

**Clark County Medical Society**  
**County Line**  
**Newsletter XXIV January 2002**

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## **Clark County demonstrates need for local public health laboratory**

The recent bioterrorist events involving anthrax sparked concern throughout the nation, and at the local level demonstrated the need for a public health laboratory in Clark County.

While it was being confirmed that anthrax spores were being sent through the mail on the east coast, Nevada experienced its own scare when a suspicious piece of mail in Reno was initially thought to be contaminated with the bacteria. Subsequent testing proved negative for anthrax, but the Clark County Health District, along with emergency response agencies, found themselves deluged with phone calls from people concerned about their mail and different powdery substances that they encountered.

In response to the calls from the public the Health District worked with the Las Vegas Metropolitan Police Department and other agencies to develop a protocol for responding to anthrax related phone calls. As a result of this protocol health district personnel assisted Metro with the staffing of their non-emergency line, 3-1-1. In this capacity they worked to phone triage the calls and limit the number of responses that had to be made. Working with this system, health district staff fielded approximately 1,000 anthrax-related calls during a four-week period. From these calls a number of packages were picked up and deemed that further testing was necessary.

“The logistics of having to appropriately package and ship a large number of samples possibly contaminated with anthrax to the state laboratory in Reno for rapid, definitive analysis proved formidable and expensive,” said Dr. Donald Kwalick, chief health officer for the health district.

Currently, over 70 percent of Nevadans live in Clark County and Las Vegas is the only major city in the United States without a public health laboratory within 100 miles. Without appropriate laboratory facilities local health authorities are left without the capability to determine the nature of any biological agent quickly and conclusively. Laboratory delays could facilitate disruptive hoaxes or worse hinder timely implementation of the county’s medical emergency plan and/or outbreak response plan.

A local laboratory would have the capability to test for a range of biological agents including anthrax, smallpox, plague, hantavirus, and tularemia in the event of a bioterrorist attack. Moreover, a laboratory could also provide vital services needed on a routine basis, such as identifying tuberculosis, giardia, entamoeba, cryptosporidium, legionella and lyme disease. Having such an analytical capability during past cryptosporidium and legionella outbreaks in Las Vegas would have significantly aided the Center for Disease Control and Prevention’s (CDC) onsite investigation. Food, milk, water and stool samples could also be quickly analyzed for enteric pathogens and parasites. Routine testing for AIDS, STDs, blood panels, would proceed on a day-to-day basis. The laboratory could eliminate the need to send some samples out of state for tests not performed at the Reno facility and for testing needed after hours.

Senator Harry Reid has been instrumental in helping Clark County to secure the funding needed for such a laboratory. The health district will continue to work with partners such as the State Division of Health and the School of Medicine to ensure that we secure the resources needed to serve the public health needs of Southern Nevadans.

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# CCMS Delegates

This year's first CCMS Delegates meeting will be Tuesday, January 15 at 7 p.m. following the Board of Trustees meeting. Interested members should attend and submit suggestions for resolutions.

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## Give Me Shelter: Using Nevada Spendthrift Trusts To Protect Assets in a Litigious World

**Howard Roitman, Esq.**

Do you want a trust that protects your assets from them creditors? What if this trust also specifically protected your assets from court orders, attachments and garnishments? This may sound like the holy grail of asset protection planning, but it is here now and can be done “onshore” - legitimately!

For a long time Americans have been going offshore to create such structures for the benefit of their families, and to protect themselves from creditors. However, these arrangements are expensive, involve small countries with uncertain laws in far away places, and create tax hassles and liabilities as well. The protection once available only offshore is now available onshore courtesy of the state of Nevada.

The Nevada spendthrift trust law provides this protection. Nevada spendthrift trusts can protect your assets from creditors, while keeping these assets available for use by you, your families and loved ones. The U.S. Constitution requires the courts in all 50 states to respect Nevada's spendthrift trust law. Better yet, no lawsuit against the trust can be maintained outside Nevada if the trust does all of its “business” within Nevada, which is generally tax advantageous, as Nevada has no income or franchise taxes. With this protection, even if you are subject to a judgment rendered in a malicious lawsuit, you can protect your assets!

To create a Nevada spendthrift trust, there must be a written trust document that has been made irrevocable. The spendthrift trust must have two trustees, one of whom must be a Nevada resident. The Nevada trustee must carry out the trust administration, keep trust records, and prepare any required tax returns, though these trusts are considered grantor trusts for federal income tax purposes, and do not require a separate income tax return. If a corporate trustee is selected, it must be either a bank or a trust company that meets a list of requirements. While the irrevocable spendthrift trust may permit unlimited discretionary distributions to you, the trust must say that such distributions are solely within the discretion of a trustee other than the person who created the trust.

For those of you who demand complete control over your assets and resist discretion in an independent trustee, there are ways to give you control of trust assets notwithstanding the requirement discussed above. This challenge can be dealt with using tiered entities. One technique is to contribute the assets of a trust to a Nevada Limited Liability Company (LLC), and appoint yourself sole manager. This structure gives you complete control of the assets. You can then administer the activities of the trust and make investment decisions in conjunction with your advisors, and pay yourself a "salary," at your discretion, for the services provided to the LLC. All of this can be done without the involvement of the independent trustee. There are few restrictions on the investment choices a client can make in a properly planned structure. This strategy may also allow the use of discounting to reduce estate taxes. The only limitation on the protection of assets transferred to a spendthrift trust is that related to the law of fraudulent conveyances.

Fraudulent conveyance rules prevent the transfer of assets to hinder, delay or defraud creditors. Will a transfer to a Nevada spendthrift trust constitute a fraudulent conveyance? Generally – no. Nevada law has very short deadlines to bring this kind of lawsuit. Unless a lawsuit is initiated within two years of the transfer of assets to the trust, or within six months of the time creditors should have reasonably discovered the transfer, whichever period is shorter, the suit is forever barred. The six-month rule applies to real estate transfers and other items that are recorded in public records, such as UCC filings. Placing a transfer of assets “in the public record” thus significantly reduces the challenge period.

The first step in protecting your assets from future creditors and lawsuits is the careful crafting of a proper Nevada spendthrift trust. Equally important is the choice of a competent Nevada trustee. You must insist on a trustee that can act as custodian of your assets without interfering with your wishes yet retaining absolute discretion to distribute assets of the trust to the beneficiary.

*Howard Roitman, SHIRINIAN & ROITMAN, 8921 West Sahara Avenue, Suite A, Las Vegas, Nevada 89117*

[Ex. Dir. Note: Spendthrift Trusts which allow the creator or settlor of the trust to also be the or a beneficiary of the trust are relatively new in the law. About six years ago Alaska became the first state to provide for this type of trust. South Dakota and Delaware followed, and then Nevada in 1999. Some legal scholars predict this type of trust will be found “unconstitutional” as offensive to public policy (i.e., permitting potential debtors to restrict unlimited assets from the reach of future creditors). To date, none of the highest courts of these four states have ruled on this issue, including the Nevada Supreme Court. The cost of establishing one of these trusts is commonly quoted between \$2500 and \$3500. Perhaps the most difficult issue in these trusts involved the "absolute discretion" of the "distribution" trustee. Some specialists in this field consider permitting the settlor (creator) of the trust authority to replace the "distribution" trustee with another "distribution" trustee subjects the trust to being declared invalid as a sham. Other specialists opine that providing for the removal of the "distribution" trustee through an "independent" committee (not including the trust settlor/creator) would not invalidate an NRS 166 trust. The complete provisions of Nevada's "asset protecting" Spendthrift Trust can be found online through the Legislative Counsel Bureau website at: [www.leg.state.nv.us](http://www.leg.state.nv.us) Go to the Law Library, then to Nevada Revised Statutes, then to Table of Contents, then to Chapter 166. Edited provisions of NRS 166 follow:

NRS 166 SPENDTHRIFT TRUSTS

§ 166.025. Applicability of chapter; requirement of trustee if settlor is beneficiary of trust.

2. If the settlor [creator] is a beneficiary of the trust, at least one trustee of a spendthrift trust must be:

- (a) A natural person who resides and has his domicile in this state;
- (b) A [Nevada] trust company that: or
- (c) A [Nevada] bank [which possesses and exercises trust powers].

## CREATION OF SPENDTHRIFT TRUSTS

§ 166.040. Writing required; competency of settlor.

1. Any person competent by law to execute a will or deed may, by writing only, duly executed, by will, conveyance or other writing, create a spendthrift trust in real, personal or mixed property for the benefit of:

- (a) A person other than the settlor;
- (b) The settlor if the writing is irrevocable, does not require that any part of the income or principal of the trust be distributed to the settlor, and was not intended to hinder, delay or defraud known creditors; or
- (c) Both the settlor and another person if the writing meets the requirements of paragraph (b).

## PRINCIPLES GOVERNING CONSTRUCTION

§ 166.080. Beneficiaries to be named.

The beneficiary or beneficiaries of such trust shall be named or clearly referred to in the writing. No spouse, former spouse, child or dependent shall be a beneficiary unless named or clearly referred to as a beneficiary in the writing.

§ 166.090. Provision for support.

1. Provision for the beneficiary will be for the support, education, maintenance and benefit of the beneficiary alone, and without reference to or limitation by his needs, station in life, or mode of life, or the needs of any other person, whether dependent upon him or not.

§ 166.100. Income.

Provision for the beneficiary will extend to all of the income from the trust estate, devoted for that purpose by the creator of the trust, without exception or deduction, other than for:

1. Costs or fees regularly earned, paid or incurred by the trustee for administration of or protection of the trust estate;

2. Taxes on the same; or
3. Taxes on the interest of the beneficiary thereof.

§ 166.110. Discretion of trustee.

1. In all cases where the creator of a spendthrift trust shall indicate the sum to be applied for or paid to the beneficiary or shall make the application or payment of sums or further sums for or to the beneficiary discretionary with the trustee, or shall make the amount thereof discretionary with the trustee, or shall give the trustee discretion to pay all or any part of the income to any one or more of the beneficiaries, such discretionary power shall be absolute, whether any valid provision for the accumulation of income is made or not and whether it relates to the income from real or personal property.
2. Such discretion shall never be interfered with for any consideration of the needs, station in life or mode of life of the beneficiary, or for uncertainty, or on any pretext whatever.

§ 166.120. Restraints on alienation.

4. The trustee of a spendthrift trust is required to disregard and defeat every assignment or other act, voluntary or involuntary, that is attempted contrary to the provisions of this chapter.

§ 166.130. Legal estate of beneficiary in corpus.

A beneficiary of a spendthrift trust has no legal estate in the capital, principal or corpus of the trust estate unless under the terms of the trust he or one deriving title from him is entitled to have it conveyed or transferred to him immediately or after a term of years or after a life, and in the meantime the income from the corpus is not to be paid to him or any other beneficiary.

MISCELLANEOUS PROVISIONS

§ 166.170. Limitation of actions with respect to transfer of property to trust.

A person may not bring an action with respect to a transfer of property to a spendthrift trust:

1. If he is a creditor when the transfer is made, unless the action is commenced within:
  - (a) Two years after the transfer is made; or
  - (b) Six months after he discovers or reasonably should have discovered the transfer, whichever is later.
2. If he becomes a creditor after the transfer is made, unless the action is commenced within 2 years after the transfer is made.

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# President's Message – Our Profession in Crisis

**Raj Chanderraj, M.D., 2001-2002 CCMS President**

This past summer, we were all given the shocking news by St. Paul Insurance Company (the major carrier for most of the members of the medical society) that our rates for medical liability coverage were going to go up by nearly 70 percent. We were also told that they were not going to renew coverage for general surgeons, ER physicians, and ob-gyns. This news did not seem to arouse the passions of the physicians not involved in those specialties. Now that the carrier has announced that they will not renew any physician's policy, we are all in the same boat.

Medical liability coverage is in a crisis. Historically, a similar crisis was seen in the mid-seventies when jury awards rose significantly. This led to an increase in rates but also triggered the introduction of tort reform in certain states like California. The eighties and early nineties saw the mushrooming of insurance companies who saw a big profit in liability coverage. This helped to stabilize our rates. Now we see the cycle repeating itself, with jury awards escalating, our rates are also increasing. We need to break this cycle. To achieve this, we need to bring about tort reform in the state of Nevada.

To bring about tort reform, or whatever name we choose to call it, is not easy. The trial lawyers are gearing up to raise \$4 million to fight this in the next legislative session. We will need to raise a similar amount to have a fighting chance to counter their efforts. We all need to focus on this singular issue that will allow us to practice decent medicine without the fear of economic consequences. Every one of us has to contribute to this campaign.

The Medical Society is conducting a symposium on medical liability coverage on January 23rd at the Sunrise Hospital Auditorium. We are inviting people from the insurance commissioner's office, insurance companies, hospital associations, trial lawyers and several important people from the industry to participate. This will be a forum to unite all of us to focus on the issue and formulate a general plan to get tort reform accomplished. We need all of you to participate, express your concerns, frustrations, and become part of the solution to the problem. Only when we act can we expect to see results. Please help to spread the word around and invite your colleagues who are not members of the medical society to join us and make this a success.

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# Referral Tallies

The following referrals were provided to CCMS members in the fourth quarter of 2001 (through December 15)

Specialty	Referrals
Allergy	2
Anesthesiology	1
Cardiology	9
Cardiovascular Surgery	2
Colon & Rectal Surgery	1
Dermatology	8
Diagnostic Radiology	0
Ear, Nose & Throat	0
Emergency Medicine	0
Endocrinology	1
Family Practice	42
Gastroenterology	8
General Surgery	0
Geriatrics	1
Gynecology	2
Hematology	1
Infectious Medicine	1
Internal Medicine	31
Nephrology	1
Neurology	11
Neurosurgery	2
Ob-Gyn	15
Oncology	7
Ophthalmology	10
Oral/Maxillofacial Surg.	1
Orthopaedic Surgery	12
Pain Management	3
Pathology	1
Pediatrics	18
Ped. Endocrinology	0
Ped. Neurology	0
Ped. Surgery	2
Physical Med/Rehab	4
Plastic Surgery	18
Preventative Medicine	1
Psychiatry	23
Pulmonology	6



Radiology	0
Rheumatology	5
Urology	2
Vascular Surgery	0
<b>Totals</b>	<b>252</b>

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## Executive Director Editorial

**Weldon (Don) Havins, M.D., J.D., CCMS Executive Director/CEO and Special Counsel**

Sometime in November, the Nevada Board of Medical Examiners posted their current (October) newsletter on their website: [www.state.nv.us/medical](http://www.state.nv.us/medical). Licensee physicians should have also received the newsletter mailing. Perhaps the most important issue addressed is that of prescribing controlled substances to other physician's patients while "on-call." The hospice physicians' concern regarding prescribing controlled substances without having seen the patient was addressed. The newsletter states, "[p]hysicians have raised concern that if they prescribe pain medication for a patient while on call over the weekend without a physical exam, they could be subject to discipline. This is not the case. As long as a medical record exists and an evaluation has been done on the patient as part of established care, these regulations do not suggest that each and every time a medication is prescribed a new evaluation must occur."

One can infer from this that as long as the on-call physician knows that a medical record exists, and an evaluation has been done on the other physician's patient, the on-call physician may refill or prescribe controlled substances to treat the patient's pain without fear of licensure sanctions.

The newsletter continues, "[t]he same is true of hospice care. The board knows that it is not feasible or practical to do a physical exam each time a hospice patient receives a controlled substance for pain medication. Again, it is important that a medical record with an evaluation of the patient exists and is referred to when managing pain control." Thus, one could infer that hospice physicians, practicing consistent with their national standard of care, will not be subject to licensure discipline actions.

The newsletter states, "[t]he board has never disciplined a physician in the state of Nevada for prescribing pain medication, unless it has been for engaging in the process of actually selling medications." This should allay physician anxiety more than any other statement in the newsletter. Needless to say (I'll say it anyway), licensee physicians must not "sell" prescriptions for controlled substances. Doing so subjects the physician to licensure discipline and, perhaps, to criminal sanctions. Lastly, the newsletter states the regulations are primarily designed for

guiding the use of chronic pain control medications. Virtually every clinician would agree that these guidelines should apply to chronic pain management, not short-term acute pain management.

At the September 8, 2001 meeting of the Board of Medical Examiners, the Board unanimously voted to deny the request of the Nevada State Medical Association to eliminate regulation NAC 630.230(1)(m) which reads: a “person who is licensed as a physician or physician assistant shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain adopted by reference in NAC 630.187.”(emphasis added) The guidelines set forth within the FSMB’s Model Guidelines are found in Section II of that document. Guideline number one states, “when evaluating the use of controlled substances for pain control: [a] complete history and physical examination must be conducted and documented in the medical record.” (emphasis added) While it appears clear from the newsletter that the BME does not intend to enforce this regulation, the regulation nevertheless remains in Nevada law for potential “unintended” utilization by others.

The BME membership is composed of six excellent, clinical physicians and three prominent public members. The three public members are from the fields of education, banking and academia. As important, they are all very intelligent, fine, and caring professionals. Their consideration and attention to the concerns of their licensees in this matter are greatly appreciated. When the board members’ intent is manifest in the literal wording of their regulations, there should be no confusion regarding the meaning of the regulations and very little or no exposure to their (mis)use by others.

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## **Clark County Medical Society New Members for November 2001**

James Atkinson, MD, General Surgery, 1111 Shadow Lane, Las Vegas, NV 89102

Robert Baker, MD, Cardiovascular Disease, 3121 S. Maryland Pkwy #512, Las Vegas, NV 89109

James Balodimas, MD, Diagnostic Radiology, 270 E. Flamingo #233, Las Vegas, NV 89109

Oscar Batugal, MD, Internal Medicine, 2020 Goldring #202, Las Vegas, NV 89106

Mahfoud Beajow, MD, Internal Medicine, 3121 S. Maryland Pkwy #301, Las Vegas, NV 89109

Gregory Bryan, MD, Internal Medicine, 1000 S. Torrey Pines #F, Las Vegas, NV 89107

Kathleen Cansler, MD, Internal Medicine, 4550 E. Charleston Blvd., Las Vegas, NV 89104

Ravi V. Chari, MD, General Surgery, 2911 N. Tenaya #104, Las Vegas, NV 89128

Richard Chen, MD, Cardiology, 3121 S. Maryland Pkwy #512, Las Vegas, NV 89109

Ralph Conti, MD, Pediatrics, 6301 Mountain Vista #205, Henderson NV 89014

Ronald Costin, MD, Preventive Aerospace Medicine, 1604 Night Wind Dr., Las Vegas, NV 89117

Aaron Daluiski, MD, Orthopaedic Surgery, 3131 La Canada St. #140, Las Vegas, NV 89109

Maria Desquitado-Tabora, MD, Pediatrics, 3009 W. Charleston Blvd., Las Vegas, NV 89102

Cesar Estela, MD, Physical Medicine & Rehabilitation, 2020 Goldring Ave. #501, Las Vegas, NV 89106

Randall Foster, MD, Psychiatry, 3900 Paradise Rd. #207, Las Vegas, NV 89109

Catherine Ghanem, MD, Emergency Medicine, 2915 W. Charleston Blvd. #10, Las Vegas, NV 89102

David Ginsburg, MD, Neurology, 3131 La Canada #232, Las Vegas, NV 89109

Mark Glyman, MD, DDS, Oral Maxillofacial Surgery, 2030 E. Flamingo Rd. #288, Las Vegas, NV 89119

Steven Glyman, MD, Neurology, 3131 La Canada #232, Las Vegas, NV 89109

Li Yee Guo, MD, Internal Medicine, 8801 W. Sahara Ave. #250, Las Vegas, NV 89117

Robert Gutierrez, MD, Orthopaedic Surgery, 3150 N. Tenaya Way #400, Las Vegas, NV 89128

Asma Habib, MD, Internal Medicine, 461 N. Moapa Blvd., Overton, NV 89040

Ramy Hanna, MD, Orthopaedic Surgery, 3131 La Canada, Ste. 140, Las Vegas, NV 89109

Wendell Hatch, MD, Diagnostic Radiology, 2020 Palomino Lane #100, Las Vegas, NV 89106

Stuart Hoffman, MD, General Surgery, 700 Shadow Lane, Ste. 370, Las Vegas, NV 89106

Vicki Hom, MD, Pediatrics, 4570 Eastern Ave., Ste. 21, Las Vegas, NV 89119

Rajendrakumar Ingle, MD, Pathology, 4230 S. Burnham Ave., Las Vegas, NV 89119

Farrukh Iqbal, MD, Endocrinology, 105 N. Pecos #114, Henderson, NV 89074

Craig Iwamoto, MD, General Surgery, 1111 Shadow Lane, Las Vegas, NV 89102

Michael Jacobs, MD, Internal Medicine, 901 Rancho Lane #205, Las Vegas, NV 89106

Mike Jeong, DO, Internal Medicine, 653 Town Center Dr. #104, Las Vegas, NV 89144

Richard Jones, MD, Family Practice, 4040 S. Eastern Ave. #240, Las Vegas, NV 89119

David Kaplan, DO, Orthopaedics, 4415 W. Flamingo, Las Vegas, NV 89103

Michael Karagiozis, DO, Family Practice, 1860 E. Sahara Ave. #1, Las Vegas, NV 89104

Thomas Kelly, MD, Ophthalmology, 2598 Windmill Pkwy., Henderson, NV 89014

Steven Kolker, MD, Pathology, 3059 S. Maryland Pkwy. #100, Las Vegas, NV 89109

Kim Lamotte-Malone, MD, Pediatrics, 283 N. Pecos, Henderson, NV 89014

Nguyet Le-Lindqwister, MD, Hematology/Oncology, 7200 Cathedral Rock, Ste. 202, Las Vegas, NV 89128

Eva Liang, MD, Ophthalmology, 7181 Cascade Valley Ct. #102, Las Vegas, NV 89128

Eddy Hsin-Ih Luh, MD, General Surgery, 3100 W. Charleston Blvd., Ste. 204, Las Vegas, NV 89102

Arturo Marchand, MD, Cardiovascular Disease, 4275 Burnham, Ste. 370, Las Vegas, NV 89119

Robert Morse, DO, Cardiology, 1090 E. Desert Inn Rd. #100, Las Vegas, NV 89109

Todd Murry, MD, Pathology, 3059 S. Maryland Pkwy. #100, Las Vegas, NV 89109

Mohammed Najmi, MD, Internal Medicine, 9410 Del Webb Blvd., Las Vegas, NV 89134

Richard Naylor, DO, Orthopaedics, 2650 N. Tenaya Way, 3rd Floor, Las Vegas, NV 89128

Van Nguyen, MD, Diagnostic Radiology, 2020 Palomino Lane #100, Las Vegas, NV 89106

Elmer Palitang, MD, Infectious Disease, 3006 S. Maryland Pkwy #780, Las Vegas, NV 89109

Neil Phillips, DO, Pediatrics, 6301 Mountain Vista, Ste. 205, Henderson, NV 89014

Gary Podhaisky, MD, Pediatrics, 2610 W. Horizon Ridge Pkwy. #200, Henderson, NV 89052

Michael Prater, MD, Anesthesiology, 2080 E. Flamingo Rd. #309, Las Vegas, NV 89119

Carolyn Price, MD, Family Practice, 222 S. Rainbow #115, Las Vegas, NV 89145

Amir Qureshi, MD, Infectious Disease, 1905 McDaniel St., Ste. 105, Las Vegas, NV 89030

Rajy Rouweyha, MD, Ophthalmology, 2598 Windmill Pkwy., Henderson, NV 89014

Crispino Santos, MD, Pain Management/Anesthesiology, 2650 N. Tenaya Way, Las Vegas, NV 89128

John Schaeffer, DO, Neurology, 3131 La Canada #232, Las Vegas, NV 89109

Sheldon Schore, DO, Family Practice, 4550 E. Charleston Blvd., Las Vegas, NV 89104

Tapan Shah, MD, Ophthalmology, 2575 Lindell Road, Las Vegas, NV 89146

Randal Shelin, MD, Diagnostic Radiology, 2020 Palamino Ln. #100, Las Vegas, NV 89106

Angela Shoho, MD, Internal Medicine, 10001 S. Eastern #101, Henderson, NV 89057

John Simpson, MD, Internal Medicine, 7201 W. Lake Mead #450, Las Vegas, NV 89128

Vincent Siragusa, MD, Cardiology, 1681 E. Flamingo #1, Las Vegas, NV 89119

Keith Soderberg, MD, Otolaryngology, 100 N. Green Valley Pkwy., Ste. 340, Henderson, NV 89014

Camilo Tabora, Jr., MD, Internal Medicine, 3009 W. Charleston Blvd., Las Vegas, NV 89102

Joseph Tangredi, MD, Otolaryngology, 2300 S. Rancho #215, Las Vegas, NV 89102

Jason M. Tarno, DO, Family Practice, 3365 E. Flamingo Rd. #4, Las Vegas, NV 89121

Cynthia Teh, MD, Internal Medicine, 9410 Del Webb, Las Vegas, NV 89134

Robert J. Troell, MD, Otolaryngology, 2870 S. Maryland Pkwy #150, Las Vegas, NV 89109

Lisa Underwood, MD, Gynecology, 653 Town Center #500, Las Vegas, NV 89144

Thomas Vater, DO, Orthopaedic Surgery, 600 S. Rancho #107, Las Vegas, NV 89106

Michael Verni, MD, Urology, 700 Shadow Lane #430, Las Vegas, NV 89106

Jonathan Weinstein, MD, Ob-Gyn, 8480 S. Eastern, Ste. F, Las Vegas, NV 89123

Carrie Wijesinghe, MD, Pediatrics, 283 N. Pecos, Henderson, NV 89014

C. Edward Yee, MD, Ophthalmology, 6020 Spring Mountain Rd., Las Vegas, NV 89146

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## **Applicants To Go Before Credentialing Committee**

If you have any pertinent information about the following membership candidates, please contact: Clark County Medical Society, 2590 E. Russell Rd., Las Vegas, NV 89120

Raef Hajj-Ali, MD – Cardiology

Jorg Duncelmeyer, MD – Anesthesiology

Walter Kidwell, MD – Anesthesiology

Joanne Leovy, MD – Family Practice

Dennis Moore, II, MD – Pediatrics

Craig Nakamura, MD – Pediatric Pulmonology

William Steinkohl, MD – Urology

Jason Zommick, MD – Urology

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## **Synopses of Laws for Physician-Required Reporting**

The Nevada Administrative Code Chapter 441A requires reports of several diseases, food-borne illness outbreaks and extraordinary occurrences of illness be made to the local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance

and to intervene in outbreak or epidemic situations. The system is founded upon the clinical recognition or suspicion of these diseases by physicians, nurses, and other health professionals. In addition, anyone having knowledge of a case(s) of a communicable disease is required to report. Failure to report is a misdemeanor and may be subject to an administrative fine of \$1,000 for each violation. Following are selected synopses of the statutes:

### **Incidence Reporting**

A physician who knows of, or provides services to, a person who has or is suspected of having a communicable disease must report that fact to the health authority (District Health Officer or his designee, or if none, the State Health Officer or his designee) and in the manner required by the State Board of Health. A "suspected case" means a person who, based on clinical signs and symptoms or on laboratory evidence, is considered by a health care provider (physician, nurse, or physician's assistant) to possibly have:

1. Food-borne botulism;
2. Diphtheria;
3. Extraordinary occurrence of illness;
4. Measles;
5. Plague
6. Rabies (human or animal)
7. Rubella; or
8. Tuberculosis,

or is considered to be part of a food-borne disease outbreak. If a physician is in charge of a medical facility knows of or suspects the presence of a communicable disease within the facility, the physician must notify the proper health authority.

NRS 441A.150, NRS 441A.190; NAC 441A.110, 441A.180.

### **Report Requirements - Urgent**

The urgent reporting requirements include of a case, suspected case, or carrier of animal rabies, or an animal bite by a rabies-susceptible animal, and:

- (1) Cases must be reported to the health authority:
  - (a) Within 24 hours after identifying the case, suspected case, or carrier; or

(b) During the regular business hours of the health authority on the first working day following the identification of the case, suspected case, or carrier.

(2) Upon discovering a case having:

(a) An animal bite by a rabies-susceptible animal;

(b) Food-borne botulism;

(c) Extraordinary occurrence of illness;

(d) Meningococcal disease;

(e) Plague;

(f) Rabies; or

(3) Upon discovering a suspected case considered possibly to have:

(a) Food-borne botulism;

(b) Extraordinary occurrence of illness;

(c) Plague; or

(d) Rabies,

or that is part of a food-borne outbreak.

## **COMMUNICABLE DISEASES**

A communicable disease is considered to be any of the diseases listed in the Clark County Health District's Disease Statistics. A full listing can be found in the Nevada Statutes at NAC 441A.040.

## **SEXUALLY TRANSMITTED DISEASES**

Sexually transmitted disease means any bacterial, viral, fungal, or parasitic disease which may be transmitted through sexual contact. These diseases are also reflected in the Clark County Health District's Disease Statistics.

### **Patient Instruction - Prevention and Treatment**

A physician who provides treatment to a person who has a sexually transmitted disease shall instruct him in the methods of preventing the spread of the disease and any necessity for systematic and prolonged treatment. NRS 441A.270, 202.240.



## Ensuring Adequate Treatment

A physician who determines that a person has a sexually transmitted disease should encourage that person to submit to medical treatment. In cases where the infected person does not submit to treatment or does not complete the prescribed course of therapy, the physician must notify the health authority (District Health Officer or his designee, or if none, the State Health Officer or his designee). The health authority is then responsible for taking action to ensure that the person receives adequate treatment for the disease. NRS 441A.280.

## Consent for Treatment of Minors

A licensed physician, clinic, or local/State Health Officer is not required to obtain a consent or authorization from a parent(s) or legal guardian for examination and treatment of any minor who is suspected of being infected or is actually infected with a sexually transmitted disease. NRS 129.060.

## **TUBERCULOSIS**

### Reporting Requirements

A physician must notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis who fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment. "Active tuberculosis" is defined as unhealed pathological changes in the tissues of the body demonstrated by the recovery of tubercle bacilli from the tissues. NAC 441A.015, 441A.350.

### Treatment of Patient for Control Measures

Under NRS 441A.210, regarding persons whom depend solely on prayer for healing, a person with tuberculosis or suspected of having tuberculosis can only be discharged from medical supervision after a determination by the health authority that the person is cured.

## **ENFORCEMENT**

### Grounds for Prosecution

Any physician or medical facility that willfully fails, neglects, or refuses to comply with any regulation of the State Board of Health in relation to the reporting of a communicable disease is guilty of a misdemeanor and may be subject to a fine of \$1,000 for each violation. If an individual has a communicable disease and fails to:

- (a) Comply with any regulation of the Board relating to the control of a communicable disease;
- (b) Comply with any provision of chapter Nevada Revised Statute (NRS) 441A

- (c) Submit to approved treatment or examination required or authorized by NRS 441A;
- (d) Provide any information required by NRS 441A; or
- (e) Perform any duty required under NRS 441A,

the person may be prosecuted by the district attorney in the county where the violation occurred. may be warned by a court of competent jurisdiction.

## **CONFIDENTIALITY**

Communication within the doctor patient relationship is "confidential" and must not be disclosed to third persons other than:

1. Those present to further the interest of the patient in the consultation, examination or interview;
2. Persons reasonably necessary for the transmission of the communication; or
9. Persons who are participating in the diagnosis and treatment under the direction of the doctor, including members of the patient's family.

The patient has the privilege to refuse to disclose and to prevent any other person from disclosing confidential communications among himself, his doctor or persons who are participating in the diagnosis or treatment under the doctor's direction. NRS 49.215, 49.225.

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# **CME Calendar**

## **Cardiovascular Consultants 691-9154**

## **Clark County Medical Society 739-9989**

Courses also approved for nursing CEUs. Preregistration required.

1/5 - "Artificial Reproductive Technology, Ethical Issues and the Law," 8:30 a.m., 2 hours (which includes 2 hours of Medical Ethics and 2 hours of CLE credits including 2 credits in Legal Ethics)

1/12 - "Bioterrorism Preparedness 101: Awareness, Preparedness & Surveillance," 7:30 a.m., 2 hours

1/19 - "Physician Reporting, Patient Consent, and Updates on the Medical Practice Act," 8:30 a.m., 3 hours

2/9 - "Developing a Compliance Program to Avoid Inadvertent Incidents of Healthcare Fraud and Abuse in the Medical Practice," 8:45 a.m., 2 hours

### **Southwest Medical Associates 242-7731**

Some courses also approved for nursing CEUs.

Various dates through January - "Bioterrorism 101: Bioterrorism Preparedness, Awareness and Surveillance for Medical Professionals," Lunch and Learn, 2 hours

1/10 - "Obstructive Airway Disease," 7:30 a.m., 1 hour

2/14 - "Endemic and Emerging Infections of the Desert and Intermountain West," 7:30 a.m., 1 hour

### **Sunrise Hospital 731-8210**

1/11 - Pediatric Pathology Conference, 7:30 - 8:30 a.m.

1/11 - Adult CME, 12:15 - 1:15 p.m.

1/18 - PDGR, 7:30 - 8:30 a.m.

1/18 - Adult CME, 12:15 - 1:15 p.m.

1/25 - PDGR, 7:30 - 8:30 a.m.

1/25 - Adult CME, 12:15 - 1:15 p.m.

### **UMC 383-2604**

1/10 - "Multiple Myeloma," 12:15 p.m., 1 hour

1/11 - “Bioterrorism Preparedness 101: Awareness, Preparedness & Surveillance,” 7:30 a.m., 2 hours

1/18 - “Sepsis - New Insights & New Outlooks,” 7:30 a.m., 1 hour

1/24 - “Hodgkins Disease,” 12:15 p.m., 1 hour

1/25 - “Health Effects of Exposure to Environmental Tobacco Smoke,” 7:30 a.m., 1 hour

**Valley Hospital 388-4847**

1/8 - “Current ACLS Guidelines for V-Tach and V-Fib,” noon

1/22 - “Oncologic Emergencies for the Primary Care Physician,” noon

2/12 - “Community Acquired Pneumonias,” noon

2/26 - “Cancer of the Prostrate for the Primary Care Physician,” noon

\*Special Note: CCMS members can receive free CME courses on the internet with World Medical Leaders.

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## Clark County Health District Disease Statistics – November 2001\*

DISEASE	CASES REPORTED		YEAR TO DATE	
	Nov. 2000	Nov. 2001	2000	2001
<b>VACCINE PREVENTABLE DISEASES</b>				
DIPHTHERIA	0	0	0	0
HAEMOPHILUS INFLUENZA (invasive)	1	0	3	3
HEPATITIS A	13	0	61	44
HEPATITIS B	5	2	37	32
INFLUENZA	0	0	15	28
MEASLES	0	0	5	1
MUMPS	0	0	4	3
PERTUSSIS	0	0	3	4

POLIOMYELITIS	0	0	0	0
RUBELLA	0	0	0	0
TETANUS	0	0	0	0
<b>SEXUALLY TRANSMITTED DISEASES</b>				
AIDS	9	13	208	159
CHLAMYDIA	169	381	2389	3760
GONORRHEA	102	178	1212	1686
HIV	6	14	209	140
SYPHILIS (Early Latent)	1	0	8	0
SYPHILIS (Primary & Secondary)	0	0	3	2
<b>ENTERICS</b>				
AMEBIASIS	1	1	2	4
BOTULISM-INTESTINAL	0	0	1	0
CAMPYLOBACTERIOSIS	9	8	100	126
CHOLERA	0	0	0	0
CRYPTOSPORIDIOSIS	0	0	3	4
E. COLI O157:H7	0	0	9	6
GIARDIASIS	7	11	140	121
ROTAVIRUS	20	72	356	483
SALMONELLOSIS	6	14	134	128
SHIGELLOSIS	5	1	102	54
TYPHOID FEVER	0	0	0	0
YERSINIOSIS	1	0	4	0
<b>ANTHRAX</b>				
ANTHRAX	0	0	0	0
<b>BOTULISM INTOXICATION</b>				
BOTULISM INTOXICATION	0	0	0	0
<b>BRUCELLOSIS</b>				
BRUCELLOSIS	0	0	0	0
<b>COCCIDIOIDOMYCOSIS</b>				
COCCIDIOIDOMYCOSIS	0	8	19	30
<b>ENCEPHALITIS</b>				
ENCEPHALITIS	0	0	1	0
<b>HANTAVIRUS</b>				
HANTAVIRUS	0	0	0	0
<b>HEMOLYTIC UREMIC SYNDROME (HUS)</b>				
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0
<b>HEPATITIS C</b>				
HEPATITIS C	0	0	0	0
<b>LEGIONELLOSIS</b>				
LEGIONELLOSIS	1	0	1	4
<b>LEPROSY (HANSEN'S DISEASE)</b>				
LEPROSY (HANSEN'S DISEASE)	0	0	0	1
<b>LEPTOSPIROSIS</b>				
LEPTOSPIROSIS	0	0	0	0
<b>LISTERIOSIS</b>				
LISTERIOSIS	1	0	5	5
<b>LYME DISEASE</b>				
LYME DISEASE	1	0	3	2
<b>MALARIA</b>				
MALARIA	0	1	2	3
<b>MENINGITIS, ASEPTIC/VIRAL</b>				
MENINGITIS, ASEPTIC/VIRAL	4	13	61	77
<b>MENINGITIS, BACTERIAL</b>				
MENINGITIS, BACTERIAL	7	1	27	17
Strep pneumo	1	1	19	12
<b>MENINGOCOCCAL DISEASE</b>				
MENINGOCOCCAL DISEASE	0	1	2	7
<b>PLAGUE</b>				
PLAGUE	0	0	0	0
<b>RABIES (HUMAN)</b>				
RABIES (HUMAN)	0	0	0	0
<b>RELAPSING FEVER</b>				
RELAPSING FEVER	0	0	0	0
<b>RSV (RESPIRATORY SYNCYTIAL VIRUS)</b>				
RSV (RESPIRATORY SYNCYTIAL VIRUS)	105	75	1068	1417
<b>ROCKY MOUNTAIN SPOTTED FEVER</b>				
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	1
<b>TOXIC SHOCK SYNDROME</b>				
TOXIC SHOCK SYNDROME	0	0	1	0
<b>TUBERCULOSIS</b>				
TUBERCULOSIS	6	6	78	66
<b>TULAREMIA</b>				
TULAREMIA	0	0	0	0

\*Numbers include confirmed and probable cases

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## Classified Advertising

- OFFICE SPACE AVAILABLE. Desert Professional Plaza, 2225 E. Flamingo Rd., Ste. 103 (Across from Desert Springs Hospital). 1160 sq. ft., 3 exam rooms w/sinks, phones stay, computer wired, furniture and some medical equipment stays if desired. Full/PT sublease considered. Call 734-2292, Dr. John Pinto/Deena.
- SOUTHWEST MEDICAL ASSOCIATES is expanding our inpatient department and we are looking for board certified internists to work out of Mountain View/Summerlin, UMC/Valley or the new St. Rose hospital. Shift: 7 days on/7 days off - 12 hour shifts. We currently have 11 hospitalists and are looking for 7 more positions. We have an excellent benefit package. Compensation (DOE) \$137,000 - 180,000 + bonus program. Please call Kristin Grimes at 877-5158 or fax your CV to 258-3628!
- X-RAY EQUIPMENT. Like new! 500 MA Continental 125 KV with high frequency generator. Wall Bucky stand. Four-way float table. Floor rail mounted tube stand. Konica table model automatic processor. Cassettes - other accessories. New \$20,000.00. Yours for only \$9,800.00. Please call Family Medical Group, Evelyn (702) 459-5500.
- FOR LEASE: 2809 W. Charleston Blvd., 3500 sq. ft. (+/-) will build some to suit, excellent sign visibility, one story, ample parking, very close to UMC & Valley hospitals. Also for lease, bldg next door, 2905 W. Charleston, around 6500 sq. ft. (+/-), could add more square footage if needed, will build some to suit. Call 804-4736 leave message or cell directly 232-3344.
- OFFICE SPACE TO SHARE. Surgical specialist wishes to share completely furnished office suite. Flamingo/Burnham location. Immediate occupancy available. Call 734-1940.
- PLACE YOUR CLASSIFIED AD HERE by calling Deborah Barton at 739-9989. Ads up to 40 words are \$85. (FREE for CCMS members!)

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