

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

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
9600 Gateway Drive, Reno, Nevada 89521

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, JUNE 7, 2019 – 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
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
Donya Jenkins, Finance Manager
Robert Kilroy, J.D., General Counsel
Aaron Bart Fricke, J.D., Deputy General Counsel
Donald K. White, 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
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 Executive Director Edward O. Cousineau, J.D. and Chief of Licensing Lynnette L. Daniels for their long-term service to the Board of 15 years and 18 years, respectively.

Dr. Prabhu stated that the previous day was the 75th anniversary of D-Day, and asked that the Board observe a few moments of silence to honor the D-Day heroes.

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.

Dr. Prabhu said he wished to make some President's remarks, highlighting happenings over the last three months. He stated that drug overdose has become the leading cause of death for Americans under 50, with two-thirds of them dying from opioids. He said the work of the Board is to help solve the opioid crisis in Nevada by focusing on two key areas – education and discipline. The Board needs to support, rather than punish, physicians who make honest mistakes, and should do everything it can to reduce and, ideally, eliminate mistakes by encouraging physicians to complete continuing medical education. This will help them identify and monitor patients at risk for abuse or overdose. The Board can also help educate consumers. Dr. Hardwick participated in a mock media interview on the opioid crisis during the Federation of State Medical Boards 2019 Annual Meeting, which was a very proud moment for all those from Nevada, seeing him impress hundreds of attendees with his knowledge, compassion and communication skills. He then thanked Dr. Hardwick for representing Nevada so eloquently. Dr. Prabhu said, in addition, the Board must work with state and federal authorities wherever possible to suspend medical licenses and support prosecution of physicians who willfully violate federal law for personal gain at the expense of patients. Opioids can play a pivotal role in reducing suffering from acute and

chronic pain, and he wished there was an easy solution to prevent abuse and misuse, but there is not, so we must be committed as a board and as a society to continue working towards effective solutions.

Dr. Prabhu said he was proud to report that the Board played an important role in defeating SB259, which would have granted a provisional license to practice medicine in Nevada to any physician, without having to meet all of the statutory licensing requirements, as long as he or she was sponsored by a physician who practiced here. He and Ms. Mehta testified before the Senate in March to argue against the bill, which offered no protection by holding the sponsor accountable if the public was harmed by the doctor he or she brought into the State under these standards. The Board's lobbyists also played a very strong role in defeating the bill.

Dr. Prabhu said he had spoken at the Clark County Medical Society Installation Dinner the previous Saturday, at which former public Board member Sandy Pelty, who passed away unexpectedly, posthumously received the Medical Society's Distinguished Service Award.

Agenda Item 3

APPROVAL OF MINUTES

· March 1, 2019 Board Meeting – Open/Closed Sessions

Dr. Hardwick moved that the Board approve the Minutes of the March 1, 2019 Board Meeting – Open/Closed Sessions. Dr. Edwards seconded the motion, and it passed unanimously.

Agenda Item 4

CONSIDERATION AND APPROVAL OF FY 2018 ANNUAL AUDIT BY EIDE BAILLY LLP

Connie Christiansen, CPA, CFE, CGMA, of Eide Bailly LLP explained that Kohn & Company LLP had conducted the Board's audits for several years, and the company had merged with Eide Bailly LLP in December 2018. With that merger came a lot of additional resources, a much larger office, and some additional levels of review. Eide Bailly is conducting the Board's 2018 audit, and normally they would present the audit at this meeting; however it is still in progress. This is not due to any fault of the Board or problem with the audit. Eide Bailly commenced field work in March, as they always do; however, there were some administrative issues on their end that were delaying the issuance, and rather than rushing it through, they thought it best to continue it to the September meeting. Ms. Christensen explained that during 2018, a new accounting standard, GASB Statement 75, was implemented, which requires a prior-period adjustment for recognition of post-employment benefits other than pensions, which resulted in a reduction of the Board's net position. The Board also purchased the building in 2018, and those were the significant changes to the Board's financial position for the year. Additionally, in 2018, the Governor's Finance Office requested that State boards present their financial statements as special revenue funds, and the Board was going to try to comply with that process. However, through the review process, in looking at the standards in more detail, if you meet certain criteria, you are required to report your financial statements as enterprise funds. Eide Bailly has reviewed that with the Board Secretary-Treasurer and management, and to be in compliance with the accounting standards, they felt that was the appropriate way to go, so they wanted to make the Board aware that the presentation will remain the same as in previous years.

Mr. Cousineau stated that the Board would be reviewing the audit for adoption in September.

CONSIDERATION OF REQUEST OF CORTLAND LOHFF, M.D. FOR REMOVAL OF CONDITIONS ON HIS MEDICAL LICENSE

Dr. Lohff appeared in Las Vegas. Maria Nutile, Esq. appeared with Dr. Lohff as his legal counsel. Fermin Leguen, M.D., Dr. Lohff's preceptor, was also present with Dr. Lohff.

Ms. Nutile explained that Dr. Lohff received his medical license in December 2018, and in connection with the granting of his license, there were some conditions placed upon the license. Dr. Lohff is the head of a new Public Health Residency Program for the Southern Nevada Health District. As such, his normal practice of medicine is not the same as somebody else who has a regular clinical practice because his practice is preventive medicine, which is looking more at populations as opposed to just individuals. The conditions placed on his license included a preceptorship and a request that Dr. Lohff attend the Fitness for Duty Evaluation at PACE, UC San Diego, within the time frame of his preceptorship. She said Dr. Lohff was before the Board to request that the preceptor condition be lifted and that he not have to submit to the Fitness for Duty Evaluation. She then explained why they believed the conditions should be lifted.

Dr. Muro stated that the issue was that Dr. Lohff lacked clinical experience in the recent past, which is a requirement for licensing regardless of what area of medicine an individual chooses to practice. The preceptorship was to get Dr. Lohff up to speed through a mentoring process and the PACE evaluation was to provide some sort of structured validation of what he had learned during the preceptorship.

Ms. Nutile stated that Dr. Lohff had seen more patients in the last 6 months than he would most likely see in the next 5 to 10 years because his normal practice does not involve seeing patients, and there are certain specialties that do not involve a day-to-day clinical practice. Additionally, the PACE program is not appropriate in his situation. Instead, they were asking that the Board review and consider the preceptorship he participated in for the last 6 months and address any questions with his preceptor or Dr. Lohff.

Dr. Edwards asked Dr. Lohff to describe the type of patients he had seen in the last 6 months.

Dr. Lohff explained he had been working in the Family Health Center, which is the primary care clinic at the Southern Nevada Health District. He primarily saw older children and adults for the wide variety of primary care issues that present in a normal primary care setting.

Dr. Edwards asked why the number of patients Dr. Lohff saw was so low.

Dr. Lohff explained that the last 6 months had been split between trying to meet the requirements of doing a preceptorship and at the same time trying to develop the residency program.

Dr. Edwards said Dr. Lohff had expressed an interest in wanting to be involved in clinical medicine, and asked how many patients he expected to see as the Residency Program Director.

Dr. Lohff said he thought there was some misunderstanding. As the Residency Program Director, his job will be primarily to support and operate the residency program, which means to do all the administrative and programmatic things that are required to develop and implement the

program. Additionally, based on his prior experience in public health for the last 20 years, he will also be doing work within the public health programs within the district, providing his medical expertise to help develop and support those public health programs, but not by providing direct patient care. He said he will not be supervising the residents in the clinical settings.

Dr. Havins said his understanding from the Board's last conversation with Dr. Lohff was that he wanted to be able to see patients, as part of the residency program involves the residents seeing patients in a clinical setting and he wanted to be able to see patients to supervise that or be involved in that; however, what he is hearing now is there will be clinicians that will be working with the residents and seeing patients and Dr. Lohff will not be seeing patients.

Dr. Lohff said he might have misspoken at the last meeting or there may have been some misunderstanding. His role will be to support the development of the clinical rotations by the residents through the various clinics in the Southern Nevada Health District by identifying physicians and other allied health professionals in those settings that will be willing and able to supervise the residents, but he will not actually be providing supervision in a clinical setting for those residents or providing clinical care.

Mr. Cousineau stated that the PACE program is not without a significant cost and time commitment, and he agreed with Ms. Nutile's representation that the preceptor could make an adequate assessment as to what is important with respect to Dr. Lohff, but he also sensed there may be some concern that there had not been enough patient practice, and asked whether an accord might be that the Board dispense with the PACE requirement but continue the preceptorship to 9 or 12 months.

Ms. Nutile requested that the Board first ask any questions of Dr. Lohff's preceptor. She said she didn't know that doubling the number of patients he had seen would really be that much more significant because he is never going to see the number of patients a traditional primary care practitioner sees.

Discussion ensued regarding whether the number of patients Dr. Lohff had seen during his preceptorship to date was sufficient to evaluate his clinical abilities.

Dr. Edwards asked Dr. Lohff what the Residency Review Committee expected of him as the Program Director.

Dr. Lohff said it expects its program directors to be board certified in preventive medicine and public health, which he is, and to have at least 3 years experience in a preventive medicine or public health setting; it does not require that they have direct patient care experience.

Dr. Havins asked Dr. Leguen to describe his experience in working with Dr. Lohff in seeing patients, and Dr. Leguen described what Dr. Lohff had done during his preceptorship.

Dr. Leguen said he was not Dr. Lohff's direct preceptor for the patients he saw; his direct preceptor was Dr. Kraushaar, a family practice physician.

Further discussion ensued regarding whether the number of patients Dr. Lohff had seen during his preceptorship to date was sufficient to evaluate his clinical abilities or whether Dr. Lohff should be required to see additional patients prior to the preceptorship condition being lifted.

Mr. Cousineau again asked whether it would be a fair accommodation if the Board lifted the PACE requirement at that time and allow Dr. Lohff to return in September to revisit lifting the preceptorship.

Ms. Nutile said they would need to know the number of patients that would be acceptable to the Board.

Dr. Edwards stated it would have been helpful if Dr. Lohff's direct preceptor would have been present.

Dr. Hardwick moved that Dr. Lohff see 15 patients a month for the next 3 months and come back in September with his preceptor.

Ms. Nutile asked whether the motion included removal of the PACE requirement, and Dr. Hardwick stated it did. Mr. Duxbury seconded the motion.

Mr. Duxbury then suggested that Dr. Lohff be allowed to see 45 patients over the next 3 months as opposed to 15 patients per month, and Dr. Hardwick accepted the amendment.

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

Agenda Item 6

LEGISLATIVE UPDATE

Keith L. Lee, Esq. the Board's Legislative Representative, stated that the 2019 Legislative Session ended five minutes early Monday night, and thanked Dr. Prabhu, Dr. Hardwick and Board staff for their hands-on participation in the Session.

Mr. Lee outlined various bills passed that were of interest to the Board. AB334, the Board's bill, was passed unanimously in both houses without amendment. AB361 was a bill brought by Assemblywoman Maggie Carlton, which provides a civil penalty for a violation of the law prohibiting a physician from supervising a student resident who is not enrolled in an accredited medical school and authorizes the Board of Medical Examiners to conduct inspections. SCR6 directs the Sunset Subcommittee of the Legislative Commission to conduct an interim study of occupational licensing boards. AB147 empowers physician assistants, in addition to other health care providers, to sign a statement that a young person who may be injured in an interscholastic athletic event may return to the activity, and empowers physician assistants to prescribe medical devices and those medical devices then become tax exempt. SB14 allows the Governor to remove a gubernatorial appointee to any board or commission if, in the judgment of the Governor, that board or commission member commits malfeasance or nonfeasance. Of course, there are due process rights also attributed to that. SB315 requires the Board of Medical Examiners, as well as the State Board of Nursing and the State Board of Osteopathic Medicine, to encourage physicians, physician assistants, etc., to take training and education in the diagnosis of rare diseases as a portion of their continuing education, and requires licensing boards to annually disseminate to physicians, physician assistants, etc., information concerning signs of pediatric cancer. SB323 requires licensing Boards to submit to a licensee who has been disciplined an itemized invoice or copy of all the charges that will be assessed against that licensee for attorneys' fees, hearing officer fees, etc.

Mr. Cousineau asked Mr. Lee to discuss AB275.

Mr. Lee said that AB275 does a couple of things that are important. One, it refers to federal law about who and what can be licensed, but still gives authority to the State to make those determinations. It allows an applicant to substitute his or her Individual Taxpayer Identification Number for a Social Security Number, and what it essentially does is precludes denial of an application because an applicant does not have a Social Security Number. So the Board must accept in lieu thereof a Taxpayer Identification Number; however, the individual still has to be qualified under federal law to be granted a license.

Mr. Cousineau stated the current laws that exist for not just this Board, but for most regulatory bodies, is that an applicant has to be either a citizen of the United States or lawfully entitled to remain and work in the United States, and he believes this bill negates that requirement. Mr. Lee concurred. Discussion ensued regarding this change in the law.

Mr. Lee stated that while the Board had some challenges, he thinks it is fair to say that the general characterization of the Board among the great majority of the legislators is that we are a very well-run board and are, in fact, the trendsetter in many of the issues that are now confronting boards, and they look to us as sort of the example to follow in those cases. On the one hand, we have been told we are too tough on licensees, and on the other hand, we have been told they want us to continue to be tough, and we still want to have the highest standards in the country. He said that while the Board had a few rough starts with the Interstate Medical Licensure Compact, he thinks the numbers are beginning to show it is very useful, and thinks that has been a real plus to the Board at the Legislature.

Dr. Prabhu said he had heard from his legislator friends that Mr. Clark and Mr. Lee are among the most highly regarded, effective lobbyists in the state, and the Board is lucky to have them.

Agenda Item 7

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

- (a) Request for Authorization to Proceed With the Regulatory Adoption Process to Amend NAC Chapter 630 to Provide for Licensure by Endorsement for Practitioners of Respiratory Care
- (b) Request for Authorization to Proceed With the Regulatory Adoption Process to Amend NAC Chapter 630 to Provide for Licensure by Endorsement for Perfusionists

Ms. Mehta explained that the two proposed regulations for licensure for endorsement arose out of NRS 622.530, which came out of the last legislative session. She said the Board already has provisions for licensure by endorsement for physicians and physician assistants in its statutes, and these proposed regulatory changes only address respiratory therapists and perfusionists. The proposed language basically mirrors the requirements that are in NRS 622.530. NRS 622.530 allows some discretion to the Board to include some additional requirements, and we have included some of those requirements – notably the requirement to be in practice for at least one year prior to obtaining a license from this Board. She explained that NRS 622.530 requires that an applicant be a citizen or have a legal right to work in the United States. That language is mirrored in the proposed regulations, and that may have to be removed or addressed in light of the new law that Mr. Lee just discussed.

Mr. Cousineau said he wanted to point out to the Board that these requirements were put in place in 2017, and we have been aware of the requirements for a while. Reality is, the way the language is written for both respiratory therapists and perfusionists, it requires that a license be issued within 60 days of a complete application or within 15 days after receipt of the fingerprints, whichever is later. The Board doesn't hold up issuance of licenses pending receipt of fingerprints, so these regulations will not expedite, by any means, the application process, and it is very unlikely the regulations will be used. However, we are promulgating them at the direction of the Legislature.

Dr. Nagy moved that the Board authorize staff to proceed with the regulatory adoption process on the proposed regulations. Mr. Duxbury seconded the motion, and it passed unanimously.

Agenda Item 8

CONSIDERATION OF, ACTION AND DISPOSITION ON, PURSUANT TO NRS 622A.360, ALL PENDING MOTIONS, INCLUDING ANY PLEADINGS, PAPERS, ARGUMENTS AND/OR RECOMMENDATIONS BY THE HEARING OFFICER RELATED THERETO, AND/OR ALTERNATIVELY, CONSIDERATION OF THE PROVISION OF AUTHORIZATION TO THE BOARD PRESIDENT TO RULE ON ANY PREHEARING MOTIONS BEFORE THE DATE OF THE HEARING, IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. CHRISTOPHER SEUNG CHOI, M.D.*, BME CASE NO. 18-19369-01

Ms. Mehta explained that there were no materials for this agenda item because briefing on the Motion to Dismiss was complete, but the Hearing Officer would be making a recommendation on the motion, and that had not yet occurred. So, at this time, staff was only requesting consideration of granting authorization to the Board President to allow him to rule on the Motion to Dismiss before the hearing. The intent would be to convene a meeting of the adjudicating Board members to consider the Motion to Dismiss, but the timing may be such that we would not be able to do so before the hearing date, and under NRS 622A.360, the motion has to be ruled on prior to the hearing. So this would just allow us a little flexibility in terms of timing if we are faced with that kind of time crunch.

Discussion ensued regarding the request, and the process with respect to motions to dismiss.

Ms. Mehta said that NRS 622A did not apply to the Board until the last legislative session.

Dr. Nagy moved that the Board allow Dr. Prabhu, as the Board President, to rule on any prehearing motions before the date of the hearing in the matter of the *Nevada State Board of Medical Examiners vs. Christopher Seung Choi, M.D.*, BME Case No. 18-19369-01. Dr. Muro seconded the motion, and it passed unanimously.

REPORTS

(a) Investigative Committees

Dr. Hardwick reported that at its May 17, 2019 meeting, Investigative Committee A considered 130 cases. Of those, the Committee authorized the filing of a formal complaint in 14 cases, sent 7 cases out for peer review, requested an appearance in 6 cases, issued 20 letters of concern, referred 10 cases back to investigative staff for further investigation or follow-up, and recommended closure of a total of 73 cases.

Dr. Prabhu stated that in addition to participating on Investigative Committee A on May 17, Mr. Duxbury also participated on Investigative Committee B at its April 24, 2019 meeting, in Ms. Mastroluca's absence, and thanked Mr. Duxbury for his commitment and dedication. Dr. Prabhu then reported that at its April 24, 2019 meeting, Investigative Committee B considered 97 cases. Of those, the Committee authorized the filing of a formal complaint in 15 cases, sent 15 cases out for peer review, requested an appearance in 3 cases, issued 15 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. He thanked Dr. Muro for his very active role.

(b) Nevada State Medical Association

Catherine M. O'Mara, J.D., Executive Director of the Nevada State Medical Association (NSMA), said there were a few legislative items that she wanted to put on the Board's radar that she thinks the Board's licensees will care about. The biggest one is AB239, which is a refinement of the opioid law from the last legislative session, and had been signed by the Governor. AB469 was the out-of-network emergency billing bill. A compromise was reached on the bill, and it had been signed by the Governor. It will require some additional regulatory work and becomes effective on January 1, 2020. She said she is very proud of AB169, which establishes a Maternal Mortality Review Committee. This was NSMA's public health initiative, was passed unanimously, and was signed by the Governor in time for to qualify for some federal grant dollars. Through that program, they will be studying instances of maternal mortality and trying to put in place some best practices to help Nevada moms. Ms. O'Mara said that AB300 had not been signed yet, but she expected it to be. She explained the bill started out as a mandatory CME with mandatory reporting by physicians on how many veterans they treat over the total number of patients they treat, and would have also required some reporting by the Board. NSMA worked with the bill's sponsor to try to streamline it a bit and make it more workable, and has committed in the next 18 months to help spread some education by connecting veterans services and DHHS with Board licensees with respect to how they can help their patients that may be veterans connect into services. The mandated CME was removed. AB310 requires electronic prescribing of all controlled substances by January 1, 2021. It started out requiring electronic prescribing of all medications, and NSMA worked with the bill's sponsor to streamline the bill to make it match what is happening at the federal level. The Pharmacy Board will need to promulgate a few regulations in this regard, and she thinks it is progressing on a regulation that will require pharmacies to transfer prescriptions from one pharmacy to another in the event a licensee prescribes something and the pharmacist doesn't have it or is off duty or something. She said NSMA's concern is that patients don't get disconnected from their prescriptions.

Ms. O'Mara said the Governor signed the bill creating a Patient Protection Commission, which is intended to look at health care in Nevada from a global perspective. Licensing came up quite a bit during the session, and will continue to be something everyone is looking at as we are trying to figure out how to get more physicians to the state. There was some discussion regarding health records during the session, and some attempts to work on the HIE. Those didn't get off the ground, but she thinks that will be back as well.

Ms. O'Mara reported that the NSMA contingent will be attending the AMA Annual Meeting, where they will be looking at some of the national concerns facing physicians. The NSMA Annual Meeting will be held September 13 through 15, in Reno.

Ms. O'Mara reported that the Clark County Medical Society (CCMS) held its Installation dinner the previous Saturday night and installed Dr. Daniel Burkhead as the new President. CCMS is also seeking an Executive Director. The Washoe County Medical Society will be holding a social on June 27, at The Eddy in Reno, and will hold another social in Elko on August 9.

Discussion ensued regarding the physician shortage that Ms. O'Mara referred to in her report.

Discussion ensued regarding electronic prescribing of controlled substances.

Dr. Hardwick thanked Ms. O'Mara for her efforts at the Legislature, and said they were very helpful to the Board.

Agenda Item 10

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. STEPHEN WINSLOW GORDON M.D.*, BME CASE NO. 19-11531-1

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

Mr. Fricke stated a formal Complaint had been filed against Dr. Gordon alleging one violation of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Edwards moved that the Board approve the proposed Settlement Agreement. Dr. Muro 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. MARYANNE D. PHILLIPS, M.D.*, BME CASE NO. 18-10032-1

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

Mr. White stated a formal Complaint had been filed against Dr. Phillips alleging 10 violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Ms. Mastroluca moved that the Board accept the proposed Settlement Agreement. Dr. Havins seconded the motion.

Discussion ensued regarding the reasons for the stay of revocation in the Settlement Agreement.

Dr. Havins stated he thought the concern expressed by some was that the terms of the Settlement Agreement may not be commensurate with the allegations in the Complaint.

A vote was taken on the motion, and it passed, with all 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. ROGER R. MEHTA, M.D.*, BME CASE NO. 19-38522-1

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

Mr. Kilroy stated a formal Complaint had been filed against Dr. Mehta alleging two violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

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

Dr. Muro said he was concerned that the peer review found malpractice had occurred, but it was not acknowledged in the Settlement Agreement.

A vote was taken on the motion, and it failed, with Dr. Prabhu and Dr. Havins voting in favor of the motion, and Dr. Muro, Ms. Mastroluca and Dr. Edwards voting against the motion.

Dr. Muro moved that the Board reject the proposed Settlement Agreement. Dr. Edwards seconded the motion, and it passed, with all adjudicating Board members voting in favor of the motion.

Agenda Item 13

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. RAANAN ELAN POKROY, M.D.*, BME CASE NO. 19-38366-1

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

Mr. Fricke stated a formal Complaint had been filed against Dr. Pokroy alleging five violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Muro moved that the Board approve the Settlement Agreement. Dr. Edwards seconded the motion, and it passed, with all 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. PATRICIA MORALES, M.D.*, BME CASE NO. 19-9829-1

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

Mr. Kilroy stated a formal Complaint had been filed against Dr. Morales alleging two violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Muro moved that the Board reject the proposed Settlement Agreement. Dr. Edwards seconded the motion.

Dr. Muro said he was concerned that the peer review found malpractice had occurred, and it was not being taken into consideration in the Settlement Agreement. He said he didn't think the settlement that was before the Board was commensurate with the peer reviewer's opinion.

Dr. Edwards said having done this operation, it is a straightforward operation, and Dr. Morales should have recognized the complication during post-op.

Discussion ensued regarding what terms might be acceptable to the Board in settlement of the case.

A vote was taken on the motion, and it passed, with Ms. Mastroluca voting against the motion and all other 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. ADAM JACE NADELSON, M.D.*, BME CASE NO. 19-43942-1

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

Mr. Fricke stated a formal Complaint had been filed against Dr. Nadelson alleging six violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

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

Dr. Muro said he was concerned that the proposed Settlement Agreement did not take into account the activity that occurred here in the state, and given that is what the Board is tasked with, he would have liked that to have seen that included in the Settlement Agreement.

Mr. Fricke explained the reasoning behind that was the conduct which was occurring in Nevada was also occurring in Louisiana, the conduct was addressed by the disciplinary action in Louisiana, and it appeared the conduct had ceased.

A vote was taken on the motion, and it passed, 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. NERI M. BLANCO-CUEVAS, M.D.*, BME
CASE NO. 19-12338-1

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

Mr. White stated a formal Complaint had been filed against Dr. Blanco-Cuevas alleging three violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Edwards moved that the Board approve the Settlement Agreement. Dr. Havins 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. MANE SULAIMAN SHAH, M.D.*, BME
CASE NO. 18-33803-1

This matter was not discussed at the meeting.

Agenda Item 18

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. MATTHEW OBIM OKEKE, M.D.*, BME
CASE NO. 19-22461-1

Dr. Okeke's legal counsel, L. Kristopher Rath, Esq., was present in Las Vegas.

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

Mr. Kilroy stated a formal Complaint had been filed against Dr. Okeke alleging six violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Muro moved that the Board reject the proposed Settlement Agreement. Dr. Edwards seconded the motion.

Dr. Muro said he thought the monitoring period should be longer than one year.

Mr. Rath said there was a double layer to the monitoring. A chaperone is required to be in the room with every female patient, and Dr. Okeke voluntarily agreed to implement that back in March to reassure the Board. And not only is the chaperone in place, but Affiliated Monitors will be monitoring the chaperone, so the public is more than adequately protected in this case. A year should be sufficient time. If there is a violation or an issue, Affiliated Monitors is required to report it, the chaperone is required to report it, and the Board can take action if there is a violation.

Dr. Muro said the timeline was still less than he would like to see; he would like to see a minimum of two, possibly three years.

Mr. Rath said he wasn't sure a longer period would really address the issue, and it is going to be very disruptive to Dr. Okeke's practice as it is.

Dr. Muro said he disagreed that a longer period of time would not provide any more reassurance that compliance is occurring; he thinks it actually will, and the disruption is something Dr. Okeke brought onto himself.

Mr. Kilroy asked Mr. Rath whether Dr. Okeke would be open to two years of monitoring.

Mr. Rath said he would have to check with Dr. Okeke.

Mr. Cousineau said there was a motion on the floor, and if the Board member who brought the motion was willing, the motion could be withdrawn and the matter could be tabled, Mr. Rath could speak with his client and work with Mr. Kilroy, and it could be brought back later in the meeting if viable, and if not, it would have to go on a future agenda. Mr. Kilroy would work with the Board members who had concerns to determine what would be amenable to them and also talk to the Investigative Committee members to make sure they were amenable to any modifications.

Dr. Muro withdrew his motion.

Mr. Cousineau stated the matter was tabled at that time.

Agenda Item 19

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ELMER E. ALEGRE, M.D., BME CASE NO. 19-12962-1*

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

Mr. Fricke stated a formal Complaint had been filed against Dr. Alegre alleging six violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

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

Agenda Item 20

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. MICHELLE R. CLOUTHIER, RRT, BME CASE NO. 19-24637-1*

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

Mr. White stated a formal Complaint had been filed against Ms. Clouthier alleging two violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

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

Agenda Item 21

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ROBERT WATSON, M.D.*, BME CASE NO. 18-12823-1

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

Mr. Kilroy stated a formal Complaint had been filed against Dr. Watson alleging two violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

Dr. Hardwick moved that the Board accept the Settlement Agreement. Mr. Duxbury seconded the motion, and it passed, with Dr. Nagy voting against the motion and all other adjudicating Board members voting in favor of the motion.

Agenda Item 22

CONSIDERATION OF SETTLEMENT AGREEMENT IN THE MATTER OF *THE NEVADA STATE BOARD OF MEDICAL EXAMINERS VS. ENRIQUE FERIA-ARIAS, M.D.*, BME CASE NO. 19-46451-1

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

Mr. Kilroy stated a formal Complaint had been filed against Dr. Feria-Arias alleging two violations of the Nevada Medical Practice Act, and outlined the terms of the proposed Settlement Agreement.

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

Agenda Item 23

EXECUTIVE STAFF/STAFF REPORTS

(a) Investigations Division Report

Ms. Castagnola reported the current number of open investigative cases was 844 and the current number of cases per investigator was 105. There were 68 peer reviews in the field and 35 peer reviews awaiting assignment.

Ms. Castagnola said there has been a tremendous increase in the number of investigations since she started in 2001. Her staff generates a lot of cases to the Legal Division, and over the last two or three years, there have been increased duties associated with getting cases to the Legal Division and taking cases to hearing, and her staff has done a great job in handling those. She said a lot more complaints and settlements are being generated, and that is reflected in the stats. She said she wanted to commend her staff based upon the fact they have handled an increased workload without complaint, they are dedicated and willing, and every investigator always steps up to the plate without exception. She said she is grateful to have them and is proud of them, and thinks the Board should be too.

(b) Quarterly Compliance Report

Ms. Jenkins reported the total number of files in collection with the State Controller's Office for the first quarter of 2019 was 8, for a total of \$45,951. The total outstanding in costs was \$36,355, the total outstanding in fines was \$16,500, and the total costs collected during the quarter were \$17,841. She said she thought the Board is doing better than it ever has in collecting the compliance owed, and she thinks part of that is due to the assistance from the Legal Division, as they have been highly involved in contacting people who may be close to being late on their payments and pushing those forward.

(c) Quarterly Update on Finances

Ms. Jenkins highlighted the various sections of the Balance Sheet for the first quarter of 2019. The Board's total current assets as of March 31 were \$1.5 million, fixed assets were \$3.6 million, and total assets were \$6.2 million. Since that time, the Board has begun its renewal cycle, and its current assets have significantly increased because this is the time of the year every two years that the Board collects the majority of its fees. The Board's total current liabilities were \$1.4 million, and total liabilities and net position was \$6.2 million.

Ms. Jenkins then highlighted the various sections of the Profit and Loss Budget vs. Actual for the first quarter of 2019. She explained that the Board's income was better than budget by almost 2%. A 6% increase was projected in the budget, and she thinks it is valuable information that the income was an additional 2% over that. The personnel expenses were 6% above budget, total operating costs were only 85% of budget, and total expenses were almost exactly at 100%. The net income for the quarter was projected to be \$443, and was \$7,586.

Dr. Nagy asked how the projected increase in expected revenue was derived. Ms. Jenkins explained that it was based on a 10-year trend, and stated that the Board's licensee base is continuing to grow. She added that the Board's reserves were approaching 3 months, and the goal is to continue to increase the reserves to at least 6 months, as the Board's policy is to have between 6 and 12 months.

Dr. Hardwick asked how the Board's overall finances compared to two years ago. Ms. Jenkins explained that it is difficult to compare because the Board had made some changes and made a significant investment in the building last year and had budgeted for a loss. She said she felt the Board's strategic plans have built a strong foundation for the Board's finances going forward.

(d) Legal Division Report

Mr. Kilroy reported there were currently 179 cases in the Legal Division, 12 of which had been presented to the Board for action at this meeting. In the last quarter, 6 cases were closed and/or dismissed by the Investigative Committees upon a subsequent review of the matter. There were 130 cases authorized for filing of a formal complaint, 52 cases in which a formal complaint had been filed that were pending hearings, and 36 letters of concern approved by the Investigative Committees during their April and May meetings. Since the last Board meeting, formal complaints had been filed in 19 cases. Mr. Kilroy then provided an update regarding the pending civil court cases in which the Board was currently involved.

(e) Report on Status of Processing 2019-2021 Biennial Licensure Registration Renewals

Ms. Daniels reported that just under 13,000 records were generated for renewal on April 5. To date, 5,545 physicians had renewed, 4,395 had not; 601 physician assistants had renewed, 552 had not; 833 respiratory therapists had renewed, 937 had not; 26 perfusionists had renewed, 40 had not. So in the next 24 days, the Board needed to renew 247 people per day. She said she wanted to take the opportunity to thank the Board's beta testers – Dr. Hardwick, who is always at the ready, willing to help, as are Janet Wheble, John Lanzillotta and Art Little. She said staff is expecting there may be around 1,500 licensees that do not renew.

Discussion ensued regarding the anticipated number of licensees who may not renew, and the increase in the Board's licensee base.

Mr. Duxbury asked whether there was a way to identify the percentages of those who renew during the first half of the renewal cycle and those who renew during the second half.

Ms. Daniels said that for this renewal cycle, we just crossed the halfway mark, so more are renewing in the second half.

Dr. Havins asked whether notices are sent to those who do not renew.

Ms. Daniels said staff would be sending out a ListServ email reminder the following week and notices of expiration will be sent out following the end of the renewal cycle.

(f) Report on Federation of State Medical Boards 2019 Annual Meeting

Mr. Cousineau reported that Dr. Prabhu, Dr. Hardwick, Dr. Nagy, Dr. Edwards and Dr. Havins, as well as some Board staff, attended the Federation of State Medical Boards 2019 Annual Meeting, and reiterated that we are all proud of Dr. Hardwick for his contributions there. Mr. Cousineau said the meeting content was pretty pedestrian this year, but it is always good to attend. He thanked the Board members who attended, and said hopefully we will have a larger contingent next year because the meeting will be closer, as it will be in San Diego.

Dr. Edwards said it is interesting that different states have different compositions for their boards, as well as different funding; there is no consistency.

Agenda Item 24

LICENSURE RATIFICATION

· Ratification of Licenses Issued, Reinstatements of Licensure and Changes of Licensure Status Approved Since the March 1, 2019 Board Meeting

Dr. Havins moved that the Board ratify the licenses issued, reinstatements of licensure and changes of licensure status approved since the March 1, 2019 Board Meeting. Dr. Hardwick seconded the motion, and it passed unanimously.

Dr. Prabhu thanked Ms. Castagnola and Ms. Daniels for the great job they are doing.

Agenda Item 25

APPEARANCES FOR CONSIDERATION OF ACCEPTANCE OF APPLICATIONS
FOR LICENSURE

(a) Joseph Moza, M.D.

Dr. Prabhu asked Dr. Moza whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did.

Dr. Edwards moved that the Board go into closed session pursuant to NRS 241.030. Dr. Nagy seconded the motion, and it passed unanimously.

Upon returning to open session, Dr. Hardwick moved that the Board deny Dr. Moza's application for licensure based upon attempting to obtain a license through fraud or misrepresentation, NRS 630.304(1).

Dr. Muro requested to amend the motion to include that Dr. Moza not reapply for three years, pursuant to NAC 630.050.

Dr. Hardwick accepted the amendment to the motion. Mr. Duxbury seconded the motion, and it passed unanimously.

Dr. Moza asked if he had the right to appeal the decision.

Mr. Cousineau stated that Dr. Moza would need to engage counsel to assist him in that regard, as the Board does not provide legal advice.

(b) Donato Joseph Borrillo, M.D.

Dr. Prabhu asked Dr. Borrillo 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 asked Dr. Borrillo what he planned to do if granted a license to practice medicine in Nevada.

Dr. Borrillo said he does quite a bit of Occupational Medicine locums, and is licensed in several states. He is also an attorney, and his legal practice allows him to set his own schedule and do locums work. He likes Nevada, and was married here last month. He then described his education and medical training.

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

(c) Clarence Earl Foster, III, M.D.

Dr. Foster appeared in Las Vegas.

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

Dr. Edwards asked Dr. Foster why his medical education was six years in duration, and Dr. Foster explained the circumstances.

Dr. Edwards asked Dr. Foster to describe his postgraduate training, and Dr. Foster did so.

Dr. Edwards questioned Dr. Foster regarding his affirmative responses to Questions 5a and 5b on his application for licensure, and the fact that he did not initially disclose all of the malpractice cases that had been filed against him on his application.

Dr. Foster described the circumstances surrounding three of the four cases of malpractice that had been filed against him.

Dr. Edwards asked Dr. Foster why he decided to cease practicing clinical medicine in October 2018, and Dr. Foster explained.

Dr. Edwards asked Dr. Foster what he planned to do if granted a license to practice medicine in Nevada.

Dr. Foster said he had been a Physician Advisor at St. Rose Dominican Hospital in Las Vegas since November 11, 2018, and his duties do not include seeing patients. However, they want him to obtain a medical license in order to become a full member on the medical staff. Additionally, he would like to become an adjunct professor and help his Transplant Surgery colleagues in some way, and is really interested in performing Vascular Access. There is also a new Surgery residency starting in Las Vegas, and he would like to participate in that.

Dr. Edwards asked Dr. Foster about his board certification with the American Board of Surgery, and Dr. Foster said he planned to maintain it.

Dr. Hardwick moved that the Board grant Dr. Foster's application for licensure. Dr. Nagy seconded the motion, and it passed unanimously.

(d) Alex K. Curtis, M.D.

Dr. Prabhu asked Dr. Curtis whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did.

Dr. Havins moved that the Board go into closed session pursuant to NRS 241.030. Dr. Edwards seconded the motion, and it passed unanimously.

Upon returning to open session, Dr. Hardwick moved that the Board grant Dr. Curtis' application for licensure. Dr. Edwards seconded the motion, and it passed unanimously.

(e) Stavan Yogendra Patel, M.D.

Dr. Patel's legal counsel, Lyn E. Beggs, Esq., appeared with Dr. Patel.

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

Dr. Edwards stated that Dr. Patel was applying for a license by endorsement because he had not completed 36 months of progressive postgraduate training.

Ms. Beggs stated that NRS 630.1605 allows the Board, in its discretion, to grant licensure to an applicant who does not meet all the requirements of NRS 630.160, and they believe Dr. Patel meets the qualifications for licensure by endorsement.

Dr. Edwards stated that Dr. Patel currently held an active dental license in Nevada, and asked Dr. Patel about his practice plans with or without a Nevada medical license.

Dr. Patel said his practice plans included Head and Neck Oncology and Cleft and Craniofacial Surgery, and he went to medical school to make sure he had appropriate education and training to be able to treat patients appropriately. The reason he chose the Reno area is there is a lack of this particular subspecialty care in the area. The Head and Neck Oncology cases from the Reno-Tahoe-Sparks area are being sent to Davis and Stanford and UCSF. The reconstruction cases are being sent to Portland, Oregon, Salt Lake City and Las Vegas. He thinks the patients in the Reno area would benefit from a person who can provide that care locally. Additionally, the University of Nevada has a Cleft team that is not ACPCA-accredited yet. It is run out of the University of Nevada Medical School, through the Speech Department, and they want this team to be accredited, and to have a permanent surgeon who is there full time. He spoke with the Renown Regional Medical Center administration, and they want to develop a Craniofacial team. There is also a neurosurgeon who would like to perform Craniofacial Reconstructive Surgery here, rather than in Oakland, and Dr. Patel could offer that. He thinks he can help people here.

Ms. Beggs said what the Board needed to look at is whether Dr. Patel brings something to the community and the patients of northern Nevada that can be of benefit. He is practicing in Louisiana, and it is not that he doesn't have the training – he has done fellowships in Microvascular Reconstructive Surgery and Pediatric Cleft and Craniofacial Surgery – so he certainly has the training and the experience.

Dr. Havins said it seemed to him that Dr. Patel could do what he wants to do under his dental license.

Mr. Duxbury asked Dr. Patel what he thought was the benefit of having a medical license in conjunction with a dental license.

Dr. Patel explained that for him, practicing here, without a medical license, in the manner he wants to practice, is not something he wants to do. He currently has a plan for a job in Reno starting in July, and if that does not happen, he can still perform Oral Surgery, but he will limit that, and that is pretty much it, or he may decide Nevada is not the state for him.

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

Ms. Beggs stated that NRS 630.1605 allows the Board to request any additional information the Board would utilize to alleviate any concerns the Board may have regarding Dr. Patel's training. The Board could subject Dr. Patel to a peer review, or whatever the Board would like. However, as Dr. Patel stated, there may be a potential that he cannot provide the services that northern Nevada is lacking if he does not get a license from this Board by endorsement, and patients will still need to be referred to areas outside of this one. She said Dr. Patel is a perfectly qualified physician who has been practicing for a decade plus, who has extensive experience, and she would argue that

constitutes extraordinary circumstances. However, if the Board feels that NRS 630.1605 does not adequately reflect the Board's position, the Board needs to go to the Legislature and modify it because the way the statute reads now, you don't have to have extraordinary circumstances. She thinks it is a very nebulous and dangerous path to go if the Board is going to define that ad hoc as it goes along.

Further discussion ensued regarding whether it would be appropriate to grant Dr. Patel a license by endorsement.

Mr. Cousineau explained that the Board could vote on Dr. Patel's application, and if the Board were to decide not to exercise its discretion to grant Dr. Patel a license by endorsement, it would not be reportable. Conversely, Dr. Patel had the right to withdraw his application.

Ms. Beggs said since it would not be reportable if the Board were to decline to exercise its discretion to grant Dr. Patel a license by endorsement, she would prefer to bring it to a vote.

Dr. Edwards moved that the Board not grant an unrestricted license to Dr. Patel by endorsement. Dr. Muro seconded the motion, and it passed, with Ms. Mastroluca voting against the motion and all other Board members voting in favor of the motion.

(f) Karthikeyan Sitaraman, M.D.

This matter was not discussed at the meeting.

(g) Alan Dror, M.D.

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

Ms. Mastroluca stated that Dr. Dror was applying for licensure by endorsement because he had not completed 36 months of progressive postgraduate training.

Dr. Dror stated that he did have 36 months medical training, and more, following medical school, but it was not consecutive.

Ms. Mastroluca questioned Dr. Dror regarding his affirmative responses to Questions 12 and 12a on his application for licensure.

Dr. Dror described the circumstances surrounding the one case of malpractice that had been filed against him which resulted in a settlement.

Ms. Mastroluca asked Dr. Dror what he planned to do if granted a license to practice medicine in Nevada.

Dr. Dror said he planned to practice Anesthesiology.

Dr. Havins moved that the Board grant Dr. Dror's application for licensure. Dr. Hardwick seconded the motion, and it passed, with Dr. Nagy voting against the motion and all other Board members voting in favor of the motion.

(h) Robert Gebhardt Clark, M.D.

This matter was not discussed at the meeting.

(i) Marshall William Clyde, M.D.

Dr. Prabhu asked Dr. Clyde whether he wanted his application to be considered in closed session, with the public being excluded, and he said that he did.

Dr. Havins moved that the Board go into closed session pursuant to NRS 241.030. Dr. Nagy seconded the motion, and it passed unanimously.

Upon returning to open session, Dr. Muro moved that the Board grant Dr. Clyde's application for licensure. Dr. Edwards seconded the motion, and it passed unanimously.

Agenda Item 26

CONSIDERATION AND APPROVAL OF 2018 BOARD ANNUAL REPORT, TO INCLUDE POTENTIAL MODIFICATION OF BOARD MISSION STATEMENT

Mr. Cousineau asked whether any Board members had questions with regard to the content of the proposed 2018 Board Annual Report, and none were received.

Mr. Cousineau explained that one of the Board's attorneys thought we should modify a couple of areas in the existing Board Mission Statement. The changes were very de minimis, and were outlined on the draft provided to Board members for review.

Dr. Havins moved that the Board accept the amended language in the Board Mission Statement. Dr. Hardwick seconded the motion, and it passed unanimously.

Dr. Havins moved that the Board approve the 2018 Board Annual Report, as amended. Dr. Edwards seconded the motion, and it passed unanimously.

Agenda Item 27

CONSIDERATION AND APPROVAL OF ADDITION TO BOARD POLICY AND PROCEDURE MANUAL CREATING NEW POSITION DESCRIPTION OF LAW STUDENT INTERN

Mr. Cousineau stated the Board had the potential of bringing a law student intern on as early as the following Monday.

Mr. Fricke introduced Ian Cumings, and stated he had just completed his first year at McGeorge Law School in California. He is a northern Nevada native, and hopes to return here and practice government law. He is really bright and very eager. Mr. Fricke explained that in order to accommodate a law student intern, the Board needed to make a change to its Policy and Procedure Manual. He said if the Board was amenable, we would welcome Mr. Cumings the following week, for a summer internship, after which he will complete law school. Mr. Fricke said he thinks this will be a good opportunity for Mr. Cumings to see administrative law in action.

Dr. Havins asked if this would be an ongoing program, and Mr. Fricke said it would be.

Mr. Cousineau stated this would be an unpaid position, and Mr. Cumings would be working no more than 20 hours a week, pursuant to the proposed job description.

Ms. Daniels asked whether the word “extern” at the end of the first paragraph of the proposed job description should be “intern,” and Mr. Cousineau said it should be.

Dr. Edwards said he thought it was a great idea.

Mr. Duxbury said he would like to see some feedback upon Mr. Cumings’ departure, to help the Board fine-tune the program.

Mr. Fricke said that one of Mr. Cumings’ assignments would be to provide a full report of all the work he has done over the summer, and that he will be evaluated by staff.

Mr. Cousineau added Mr. Cumings would not be receiving law school credit for the internship; he was just doing this of his own volition.

Dr. Nagy moved that the Board approve the addition to the Board Policy and Procedure Manual. Mr. Duxbury seconded the motion, and it passed unanimously.

Agenda Item 28

STAFF COMMENTS/UPDATES

Mr. Cousineau said that on March 21, Ms. Mehta, Mr. Kilroy and he presented the Board’s outreach program in Las Vegas, sponsored by the Philippine Medical Association. He thanked Dr. Edwards and Dr. Havins for their attendance, and said the presentation was very well-received and they received a lot of positive feedback. On June 13, Ms. Mehta, Mr. Kilroy and he will be traveling to Elko, to present the outreach program at the Northeastern Nevada Regional Hospital.

Agenda Item 29

ELECTION OF OFFICERS AND APPOINTMENT OF INVESTIGATIVE COMMITTEE MEMBERS

Mr. Cousineau explained that rather than holding elections in September, as in years past, they were being held at this meeting because, unfortunately, we would be losing Dr. Hardwick after eight years on the Board because he will term out and cannot be reappointed. His term will officially expire on August 30, so the effective dates of the terms of the officers elected that day would be August 31.

Dr. Havins nominated Dr. Prabhu for President. Dr. Hardwick seconded the nomination. No other nominations were received. A vote was taken, and Dr. Prabhu was elected President, with Dr. Prabhu recusing himself from the vote and all other Board members voting in favor of the nomination.

Dr. Prabhu nominated Mr. Duxbury for Vice President. Dr. Hardwick seconded the nomination. No other nominations were received. A vote was taken, and Mr. Duxbury was elected Vice President, with Mr. Duxbury recusing himself from the vote and all other Board members voting in favor of the nomination.

Mr. Duxbury nominated Ms. Mastroluca for Secretary-Treasurer. Dr. Hardwick seconded the nomination. No other nominations were received. A vote was taken, and Ms. Mastroluca was elected Secretary-Treasurer, with Ms. Mastroluca recusing herself from the vote and all other Board members voting in favor of the nomination.

Dr. Prabhu said that the Investigative Committees would remain as is at that time.

Mr. Cousineau explained that Dr. Hardwick would remain on the Investigative Committee until his term ends, and Dr. Prabhu will appoint a new member to the Investigative Committee at that time.

Agenda Item 30
PUBLIC COMMENT

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

Ms. Mastroluca thanked the Las Vegas staff for their hospitality.

Agenda Item 31
ADJOURNMENT

Dr. Prabhu adjourned the meeting at 2:40 p.m.

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