

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE NEWSLETTER

Nevada State Board of Osteopathic Medicine, 2275 Corporate Circle, Suite 210, Henderson, NV 89074

Spring 2023 Volume 25

INSIDE THIS ISSUE

NEW LICENSE DATA BASE SYSTEM BRAND IDENTITY BOARD AND STAFF CHANGES INITIAL LICENSE FEES NOTICE



UPDATE TO THE PROCESS OF IMPLEMENTING A NEW LICENSE DATA BASE SYSTEM

The Board began implementing the migration of the new license database system with Thentia several months ago. Thentia is a company used by many licensing boards in Nevada and throughout the country. The goal of the new system is to implement a more user-friendly interface for licensees, staff, the Board and the public. We hope this new system will be operational before the 2024 license renewal period (September 2023).

Several features of the new licensing system include the following: 1) licensees will create and manage their own accounts (including initial applications and renewals); 2) pay all fees on the website; and, 3) facilitate staff administrative tasks, such as running reports and managing complaints and other documents. NOTE: Be advised that licensees will be required to upload and manage CME certificates every year prior to the end of each renewal year and will be able to track credits!!!!

The current license database system, K3 Systems, will no longer be used after the Thentia data base becomes operational.

NSBOM BOARD MEMBERS

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Licensing Specialist

Carrie Klein

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Reminder-Physician Assistant Precautionary Note!

Physician Assistants licensed in the State of Nevada, as well as most other states, are **NOT** legally allowed to use the title "Physician Associate" that is currently approved/adopted for discussion and research by the American Academy of Physician Assistants. According to AAPC, ARC-PA and other PA organizations, it is not recommended that this title be used by the PA until it has been officially adopted through studies and state regulation changes. The AAPC goes on to say that this process is expected to take up to 5 years to move forward. Utilizing the title of Physician Associate is a violation of State statute and could subject the PA that officially utilizes this title in their practice to disciplinary action by the Board for misrepresentation to patients.

BOARD AND STAFF CHANGES!

Board: **Jaldeep Daulat, D.O.**, was appointed by Governor Sisolak to the Board on December 1, 2022. **Daniel Curtis, D.O.**, was appointed by Governor Lombardo to the Board on April 1, 2023. We extend a hearty welcome to Drs. Daulat and Curtis.

C. Dean Milne, D.O., ended his nearly 18 years of service to the Board on March 20th. The Board appreciates his years of service to the Board and wishes him well.

Staff: At the August 2022 Board meeting, the Board approved **Frank DiMaggio** as the next Executive Director. Mr. DiMaggio has previous experience as an Executive Director with a licensing board and brings many years of public service with him. **Carrie Klein, Administrative/Licensing Assistant**, joined the Board staff on September 26, 2022. We welcome them aboard!!

Mission: The Nevada State Board of Osteopathic Medicine's mission is to protect and safeguard the public by licensing and disciplining well-educated and competent Doctors of Osteopathy and Physician Assistants.

**CURRENT MEMBER LIST-
INTERSTATE MEDICAL LICENSURE
COMPACT (IMLC)**

- NEVADA
- ALABAMA
- ARIZONA
- COLORADO
- DELAWARE
- DISTRICT OF COLUMBIA
- GEORGIA
- U.S. Territory of GUAM
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MONTANA
- NEBRASKA
- NEW HAMPSHIRE
- NEW JERSEY
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- PENNSYLVANIA
- RHODE ISLAND
- SOUTH DAKOTA
- TENNESSEE
- TEXAS
- UTAH
- VERMONT
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING

**2023 REMAINING
BOARD MEETINGS**

- June 13
- August 8
- September 12
- October 10
- November 14
- December 12

License Application Numbers

January - December 2022

- DO - 252
- PA - 56
- Residents – 155
- Other Special - 0
- Compact (IMLC) - 68
- Total Active - 2652

Enforcement Stats: Jan - Dec 2022

- Complaints - 110
- Settlement Agreements - 6
- Letters of Caution Issued - 20
- Complaints Closed - 120
- Fulfilled (Completed) Agreements - 5

Complaint Types*: Jan – Dec 2022

- Medical Malpractice – 15
- Prescribing – 5
- Standard of Care – 43
- Unprofessional Conduct General – 47
 - Medical Records – 4
 - Death Certificate Signing – 4
 - Terminating a patient - 1
- Non – Reporting – 2
- Other – 1

*Some types of complaints overlap

**BOARD ISSUES TEMPORARY POLICY WAIVING INITIAL
LICENSING FEES FOR FY 2022-23**

Beginning July 1, 2022, the Board waived fees for new licenses in Nevada through June 30, 2023. The Board will review the policy during the June 2023 Board Meeting to determine if fees will be waived in FY 2023-24. Note-this does not include Resident licenses.

Changes to PAs with Dual Licenses-PAs who simultaneously apply for licenses with both the Osteopathic and Medical Boards will only pay one half the regular fees.

BOARD RENEWAL FEES

- Renewal Fee: D0-\$350; PA-\$150
- Active Military Renewal Fee: \$0 (No Cost)

For more info go to:
<http://nsbom.org/LicensingPublic/licensurecompact.jsp>;

To apply for an IMLC medical license (DOs only):
<http://www.imlcc.org/>

***Closing your practice or
discharging a patient?***

The statutes/regulations require practitioners to notify the Board in writing 30 days before closing or changing a practice. See NRS 633.291; NAC 633.260(1)(2) for full details.

NOTE: Practitioners must notify patients of any practice changes (addresses or closings) per NRS 633.511.1(n) and NAC 633.070

CME Requirements Refresher (DO and PA)

Effective January 1, 2022, every two (2) years, psychiatrists and physician assistants working under the supervision of psychiatrists must complete two (2) hours of Cultural Competency and Diversity, Equality, and Inclusion.

DO: a) **35 hours** (credits) with at least ten (10) AOA 1A or AMA 1 hours (credits) which must include two (2) credits in misuse/abuse of controlled substances, opioid prescribing or addiction.

b) Suicide Prevention: DOs must obtain two (2) hours (credits) in suicide prevention within two (2) years of being licensed and repeated every four (4) years thereafter.

c) Even-numbered years: two (2) hours (credits) in one of the following: ethics, pain management, or addiction

d) Preceptorship credits may be applied to the required 35 annual CME credits.

Note: The annual NOMA conference does not fulfill the CME credit requirement if a total of **35 hours** (credits) are not earned for that conference.

PA: 20 hours (credits) of annual continuing medical education including completion of at least **two (2) hours** (credits) in the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

Brand identity: Highlighting the osteopathic physician's distinctiveness

Brian Loveless, DO, argues that DOs and osteopathic medical students should be proud of what makes them unique and claim the titles of DO and DO student.

January 2023 issue

The DO Distinction

Brian Loveless, DO

Brian Loveless, DO, is the chief medical officer of WesternU Health.

What's in a name? No, this isn't going to be a column on Shakespeare (or Rodney Dangerfield, for that matter), but I want to talk about what we call ourselves in the osteopathic world. Our professional title has been a point of contention throughout our history. A.T. Still, DO, MD, trained as an MD and later took the degree of Diplomate of Osteopathy (later changed to Doctor of Osteopathy, and then to Doctor of Osteopathic Medicine). In his [autobiography](#) he wrote, "Let your light so shine before man that the world knows you are an osteopath pure and simple and that no prouder title can follow a human name."

His students were proud to call themselves DOs, and yet today we still struggle with the terminology we use. When the current school year began, my Instagram was flooded with proud students at colleges of osteopathic medicine beginning their journey. Yet many of them called themselves "medical students" as opposed to "osteopathic medical students." Deans at many schools posted statements congratulating the newly matriculated on "starting medical school" as opposed to "starting osteopathic medical school."

Maybe you see this as a distinction without a difference. But is it? How can we hope to encourage our young physicians to practice the distinctive tenets of osteopathic medicine if we can't even start them out with the right title?

Meanwhile, our leadership continues to struggle with clear messaging. The AOA has a [brand campaign](#) that highlights the mind-body aspects of our practice but does not strongly emphasize the other aspects of osteopathic medicine, such as structure-function, body self-healing and the manipulative aspects of our practice.

It harkens back to the time in our history where we were struggling to gain equality with our MD colleagues. In order to do so, we minimized our distinctiveness. Now, however, is the time to emphasize our distinctiveness. We should be able, as a profession, to state clearly the type of medicine we practice, and we need to be able to proudly call ourselves osteopathic.

It has been [said](#) "(t)here is no alternative medicine. There is only scientifically proven, evidence-based medicine supported by solid data or unproven medicine, for which scientific evidence is lacking." The osteopathic profession has to be better about research and looking for evidence to support the foundational aspects of our profession.

While the current evidence base supports my contention that osteopathic medicine fulfills all of the components of the [Triple Aim](#), we need to continue to strengthen the evidence.

I have said in earlier columns that I believe many of the practices broadly accepted in medicine today, including mind-body medicine, lifestyle medicine and many “integrative” practices, are really osteopathic medicine rebranded. We need to take back that brand, to call our approach to medicine by its proper name, and to call ourselves by our proper name. And we need to make sure that our students, patients and colleagues know that we are osteopathic physicians!

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IMPORTANT REMINDERS

CME AUDIT PROCESS

The Continuing Medical Education (CME) Audit Policy has been revised. See below.

- 1) CME audits will remain random, with the goal of all licensees being audited at least once every five (5) years, possibly more depending on the random choice;
- 2) CME fines are NO longer charged for those with deficient CME credits;
- 3) Audited licensees must prove they took all required CMEs for the previous year to renew their license; and,
- 4) If proof is not provided after receiving a final notification letter for renewal, a licensee’s license will automatically expire pursuant to the provisions of NRS 633.481 and NAC 633.257(1).

See updated approved CME policy [here](#).

TO ALL LICENSEES: Remember to provide to the Board either your residence address or regularly checked P.O. Box number to ensure receiving important mail from the Board. **BUSINESS, PRACTICE OR LICENSING CREDENTIALLING OFFICE ADDRESSES ARE NOT TO BE USED** as they are not reliable destinations to receive or manage mail.

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SUPERVISION OF PHYSICIAN ASSISTANTS

NOTE: ALL physician assistants MUST be supervised IN PERSON for the first 30 days of working with every doctor of osteopathic medicine with whom they have a cooperating agreement. The statute, NRS 633.469(3), states: *A supervising osteopathic physician shall provide supervision to his or her physician assistant in person at all times during the first 30 days that the supervising osteopathic physician supervises the physician assistant. The provisions of this subsection do not apply to a federally qualified health center.* Additionally, Regulation NAC 633.289(3)(a) states: *Except as otherwise provided in NRS 633.469, a supervising physician shall provide supervision in person at least once each month to the physician assistant.*

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VETERAN SERVICES

AB 300 (2019 NV Legislative Session) provides for the outreach, education and expansion of information to veterans for service-connected disabilities and diseases, along with providing a statewide information/referral information system. The information below is also available on the Board’s web site under “Veterans Services.”

Understanding Presumptive Conditions:

<http://nsbom.org/LicensingPublic/docs/Presumptive%20Conditions%20-%20Veterans%20Services.pdf>

Types of Presumptive Conditions and Resources:

<http://nsbom.org/LicensingPublic/docs/Types%20of%20Presumptive%20Conditions.pdf>

Substance Use Disorders and Addiction Education to Meet New DEA Requirements

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time requirement which **goes into effect as of June, 27, 2023** for any Drug Enforcement Administration (DEA)-registered practitioner (except for veterinarians) to complete eight hours of training “on the treatment and management of patients with opioid or other substance use disorders.”

Many U.S. states already require physicians and other medical professionals to complete CME hours on safer prescribing of opioids. This new requirement asks physicians to have additional education on the treatment and management of patients with opioid or other substance use disorders.

If you have not met this specific eight-hour training requirement yet, the deadline to do so is the date of a practitioner’s next scheduled DEA registration submission.

OCCUPATIONAL RESOURCES

Nevada Osteopathic Medical Association (NOMA)

2245 Springdale Court, Reno, NV 89523

(855) 888-NOMA

www.nevadaosteopathic.org

Federation of State Medical Boards (FSMB)

www.fsmb.org

Opioid and Pain Management Resource Web Page

<http://www.fsmb.org/opioids/>

American Osteopathic Association

<https://www.osteopathic.org/Pages/default.aspx>

DO YOU HAVE NEWSLETTER TOPIC SUGGESTIONS?

Please email Frank DiMaggio at:

fdimaggio@bom.nv.gov

PLEASE NOTE: The contents of this newsletter constitute official notice from the Board to its licensees. All licensees are responsible to read and understand the contents of this newsletter.