall ability to perform spine surgery successfully in Las Vegas. It is very competitive and he may run into the same issues he ran into in 2006.

Dr. Havins moved that the Board grant Dr. Nowak's application for licensure. Ms. Peltyn seconded the motion, and it passed, with Ms. Mastroluca and Dr. Edwards voting against the motion and the remaining Board members voting in favor of the motion.

(d) Mark Edward Mitchell, M.D.

Dr. Prabhu asked Dr. Mitchell whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Prabhu questioned Dr. Mitchell regarding his affirmative response to Question 12 on his application for licensure.

Dr. Mitchell explained the circumstances surrounding two of the three cases of malpractice that had been filed against him, all of which had been dismissed with respect to him.

Dr. Prabhu questioned Dr. Mitchell regarding the fact that he answered Question 19 on his application for licensure in the negative when he should have responded in the affirmative.

Dr. Mitchell explained that the licensing agency he hired to complete his application answered it incorrectly and he did not review the answers to make sure they were correct. He had used the same agency when he applied for a license in Alaska and he thought they would answer the questions the same way they had before.

Dr. Prabhu stated that Dr. Mitchell was applying for a license by endorsement, and he did not think Dr. Mitchell qualified for a license by endorsement. He asked Dr. Mitchell if he would be willing to undergo a peer review, and Dr. Mitchell said that he would.

Mr. Cousineau explained there is a pretty high threshold for licensure by endorsement; that it is reserved for those with a unique skill set or a specialty that is in high demand in the state. He then described the peer review process.

Ms. Mastroluca stated that looking at the job Dr. Mitchell would be taking, there really is a need, as there are not a lot of physicians in that part of the state.

Discussion ensued regarding whether it would be appropriate to grant Dr. Mitchell a license by endorsement.

Ms. Peltyn left the meeting at 1:38 p.m.

Dr. Hardwick moved that the Board grant Dr. Mitchell an unrestricted license by endorsement. Ms. Mastroluca seconded the motion, and it passed unanimously

(e) Asad Ullah Qamar, M.D.

Dr. Prabhu asked Dr. Qamar whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did not.

Dr. Muro questioned Dr. Qamar regarding his affirmative responses to questions 12, 12a, 31 and 33 on his application for licensure.

Dr. Qamar provided the Board with a summary of his medical training, board certification and practice, and explained the circumstances surrounding the one case of malpractice that had been filed against him that resulted in a settlement and the one case that was pending against him. He told the Board that he had just been advised the previous day he had been dismissed from the pending case.

Dr. Qamar then described the circumstances surrounding the civil case that had been filed against him related to Medicare and Medicaid billing and the settlement of the case. He said he was told by the OIG if he took a voluntary exclusion from Medicare and Medicaid, they would give him the shortest possible exclusion of three years, and he would be eligible for a waiver of exclusion. So he took a voluntary three-year exclusion from the Medicare and Medicaid Program. Six months have already passed. It was entirely a civil case, not a criminal case. He requested a waiver of exclusion from the state of Florida, and was told that the Governor was running again and did not want to be involved in the situation. The OIG told him he should look for a state that would be sympathetic to his case or needed his services. They provided him with information regarding which states in the country have a dearth of endovascular subspecialists, and he saw that Nevada had one of the highest amputation rates for 100,000 patients. He contacted Dr. DiMuro, Chief Medical Officer for Nevada, who was enthusiastic and thought Nevada could utilize his services. He was able to identify a couple of underserved areas specifically – Pahrump and Mesquite. The first step would be for Dr. Qamar to obtain a license to practice medicine in Nevada, and the second would be for the OIG to grant him a waiver of exclusion.

Dr. Muro stated the civil complaint had several elements to it. Eventually, Dr. Qamar came to a settlement with the Government; however, those elements were the basis for the suspension and subsequent discussions. He said when you see an outlier who is not just the highest paid, but is the highest paid by a factor of four, it calls into question the necessity of all the procedures that were being done. This is something very concerning because it goes to what we are potentially exposing our citizens to.

Dr. Qamar said the settlement contained no admission of guilt, no admission of wrongdoing and was for no cause, and he still has a license to practice in Florida and is providing services free of charge. He has a passion for vascular disease, he loves it, and he thinks he has done a phenomenal job and provided tremendous services to his patients. Twenty-four thousand patients would be silly and stupid and ridiculous if they continued to believe in him if he was placing unnecessary stents.

Dr. Muro said one of the things he founds troubling was, based on the information in front of him, that there was a pattern that stands out; that there was a clear organization design to make sure that the maximum amount of procedures were generated.

Dr. Prabhu said he could sympathize with Dr. Qamar, as the exact same thing happened to him. You have a member of the group, you fire them, and they run to the government and make some false allegations against you.

Dr. Hardwick said he didn't understand why Dr. Qamar wanted to come to Nevada and serve the underserved here when he has a license to practice in Florida, is still doing procedures in Florida, and is serving underserved people there. He said Dr. Qamar also has an active investigation in Florida, so he is hesitant to vote to grant him a license.

Dr. Qamar said although he can work in Florida, and he is taking care of patients without charging them, without collecting any money, he doesn't know how long he can continue to do that because he is unable to bill Medicare and Medicaid, and because of that, automatically the power insurances deny you. He said if he receives a license in the state of Nevada, the OIG will grant him a waiver of exclusion, and he will be able to bill Medicare and Medicaid.

Mr. Duxbury asked whether he had applied to other states, and Dr. Qamar stated he had not, because after speaking with Dr. DiMuro, he was committed to work in Pahrump and Mesquite if granted a license in Nevada.

Mr. Cousineau asked whether Dr. Qamar had any documentation that showed Dr. DiMuro's support, and he stated he was concerned because there is nothing that would bind Dr. Qamar to work in Pahrump or Mesquite.

Dr. Qamar said the waiver of exclusion would mandate that he work in that area, and he would not be able to bill Medicare, Medicaid or other insurances in other areas of Nevada. The waiver is for the remainder of the exclusionary period.

Mr. Cousineau stated it has not been the standard practice of the Board to grant a license to an individual who has an active investigation in another jurisdiction with all the other collateral that is surrounding his application. He recommended that Dr. Qamar come back to the Board once the investigation had been disposed of.

Dr. Qamar stated he had nothing in writing from Dr. DiMuro. He spoke with Dr. DiMuro about his appearance today, and he had another engagement, but he believes Dr. DiMuro is extremely supportive of his working in those areas because of his numerous conversations with him over the telephone and via email.

Mr. Duxbury said it would be prudent for Dr. Qamar to withdraw his application, clean up the outstanding investigation, and perhaps have Dr. DiMuro appear with him next time.

Dr. Qamar asked about the process for withdrawing, and Mr. Cousineau described it and stated it was nothing punitive or reportable.

Dr. Qamar stated he would like to withdraw his application.

Agenda Item 21

CONSIDERATION AND APPROVAL OF PROPOSED 2018 MEETING SCHEDULE

Mr. Cousineau explained the proposed meeting schedule for 2018 was consistent with the 2017 meeting schedule, with Board meetings in March, June, September and December, and the December meeting again being held in Las Vegas.

Ms. Mastroluca moved to approve the proposed 2018 meeting schedule. Dr. Edwards seconded the motion, and it passed unanimously.

Agenda Item 22

CONSIDERATION AND APPROVAL OF REVISIONS TO BOARD POLICY AND PROCEDURE MANUAL, TO INCLUDE MODIFICATION OF SECTIONS RELATED TO BOARD WEBSITE AND EMPLOYEE SICK LEAVE

Mr. Cousineau stated that one of the requirements that came out of AB 339 was that the Board adopt policies and procedures related to its website. Staff tried to keep it as simple as possible in creating language to accomplish that.

Dr. Havins stated the law as it existed prior to July 1, and said that meant that any member of the Board who wanted to add something to the website, would have to go to the Executive Director for the Executive Director's approval, and he thought the section was removed because there was concern that the Executive Director would hold a superior position to the Board members. He thinks it is important that an Executive Director not be in a superior position to the Board members because we all make mistakes and a Board member should not be impeded from making a change to the website if the Executive Director disagrees with the proposed change. Therefore, he suggested the proposed language in the policy and procedure manual be changed to "[A]ny additions or changes to, or removal of information from the Board's website requires the approval of the Executive Director and the Board."

Dr. Muro said there has to be a practical timeliness in how the website is handled, and part of the function of the Executive Director is logistical, in addition to maintaining the integrity of the information that is conveyed. He thinks the Board can establish under the policies a way to retain that functionality, and if a Board member feels there is something that needs to be brought up, it can be brought up without the approval of the Executive Director at a subsequent meeting, with the understanding that incurs a certain logistical delay. He said he was in favor of maintaining the structure where the Executive Director is like the gatekeeper of the website, but also maintaining the ability of Board members to bring up anything they would like to discuss at subsequent meetings. He said he thought this would maintain the autonomy and direction of the Board, but maintain the timeliness and efficiency of the Executive Director guiding how the website should look and function.

Mr. Cousineau said the intent was to address day-to-day ministerial responsibilities, and the language applies to employees and not to Board members

Dr. Hardwick moved to incorporate the language as it relates to the Board's website into an updated version of the Policies and Procedures Manual. Dr. Edwards seconded the motion, and it passed unanimously.

Mr. Cousineau stated the second proposed change to the Policies and Procedures Manual was being proposed at the recommendation of the Board's employment attorneys.

Discussion ensued regarding the requirement that an employee must request sick leave from his or her supervisor prior to using the leave, and the fact that there may be situations where an employee is sick and can't get to his or her supervisor.

Discussion ensued regarding how "misuse of sick leave" would be defined, the reasons for the provision, and the potential for it to be used for retaliation or otherwise.

Dr. Edwards moved that the Board approve the changes to Paid Sick Leave. Dr. Muro seconded the motion, and it passed unanimously.

Agenda Item 23

DISCUSSION REGARDING SECURING NEW RENO OFFICE SPACE

Mr. Duxbury said, as mentioned at the last meeting, the Board's lease for its current location is expiring, and the Regional Transportation Commission has no intention of renewing any extensions on the lease, so the Board is actively looking for available options, whether it be leased space, lease-option or outright purchase. Scott Shanks from Dickson Realty Commercial is currently assisting us the Board with that.

Dr. Havins stated this came up once before, maybe 10 years ago, and a purchase would require approval by the Executive Committee of the State government. As he understood it, the conclusion of the Board at that time was that the building would belong to the State, and not to the Medical Board, so he would discourage the notion of purchasing a building in favor of leasing.

Mr. Duxbury stated that very question had been put before the Legislative Counsel Bureau, and we were awaiting feedback on it.

Dr. Nagy asked whether there were any locations in the city that were more advantageous for the Board.

Mr. Duxbury said the very simple answer was "yes," but it is not that simple because the criteria required for the building is so unique, and we are having a difficult time finding leasable space that doesn't require millions of dollars in TIs. So we are trying to put together all the variables and find the best building for the Board's specific use, which is very narrow in scope as far as real estate goes.

Dr. Edwards asked about potential expansion capability, and Mr. Duxbury indicated that was one of the criteria being considered, as the Board is currently understaffed, and part of the reason is that we have no space to put additional employees in the current building.

Mr. Cousineau added that we are looking for space with significantly more square footage than the current building.

Agenda Item 24

MATTERS FOR FUTURE AGENDAS

Mr. Cousineau stated the following items would be on the agenda for the December meeting: consideration of the 2018 budget, which will hopefully include numbers related to the acquisition of new property; reviews of staff; a presentation and Q&A by Dr. John DiMuro, Chief Medical Officer for Nevada, regarding AB 474, as well as a couple of additional matters he thinks are germane to the Board; and a discussion regarding the Federation of State Medical Boards' annual meeting in April 2018, which will be held in Charlotte. He said all Board members, especially new members, are encouraged to attend.

Agenda Item 25

STAFF COMMENTS/UPDATES

Mr. Cousineau said that on September 25, staff will be meeting with the Governor and others on the panel to discuss the progress of the various regulatory bodies as it relates to the opioid prescribing initiatives. He said staff will present the Board's Outreach Program to UMC residents in Las Vegas on October 24, which will be a truncated version of the Outreach Program, specifically tailored to residents. He thanked Dr. Prabhu for facilitating the program this year, as well as last year, and invited Board members, particularly those in the south, to attend.

Agenda Item 26

PUBLIC COMMENT

Dr. Prabhu asked whether there was anyone in attendance who would like to present public comment. No public comment was received.

Agenda Item 27

ADJOURNMENT

Mr. Duxbury moved to adjourn the meeting. Dr. Hardwick seconded the motion, and it passed unanimously. Dr. Prabhu adjourned the meeting at 2:35 p.m.

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