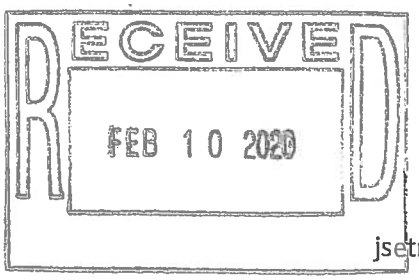
SFY21 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: JULY

REVENUES	APPROVED BUDGET (Pending)	BUDGET AMMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	YTD REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2021	TOTAL REVENUE/EXPENSE SFY21	DIFFERENCE
Beginning Balance	$ 2,133,664		$ 2,133,664			$ 2,133,664	$ 2,133,664	$ -
Renewal Fees	$ 4,576,940		$ 4,576,940			$ 4,576,940	$ 4,576,940	$ -
Registration Fees	$ 673,700		$ 673,700			$ 673,700	$ 673,700	$ -
Misc. Revenue	$ 155,000		$ 155,000			$ 155,000	$ 155,000	$ -
Interest Income	$ 30,500		$ 30,500			$ 30,500	$ 30,500	$ -
Late Fees	$ 25,000		$ 25,000			$ 25,000	$ 25,000	$ -
Total Revenues	$ 7,594,804	$ -	$ 7,594,804	$ -	$ -	$ 7,594,804	$ 7,594,804	$ -

EXPENSES								
Payroll	$ 2,897,623		$ 2,897,623			$ 2,897,623	$ 2,897,623	$ -
Operating	$ 909,437		$ 909,437			$ 909,437	$ 909,437	$ -
Equipment	$ 30,000		$ 30,000			$ 30,000	$ 30,000	$ -
In-State Travel	$ 110,000		$ 110,000			$ 110,000	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000			$ 65,000	$ 65,000	$ -
DAG Cost	$ 12,000		$ 12,000			$ 12,000	$ 12,000	$ -
Aid for Education	$ 2,000		$ 2,000			$ 2,000	$ 2,000	$ -
Reserve	$ 3,568,744		$ 3,568,744			$ 3,568,744	$ 3,568,744	$ -
Total Expenses	$ 7,594,804	$ -	$ 7,594,804	$ -	$ -	$ 7,594,804	$ 7,594,804	$ -
Balance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Item 6

FabianVanCott



JEFFREY B. SETNESS
Direct Dial: 702.333.4900
Cellular: 702.286.2626
jsetness@fabianvancott.com

February 7, 2020

VIA E-MAIL dwuest@pharmacy.nv.gov AND FEDERAL EXPRESS

Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ***Nevada State Board of Pharmacy v. Craig Weingrow, M.D.***
Case No. 17-066-CS-S

Craig Weingrow's Supplemental Information to Be Submitted to the Board Relating to His Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board

Dear Dave and Brett,

In response to the inquiries made during the January 15, 2020 Board Meeting, the following additional information and documentation is provided for the Board Members' consideration:

1. **Dr. Weingrow's Anticipated Type of Practice.** Dr, Weingrow anticipates practicing adult outpatient primary care. The type of diseases and illnesses that Dr. Weingrow anticipates treating are set forth in **Exhibit 1** which is attached.

2. **List of Controlled Substances Dr. Weingrow Anticipates Prescribing.** The type of controlled substances that Dr. Weingrow anticipates prescribing in his practice are set forth in **Exhibit 2** which is attached.

3. Medical Groups, Hospitals and Insurance Companies Require a DEA Registration. Although it is true that a physician licensed to practice by the Nevada State Board of Medical Examiners is authorized to prescribe medications, the type of medications that can be prescribed cannot include controlled substances. In order for a physician to be authorized to prescribe a controlled substance in Nevada, the physician must first obtain a Controlled Substance Registration from the Nevada State Board of Pharmacy and then obtain a DEA Registration from the Drug Enforcement Administration.

During the course of the January 15, 2020 hearing, questions were raised regarding the possibility of Dr. Weingrow commencing his practice for a period of time prior to the Board making a decision on Reinstatement of Controlled Substance Registration. In response to that inquiry, we conducted research regarding the possibility of: (1) Being hired by a medical group in Southern Nevada without an active DEA Registration; (2) Obtaining hospital privileges in Southern Nevada without an active DEA Registration; and (3) Being credentialed by insurance companies as a provider without an active DEA Registration. The results of our research are set forth below:

a. Medical Groups. In regards to a physician being hired by a medical group in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 3** a summary which sets forth that most of the large medical groups in Southern Nevada require an active DEA Registration for a physician to be considered for employment.

b. Hospitals. In regards to a physician obtaining hospital privileges in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 4** a summary which sets forth that the majority of the hospitals in Southern Nevada require an active DEA Registration for a physician to obtain hospital privileges.

c. Insurance Companies. In regards to a physician being credentialed by insurance companies as a provider without an active DEA Registration, please find attached as **Exhibit 5** a summary which sets forth that most of the major insurance carriers in Southern Nevada require an active DEA Registration for a physician to be credentialed.

4. Dr. Weingrow is Not Requesting Reinstatement of his Dispensing Practitioner Registration. As set forth in the original Petition for Reinstatement, Dr. Weingrow is not requesting reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medication. This is of significance given the fact that a significant number of the violations set forth in the Accusation related to dispensing as the summary attached as **Exhibit 6** illustrates.

Finally, we would respectfully request being permitted to appear at the Board's Meeting which is scheduled for March 18th and 19th, 2020 in Las Vegas.

If you believe there is any other additional information or documentation that may be of assistance to the Board that you would like us to provide, please let me know.

Regards,

JEFFREY B. SETNESS
FABIAN VANCOTT

Attachments

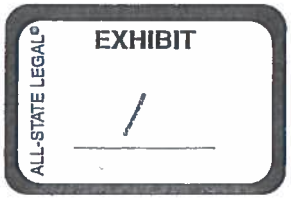
411 East Bonneville Avenue, Suite 400
Las Vegas, Nevada 89101
Tel: 702.233.4444 Fax: 877.898.1168
www.fabianvancott.com

CRAIG WEINGROW, M.D.

ANTICIPATED TYPE OF PRACTICE - ADULT OUTPATIENT PRIMARY CARE

Dr. Weingrow anticipates treating the following chronic diseases and illnesses, including but not limited to, the following:

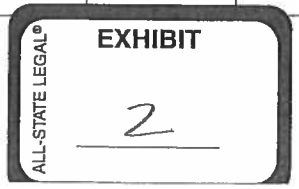
Diseases	Illnesses
Diabetes	Lower Back Pain
Hypertension	Abdominal Pain
Dyslipidemia	Headache
Irritable Bowel Syndrome	Conjunctivitis
Depression	Bronchitis/Cough
Anxiety/Panic Disorder	Flu/Viral Illness
Insomnia	Earache
Migraine	Sore Throat
Fibromyalgia	Dizziness
Obesity (without prescribing any Controlled Substances)	Muscle Sprain/Strain
Coronary Artery Disease	Knee Pain
COPD	Urinary Tract Infection
Asthma	STD
Hypogonadism	N + V/ Diarrhea
Menopausal Symptoms	Acute Sinusitis
Thyroid Disorders	Fatigue
Osteoarthritis	Other
Osteoporosis	
Non-alcoholic Fatty Liver Disease	
Benign Prostatic Hyperplasia	
Acne	
Tobacco Abuse	
Chronic Kidney Disease	
Other	



CRAIG WEINGROW, M.D.

LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES PRESCRIBING

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post-Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia

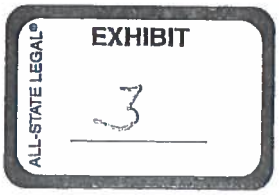


CRAIG WEINGROW, M.D.

MEDICAL GROUPS THAT REQUIRE AN ACTIVE DEA REGISTRATION TO BE HIRED

Name of Group	Required Qualifications to Be Hired Include:	Exhibit
Southwest Medical Associates (an Optum Company) - Nevada's Largest Multi-Specialty Practice	"An unrestricted DEA License (or ability to obtain prior to start)"	3-A
DaVita Medical Group/ Healthcare Partners	"Current Nevada DEA certificate required prior to start date"	3-B
Sierra Health and Life/Health Plan of Nevada	"An unrestricted DEA License (or ability to obtain prior to start"	3-C
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	3-D

It should be noted that DaVita/Healthcare Partners; Optum/Southwest Medical Associates; and University Medical Center employ approximately 90% of all the primary care physicians in the Las Vegas area.



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Physician Urgent Care - Las Vegas, NV (859893)

Apply (https://uhg.taleo.net/careersection/10030/jobapply.ftl?lang=en&job=859893&utm_source=indeed.com&utm_medium=job_posting&utm_campaign=branding&utm_term=indeed_organic&utm

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Position Description

As a part of the OptumCare network, Southwest Medical is looking for a dynamic

Full-Time Urgent Care Physician to work in our Henderson location

Southwest Medical Associates(SMA), an Optum company, is Nevada's largest multi-specialty practice, with over 350 physicians and advanced practice clinicians. Our facilities include 22 medical offices, with 13 urgent cares and retail clinics, two lifestyle centers catering to seniors and two outpatient surgery centers. The practice is fully integrated and includes home health, complex disease management, pharmacy services, medical management and palliative care. SMA is actively engaged in population health management, with an emphasis on outcomes, and offers patients compassionate, innovative and high-quality care throughout Nevada. SMA is headquartered in Las Vegas, Nevada.

Our On-Demand Care Department is the largest, most-comprehensive in Nevada for outpatient episodic care, with a quarter million visits annually. The department includes six urgent cares and seven retail clinics, offering a full-spectrum of services, with on-site laboratory, radiology (which includes CT and ultrasound), observation unit and infusion center. Our practice is nearly paperless, with electronic health records, digital radiology, electronic prescriptions and e-visits. The practice encompasses the full scope of urgent care and is evidence-based and protocol driven. Our department also includes a robust telemedicine practice, with nearly 15,000 virtual consultations since 2014.

Position Highlights

- The schedule is equitable and flexible, with ample time off.
- Providers work primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff.
- Additional shifts, which are paid at a premium rate, are also available.

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Brooklyn, NY
Nurse Practitioner Long Term Care Brooklyn NY 860631 (/data/jobs/healthcare-delivery/860631-nurse-practitioner-long-term-care-brooklyn-ny)

TOP

3-A

The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week.

- Our total compensation is extremely competitive, with incentive bonuses and a rich benefits package

Required Qualifications:

- Board certification or Board Eligible (as a resident) in a specialty field of medicine with experience treating all ages
- An unrestricted DEA license (or ability to obtain prior to start)

Preferred Qualifications:

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

Careers with Optum. Here's the idea. We built an entire organization around one giant objective; make the health system work better for everyone. So when it comes to how we use the world's large accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum, part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where health care has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum, incredible ideas in one incredible company and a singular opportunity to do your life's best work.[SM]

Diversity creates a healthier atmosphere: UnitedHealth Group is an Equal Employment Opportunity/Affirmative Action employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

Job Keywords: Urgent Care, Physician, AGGME, ABMS, ABOS, Healthcare, Medical, Las Vegas, NV, Nevada

Job Details

Requisition Number	Job Title
859893	Physician Urgent Care - Las Vegas, NV
Job Family	**Business Segment**
Healthcare Delivery	OptumCare

Job Location Information

NV	**Other Locations**
United States	Las Vegas, NV
North America	

Additional Job Detail Information

Employee Status	Schedule
Regular	Full-time
Job Level	**Shift**
Director	Day Job

TOP

UnitedHealth Group is committed to working with and providing reasonable accommodations to individuals with physical and mental disabilities. If you need special assistance or accommodation for any part of the application process, please call 1-800-561-0861 and press or say 1 for Applicant to be connected to Recruitment Services. Recruitment Services hours of operation are 7 a.m. to 7 p.m. CT, Monday through Friday.

Diversity creates a healthier atmosphere: All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

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DaVita Medical Group Physician, Primary Care

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Internal Applicants (https://www.myworkday.com/healthcarepartners/d/inst/6784$90/rel-task/1422$12450.htmld)
About Us (https://jobs.davitamedicalgroup.com/aboutus)
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HealthCare Partners, A DaVita Medical Group · The Everett Clinic, For the health you · Willamette Valley Medical Group, A DaVita Medical Group · magan medical clinic, inc. · NPN

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< Previous job (https://jobs.davitamedicalgroup.com/job/HCPAUSR0069110WORKDAY/Hospitalist-Skilled-Nursing-Facility)
Next job > (https://jobs.davitamedicalgroup.com/job/HCPAUSR0067538WORKDAY/Laborist)

Job Description

Overview

DaVita Medical Group is looking for a Full-Time Primary Care Physician to join our team in Henderson. We practice the Total Care Model, a patient-centered, comprehensive model designed to help carefully manage our patients' health. Our providers are supported by an entire network of primary care physicians, specialists, nurses, case managers, diagnostics team members, prescriptions, skilled nursing facility, house calls, transportation services and others, all working in sync to help our patients stay healthy.

DaVita Medical Group offers competitive pay with financial incentives for yielding strong metrics on quality care while seeing a lower than average census. We provide our clinicians an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits, charitable sponsorships, and volunteer opportunities.

If you're looking to join a community that is making a difference in healthcare, DaVita Medical Group is the place for you. Our initial on-line application process will take you a few minutes to complete! You may also contact Keisha Taylor, Clinician Recruiter, directly at (702) 466-9289 or ketaylor@hcpnv.com (mailto:ketaylor@hcpnv.com).

Position Details

- Work Schedule: Full-time, 4 10-hour days/week
- Avg Daily Patient Census: 30-40/day
- No call

Requirements

- Unrestricted Nevada MD/DO license
- Current Nevada DEA certificate required prior to start date
- ACLS/PALS certifications
- BC/BE in Family Medicine or Internal Medicine
- At least three years of experience in Primary Care

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- Fluent Spanish speaking ability

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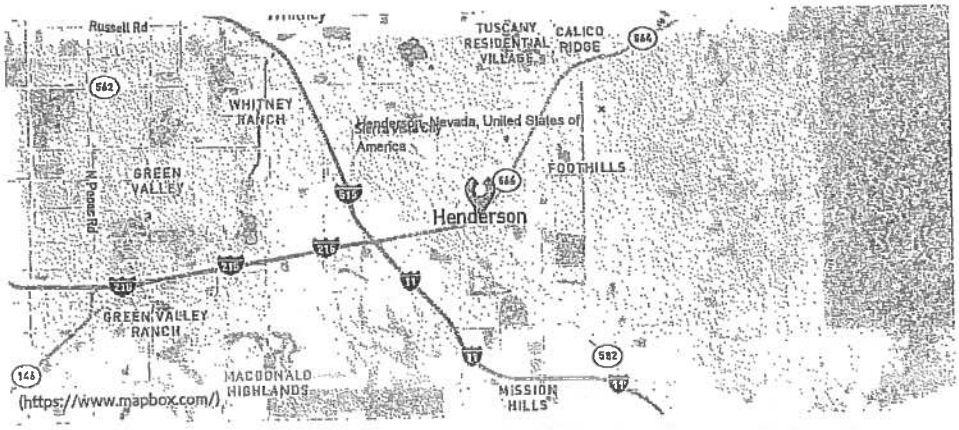

Family Medicine Physician
(https://jobs.davitamedicalgroup.com/job/HCPAUSR0063801WORKDAY/Family-Medicine-Physician)
Canyon Country, California, United States of America

Family Physician Walk In / Urgent Care
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Everett, Washington, United States of America

Internal Medicine Physician, Outpatient
(https://jobs.davitamedicalgroup.com/job/HCPAUS11516/Internal-Medicine-Physician-Outpatient)
Everett, Washington, United States of America

Physician, Primary Care
(https://jobs.davitamedicalgroup.com/job/HCPAUS9498/Physician-Primary-Care)
Las Vegas, Nevada, United States of America

Internal Medicine Physician
(https://jobs.davitamedicalgroup.com/job/HCPAUS9587/Internal-Medicine-Physician)
Alhambra, California, United States of America

HCP Coordinated Car...

At DaVita Medical Group we're focused on coordinated care.

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(http://davitamedicalgroup.com/) (http://www.healthcarepartners.com/) (http://www.jsahealthcare.com/) (http://www.everettclinic.com/) (https://mvmg.com/)

(http://www.maganclinic.com/?) (https://www.npnwa.net/)

(https://www.facebook.com/DaVitaMedicalGrou
(https://twitter.com/DaVitaMedical)
(https://www.linkedin.com/company/davita-medical-group)
(https://www.glassdoor.com/Overview/Working at-DaVita-HealthCare-Partners-EI_IE996114.11,37.htm)

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with nearly 16,000 virtual consultations since 2014.

Position highlights

- The schedule is equitable and flexible with ample time off
- Providers work primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff
- Additional shifts, which are paid at a premium rate, are also available
- The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week
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- An unrestricted DEA license (or ability to obtain prior to start)

Preferred Qualifications:

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

Careers with Optum. Here's the idea. We built an entire organization around one giant objective; make the health system work better for everyone. So when it comes to how we use the world's large accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum, part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where health care has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum, incredible ideas in one incredible company and a singular opportunity to do your life's best work.SM

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: $101.77 - $101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:

Position Summary:
Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:
Education/Experience:
Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:
Valid License by State of Nevada to practice medicine, State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

3-D

Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) from the American Heart Association (AHA).

KNOWLEDGE, SKILLS, ABILITIES, AND PHYSICAL REQUIREMENTS:

Knowledge of:

Adult and pediatric care, equipment, supplies and practices; federal, state, local and accreditation laws, regulations and standards; related outside agencies, their services, roles and responsibilities to contact them to appropriate needed information for patient referrals; principles and practices of medical care; quality assurance and performance improvement principles and methods; department and hospital safety practices and procedures; patient rights; infection control policies and procedures; handling, storage, use and disposal of hazardous materials; department and hospital emergency response policies and procedures; age specific patient care practices.

Skill in:

Effective provision of medical care; assessing and improving the effectiveness and efficiency of medical care provided through the use of hospital QI program; ensuring that services are appropriate for meeting patient's medical, social and emotional needs, consistent with sound health care resource allocation practices; developing goals, objectives, policies and procedures; applying leadership techniques; making effective decisions under stress and emergency circumstances; developing care plans; solving problems; communicating with a wide variety people from diverse socio-economic and ethnic backgrounds; establishing and maintaining effective working relationships with all personnel contacted in the course of duties; efficient, effective and safe use of equipment.

Physical Requirements and Working Conditions:

Mobility to work in a typical office setting and use standard equipment, stamina to remain seated and maintain concentration for extended periods of time; vision to read printed materials and a VDT screen; hearing and speech to communicate effectively in-person and over the telephone. Strength and agility to exert up to 10 pounds of force constantly to move objects.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this classification.

APPLICATIONS MAY BE FILED ONLINE AT:
http://www.umcsn.com

University Medical Center of Southern Nevada
Las Vegas, NV 89102

brenna.leising@umcsn.com

Position #17-TBD
P/D STAFF PHYSICIAN
SL

P/D Staff Physician Supplemental Questionnaire

* 1. Have you been previously denied participation in any managed care organizations?

☐ Yes ☐ No

* Required Question

CRAIG WEINGROW, M.D.

HOSPITAL PRIVILEGES WHICH REQUIRE CURRENT AND UNRESTRICTED DEA REGISTRATION

Name of Hospital	**Required Qualifications to Be Hired Include:**	**Exhibit**
Valley Health System Spring Valley Hospital Centennial Hills Desert Springs Henderson Hospital Summerlin Hospital Valley Hospital	"Minimum basic criteria: Evidence of Current Licensure: Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source; copies of license are not necessary."	4-A
Sunrise Health System MountainView Hospital Sunrise Hospital	"To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain 'Threshold Eligibility Criteria'" "Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?"	4-B
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	4-C

Spring Valley Hospital Medical Center

Credentials Manual

Approved:

MEC: September 30, 2010, January 26, 2012, April 2015
BOG: November 16, 2010, February 21, 2012, May 20, 2015

4-A

Spring Valley Hospital Credentials Manual

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m) Professional Liability Actions: Particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and information concerning any cancellation, non-renewal, or limitation of malpractice insurance coverage.

n) Miscellaneous Information: Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Hospital Board.

o) Minimum Basic Criteria: The following basic criteria must be appropriately documented and the information reasonably confirmed:

- Evidence of Current Licensure:

  Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source, copies of license are not necessary.

- Relevant Training and/or Experience:

  At the time of appointment and initial granting of clinical Privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.

- Current Competence:

  Recent letters of verification from the applicant's residency and/or fellowship program director or designee if residency or fellowship training was within five (5) years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical procedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct.

- Ability to Perform Privileges Requested (Health Status):

  A health status statement provided by the Hospital and signed by the applicant indicating that no physical or mental health problems exist that could affect his practice.

2.3 APPLICATION FEE

MOUNTAINVIEW HOSPITAL

THRESHOLD ELIGIBILITY CRITERIA – REQUEST FOR CONSIDERATION

PROVIDER NAME: _____ **DATE OF REQUEST:** _____

Dear Physician or Advanced Practice Professional: To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain "Threshold Eligibility Criteria". Please answer the following questions in order to determine your ability to receive a "Request for Consideration."

1.	☐ Yes ☐ No	Do you have a current, unlimited, unrestricted, active Nevada license to practice in your respective profession?
2.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals, do you have the necessary coverage by a sponsoring or supervising physician as required by the State laws and regulations?
3.	☐ Yes ☐ No	Have proof of identity and either US citizenship or evidence of status as a lawful permanent resident of the US; or evidence that the individual is in the US legally and has the required permission(s) to work in this country? For individuals who are not US citizens who are requesting reappointment or renewal of privileges, evidence of a current visa and current work permit shall be required.
4.	☐ Yes ☐ No	Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and a Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?
5.	☐ Yes ☐ No	Can document your (i) background, experience, training and demonstrated competence; (ii) adherence to the ethics of their profession; (iii) good reputation and character, including the applicant's mental and emotional stability and physical health status, and (iv) ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by you in the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner?
6.	☐ Yes ☐ No	Be located (office and/or residence) within the geographical service area of the Hospital, as defined by the Board of Trustees, close enough to fulfill your Medical Staff responsibilities and to provide timely and continuous care for your patients in the Hospital?
7.	☐ Yes ☐ No ☐ N/A	Telemedicine Provider (Specialty: _____) [Telemedicine providers must be licensed in the State of Nevada]
8.	☐ Yes ☐ No	Be available on a continuous basis, either personally or by arranging appropriate coverage, to the respond to the needs of inpatients and Emergency Department patients in a prompt, efficient, and conscientious manner. ? ("Appropriate coverage" means coverage by another member of the Medical Staff with specialty-specific privileges equivalent to the Practitioner for whom he or she is providing coverage.) Compliance with this eligibility requirements means that the Practitioner must document that he or she is willing and able to (i) respond within 15 minutes, via phone, to STAT pages from the Hospital and respond within 30 minutes, via phone, to all other pages and (ii) appear in person to attend a patient within 30 minutes, when requested to do so by the Practitioner caring for the patient at the Hospital.

Threshold Eligibility Criteria

9.	☐ Yes ☐ No	Do you have current, valid professional liability insurance coverage in a form acceptable to the Hospital, including insurance through a carrier authorized to do business in the State of Nevada as a licensed provider of professional malpractice insurance, insurance for the clinical privileges requested, and with limits of at least $1 million for each claim and $3 million in aggregate?
10.	☐ Yes ☐ No	Have you ever been convicted of, or entered into a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state government or private third-party payer fraud or program abuse, or have be ordered by a court to pay civil monetary penalties for the same?
11.	☐ Yes ☐ No	Have you ever been, or are you currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care programs, as verified by screening ineligible persons against the OIG (Office of the Inspector General) or GSA (General Services Administration)?
12.	☐ Yes ☐ No	Have you ever resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation?
13.	☐ Yes ☐ No	Have you ever had Medical Staff appointment, employment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct?
14.	☐ Yes ☐ No	Have you ever been convicted of, or entered into a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence?
15.	☐ Yes ☐ No	Are you able to demonstrate recent clinical activity in your primary area of practice during the last two years?
16.	☐ Yes ☐ No	Have you successfully completed and show verification of; Graduation from a school of medicine accredited by the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, or a school of dentistry accredited by the Commission on Accreditation of the American Dental Association, or a school of podiatry accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or other accredited school appropriate to his or her profession. If the applicant is a physician who is a foreign medical graduate, he/she must have successfully completed the Education Commission for Foreign Medical Graduate (ECFMG) or an accredited Fifth Pathway Program, and have verification of graduation from a foreign medical school?
17.	☐ Yes ☐ No	Have you successfully completed and show verification of; an "approved" postgraduate training program for physicians is a residency program fully accredited throughout the time of the Practitioner's training by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or an equivalent organization in a country eligible for licensure by endorsement of current license by the licensure board. An approved post-graduate training program for podiatrists and dentists or oromaxillofacial surgeons is one fully accredited throughout the time of the Practitioners training by the Commission on Dental Accreditation, by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or by a successor agency to any of the foregoing or by an equivalent professionally recognized national accrediting body in the United States or in a country eligible for licensure by endorsement of current license by the licensure board.
18.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals; have you successfully completed an approved postgraduate training program in your respective profession?

Threshold Eligibility Criteria

19.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals; are you currently certified by your recognized Board? Advanced Practice Professionals must be certified by their recognized Board prior to being considered for granting of clinical privileges. Recognized APP certification Boards include: For Physician Assistants the National Commission on Certification of Physician Assistants; for Certified Nurse Midwives the American Midwifery Certification Board; for Advanced Practice Nurses the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or the Association of Women's Health, Obstetrical and Neonatal Nurses or other nationally recognized accrediting board.
20.	☐ Yes ☐ No	Do you have proof of Participation in continuing education as related to the clinical privileges requested?
21.	☐ Yes ☐ No	Are you currently board certified in the specialty for which you will be requesting clinical privileges? *(Board Certification within 5 Years of completion of Residency/Fellowship required)* [In your primary area of practice at the Hospital by the appropriate specialty/subspecialty board of the American Board of Medical Specialties ("ABMS"), or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association (AOA). For podiatrists, the board certification program accepted by the Hospital is the American Board of Foot and Ankle Surgery (ABFAS), and for dentists and oromaxillofacial surgeons the board certification program accepted by the Hospital is the American Board of Oral/Maxillofacial Surgeons (ABOMS) or the American Dental Association (ADA)]
22.	**(Required)** Please provide the name of the Board; even if you are not yet board certified	**Name of Specialty Board:**_____ **Specialty (1):**_____ **Specialty (2):**_____
23.	☐ N/A	If you are not board certified; when did you last complete your highest level of training? (i.e.: Residency or Fellowship completion date) _____ When are you scheduled to take the Board Exam? _____
24.	☐ Yes ☐ No	Have you ever failed a written or oral Board Examination? If Yes; how many attempts have you made to pass the board examination? _____ Number of times you have failed the board examination? _____

Only those individuals meeting all of the Threshold Eligibility Criteria shall be eligible to apply for appointment to the Medical Staff or clinical privileges, and these professional criteria shall apply uniformly to all applicants.

I attest that I have read the above statement, and that I have answered the above questions regarding my Threshold Eligibility Criteria. I am submitting a request to begin the "Request for Consideration" process at MountainView Hospital.

_____ _____

Provider Signature Date

_____

Name (printed)

MOUNTAINVIEW
HOSPITAL

Provider Information

1) Providers Complete Name (As it appears on the Nevada State Medical Board): _____

2) AKA: (other names used) _____

3) Gender: Male Female (Please circle) _____

4) Provider Degree: MD, DO, PA-C or APN? _____

5) Date of Birth: _____

6) Social Security Number: _____

7) NPI: _____

8) Email Address for Provider: _____

9) Applying for Primary Specialty in: _____

10) Is he/she Board Certified in Primary Specialty: **Yes** or **No** (Please circle) _____

11) If not, when did he complete his Residency/Fellowship in that Specialty: _____

12) Have you ever taken a specialty board exam and failed? **Yes** or **No** (Please circle) _____
If "Yes" please provide details (including dates) _____

13) Applying for Secondary Specialty in: _____

14) Is he/she Board Certified in Secondary Specialty: **Yes** or **No** (Please circle) _____

15) If not, when did he complete his Residency/Fellowship in that Specialty: _____

16) Provider Home Address: _____

17) *Provider Cell/Mobile Number: _____
Carrier: AT&T / Sprint / T-Mobile / Verizon / Other / Specify: _____

18) Primary Office Address: _____

19) Primary Office Phone: _____

20) Primary Office Fax: _____

Credentialing / Delegate Information (Please also complete the HCA-HCO Provider Delegate Form)

21) Credentialing Mailing Address: _____

22) Credentialing Contact Information: _____
1-Name of Credentialing Contact: _____
2-Email for Credentialing Contact: _____
3-Phone Number for Credentialing Contact: _____
4-Fax Number for Credentialing Contact: _____

PARALLON®

HCA Credentialing Online (HCO) – Provider's Authorization for Delegate

Step 1

Please enter your information below to ensure the information we have is accurate in our credentialing system.

Provider Name: _____

Provider Phone: _____

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

☐ I do not want to select any delegates at this time. I will personally provide my credentialing information.
_____ *initial and skip to Step 3*

☐ I understand that one delegate for all entities is preferred; however, I have different people to handle my credentialing at different entities. The delegate listed below is my primary delegate for HCO access.

☐ The delegate listed below is my delegate for all entities.

☐ I hereby authorize:

Delegate	
	Name:
	Email:
	Phone: ( ) - ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online (HCO) web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them for consideration via the HCO web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

_____ PROVIDER SIGNATURE

_____ NAME

_____ SOCIAL SECURITY NUMBER or NPI

_____ DATE (MM/DD/YYYY)

Step 3

Please complete, sign and date. The form may be returned using fax, email, or U.S. mail using the contact information provided in the footer of this letter.

Credentialing Processing Center – Houston Shared Services Center
~~8101 West Sam Houston Parkway South, Houston, TX 77072~~
~~866-579-0803 toll free ♦ 866-862-5432 fax~~
~~HRSCHoustonCPC@Parallon.com~~

Fax to MountainView Hospital: 702-962-5554

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: $101.77 - $101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:

Position Summary:
Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:
Education/Experience:
Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

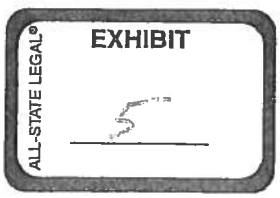
Licensing/Certification Requirements:
Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

4-C

CRAIG WEINGROW, M.D.

REQUIREMENTS TO BE CREDENTIALED WITH INSURANCE COMPANIES TO BE A PROVIDER

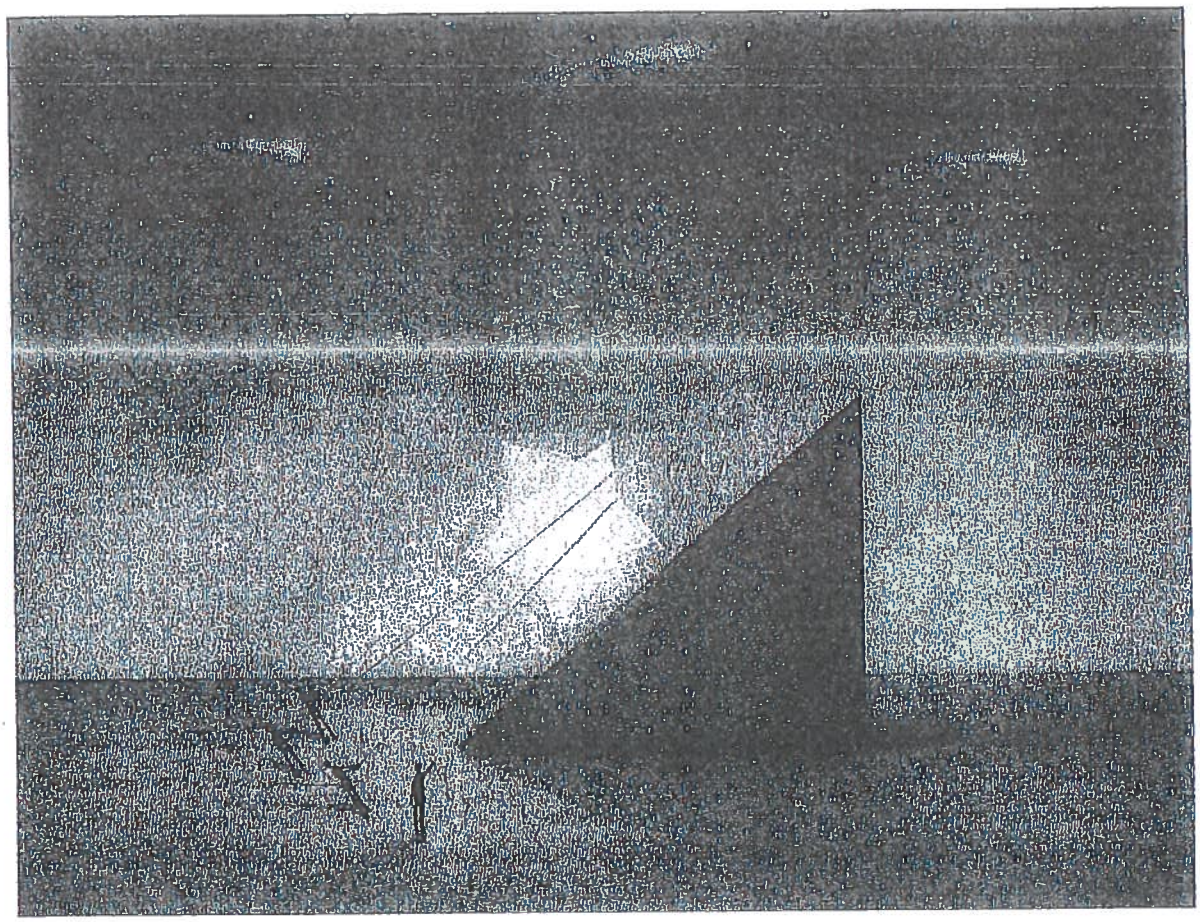
Name of Hospital	**Required Qualifications to Be Hired Include:**	**Exhibit**
CAQH Solutions - Credentialing Authority to Qualify to be a Provider	What You'll Need to Get Started . . .DEA Certificate CDS Certificate	5-A
Anthem	"Initial Credentialing A. Practitioners DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state."	5-B
United Healthcare	"Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptance substitute (if required)"	5-C
Aetna	"Drug Enforcement Agency (DEA) and state controlled substances registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)"	5-D
Medicare	"Drug Enforcement Agency (DEA) number"	5-E
Cigna	Requirement Drug Enforcement Agency DEA Certificate Valid, unrestricted	5-F



Provider Quick Reference Guide

CAQH Solutions PROVIEW®

All major payors



CAQH ProView — is the premier industry solution for healthcare providers to easily self-report data required by health plans, hospitals and other organizations. This information is used for credentialing, claims processing, quality assurance, member services, emergency response and more.

Easy to use, CAQH ProView eliminates the need to complete multiple, lengthy paper forms. Information is submitted securely electronically and only once. Providers can spend less time filling out forms and more time caring for patients. Available in all 50 states and the District of Columbia, CAQH ProView is free to providers.

5-A

CAQH ProView — The new industry standard for provider data collection

- Fully electronic solution saves time and eliminates the need for redundant, time-consuming paper forms and faxes.
- Simplifies provider data collection by only prompting to enter the data required for the state(s) where a provider practices.
- The CAQH ProView data set meets the data collection requirements of URAC, the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
- CAQH ProView is supported by America's Health Insurance Plans, American Academy of Family Physicians, American College of Physicians, American Health Information Management Association, American Medical Association, and Medical Group Management Association.

Benefits to Providers

- Free service to providers.
- Easy to use.
- Enter, submit and store all data electronically.
- Eliminates the need for time-consuming paper forms.
- Enhanced security features help you maintain total control of your information.
- Re-attest in minutes.
- Updated information is immediately available to organizations authorized by the provider.

What You'll Need to Get Started

If you are a new user, you will need several pieces of information before getting started.

- CAQH-supplied Provider ID Number
- Previously completed credentialing application if available (for reference)
- List of all previous and current practice locations
- Identification numbers, such as Social Security Number, National Provider Identifier (NPI), DEA, UPIN, and License Number
- Electronic (scanned) copies of your:
  - Curriculum Vitae
  - Medical License
  - DEA Certificate
  - CDS Certificate
  - IRS Form W-9
  - Malpractice Insurance Face Sheet
  - Summary of any pending or settled malpractice cases
  - Any other required supporting documents

Using CAQH ProView

Follow the steps below to complete the CAQH ProView process.

The menu prompts in CAQH ProView take you through each step; click the "Save & Continue" button at the bottom of each page to go to the next page. Each step specifies instructions for "New Users" who are using CAQH ProView for the first time.

New Users

Providers using the solution for the first time should allow approximately two hours to complete the process. You can also complete the process over several sessions. Click the "Save & Continue" button to save your information if you leave the application or will not be using it for an hour or more. When returning, you must log in and select the section you wish to work on.

Register with CAQH ProView	Complete the Application and Review Data	Authorize Access to Your Information
If you have been invited to join CAQH ProView by a health plan, hospital or other participating organization, you may have received a welcome letter with your CAQH Provider ID Number. As a new user, you also have the option to self-register through the CAQH ProView Provider portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration: 1. Go online to https://proview.caqh.org/pr 2. Click "Register Now." 3. At the bottom of the page, click "here" on the "If you already have a CAQH Provider ID, please click here." 4. Enter your CAQH Provider ID Number. 5. Enter your authentication data (e.g., SSN, National Provider Identifier (NPI), DEA, UPIN, and License Number) 6. Create username and password. 7. Choose and answer three security questions. 8. Acknowledge the Terms of Service. 9. Click "Create Account".	1. Select "Profile Data" from the top navigation bar. 2. Enter the requested information within each section. — Use "Go to previous section" or "Save & Continue" to page forward or backward within your application. — It's important to click on the "Save & Continue" button to save your information. If you close the browser without clicking "Save & Continue," you will lose your information. 3. Select "Review & Attest" to review your profile and to make any required fixes to your information. During "Review" you can do any of the following: — Select "View Errors" to view both required and suggested fixes. — Required fixes are items that must be fixed to complete your profile. — Suggested fixes are items that appear irregular or inconsistent within your profile Information. — Select "View Documents" to view the status of all uploaded supporting documents, as well as any missing or expired documents. — Double-click on the image in "View Your Data Summary" to review a summary of your profile information. — Generate a replica of a state-specific application by clicking "Download Your State Application", selecting the state and clicking Download. 4. Authorize POs to grant them access to your information.	Only you can authorize who has access to your information. For new CAQH ProView users, access the "Authorize" page from the left navigation. 1. On the "Authorize" page, you have two options to select which listed organization(s)** you would like to receive your information: — "All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider." -OR- — "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below:" 2. Select one and click "Save" to proceed to the next step in the process. 3. Click "Review & Attest". 4. Proceed to "Next Steps — All Users" on the next page. **If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.

Next Steps — All Users

Verify Your Data Entry — Review & Attest

Complete the following steps to verify the accuracy of your information and complete your attestation.

1. Select "Review & Attest" from the top navigation bar.
2. Click "View Your Data Summary" to display a summary of the data you entered.
3. Review your data summary to make sure it is complete. You may save or print your data summary.
   — If you need to make changes, click "Profile Data" from the top navigation bar to select the section that needs to be revised.
4. Select "Attest" to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge.

Submit Supporting Documents

After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps:

1. The "Documents" or "Review" pages will inform you what documents are needed to complete your application.
2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to CAQH ProView.

Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.

Maintain the Accuracy of Your Information

Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from CAQH ProView to re-attest that all the information in your profile is still correct. To complete this requirement, follow these steps:

1. Go online to https://proview.caqh.org/ (or at least every 120 days (180 days for all providers))
2. Log in
3. At the home page, select "Review & Attest"
4. Review and update your data as needed
5. Click on "Attest"
6. Upload any applicable supporting documents

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Questions? CAQH ProView Support Desk Phone: 1-888-599-1771 | Chat: https://proview.caqh.org/PR

Credentialing

Anthem's Discretion

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of its credentialing program nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our Members. Anthem further retains the right to approve, suspend, or terminate individual physicians and health care professional, and sites in those instances where it has delegated credentialing decision making.

Credentialing Scope

Anthem credentials the following licensed/state certified independent health care practitioners:

- Medical Doctors (MD)
- Doctors of Osteopathic Medicine (DO)
- Doctors of Podiatry
- Chiropractor
- Optometrists providing Health Services covered under the Health Benefit Plan
- Oral and Maxillofacial surgeons
- Psychologists who have doctoral or master's level training
- Clinical social workers who have master's level training
- Psychiatric or behavioral health nurse practitioners who have master's level training
- Other behavioral health care specialists Telemedicine practitioners who provide treatment services under the Health Benefit Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Genetic Counselors
- Audiologists Acupuncturists (non-MD/DO)
- Nurse practitioners
- Certified nurse midwives
- Physician assistants (as required locally)
- Registered Dieticians

The following behavioral health practitioners are not subject to professional conduct and competence review under Anthem's credentialing program, but are subject to a certification requirement process including verification of licensure by the applicable state licensing board to independently provide behavioral health services and/or compliance with regulatory or state/federal contract requirements for the provision of services:

- Certified Behavioral Analysts
- Certified Addiction Counselors
- Substance Abuse Practitioners

Anthem credentials the following Health Delivery Organizations ("HDOs"):

- Hospitals
- Home Health Agencies
- Skilled Nursing Facilities (Nursing Homes)
- Ambulatory Surgical Centers
- Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings, including:
  - Adult Family Care/Foster Care Homes
  - Ambulatory Detox
  - Community Mental Health Centers ("CMHC")
  - Crisis Stabilization Units
  - Intensive Family Intervention Services
  - Intensive Outpatient – Mental Health and/or Substance Abuse
  - Methadone Maintenance Clinics
  - Outpatient Mental Health Clinics

5-B

Practitioners and HDOs are notified that they have the right to review information submitted to support their credentialing applications. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner or HDO within thirty (30) calendar days of the identification of the issue. This communication will notify the practitioner or HDO of the right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be documented in the practitioner's credentials file. The practitioner or HDO will be given no less than fourteen (14) calendar days in which to provide additional information. On request, the practitioner will be provided with the status of their credentialing or recredentialing application.

Anthem may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

Nondiscrimination Policy

Anthem will not discriminate against any applicant for participation in its programs or provider network(s) on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities which are provided to the members to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process. Anthem will audit credentialing files annually to identify discriminatory practices, if any, in the selection of practitioners. Should discriminatory practices be identified through audit or through other means, Anthem will take appropriate action(s) to track and eliminate those practices.

Initial Credentialing

Each practitioner or HDO must complete a standard application form deemed acceptable by Anthem when applying for initial participation in one or more of Anthem's Networks or Plan Programs. For practitioners, the Council for Affordable Quality Healthcare ("CAQH") ProView system is utilized. To learn more about CAQH, visit their web site at www.CAQH.org.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the one hundred eighty (180) calendar day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, Anthem will review, among other things, verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

A. Practitioners

Verification Element
License to practice in the state(s) in which the practitioner will be treating Members.
Hospital admitting privileges at a TJC, NIAHO or AOA accredited hospital, or a Network hospital previously approved by the committee.
DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid in

Verification Element
the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report
State Medicaid Exclusion Listing, if applicable

B. HDOs

Verification Element
Accreditation, if applicable
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

All applicable practitioners and HDOs in the Network within the scope of Anthem Credentialing Program are required to be recredentialed every three (3) years unless otherwise required by contract or state regulations.

Health Delivery Organizations

New HDO applicants will submit a standardized application to Anthem for review. If the candidate meets Anthem screening criteria, the credentialing process will commence. To assess whether Network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in Anthem Credentialing Program Standards, all Network HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or a site survey performed by a designated independent external entity within the past 36 months for that HDO.

Recredentialing of HDOs occurs every three (3) years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Networks or Plan Programs must submit all required supporting documentation.

On request, HDOs will be provided with the status of their credentialing application. Anthem may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.

Anthem Blue Cross and Blue Shield Provider and Facility Manual

Anthem Credentialing Program Standards

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP; and.

B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he/she provides services to Covered Individuals; and

C. Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals; the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who see Covered Individuals in more than one state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

A. For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties ("ABMS"), American Osteopathic Association ("AOA"), Royal College of Physicians and Surgeons of Canada ("RCPSC"), College of Family Physicians of Canada ("CFPC"), American Board of Podiatric Surgery ("ABPS"), American Board of Podiatric Medicine ("ABPM"), or American Board of Oral and Maxillofacial Surgery ("ABOMS")) in the clinical discipline for which they are applying.

B. Individuals will be granted five years or a period of time consistent with ABMS board eligibility time limits, whatever is greater, after completion of their residency or fellowship training program to meet the board certification requirement.

C. Individuals with board certification from the American Board of Podiatric Medicine will be granted five years after the completion of their residency to meet this requirement. Individuals with board certification from the American Board of Foot and Ankle Surgery will be granted seven years after completion of their residency to meet this requirement.

II. Criteria for Selecting Practitioners

A. New Applicants (Credentialing)

1. Submission of a complete application and required attachments that must not contain intentional misrepresentations;
2. Application attestation signed date within one hundred eighty (180) calendar days of the date of submission to the CC for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to Covered Individuals;
6. No current license action;
7. No history of licensing board action in any state;
8. No current federal sanction and no history of federal sanctions (per System for Award Management (SAM), OIG and OPM report nor on NPDB report);
9. Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who treat Covered Individuals in more than one state must have a valid DEA/CDS registration for each applicable state.

   Initial applicants who have NO DEA/CDS registration will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he/she has applied for a DEA/CDS registration the credentialing process may proceed if all of the following are met:

   a. It can be verified that this application is pending.
   b. The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained.
   c. The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration.
   d. Anthem will verify the appropriate DEA/CDS registration via standard sources.

UnitedHealthcare

Sierra H&L

Resources for physicians, administrators and healthcare professionals

Get Credentialed

During the credentialing process, we'll work with you to verify your qualifications, practice history, certifications and registration to practice in a health care field.

Helpful Resources

- Credentialing Frequently Asked Questions (FAQs)
- Credentialing Plan State and Federal Regulatory Addendum: Additional State and Federal Credentialing Requirements
- UnitedHealthcare Credentialing Plan 2019– 2021

Feedback

Step One: Know What's Needed for Credentialing

UnitedHealthcare's credentialing standards fully comply with the National Committee on Quality Assurance (NCQA) as well as specific state and federal requirements.

Licensed Independent Practitioners — Credentialing Requirements

Training and Education

- Practitioner degree (MD, DO, DPM), post-graduate education or training
- Details of medical or professional education and training
- Completion of residency program in the designated specialty

Licensing and Certification

- Current license or certification in the state(s) in which the care provider will be practicing (no temporary licenses)
- National Provider Identification (NPI) number

5-C

- Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptable substitute (if required)
- Medicare/Medicaid participation eligibility or certification (if applicable)

Work History Details

- Five-year work history
  - If there are any gaps longer than six months, please explain.
- Statement of work limitations, license history and sanctions (only required if you are applying to join UnitedHealthcare's Medicare and Medicaid plans).

  The statement must include:
  - Any limitations in ability to perform the functions of the position, with or without accommodation;
  - History of loss of license and/or felony convictions; and
  - History of loss or limitation of privileges or disciplinary activity.
- W-9 form
- Hospital staff privileges

Insurance

- Active errors and omissions (malpractice) insurance or a state-approved alternative
- Malpractice history

Other

- Other Credentialing requirements such as AMA profile or criminal history review as required by Credentialing Authorities
- Notification if this provider has ever been a delegated provider prior to this credentialing application
- Passing score on state site visit (if required)

Credentialing For Medicaid and State Programs (Community Plan)

- State-specific Credentialing and Recredentialing information on how to join the UnitedHealthcare Community Plan network can be found in the Care Provider Manual.

Facilities — Credentialing Requirements

Each facility must meet the following criteria to be considered for credentialing:

- Current required license(s)
- General/comprehensive liability insurance
- Errors and omissions (malpractice) insurance
- Proof of Medicare/Medicaid program participation eligibility
- Appropriate accreditation by a recognized agency, or satisfactory alternative
- Centers for Medicare & Medicaid Services (CMS) certification

Questions?

If you have questions about any of the required items, please review the UnitedHealthcare Credentialing and Recredentialing Plan for 2019-2021, specifically:

- Section 4.2 – Credentialing Criteria/Source Verification Requirements.
- Section 7.0 - Credentialing and Recredentialing of Facilities

Step Two: Complete a Credentialing Application +

Step Three: Get Your Credentialing Approved +

Check Your Status +

The Credentialing Program has been developed in accordance with state and federal requirements and accreditation guidelines. In accordance with those standards, UnitedHealthcare members will not be referred and/or assigned to you until the credentialing process and contracting process have been completed.

Feedback

Credentialing Overview

aetna

Aetna shall maintain a network that will be credentialed and recredentialed consistent with the accrediting bodies of National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS) and URAC, as well as state and federal requirements.

Aetna will consider the following factors in its credentialing process and secure primary source verification, as required:

- Licensure and/or certification verified through state licensing boards in geographical areas where network practitioners will care for our members
- Board certifications (when applicable)
- Loss of/limitation of hospital admitting privileges (when applicable)
- Current professional liability coverage
- Drug Enforcement Agency (DEA) and state controlled-drug substance registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)
- Disciplinary history or adverse actions related to licensure and DEA registration, which we query through state licensing boards and the National Practitioner Databank (NPDB)
- Malpractice insurance claim history to examine any possible trends and to look for evidence that might suggest any probable substandard professional performance in the future
- Mental and physical health to determine if the practitioner's history might suggest any probable substandard professional performance in the future
- Participation in government programs such as Medicare or Medicaid
- Professional education and training through verification by the American Medical Association (AMA) Masterfile, American Osteopathic Association (AOA) and specialty board or specific residency/training program (highest level of education, depending on practitioner type)
- Work history

The Aetna Credentialing and Performance Committee (CPC) has authority for making final determinations for those individual practitioners being considered for exceptions to Aetna's established requirements for professional competence and conduct.

Individual practitioners will be recredentialed using the Aetna standard credentialing process every three (3) years.

In addition, in between formal credentialing cycles, Aetna will monitor the following as part of the ongoing quality review:

- state board sanctions,
- loss of license
- Office of Personnel Management/Office of Inspector General reports
- Medicare Opt Out
- Member complaints
- Internally identified potential quality of care concerns

Help

Checklist for Individual Physician and Non-Physician Practitioners using PECOS

Below is a checklist of information that will be needed to complete enrollments via Internet-based PECOS:

- ✓ An active National Provider Identifier (NPI).
- ✓ National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES.
  - For help in establishing an NPPES User ID and password or assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com.
- ✓ Personal identifying information. This includes:
  - Legal name on file with the Social Security Administration
  - Date of birth
  - Social Security Number
- ✓ Schooling information. This includes:
  - Name of School
  - Graduation year
- ✓ Professional license information. This includes:
  - Medical license number
  - Original effective date
  - Renewal date
  - State where issued
- ✓ Certification information. This includes:
  - Certification number
  - Original effective date
  - Renewal Date
  - State where issued
- ✓ Specialty/secondary specialty information
- ✓ Drug Enforcement Agency (DEA) number
- ✓ If applicable, information regarding any final adverse actions. A final adverse action includes:
  - a Medicare-imposed revocation of any Medicare billing privileges;
  - suspension or revocation of a license to provide health care by any State licensing authority;
  - revocation or suspension by an accreditation organization;
  - a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last ten years preceding enrollment or revalidation;
  - or an exclusion or debarment from participation in a Federal or State health care program.
- ✓ Practice location information. This information includes:
  - Practitioner's medical practice location
  - Special Payment Information
  - Medical Record Storage Information
  - Billing Agency information (if applicable)
  - Any Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care physician or non-physician practitioner.

5-E

- ✓ Electronic Funds Transfer documentation - mechanism by which providers and suppliers receive Medicare Part A and Part B payments directly into a designated bank account.

Note: Clicking the download button below generates a PDF file of size 210 KB. Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Adobe Acrobat Reader®.

DOWNLOAD

Cigna Medical Network Credentialing

Join a Cigna health plan network. We look forward to collaborating with you.

First-Time Credentialing Recredentialing

How to Join a Cigna Medical Network

1 Pre-Application

Before starting the application process, we'll need some information from you to confirm that you meet the basic guidelines to apply for credentialing.

Please call Cigna Provider Services at **1-800-88Cigna (882-4462).** Choose the **credentialing option** and a representative will assist you. In most cases, you'll be informed on this call if you meet the basic guidelines to apply for credentialing.

If you are a facility or ancillary provider, we'll need more information from you than is on the Provider Information Form. Please call 1-800-88Cigna (882-4462), choose the credentialing option, and the representative will tell you the next steps in the application process.

2 Submit your application

If you meet the basic guidelines to apply for credentialing, you will receive an email with an application packet and all the information you'll need to get started.

If the application information already exists on the Council on Affordable Quality Healthcare® (CAQH) website or the One Healthport/Medversant website, with your permission we will access it electronically to gather most of the information we need. As a third option, if it's required by the state in which you practice, we'll accept a state application that you complete, sign, and mail to us with the required documentation.

Depending on which method you choose to apply, please complete the steps below.

Online application		Printed application
CAQH	One Healthport/Medversant	State application

Questions?

1 (800) 88CIGNA (882-4462)

OnboardingStatus@Cigna.com

If you are checking the status on where you are in the credentialing process, we will need the name and tax ID number from your application.

5-F

- Authorize Cigna to access your data.
- Review the data profile for any changes.
- Ensure the profile has one of these statuses: Initial Profile Complete or Re-attestation.

- Review the data profile for any changes.
- Ensure that it has been attested within 100 days.

- Ensure all applicable fields have been completed and signed within 100 days.
- Print the application from your computer.
- Mail it to Cigna with the appropriate attachments: Cigna Medical Onboarding Unit 1000 Corporate Center Drive, Ste. 500 Franklin, TN 37067

Required application information

Regardless of which method you use to apply, we require that you send us a completed application packet with the information below.

Requirement	Details	Other information
State medical license or appropriate professional license	• Valid, unrestricted • With appropriate licensing agency	
Drug Enforcement Agency (DEA) certificate	• Valid, unrestricted • One needed for each practicing state	IMPORTANT: If you do not have a DEA certificate or CDS certificate, fill out the **DEA certificate form [PDF]** and fax it to 1.877.391.8228.
Controlled Dangerous Substances (CDS) certificate	• Valid, unrestricted • If required by the state	

Cigna-participating hospital clinical privileges	Must be in good standing on the medical staff	IMPORTANT: If you do not have clinical privileges at a Cigna network-participating hospital, you may have someone admit patients on your behalf. Fill out the **Hospital Coverage Agreement form [PDF]** and fax it to 1.877.391.8228
Board certification status	By the American Board of Medical Specialties or the American Osteopathic Association	
Professional education and training	Include applicable training in the specialty for which you are applying	
Work history	Must include previous five years	Include an explanation for work history gaps greater than six months.
Prior sanctioning activities	By applicable regulatory bodies, and the Centers for Medicare & Medicaid Services (CMS)	Must disclose sanctions information on the application.
Malpractice claims history	Professional liability coverage amounts will vary based on market standards and medical specialty	Recommended minimums are $1,000,000 per occurrence and $3,000,000 in the aggregate.
Adequate malpractice insurance	Must meet the applicable state and medical specialty requirements	

3 Keeping you informed during the registration process

Once we receive the application packet, we'll start the credentialing process. This typically takes 45 to 60 days to complete. During this time, you'll receive emails from us to:

send you an email notification that we closed your application.
- Keep you updated on where your application is in our credentialing verification process, including any delays that may cause the credentialing process to extend past the standard 45- to 60-day turnaround time.
- Confirm you have been approved and credentialed as a network-participating provider with your effective date, or notify you that you have not been approved.

If you have been approved, we will upload your provider information into our directories and claim systems which typically happens within 10 business days.

4 How to check the status of your application

If you want to find out where your application is within the process:

1) Email OnboardingStatus@Cigna.com. Include your full name and Taxpayer Identification Number (TIN).

OR

Call **1.800.88Cigna (882.4462)**, and choose the credentialing option.

5 Welcome to the Cigna network!

If you are approved and credentialed, you will receive an email letting you know that you have been approved and your effective date.

The Benefits of Collaboration

Cigna shares the same mission as doctors, dentists and other health care providers, hospitals and facilities. We all strive for the better health and well-being of your patients – our customers.

3 simple reasons to work with us

Health Care Provider Resources

Medical Network Newsletters

Pharmacy Outreach Program

Genetic Testing and Counseling Program

Cultural Competency and Health Equity

I want to...

Get an ID card

Other Cigna Websites

myCigna Member Portal

Check Coverage Under My Plan
See Prescription Drug List
Sign Up for Cigna Home Delivery Pharmacy
Eligible HSA, FSA, HRA Expenses
Find an In-Network Doctor, Dentist, or Facility
Find a Form
Contact Cigna

Resources

Health and Wellness
Glossary
Member Resources
Cigna Mobile Apps
Employer ACA Responsibilities

Client Resource Portal
Cigna Broker Portal
Cigna for IFP Brokers
Medicare

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CRAIG WEINGROW, M.D.

BOARD OF PHARMACY NOTICE OF INTENDED ACTION AND ACCUSATION

Cause of Action	Description	Why This Will Not Happen Again
First	Dispensing Without A Practitioner's Signature	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Second	Falsifying Signatures	Dr. Weingrow has obtained an Electronic Medical Records (EMR) system that permits e-prescribing of controlled substances directly to the pharmacy and only Dr. Weingrow has access to the system.
Third	Unlicensed Practice of Medicine	
Fourth	Failure to Adequately Secure Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Fifth	Unlawful Access to Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Sixth	Dispensing When Practitioner Off-Site	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Seventh	Not applicable to Weingrow	
Eighth	Dispensing to Off-Site Patients	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Ninth	Dispensing Without Dispensing Practitioner Verification	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Tenth	Falsifying Patient Records	This causes of action related to patient informed consent forms, which must be completed prior to dispensing medication. Since Dr. Weingrow is no longer dispensing, this will not happen again.

7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

CONTROLLED SUBSTANCE APPLICATION Registration Fee: $200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: Charles Middle: Edward Last: Kamen

Practice Name (if any): Neurology Center of Las Vegas

Nevada Address: 2480 Professional Court Suite #:

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89128

PO Box: SS# or ITIN

E-mail address:

Work Telephone: (702) 405-7100 Personal Phone:

Fax: (702) 405-3017 Degree: M.D.

Date of Birth: Sex: ☑ M or ☐ F

Practitioner License Number: 19689 Specialty: Neurology

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☑	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☑	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☑

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation.

Board Administrative Action:	State	Date:	Case #:
Probation (Completed)	California	08 / 19 / 2016	800-2014-006709
Suspension	New York	09 / 15 / 2017	Order No. 17-284

Criminal Action:	State	Date:	Case #:	County	Court
	California	01 / 22 / 2015	4WA12770	Los Angeles	Superior Court of California, County of Los Angeles

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Charles Kamen

Original Signature, no copies or stamps accepted.

7/8/2020

Date

Board Use Only: Date Processed: Amount:

Explanation regarding Board Administrative Actions

On June 4, 2014. I was temporarily suspended from my neurology residency at Loma Linda University after testing positive for doctor-prescribed medical marijuana and doctor-prescribed benzodiazepines. Shortly thereafter, on July 4, 2014, I was arrested and later pled No Contest for drunk driving. Because of these two events, a California Medical Board Accusation against me was filed on February 25, 2016, followed by a Hearing in Front of an Administrative Law Judge in Los Angeles, CA on May 2-4, 2016. The judge's Decision which placed me on three years of probation, was submitted on July 12, 2016 and took effect on August 19, 2016. This Decision included many different conditions including random drug tests, required substance abuse groups, work-site monitoring, regular meetings with a medical board probation officer, an ethics class, psychotherapy, and monitoring costs. I am proud to say that effective August 19, 2019, my California probation is complete and my California Medical License is restored and is full with no restrictions, as is my California DEA certificate (which never had any restrictions).

After the 2016 Decision by the Medical Board of California, the New York Department of Health issued a charge against me which was a derivative action in that it was entirely derived from the Medical Board of California action, and it resulted in a Consent Order that indefinitely suspended of both my New York medical license and New York DEA certificate on September 15, 2017. Both the New York DEA certificate and the New York Medical License were expired at that time as I never had actually practiced medicine in New York, but had gotten these with the hope that I might one day. I have attached relevant paperwork from California and New York.

The action by the Medical Boards of California and New York were reported to the National Practitioner Data Bank.

Signature Charles Kamen Date 7/8/2020

Explanation regarding misdemeanor conviction and having been treated in the past for substance abuse.

07/04/2014 Arrest. When I was 30 years old, I was arrested for Driving Under the Influence of Alcohol, in Los Angeles, California. I plead No Contest to a misdemeanor and was placed on 3 years of informal probation, which I have completed, and ordered to pay a fine, which I paid in full on January 22, 2015. I was also ordered to attend a weekly class on drunk driving for 3 months and attend a Mothers Against Drunk Driving seminar, both of which I completed. My driver's license was suspended for 3 months as well. This was my first and only criminal conviction. I have provided all documentation related to this arrest as well as documentation showing my compliance with the probation.

This DUI arrest was a turning point in my life and I have been sober ever since. I chose to embrace the consequences of my actions, learn, and adapt accordingly. I successfully completed treatment for substance abuse at an intensive outpatient therapy program at Columbia University in New York City in 2014. I also received several years of weekly therapy from an addiction psychologist, Dr. Michael Benibgui. I also underwent five years of weekly psychotherapy and substance abuse counseling with my psychiatrist, Dr. Ricardo Whyte M.D., who specializes in addiction. I have been completely sober from alcohol and drugs since the DUI arrest on July 4, 2014, with over 5 years of negative random drug screens. I continue to see Dr. Whyte on a voluntary basis as part of a proactive program to prevent relapse. Dr. Whyte and I will continue to see each other 4x per year when I am practicing in Nevada.

Signature _____ Date 7/8/2020

2014 CA DUI Arrest and Conviction

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff, v. CHARLES EDWARD KAMEN (Defendant(s).	CASE NO. 4WA12770 *MISDEMEANOR COMPLAINT*

The undersigned is informed and believes that:

COUNT 1

On or about July 4, 2014, in the County of Los Angeles, the crime of DRIVING UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, in violation of VEHICLE CODE SECTION 23152(a), a Misdemeanor, was committed by CHARLES EDWARD KAMEN, who did drive a vehicle while under the influence of an alcoholic beverage.

* * * * *

COUNT 2

On or about July 4, 2014, in the County of Los Angeles, the crime of DRIVING WITH A .08% BLOOD ALCOHOL CONTENT, in violation of VEHICLE CODE SECTION 23152(b), a Misdemeanor, was committed by CHARLES EDWARD KAMEN, who did drive a vehicle while having a 0.08 percent or more, by weight, of alcohol in his blood.

It is further alleged as to count(s) 1 and 2 that the defendant's concentration of blood alcohol was 0.15 percent by weight and more, within the meaning of Vehicle Code section 23578.

It is further alleged as to count(s) 1 and 2 that the defendant's concentration of blood alcohol was 0.20 per cent by weight and more, within the meaning of Vehicle Code Section 23556.

* * * * *

NOTICE: Conviction of this offense will require the defendant to provide DNA samples and print impressions pursuant to Penal Code sections 296 and 296.1 if the defendant has suffered a prior felony conviction. Willful refusal to provide the samples and impressions is a crime.

NOTICE: The People of the State of California intend to present evidence and seek jury findings regarding all applicable circumstances in aggravation, pursuant to Penal Code section 1170(b) and *Cunningham v. California* (2007) 549 U.S. 270.

NOTICE: A Suspected Child Abuse Report (SCAR) may have been generated within the meaning of Penal Code §§ 11166 and 11168 involving the charges alleged in this complaint. Dissemination of a SCAR is limited by Penal Code §§ 11167 and 11167.5 and a court order is required for full disclosure of the contents of a SCAR.

Further, attached hereto and incorporated herein are official reports and documents of a law enforcement agency which the undersigned believes establish probable cause for the arrest of defendant(s) CHARLES EDWARD KAMEN for the above-listed crimes.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT CONSISTS OF 2 COUNT(S).

Executed at LOS ANGELES, County of Los Angeles, on November 12, 2014.

ESQUIVEL
DECLARANT AND COMPLAINANT

SARAH BALLOG, DEPUTY

AGENCY: CHP - WEST L.A. STATION I/O: ESQUIVEL ID NO.: 18267 PHONE: (310)

DR NO.: OPERATOR: PMP

DEFENDANT	CII NO.	CITATION NO.	BOOKING NO.	BAIL RECOM'D	CUSTODY R'TN DATE
KAMEN, CHARLES EDWARD	034632225	39478ST			11/18/2014

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

Los Angeles County Sheriff's Department
Scientific Services Bureau

LABORATORY EXAMINATION REPORT

FORENSIC ALCOHOL SECTION
7717 Golondrinas Street
Downey, CA 90242
Phone (562) 940-0328
Fax (562) 940-0307

Agency: West L.A. C.H.P.
File Number: E20140240-565
Report Date: 7/28/2014

Lab Receipt: K568246
Subject: KAMEN, CHARLES

On or about the above date, West L.A. C.H.P. submitted a sample for blood alcohol analysis.

Examination Conclusions

The sample has a blood alcohol concentration of 0.21%.

The blood alcohol concentration reported above represents a truncated average value of duplicate analyses measuring 0.218% and 0.217%. The average value of the duplicate analyses with its expanded uncertainty is 0.217% ± 0.009%. The expanded uncertainty is reported at a 99% confidence level.

Evidence Submission and Disposition

Following the analysis, the evidence was sealed for return to the submitting agency. Laboratory notes and supporting data exist in the case file at the laboratory.

Laboratory Examinations and Background

The sample was tested on 7/23/2014 for the presence and amount of ethanol by headspace gas chromatography. Headspace gas chromatography is a separation technique used to identify chemical compounds and measure the amount of these chemical compounds present in a sample.

Report Issued by:

Bridgette Harrison, #548454
Senior Criminalist, Forensic Alcohol Analyst

Technically Reviewed by: Juan Apodaca, #505303
Senior Criminalist, Forensic Alcohol Supervisor 7-29-14

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT - SCIENTIFIC SERVICES BUREAU

K568246

AGENCY / STATION: CHP / WEST L A

CHARGE: 23152(a) VC

NAME OF SUBJECT (PLEASE PRINT)
LAST: KAMEN FIRST: CHARLES

NAME OF VICTIM (PLEASE PRINT)
FIRST

FILE / DR NUMBER: C20140240-SLS

(INVEST)IGATOR / PHONE: KENSINGER / 310 641 3526

REC'D FROM: M NA ...

REC'D BY: [illegible] 2/2/..

DATE / TIME: 1118

DESCRIPTION OF EVIDENCE (PLEASE PRINT): Blood vial

(3) BH 07/23/14

B/A

\# PKG(S): 1

BLOOD: X URINE:

Lab Personnel: BH

BLOOD ALCOHOL	X
NARCO (Solid Drugs)	
TOX (Drugs in Urine or Blood)	
TRACE	
BIOLOGY/DNA	
FINGERPRINTS	
FIREARMS	
DOCUMENTS	
SPLITS	
PHOTO LAB	
MOIN	
DRYING SHED	

ANALYTICAL RESULTS -Lab Personnel ONLY (Date/Dy): [signature] 07/25/14

SAFETY CHECK (DATE / DY)
FIREARMS Personnel ONLY

RELEASED TO - SIGNATURE / ID #: [signature] 17096

RELEASED BY

NAME (Print): M NASIR AGENCY: CHP DATE: 08-05-14

76 R 197C - SH - CR - 120 (REV. 3/2003)

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

DRIVING UNDER THE influence ARREST – INVESTIGATION REPORT

CHP 202 (Rev. 6-03) OPI 051

☒ Misdemeanor ☐ Felony ☐ Domestic Violence (Refer to HPM 100.69)

PAGE 1 OF 3

KAMEN CHARLES E

COURT: Hill St | NUMBER: M2014-0227 | EVIDENCE/PROPERTY: ☒ YES ☐ NO

AREA: 565 | BEAT: 5 | COLLISION REPORT NUMBER: E-2014-0240

DATE/TIME OF ARREST/REPORT: 7-4-14 / 2326 | DATE/TIME OF INCIDENT: ☐ SAME 7-4-14 / 2305 | LOCATION OF ARREST/INCIDENT: ADMIRALTY & VIA MARINA

CITATION NUMBER: 39478 ST | OFFENSE(S) CHARGED OR INVESTIGATED: 23152 (A) VC (b) V.C

JUS 8715 REQUIRED ☒ YES ☐ NO | NUMBER:

SUBJECT NO 1 OF 1

NAME (last, first, middle): KAMEN, CHARLES EDWARD

RESIDENCE ADDRESS: REDONDO CA 90277 BROOKSIDE AVE APT

AKA | HOME PHONE | MAILING ADDRESS ☐ SAME

RACE/ETHNICITY	SEX	BIRTHDATE	HAIR	EYES	HEIGHT	WEIGHT	PLACE OF BIRTH (city, state, country)
W	M		BRN	BLU	5-10	185	

DISPATCH NOTIFIED ☒ YES ☐ NO | TIME 1108 | I.D.A 16020 | LOC 58CB

DRIVER LICENSE NUMBER	STATE	DDL STATUS	MISC. (SSN, INS #, ETC.)
	CA	VAL 10	

EMPLOYER	BUSINESS PHONE	BUSINESS ADDRESS
LOMA VISTA HOSP	—	LOMA VISTA

BOOKING, CII, FBI, ETC., NUMBER(S)	WHERE BOOKED/CONFINED	DATE/TIME	FINGERPRINTED
402 5832	IRC	7-5-14 / 0200	☒ YES ☐ NO

NOTIFICATION (Who, How, When) EXPLAIN IN NARRATIVE: ☐ JUVENILE ☐ FOREIGN NATIONAL ☐ IMMUNITY CLAIM

NOTIFIED BY:

VEHICLE

STATE	YEAR	VIN/EIN NUMBER	VEHICLE WAS	STORAGE AUTHORITY
CA	15	[illegible]	☐ PARKED ☐ RELEASED ☒ STORED ☐ RECOVERED ☐ IMPOUNDED	ARREST 22651 (H) VC

VEH YEAR	MAKE	BODY STYLE	COLOR	BODY TYPE	LOCATION OF VEHICLE/RELEASED TO/ADDRESS/TELEPHONE NUMBER
11	SUB	IMPREZA	BLU	01	QUICKSILVER (310) 478-1201

NAME OF REGISTERED OWNER ☒ SAME AS SUBJECT | ADDRESS ☒ SAME AS SUBJECT

NAME OF LEGAL OWNER ☒ SAME AS R/O | ADDRESS | LOCATION OF KEYS: W/ CAR

WITNESS/PASSENGER/VICTIM

BIRTHDATE	SEX	NAME		ADDRESS/AGENCY	PHONE
	F	NARDYS CARMIOL	☐ WITNESS ☐ PASSENGER ☐ VICTIM	BURBANK CA 1 N. GLENOAKS BL-91504	RES: BUS:
			☐ WITNESS ☐ PASSENGER ☐ VICTIM		RES: BUS:
			☐ WITNESS ☐ PASSENGER ☐ VICTIM		RES. BUS:
			☐ WITNESS ☐ PASSENGER ☐ VICTIM		RES: BUS:

ADMONITION OF RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
3. YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.
4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FREE OF CHARGE TO REPRESENT YOU BEFORE AND DURING QUESTIONING, IF YOU DESIRE.

THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY: ☐ ARRESTING OFFICER ☐ OR. NOT ADVISED I.D. TIME:

DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU?	HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW?	WAIVER STATEMENT
☐ YES ☐ NO	☐ YES ☐ NO	

MISDEMEANOR INCARCERATION (To be completed upon physical arrest for any misdemeanor, pursuant to Penal Code Section 853.6.)

The person arrested:

1. ☐ was so intoxicated as to be a danger to himself/herself or others.
2. ☐ required medical examination or medical care or was otherwise unable to care for his/her own safety.
3. ☒ was arrested under one or more of the circumstances listed in Sections 40302 and 40303 of the Vehicle Code (Note 5 and 8 if also applicable).
4. ☐ had one or more outstanding arrest warrants issued.
5. ☐ could not provide satisfactory evidence of personal identification.
6. ☐ if released immediately, would jeopardize the prosecution of the offense or offenses for which arrested or the prosecution of any other offenses.
7. ☐ would be reasonably likely to continue the offense or offenses, or the safety of persons or property would be imminently endangered if immediately released.
8. ☐ demanded to be taken before a magistrate or refused to sign the citation.
9. ☐ would not appear at the time and place specified in the notice.
10. ☐ domestic violence (refer to HPM 100.69)

ARRESTING/INVESTIGATING OFFICER (Print name/rank)	I.D. NUMBER	REVIEWED BY (Print name/rank)	I.D. NUMBER	DATE
BENSINGER	16020	C. Jakubowski, #18170	18170	7/6/14

Use previous editions until depleted

LAST NAME, FIRST NAME, AND MIDDLE INITIAL: AMEN, CHARLES E

CITATION/CASE #: M2014-00220-525

INVESTIGATION INTERVIEW

DID YOU KNOW OF ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE ? DESCRIBE: ☐ YES ☒ NO

ARE YOU SICK OR INJURED? DESCRIBE: ☐ YES ☒ NO

ARE YOU DIABETIC OR EPILEPTIC? ☐ YES ☒ NO

DO YOU TAKE INSULIN? (Pills/Injection) ☐ YES ☒ NO

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE (Feet, Legs, Ankles or Hips) ☐ YES ☒ NO

WHEN DID YOU LAST SLEEP? LAST NIGHT

HOW LONG? 8 HRS

WHEN DID YOU LAST EAT? DINNER

DESCRIBE: SEA FOOD

WERE YOU DRIVING THE VEHICLE? ☒ YES ☐ NO ☐ N/A

IF NO, WHO?

WHERE DID YOU START DRIVING? MARINA DEL REY

WHERE WERE YOU GOING? MARINA DEL REY

WHERE WERE YOU STOPPED?

WHAT HAVE YOU BEEN DRINKING? BEER

HOW MUCH? 1 DRINK

TIME STARTED: 8:00PM

TIME STOPPED: 8:00PM

LOCATION WHERE YOU WERE DRINKING? NAME/ADDRESS

DO YOU FEEL THE EFFECTS OF THE DRINKS? DESCRIBE ☐ YES ☐ NO

DID YOU BUMP YOUR HEAD? ☐ YES ☐ NO ☒ N/A

HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? ☐ YES ☐ NO ☒ N/A

IF YES, WHAT?

HOW MUCH?

ARE YOU UNDER CARE OF DOCTOR OR DENTIST? ☐ YES ☒ NO

IF YES, NAME AND ADDRESS

RECENT SURGERY PERFORMED? ☐ YES ☒ NO (Explain in Narrative)

HAVE YOU TAKEN ANY MEDICINE OR DRUGS? ☐ YES ☒ NO

IF YES, WHAT?

HOW MUCH?

TIME OF LAST DOSAGE

DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. ☐ YES ☐ NO

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT: ☒ YES ☐ NO STRONG

GLASSES/LENSES: ☐ YES ☒ NO

EYES (appearance): RED

DEMEANOR: COOPERATIVE

SPEECH: SLURRED

CLOTHING WORN: CONDITION AND DESCRIPTION

WHITE BOARD SHORTS, BLUE SHIRT, GOOD CONDITION

DESCRIBE TEST LOCATION, SURFACE, WEATHER, AND LIGHTING

SMOOTH FLAT ASPHALT PARKING LOT. FLASHLIGHT.

PRELIMINARY ALCOHOL SCREEN INFORMATION

P.A.S. Admonition: I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood, breath or urine for the purpose of determining the actual alcoholic and drug content of your blood.

THE SUBJECT WAS ADVISED OF THE ABOVE STATEMENT BY: ☒ N/A ☐ ARRESTING OFFICER ☐ OR

PAS SERIAL NUMBER	TEMPERATURE	ZEROED	RESULTS NO. 1	TIME 1	RESULTS NO. 2	TIME 2	RESULTS NO 3 (if needed)	TIME 3
		☐ YES ☐ NO	☐ Refused					

LOCATION OF TEST	☐ At scene	BREATH SAMPLE STRENGTH	OFFICER ADMINISTERING PAS TEST	I.D NUMBER	AREA
		☐ Strong ☐ Moderate ☐ Weak	☐ ARRESTING OFFICER ☐ OR		

CHEMICAL TEST INFORMATION

☐ Implied Consent Admonishment, 23612 V.C

☐ Refused Test(s) (Complete DS 367)

DRUG ADMONISHMENT ☐ N/A ☐ Yes ☐ Refused (Complete DS 367)

ATTACHMENTS ☐ CHP 202 DRE ☒ OTHER: COPY OF BLOOD WARRANT

TYPE OF TEST	TIME	I.D. OF SAMPLE(S)	RESULTS IF AVAILABLE	DISPOSITION OF SAMPLE(S)
☐ Breath				
☒ Blood	0014	E 20140240	PENDING	BOOKED EVIDENCE
☐ Urine				

TEST GIVEN: LOCATION WHERE TEST WAS CONDUCTED

MARINA DEL REY HOSP

NAME AND TITLE OF PERSON GIVING TEST OR TAKING SAMPLE

☐ ARRESTING OFFICER ☐ OR

☐ ARRESTING OFFICER ☒ OR RN JACOB

☐ ARRESTING OFFICER ☐ OR

TROMBETTA ADVISEMENT

The breath testing equipment does NOT retain any breath sample for later analysis by you or anyone else.

If you want a sample retained, you may provide a blood or urine sample that will be retained at no cost to you. If you do so, the blood or urine sample may be tested for alcoholic or drug content by either party in a criminal prosecution.

Do you wish to provide an additional sample? ☐ YES ☐ NO

Date of Incident	Time	NCIC Number	Officer I.D. Number	Number
07-04/2014	2326	9565	16020	M2014-02270-565

Field Sobriety Tests: (FST's):

Horizontal Gaze and Nystagmus: Kamen displayed an angle of onset prior to 45 degrees, distinct nystamgus at the extremes and lack of smooth pursuit.

One Leg Stand: Kamen picked up his right foot and began to count 1001 1002 etc, until the count of 8 when he repeated it 4 times. Kamen swayed in a circular motion and held his arms out from his sides more than six inches.

Modified Positionof attention: Kamen tilted his back and closed his eyes and displayed eye tremors. Kamen swayed forward and back off center. Kamen stated he had estimated 30 seconds in 9 seconds. I asked if that was 30 seconds and he stated that was your 30 seconds.

Due to the symptoms of intoxication and the failed FST's I formed the opinion that Kamen had consumed too much of an alcoholic beverage to safely operate a motor vehicle upon a roadway.

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Date of Incident	Time	NCIC Number	Officer I.D. Number	Number
07-04/2014	2326	9565	16020	M2014-02270-565

First Observations:

On Friday July 4, 2014 at approximately 2305 hours I Officer P. Kensinger ID 16020 was on routine patrol for the 4th of July festivities in Marina Del Rey on Motor unit M9461 as unit 79-M4. I was flagged down by a female in a gray 4 door vehicle at the corner of Via Marina and Admiralty, who stated the blue Subaru two cars in front of them is driving drunk. I asked why? She stated that the car was cutting people off and flipping them off all while driving with no lights on. I positioned the patrol motorcycle behind the Subaru to conduct a traffic stop. The Subaru pulled into the parking of the Marriott Hotel.

Observations After Stop:

I dismounted my motorcycle and made contact with the driver through an open driver's window. I informed the driver of the reason for the stop. I requested the required paperwork for the traffic stop. The driver stated he wasn't driving badly he was just going to Marina Del Rey. As the driver talked he had slurred and slow speech. The driver relinquished a California driver's license identifying him as Charles Edward Kamen. As Kamen spoke I detected an odor of an alcoholic beverage emitting from inside the vehicle. I asked Kamen if he had been drinking. The driver stated he had one beer at 8:00 pm. I asked Kamen to exit the vehicle and meet me next the rear of the car. I began to ask Kamen a series of Pre-FST questions. As he answered I noticed he had slurred thick but understandable speech. I also explained and demonstrated a series of Field Sobriety tests, which he failed to perform as explained and demonstrated. Due to the odor of an alcoholic beverage emitting from Kamen, the statement he had consumed a beer, and the inability to perform the Field Sobriety tests I formed the opinion that Kamen was too intoxicated to drive.

Date of Incident	Time	NCIC Number	Officer I.D. Number	Number
07-04/2014	2326	9565	16020	M2014-02270-565

Arrest:

I placed Kamen into a departmentally approved Bent Wrist Control hold and applied handcuffs for violation of vehicle code 23152 (a) V.C. MISD. DUI. I placed Kamen in the right rear seat of the Officer Tovsen's ID 20518 patrol car. I advised him of 23612 V.C. implied consent, which he chose a blood test. Kamen was transported to Marina Del Rey Hospital where a RN Jacob drew a specimen sample from Kamen's left arm. Jacob used Hydrogen Peroxide prior to withdrawing the sample. Kamen was transported to the WLA CHP office, where Officer Macarthy transported Kamen to the IRC for booking.

Evidence:

One Los Angeles County Blood vial with the specimen sample from Kamen. The sample was booked into evidence at the WLA evidence lockers.

Recommendations:

I recommend the Los Angeles City Attorney's Office review this report and file the following charges against Kamen:

23152 (a) V.C Misd. DUI

23152 (b) V.C. Driving under the influence of an alcoholic beverage with a blood alcohol content .08 or above.

Officer Tovsen ID 20518 and Officer Wolcott ID 20801 was present for the entire incident.

Preparer's Name and I.D. Number	Date	Reviewer's Name	Date
P. Kensinger #16020	07-04-2014		

BG# 4012332

LOS ANGELES COUNTY JAIL
BOOKING AND PROPERTY RECORD

	YES	NO
HAVE VD	☐	☐
HAVE HEPATITIS	☐	☐
HAVE TB	☐	☐
EVER HAVE TB	☐	☐

BOOKING NO.: ~~4104051~~ | LOC BKD.: IRC | DR. LIC. NO.: | STATE: CA

RECORD AND IDENTIFICATION BUREAU

ARRESTEE'S NAME (LAST, FIRST, MIDDLE): KAMEN, CHARLES EDWARD

PER SGT MAYFIELD

MISDEMEANOR DUI

ADDRESS: 3 BROOKSIDE AVE # | CITY: REDLANDS 92373 | SEX: M

DESCENT	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	AGE
W	BRN	BLU	5-10	185		30

VEH. LIC. NO.: | STATE: CA | RPT. DIST.: | AKA/NICKNAME: NONE

BIRTHPLACE: NY NEW YORK | FILE NO.: | AD CHG.:

AGY. OR DETAIL ARRESTING: CHP WLA | DATE & TIME ARRESTED: 07/04/14 0232 | TIME BKD.:

LOCATION OF ARREST: MDR MARINA @ ADMIRALTY | TOTAL BAIL: 5,000

CHARGE: 23152 (b) VC | WARR./COMM. NO.:

BAC - BLOOD - .140 7/C

JAIL LOC.	ARRAIGN. DATE	TIME	COURT
IRC	7/7/14	0830	SANTA MON. CA

PRISONER'S SIGNATURE WHEN BOOKED: (X)

SOC. SEC. NO.: | OBSERVABLE PHYSICAL ODDITIES: NONE | OCCUPATION: NONE

EMPLOYER (FIRM OR PERSON'S NAME, CITY & PHONE NO.): UNEMPLOYED | SPECIAL MEDICAL PROBLEM:

CLOTHING WORN: RED SHIRT, BLUE & WHT SHORTS BRN SANDALS | LOCATION OR DISPOSITION OF VEHICLE: QUICKSILVER - 310-472-1201

IN CASE OF EMERGENCY NOTIFY (NAME, RELATIONSHIP, ADDRESS, CITY & PHONE NO.): NONE

ARRESTING OFFICER	BOOKING EMPLOYEE	SEARCHING OFFICER	TRANSPORTING OFFICER
KENSINGER 16020	TRAUBMER 2-511	KENSINGER 16020	TRAUBMER 2-511

CASH RETAINED	PROPERTY
0	CLOTHING WORN

PRISONER'S SIG., FOR RECT. OF FOREGOING CASH & PROPERTY: (X)

CASH DEPOSITED	PROPERTY
$ 2	WALLET W/ CARDS, CELL PHONE, KEYS, MISC PAPERS

PRISONER'S SIG., FOR RECT. OF REMAINING CASH & PROPERTY: (X)

SH-J-294 5/94

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

EVIDENCE REPORT

CHP 36 AIS (New 8-05) OPI 004

EVIDENCE NUMBER E20140240

CHARGES
X Misdemeanor/Infraction Felony

SEIZED BY SEARCH WARRANT NUMBER | NO OF SUSPECTS | VIOLATIONS

1 | 23152(B) VC

Administrative | Asset Forfeiture | X Evidence | Recovered Stolen | Contraband | Safe Keeping | Found | Domestic Violence

DATE | CHP CASE NUMBER | INCIDENT LOCATION

7/5/2014 | 0770 | via marina at admiralty

INDICATE IF INDIVIDUAL IS S-SUSPECT O-OWNER F-FINDER V-VICTIM (use continuation for additional defendants)

S | NAME (Last, First, Middle) | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | AGE | SEX

CAMEN, CIDELES | Y | | 30 | M

RESIDENCE ADDRESS (City, State, Zip Code)

BROOKSIDE AVE APT D. REDLANDS CA 92373

NAME (Last, First, Middle) | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | AGE | SEX

RESIDENCE ADDRESS (City, State, Zip Code)

NAME (Last, First, Middle) | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | AGE | SEX

RESIDENCE ADDRESS (City, State, Zip Code)

NAME (Last, First, Middle) | DATE OF BIRTH | DRIVER'S LICENSE NUMBER | AGE | SEX

RESIDENCE ADDRESS (City, State, Zip Code)

ITEM NUMBER	QUANTITY	INVENTORY (Describe - Serial number, Size, Color, Markings, etc.) Where & How property recovered - found property requires a complete synopsis.
1	1	One laco blood vial

COURT(S)

AIS CASE NUMBER | CITATION NUMBER(S) | LOCATION CODE | Signature of Evidence Officer upon initial receipt of | Date

565

SUBMITTING NAME (LAST, FIRST, INITIAL) | SIGNATURE | I. D NUMBER | DATE

Kensinger, P. | | 016020 |

NAME OF SUPERVISOR (LAST, FIRST, INITIAL) | SIGNATURE | I. D. NUMBER | DATE

DIAZ, GERARD | | 14165 | 7-5-14

c036_es frp

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

VEHICLE REPORT

CHP 180 (Rev. 4-11) OPI 061

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT	LOCATION CODE	DATE / TIME OF REPORT	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY	FILE NO
CHP WLA	565	7/4/14 2329		

LOCATION TOWED / STOLEN FROM: ADMIRALTY WAY

ODOMETER READING: 35888

VIN CLEAR IN SVS? ☒ YES ☐ NO — LIC. CLEAR IN SVS? ☒ YES ☐ NO — DATE / TIME DISPATCH NOTIFIED — LOG NO

YEAR	MAKE	MODEL	BODY TYPE	COLOR	LICENSE NO	ONE / TWO	MONTH / YEAR	STATE
2011	SUB	IMPREZZA	4 DR	BLUE		☒ TWO	6/15	CA

VEHICLE IDENTIFICATION NO: ...2810...

ENGINE NO:

VALUATION BY ☒ OFFICER ☐ OWNER — ☐ 0-300 ☐ 301-4000 ☒ 4001+

REGISTERED OWNER:
KAMEN CHARLES E
BROOKSIDE AVE APT
REDLANDS, CA 92373

☒ SAME AS R/O — LEGAL OWNER

☒ STORED ☐ IMPOUNDED ☐ RELEASED ☐ RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE): QUICKSILVER TOW 5875 RODEO DR LA CA 90016

STORAGE AUTHORITY / REASON: 22651(h)VC - ARRESTED

TOWED TO / STORED AT: (310) 478-1201

AIRBAG? ☒ YES ☐ NO ☐ 1 ☒ 2 — DRIVEABLE? ☒ YES ☐ NO ☐ JUNK ☐ UNK — VIN SWITCHED? ☐ YES ☒ NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED		X	SEAT (FRONT)	X		REGISTRATION	X		CAMPER		X	LEFT FRONT	FAIR
BURNED HULK per 431(c) CVC		X	SEAT (REAR)	X		ALT. / GENERATOR	X		VESSEL AS LOAD		X	RIGHT FRONT	FAIR
VANDALIZED		X	RADIO	X		BATTERY	X		FIREARMS		X	LEFT REAR	FAIR
IG / TRANS. STRIP		X	TAPE DECK		X	DIFFERENTIAL	X		OTHER		X	RIGHT REAR	FAIR
MISC. PARTS STRIP		X	TAPES		X	TRANSMISSION	X					SPARE	YES
BODY METAL STRIP		X	OTHER RADIO		X	AUTOMATIC	X					HUB CAPS	NO
SURGICAL STRIP per 431(b) CVC		X	IGNITION KEY	X		MANUAL		X				SPECIAL WHEELS	NO

RELEASE VEHICLE TO: ☐ R/O OR AGENT ☐ AGENCY HOLD ☐ 22850.3 CVC

GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE): JACHH D8-0012 — DATE / TIME: 7-4-14 2352

NAME OF PERSON / AGENCY AUTHORIZING RELEASE — I.D. NO. — DATE

SIGNATURE OF PERSON AUTHORIZING RELEASE

CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE

SIGNATURE OF PERSON TAKING POSSESSION

☐ STOLEN VEHICLE / COMPONENT ☐ EMBEZZLED VEHICLE ☐ PLATE(S) REPORT

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P ( )

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT

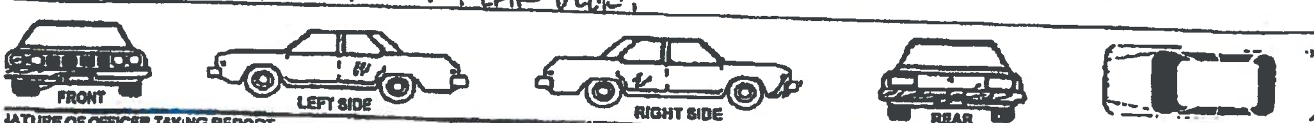
SIGNATURE OF PERSON MAKING REPORT

REMARKS

(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME	ARRESTED / SECTION?	REPORTED BY	CARGO / TYPE?	VALUE $
KAMEN, CHARLES	☒ YES ☐ NO 23152(a)(b)	H. WALCOTT	☐ YES ☒ NO	☐ BILL OF LANDING ATTACHED

REASON: 23152(a)VC - DUI ARREST
PROPERTY: 2 PAIR BLACK SUNGLASSES, 1 BLACK IPOD, PHONE CHARGER, PENS, SHIRT, LIME PILL BOX W/WHITE PILLS, MISC PAPER IN GLOVE BOX, BLACK BACK PACK, WETSUIT BINDER, CLOTHES
DAMAGE: SCRATCHES TO REAR BUMPER, SCRATCH TO LEFT REAR DOOR, DISPLACED FRONT BUMPER, SCRATCH TO RIGHT REAR DOOR.



SIGNATURE OF OFFICER TAKING REPORT	I.D. NO	SUPERVISOR	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC?	DATE NOTIFIED
H. WALCOTT	20501		☐ YES ☐ NO	

OSP 11 124279

An Internationally Accredited Agency

-NC.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

MISDEMEANOR SENTENCING MEMORANDUM - VEHICLE

Defendant: CHARLES KAMEN			Case No: 4WA12770
Date: 1-22-15	Dept: 140	Prosecutor: MIYATA	Defense: R. HUTTON
Judge: Munisoglu	Clerk: STEPHENSON	Reporter: ALBANS	Interpreter/Language:

As to Count 2, a violation of Vehicle Code § [X] 23152(a)/(b) [ ] 23103 per 23103.5 [ ] 14601.__ [ ] 12500(a) [ ] 1710 ________ with __ admitted priors.

Arraignment For Judgment

[X] Arraignment for judgment and time for sentencing waived. There is no legal cause why judgment should not now be pronounced.

Sentence

1. [ ] Probation is denied. Defendant is to serve ____ days/hours in the Los Angeles County Jail, forthwith, [ ] consecutive [ ] concurrent with __________. Defendant to receive total credit of ______ days/hours (credit _____ days/hours actual plus _____ days GT/WT).
2. [ ] Pay a fine of $________ plus all applicable penalty assessments and enhancements.
3. [ ] Pay all fines and assessments as set forth in Paragraph 20 below.
4. [ ] Execution of the foregoing sentence is suspended, on the following terms and conditions.

Conditional Sentence (PC §1203b)/Order of Probation (PC §1203a)

[X] Imposition of sentence is suspended (303) [ ] With supervision by county probation officer (formal probation)

For a period of 36 months upon the following terms and conditions:

1. [ ] Serve ______ days/hours in the Los Angeles County jail, [ ] consecutive [ ] concurrent with __________. Defendant to receive credit of ______ days/hours actual plus ______ days/hours GT/WT. [ ] Time may be served in any penal institution.
   - [ ] Time may be served on consecutive weekends of two days each, beginning ____________. (772)
   - [ ] Time may be served in any city jail having actual confinement, at defendant's expense. (821)
   - [ ] Defendant may not participate in Sheriff's home detention/EHM per PC 1203.016(e). (771) [ ] Work furlough / early release not allowed.
   - [ ] Last ______ days of jail time to be served in: [ ] Antelope Valley Rehabilitation Center [ ] ____________ Program. (082) Defendant to be released only to an authorized representative of that program and is to comply with all program terms and conditions. (813) If defendant leaves or is discharged from the program prior to completion, defendant is to report to court on the next court day. (813)
   - [ ] Defendant ordered to install a SCRAM Alcohol Detection Device for _____ days.
2. [X] Pay a fine of $ 390 plus penalty assessments or in default thereof serve 10 additional days in County jail, consecutive or perform 10 days of Community Labor/ ________ or perform 100 days/hours of approved Community Service with credit for 1 days actual or $ 30 toward fine for jail time already served. [ ] Fine may be paid in monthly installments of $______. (124) [ ] Defendant to report to Financial Evaluator to work out a payment plan. [ ] Defendant elects jail in lieu of fine, forthwith, consecutive to all other time, credit _____ days actual plus _____ days GT/WT.
3. [ ] Perform ________ days of work for Community Labor/ ____________ or perform ______ days/hours of approved Community Service, with credit for _______ days actual. Sign up for all work or Community Service only at a court-approved volunteer center or in the clerk's office. Failure to complete court-ordered work or Community Service without excuse may result in jail. This work or Community Service is in addition to that done in lieu of fine.
4. [ ] Make restitution to victim ______________ per PC §1202.4(f). (840) [ ] In an amount to be determined at a hearing. (867) [ ] Harvey waiver taken. [ ] In the stipulated sum of $____________. (848) [ ] per any final civil judgment against you. (166) [ ] Liability is admitted but amount is disputed.
5. [X] Enroll within 21 days (or within 21 days from your release from custody) and successfully complete an approved: Defendant's BAC: ______%. [ ] Refusal [ ] 12 hour (SB 1176) [X] 3 mo. (AB541)(327) [ ] 6 mo. (AB 762) [ ] 9 mo. (AB1353) [ ] 18 mo. (SB38)(328) [ ] 30 mo. alcohol education program. The DMV will not restore your driving privilege until you successfully complete a licensed alcohol education program. [ ] Obtain program details from Clerk or Health Officer.
6. [ ] Attend ____ Alcoholics Anonymous/Narcotics Anonymous meetings at the rate of ____ times per week, IN ADDITION to those required as part of the alcohol education program. (246)
7. [X] Do not drive any vehicle with any measurable amount of alcohol or drugs in your blood, or refuse to take and complete any blood alcohol/drug chemical test, any field sobriety test or any preliminary alcohol screening test when requested by any peace officer. (711)
8. [ ] Do not drive a motor vehicle without a valid driver's license in your possession, or without liability insurance in at least the minimum amounts required by law. (374)
9. [ ] Abstain from the use of all alcoholic beverages and stay out of all places where they are a chief item of sale. (386) [X] Watson advisement given. (718)
10. [X] Enroll in and complete the [ ] Hospital and Morgue ("HAM") Program. (471) [X] MADD Victim Impact Program (472) [ ] ______________
11. [ ] The court finds that defendant presents a traffic safety or public safety risk and, per VC §13352.4(d), disallows issuance by DMV of a restricted license. (248)
12. [ ] Your driver's license is hereby ordered [ ] suspended [ ] revoked for a period of ____ months ____ years. [ ] "M" service given in open court. (283) You may not drive a motor vehicle unless and until your driving privilege is restored. [ ] Defendant under age 21 at time of offense.
13. [ ] You are hereby declared to be a Habitual Traffic Offender for a period of ________ years. (283)
14. [ ] Comply with the "Supplemental Terms of Probation – Ignition Interlock Device" regarding installation of an ignition interlock. (248) [ ] as ordered by the DMV
15. [ ] Do not own, use possess, buy or sell any controlled substances, or associated paraphernalia, except with valid prescription, and stay away from places where users, buyers or sellers congregate. Do not associate with persons known by you to be controlled substance users or sellers, except in an authorized drug counseling program. (229)
16. [ ] Submit your person and property to search and seizure at any time of the day or night, by any Probation Officer or other peace officer, with or without a warrant, probable cause or reasonable suspicion. (576)
17. [ ] The vehicle with license plate ____________ is, after notice and hearing, ordered impounded for ________ days per Vehicle Code § 23594(a). (783)
18. [ ] The vehicle with license plate ____________ is, after notice and hearing, ordered confiscated and sold per Vehicle Code § 23596(a).
19. [ ] If you are deported from or otherwise leave the United States, notify the Court [and Probation] in writing of your address and telephone number outside the United States within 72 hours of deportation or departure. Continue to pay all of your financial obligations to the Court [and to Probation] while outside the United States. (474)
20. [X] Pay all of the following (check all that apply):

[X] A restitution fine of $ 150 per PC §1202.4(b) through (e). (896)	[ ] An administrative screening fee of $25 per PC 1463.07/GC §29550(f) (released O.R.)
[X] A court security fee of $40.00 per PC §1465.8(a)(1). (per count) (SA:CA)	[X] A citation processing fee of $10.00 per PC §1463.07 and GC §29550(f) (if cited and released in field or at jail facility.)
[X] A criminal conviction/facilities assessment of $30.00 per Gov't Code §70373(a). (SA:CC)	[ ] An alcohol abuse education and prevention penalty assessment of $______ ($50 max.) per VC §23645
[ ] A probation revocation restitution fine in the same amount as the restitution fine, per PC §1202.44, payment is stayed until probation is revoked and sentence imposed.	[ ] An alcohol and drug problem program assessment of $______ ($100.00 max.) per VC §23649.
[ ] A criminal fine surcharge of $______ per Penal Code §1465.7 (20% of base fine). (SA:AB)	[ ] A drug program fee of $150.00 (per drug count except §11357(b)) per H&S §11372.7(a).
[ ] A criminal justice administration fee of $________ payable to the local arresting agency, per Gov't Code §§ 29550(c), 29550.1 or 29550.2 (agency's actual cost).	[ ] A crime lab fee of $50.00 plus penalty assessment per H&S Code §11372.5. (184)
[ ] Cost of probation services per PC 1203.1b, [ ] as determined by the Probation Officer, subject to a hearing if requested [ ] in the amount of $_____ per month.	[ ]

21. [ ] ____
22. [X] Obey all laws and orders of the Court (541) [ ] and rules and regulations of the Probation Department. (542)

[X] Defendant acknowledges that he/she understands and accepts the terms and conditions of probation. (816)

[ ] Defendant ordered to pay attorney fees [ ] in the amount of $__________ [ ] in the amount determined by the Financial Evaluator.

[X] Counts/allegations: Remaining are dismissed/stricken on the People's motion pursuant to Penal Code Section 1385 as to this defendant.

Compliance Dates: Defendant is ordered to appear in person on each of the following compliance dates. (583)

Surrender for jail: [ ] Cruz waiver taken:		Restitution Hearing in Dept. ______ at 8:30 a.m.	
Pay fine/fees in full by: [ ] Installments allowed	1-22-16	(POE) Proof of Completion of Alcohol Program: + MADD	3-23-15
Complete jail/work/c-s by:		Other:	

I understand, accept and will comply with the foregoing conditional sentence and compliance dates and will return to Court as ordered.

Defendant's Signature: ______________ Attorney's Signature Joining: [signature]

Defendant's Address: ______________

Defendant's Telephone: ______________

[signature]
Judge/Commissioner of the Superior Court
ELIZABETH MUNISOGLU

CRM 068 (Rev 01/12) DISTRIBUTION: Pink - Court Copy White - Defendant Copy

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NO. .WA12770 PAGE NO. 1
THE PEOPLE OF THE STATE OF CALIFORNIA VS. CURRENT DATE 02/27/15
DEFENDANT 01: CHARLES EDWARD KAMEN
LAW ENFORCEMENT AGENCY EFFECTING ARREST: CHP - WEST L.A. STATION

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER

CASE FILED ON 11/12/14.
COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 07/04/14 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:
COUNT 01: 23152(A) VC MISD
COUNT 02: 23152(B) VC MISD
NEXT SCHEDULED EVENT:
11/18/14 830 AM ARRAIGNMENT DIST AIRPORT COURTHOUSE DEPT 140

ON 11/18/14 AT 830 AM IN AIRPORT COURTHOUSE DEPT 140

CASE CALLED FOR ARRAIGNMENT
PARTIES: ELIZABETH M. MUNISOGLU (JUDGE) KENNETH JOHNSON (CLERK)
ROCHELLE ALBANS (REP) T.G. RICHARDSON, II (DA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY ROBERT WILSON PRIVATE COUNSEL
COURT ORDERS AND FINDINGS:
-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
DEFENDNAT TO ATTEND 3 AA MEETINGS WEEKLY AS A CONDITION OF O.R. RELEASE.
WAIVES STATUTORY TIME.
NEXT SCHEDULED EVENT:
12/19/14 830 AM ARRAIGNMENT AND PLEA DIST AIRPORT COURTHOUSE DEPT 140

CUSTODY STATUS: DEFENDANT REMAINS ON OWN RECOGNIZANCE

ON 12/19/14 AT 830 AM IN AIRPORT COURTHOUSE DEPT 140

CASE CALLED FOR ARRAIGNMENT AND PLEA
PARTIES: ELIZABETH M. MUNISOGLU (JUDGE) LISA STEPHENSON (CLERK)
KAREN PECKHAM (REP) T.G. RICHARDSON, II (DA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY ROBERT WILSON PRIVATE COUNSEL
CASE CONTINUE TO 01/22/15 FOR ARRAIGNMENT AND PLEA.

PROOF OF AA'S RECEIVED.
NEXT SCHEDULED EVENT:
01/22/15 830 AM ARRAIGNMENT AND PLEA DIST AIRPORT COURTHOUSE DEPT 140

ON 01/22/15 AT 830 AM IN AIRPORT COURTHOUSE DEPT 140

CASE CALLED FOR ARRAIGNMENT AND PLEA
PARTIES: ELIZABETH M. MUNISOGLU (JUDGE) LISA STEPHENSON (CLERK)
ROCHELLE ALBANS (REP) STEPHANIE X. MIYATA (DA)
STIPULATED THAT ELIZABETH M. MUNISOGLU (JUDGE) MAY HEAR THE CAUSE AS TEMPORARY JUDGE.
DEFENDANT DEMANDS COUNSEL.
PUBLIC DEFENDER APPOINTED. RICHARD HUTTON - P.R.

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY RICHARD HUTTON PRIVATE COUNSEL
DEFENDANT ADVISED OF THE FOLLOWING RIGHTS VIA VIDEO CASSETTE:
DEFENDANT ARRAIGNED AND ADVISED OF THE FOLLOWING RIGHTS AT MASS ADVISEMENT:
SPEEDY PUBLIC TRIAL, TRIAL WITHIN 30/45 DAYS, RIGHT TO REMAIN SILENT, SUBPOENA POWER OF COURT, CONFRONTATION AND CROSS EXAMINATION, JURY TRIAL, COURT TRIAL, RIGHT TO ATTORNEY, SELF-REPRESENTATION, REASONABLE BAIL, CITIZENSHIP, EFFECT OF PRIORS, PLEAS AVAILABLE, PROBATION.
A COPY OF THE COMPLAINT AND THE ARREST REPORT GIVEN TO DEFENDANTS COUNSEL.
DEFENDANT WAIVES FURTHER ARRAIGNMENT.
DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
WRITTEN ADVISEMENT OF RIGHTS AND WAIVERS FILED, INCORPORATED BY REFERENCE HEREIN
TRIAL BY COURT AND TRIAL BY JURY
CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;
SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;
AGAINST SELF-INCRIMINATION;
DEFENDANT ADVISED OF THE FOLLOWING:

THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;
THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE SAME OR SIMILAR OFFENSES;
THE EFFECTS OF PROBATION;
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF TURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.
COUNSEL FOR THE DEFENDANT JOINS IN THE WAIVERS AND CONCURS IN THE PLEA.
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY MADE;
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS NOLO CONTENDERE TO COUNT 02 A VIOLATION OF SECTION 23152(B) VC. THE COURT FINDS THE DEFENDANT GUILTY.
COUNT (02) : DISPOSITION: CONVICTED
COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT ACCEPTS PLEA.
WAIVES TIME FOR SENTENCE.
NEXT SCHEDULED EVENT:

SENTENCING
STIPULATED THAT ELIZABETH M. MUNISOGLU (JUDGE) MAY HEAR THE CAUSE AS TEMPORARY JUDGE.
DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:
AS TO COUNT (02):
IMPOSITION OF SENTENCE SUSPENDED
DEFENDANT PLACED ON SUMMARY PROBATION
FOR A PERIOD OF 036 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:
PAY A FINE OF $390.00
PLUS A STATE PENALTY FUND ASSESSMENT OF $1,044.00
LESS CREDIT OF $30.00
PLUS $1.00 NIGHT COURT.
PLUS $40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)

$50.00 ALCOHOL ABUSE/PREVENTION ASSESSMENT (23645 V.C.)
$33.00 LABORATORY SERVICE FUND(PURSUANT TO 1463.14(B) P.C.)
$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)
$10.00 CITATION PROCESSING FEE (PURSUANT TO 1463.07 P.C.)
$4.00 EMERGENCY MEDICAL AIR TRANSPORTATION ACT FUND PER 76000.10(C)(1) GC
OR SERVE 10 DAYS IN LOS ANGELES COUNTY JAIL
DEFENDANT TO PAY FINE TO THE COURT CLERK
IN LIEU OF FINE, DEFENDANT MAY:
PERFORM 100 HOURS OF COMMUNITY SERVICE
DEFENDANT TO PAY COURT COST OF $102 .
THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE, A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM
DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF $150.00 TO THE COURT
TOTAL DUE: $1,824.00
IN ADDITION:
-THE DEFENDANT WAS ADVISED AND UNDERSTOOD THAT BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, IMPAIRS HIS/HER ABILITY

TO SAFELY OPERATE A MOTOR VEHICLE, AND IT IS EXTREMELY DANGEROUS TO HUMAN LIFE TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH. DEFENDANT WAS FURTHER ADVISED THAT IF HE/SHE CONTINUES TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, AND AS A RESULT OF HIS/HER DRIVING, SOMEONE IS KILLED, THE DEFENDANT CAN BE CHARGED WITH MURDER.
-DO NOT DRIVE ANY VEHICLE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD OR REFUSE TO TAKE AND COMPLETE ANY BLOOD ALCOHOL OR DRUG CHEMICAL TEST, ANY FIELD SOBRIETY TEST, AND ANY PRELIMINARY ALCOHOL SCREENING TEST, WHEN REQUESTED BY ANY PEACE OFFICER.
4PLETE THE VICTIM IMPACT PROGRAM (VIP) OF MOTHERS AGAINST DRUNK DRIVING (MADD).
-OBEY ALL LAWS AND ORDERS OF THE COURT.
-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.
-DEFENDANT IN OPEN COURT IS HANDED A COPY OF THE ABOVE CONDITIONS OF PROBATION.
ANY MANDATORY AND NON-PUNITIVE FEES OR ASSESSMENTS ORDERED IN THIS CASE ARE NOT CONDITIONS OF PROBATION

CASE CONTINUE TO 03/23/15 FOR PROOF OF ENROLLMENT/PROGRESS REPORT IN ALCOHOL/MADD PROGRAM.
.
FINE PAYMENT DUE BY 01/22/16 OR PROOF OF COMPLETION COMMUNITY SERVICE/FEES OR 9 DAYS COMMUNITY LABOR/FEES.
.
TOTAL FINE INCLUDES $72.00 CRIMINAL SURCHARGE FEE, $30.00 INSTALLMENT FEE.
COUNT (02): DISPOSITION: CONVICTED
REMAINING COUNTS DISMISSED:
COUNT (01): DISMISSAL IN FURTH OF JUSTICE PER 1385 PC
ABSTRACT ISSUED ON 01/22/15 FOR COUNT 02
DMV JUDGMENT CODE QWGC
NEXT SCHEDULED EVENT:
03/23/15 830 AM PROGRESS REPORT DIST AIRPORT COURTHOUSE DEPT 140

CASE NO. 4WA12770 PAGE NO. 4
DEF D. 01 DATE PRINTED 02/27/15

NEXT SCHEDULED EVENT:
01/22/16 900 AM PROOF OF COMPLETION/FINE DIST AIRPORT COURTHOUSE DEPT C40

01/30/15 ARREST DISPOSITION REPORT SENT VIA FILE TRANSFER TO DEPARTMENT OF JUSTICE

ON 02/06/15 AT 900 AM IN AIRPORT COURTHOUSE DEPT C40

CASE CALLED FOR FINES/FEES
PARTIES: NONE (JUDGE) NONE (CLERK)
NONE (REP) NONE (ODA)
DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
DEFENDANT APPEARS IN PRO PER
PAYMENT IN THE AMOUNT OF $1,824.00 PAID ON 02/06/15 RECEIPT # LAX514851004
FINE PAID IN FULL

NEXT SCHEDULED EVENT:
PROGRESS REPORT

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE

ATTEST 2-27-15
Sheri R. Carter, Executive Officer/Clerk
of the Superior Court of California, County of
Los Angeles
BY: DEPUTY

AIRPORT COURTHOUSE

CAL.# 28 4WA12770-01 FOR: ARRAIGNMENT AND PLEA LAST DAY _____
KAMEN, CHARLES E. VIOL DT 070414 23152(A)VC
BAIL: OR REG #/RECPT # 23152(B)VC
01/22/15 DPT: 140 JUDGE: ELIZABETH M. MUNIGOGLU
ATTY: ROBERT WILSON R. HUTTON PROS: ~~T.G. PITCHARDSON, III~~ MINTA
REPORTER: ROCHELLE ALBANS CLERK: LISA STEPHENSON
INT'R: LANGUAGE:

DEFENDANT IN COURT _____ DEFENDANT 977A _____

___ B.T.S ___ B.W. ___ O.R. ___ BAIL FORF. ___ O.R. REV.

NC Ct 2 23152(B)VC

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST: 2/27/15
Sheri R. Carter, Executive Officer/Clerk
of the Superior Court of California, County of
Los Angeles.
BY: Cassie N Dudley DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
COMPLIANCE OF FINE PAYMENT/CASHIER SLIP

CASE #	4WA12770	NAME	Charles Kamen	DATE	1/22/15	DEPT	140

NOTICE TO DEFENDANT: As part of your sentence, you are ordered to return to satisfy the following conditions. Failure to comply will result in one or more of the following: issuance of a bench warrant, revocation of probation, civil Assessment and/or referral to a collections agency.

CT	01	23152(B)VC	CT		FPS/PRD Prefix		Suffix	

FPS Distribution Code	Amount
TRUST Victim Restitution	$
CRIMSUR 20%	$72
RESTDUI $20 (included in base fine)	$20
Penalty Assessment Rate $___ ($26 of $20) PA___/CAA/T___	$936
Penalty Assessment DNA/CHATS ($3 of $20 rate)	$108
CWS $15 (each FTA)	$
FISH $15	$
SANCTION	$
CONTEMPT	$
WARSHLT	$
DRUGPROG $150+ (subject to PA + CRIMSUR)	$
CRIMELAB $50+ (subject to PA + CRIMSUR unless used for DEJ Admin Fee)	$
AIDSED $50 (first $50 of $70 AIDS fine; subject to PA + CRIMSUR) (Place $20 [illegible] with base fine)	$
CRP $10 (subject to PA + CRIMSUR)	$
LEWD $300/LEWDSUB $500 (subj. PA + CRIMSUR)	$
VTRAUTM (subject to PA + CRIMSUR)	$
FIREWORK (subject to PA + CRIMSUR)	$
DUMPING (not subject to PA and CRIMSUR)	$
TOBACCO $5000 max (subject to PA and CRIMSUR)	$
ALCOHED $50	$50
PEHEALTH $75	$
LABA/ABSVCS $50 (included in base fine)	$50

----- CONTINUED ON NEXT COLUMN -----

FPS Distribution Code	Amount	
Base Fine (subject to PA + CRIMSUR) MISTRFINES	$290	
RESTCADT (Supervision/Probation Revocation & Termination)		
RESTPROB Restitution Fine	$160	
VACTLASFUND	$33	
PRIOR $10	$	
ICC/TSGEN $1	$	
OTOFEE $0 (infraction only)	$	
TRFCMV/TRFSEX $15	$	
WRNT $10 (infraction only)	$	
CORRFINS (Inf. Only) / ICRADOR	$	
ICNA	$	
ICNAMS $30 (per each fine, not with infraction)	$30	
SECFEE $40 per (convicted count) (Previously $20)	$	
INSTFEE $30	$30	
CITERROC $10	$10	
ADSCREEN	$	
DRUGTRAF (Prop. 36)	$	
REPTOW (REGFEE)	$	
CITATION	$	
ATTYFEES	$	
EC3A $100	$	
DOMESTIC ($500)	$	
MEDAIR / MEDAIRS ($1 per convicted Vehicle Code count)	$	
SUBTOTAL	$	
CASH BAIL APPLIED	$	
TOTAL BALANCE DUE	$	

Cashier overprint (partly legible):
RECEIVED / CIT/CASE: 4WA12770 DEF: 01 / LA851495 1004 / DATE PAID: 02/04/15 11:02 am
CHECK $1,824.00 / CASH $0.00 / CHANGE $0.00 / CARD $0.00
CRIMSUR $72.00 / RESTDUI $20.00 / PA $936.00 / DNA $108.00 / CJCF/20 $50.00 / REPTOW $50.00 / LAIBFCL $290.00 / RESTPROB $160.00 / VAIT $33.00 / NO. [illegible] $1.00 / TRFAMIT $30.00 / SECFEE $40.00 / CITEPROC $10.00 / MEDAIR $1.00

FEB 0 4 2015

# Total Credit Days	0	Violation Date	7-4-14
# Convicted Counts	1	Conviction Date	1-22-15

NOTE: Items in bold text are entered by the Court; regular text is calculated by operation of law by JA/Clerk's Office. See reverse for instructions and information.

		due	Forthwith	on		Clerk's Office	Dept
OK	Payment of $ 1824	due ☐	Forthwith ☑	on 1-22-16	8:30 AM In	☑ Clerk's Office	C40 ☐ Dept
☑	9 DAYS C/L	due ☐	Forthwith ☑	on	8:30 AM In	☑ Clerk's Office	☐ Dept
☑	40 Hours C/S	due ☐	Forthwith ☑	on	8:30 AM In	☑ Clerk's Office	☐ Dept

CRIM 012 (Rev. 1/13) DISTRIBUTION: Original (White) Case File Copy (Pink) Cashier Copy (Blue) Defendant

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST: 2-27-15

Sherri R. Carter, Executive Officer/Clerk of the Superior Court of California, County of Los Angeles.

BY: Carolyn Dolly DEPUTY

2019 CA Medical Board Order

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **CHARLES EDWARD KAMEN, M.D.** **Physician's and Surgeon's Certificate No. A129006** **Respondent.**	**No. 800-2014-006709**

ORDER FOLLOWING COMPLETION OF PROBATION

The above named respondent, having completed probation in Case No. 800-2014-006709, is entitled to full restoration of the Physician's and Surgeon's Certificate.

WHEREFORE, IT IS ORDERED by the Medical Board of California that respondent's Physician's and Surgeon's Certificate be fully restored to renewed/current status and free of probation requirements, effective August 19, 2019.

So ordered November 7, 2019.

MEDICAL BOARD OF CALIFORNIA

Denise Pines, President

2016 CA Medical Board

Disciplinary Decision of 2014 Accusation

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against:	)	
CHARLES EDWARD KAMEN, M.D.	)	Case No. 800-2014-006709
Physician's and Surgeon's Certificate No. A 129006	)	OAH No. 2015070151
Respondent	)	

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by Benjamin Fenton, Esq., attorney for Charles Edward Kamen, M.D., for the reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on August 19, 2016.

IT IS SO ORDERED: August 16, 2016

Jamie Wright, JD, Chair
Panel A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against:	)	
CHARLES EDWARD KAMEN, M.D.	)	MBC No. 800-2014-006709 OAH No. 2015070151
Physician's and Surgeon's Certificate No. A 129006	)	**ORDER GRANTING STAY**
	)	(Government Code Section 11521)
Respondent	)	

Benjamin Fenton, Esq., on behalf of respondent, Charles Edward Kamen, M.D., has filed a Petition for Reconsideration of the Decision in this matter with an effective date of **August 11, 2016**.

Execution is stayed until August 19, 2016.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: August 10, 2016

Kimberly Kirchmeyer
Executive Director
Medical Board of California

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against:	)	
CHARLES EDWARD KAMEN, M.D.	)	Case No. 800-2014-006709
Physician's and Surgeon's Certificate No. A 129006	)	OAH No. 2015070151
Respondent	)	

DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 11, 2016.

IT IS SO ORDERED: July 12, 2016.

MEDICAL BOARD OF CALIFORNIA

Jamie Wright, JD, Chair
Panel A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against:	Case No. 800-2014-006709
CHARLES EDWARD KAMEN, M.D.,	OAH No. 2015070151
Physician's and Surgeon's Certificate No. A 129006	
Respondent.	

PROPOSED DECISION

This matter was heard by Laurie R. Pearlman, Administrative Law Judge (ALJ) with the Office of Administrative Hearings, on May 2 through 4, 2016, in Los Angeles, California. Complainant was represented by Karolyn M. Westfall, Deputy Attorney General. Charles Edward Kamen, M.D. (Respondent) was present and was represented by Nicholas D. Jurkowitz, Attorney at Law.

Oral and documentary evidence was received, and argument was heard. The record was closed, and the matter was submitted for decision on May 4, 2016.

FACTUAL FINDINGS

1. On February 25, 2016, Kimberly Kirchmeyer (Complainant) filed the First Amended Accusation while acting in her official capacity as the Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

2. Respondent filed a Notice of Defense requesting a hearing on the Accusation, and this matter ensued.

3. Respondent is the holder of Physician's and Surgeon's Certificate number A 129006, which was issued by the Board on March 5, 2014. The certificate was in full force and effect at all relevant times. It will expire on February 28, 2018, unless renewed.

Treatment with Ronald Winchel, M.D.

4. Between November 2009 and June 2014, Respondent underwent psychiatric treatment with Ronald Winchel, M.D. During the course of that treatment, Respondent disclosed to Dr. Winchel that he consumed between six and eight alcoholic beverages two or three times per week and had used marijuana in the past. He also told Dr. Winchel he felt he had become dependent on legally obtained prescription benzodiazepines. Dr. Winchel diagnosed Respondent with generalized anxiety disorder and prescribed Xanax and Klonopin. He subsequently attempted to taper the amount of benzodiazepines Respondent was taking, and he attempted to replace Respondent's other anxiolytics with non-dependency-generating medications.

Residency at Loma Linda University Medical Center

5. Respondent began a residency program in neurology at Loma Linda University Medical Center (LLU) in July 2013. During that residency, he was referred to the Resident Physician Well-Being Committee after appearing possibly impaired on more than one occasion.

6. On May 2, 2014, Respondent sought and received a recommendation for medical marijuana for the treatment of anxiety. During the medical examination, Respondent admitted that he was already using marijuana.

7. On June 5, 2014, Respondent failed to arrive at work at LLU on time. He later explained that he had overslept because his alarm had not awakened him. When he arrived at LLU, he underwent a urine toxicology which yielded a positive result for tetrahydrocannabinol (THC).[1] LLU suspended Respondent from his residency training on June 16, 2014.

8. On June 20, 2014, pursuant to Business and Professions Code section 805, the Board received a Health Facility/Peer Review Reporting Form from LLU regarding their suspension of Respondent from the residency program.

Criminal Conviction for Driving Under the Influence

9. On January 22, 2015, in the Superior Court of California, County of Los Angeles, in case number 4WA12770, Respondent pled nolo contendere and was convicted of violating Vehicle Code section 23152, subdivision (b) (driving with a blood alcohol content of 0.08 percent or more), a misdemeanor. Respondent was placed on probation for a period of three years under various terms and conditions, including payment of fines, fees and assessments totaling $1,824, completion of a three-month DUI program, and attendance at a Mothers Against Drunk Driving impact panel.

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[1] THC is the principal psychoactive constituent of cannabis, and is a Schedule I controlled substance, pursuant to Health and Safety Code section 11054, subdivision (d).

10. The facts and circumstances of the criminal conviction are that on July 4, 2014, at approximately 11:00 p.m., Respondent was observed by another motorist driving erratically, cutting off other vehicles, and "flipping people off." The motorist flagged down California Highway Patrol Officer Pete Kensinger, who was on routine patrol in Marina Del Rey, California. Officer Kensinger initiated a traffic stop, approached the driver, later identified as Respondent, and informed him of the reason for the stop. Although Respondent claimed that he was not driving badly, Officer Kensinger noted Respondent's speech was slurred and that he smelled of alcohol. Respondent claimed he had consumed only one beer at 8:00 p.m., prior to driving. Respondent failed field sobriety tests and was arrested on suspicion of driving under the influence. (Veh. Code § 23152, subd. (a).) A blood test showed a blood alcohol content of 0.21 percent. (Exhibit 5.)

Intensive Outpatient Treatment Program at Columbia University Medical Center

11. In August 2014, Respondent entered the Intensive Outpatient Treatment Program at Columbia University Medical Center in New York. He participated in seven groups including psychotherapy, dialectical behavior therapy, and substance use disorders. Respondent also engaged in weekly psychotherapy groups and bi-weekly individual psychotherapy sessions. In addition, he underwent frequent urine and breath testing. He successfully completed that program, during which he had no positive drug or alcohol tests.

Reinstatement into the LLU Residency Program

12. Respondent was reinstated into the LLU residency program on a part-time basis in February 2015, and was placed back into full-time status in July 2015. At the program's direction, he was required to participate in and be monitored by the LLU Resident Physician Well-Being Committee. To that end, Respondent has continued in psychotherapy, and he has undergone random, weekly urine tests since his return. He has not tested positive for any controlled substances or alcohol. He has also continued treating with his therapist at Columbia University, Michael Benibgui, Ph.D., through weekly telephonic sessions. Respondent is scheduled to complete his residency on February 23, 2018.

Board Interview

13. On January 7, 2015, Respondent submitted to an interview with a Board investigator. During that interview, Respondent admitted being treated for anxiety and depression beginning in or around 2003, and to taking prescribed benzodiazepines until approximately 2012, when he began to taper off of those medications. Respondent admitted using marijuana for a medical purpose in the past to help him with his insomnia, but claimed his use was minimal. Respondent also claimed that prior to his DUI arrest on July 4, 2014, he drank alcohol only about three times each year. Respondent agreed to undergo a psychiatric examination with the Board.

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Respondent's Expert, Alan A. Abrams, M.D., J.D.

14. On September 1, 2015, at the Board's request, Respondent underwent a Business and Professions Code section 820 psychiatric evaluation by Alan A. Abrams, M.D., J.D. Dr. Abrams graduated from the University of California, San Diego Medical School, is licensed to practice medicine in California and Washington, D.C., and is Board-certified in general psychiatry, addiction psychiatry, and forensic psychiatry. He is highly qualified to offer expert opinions in this matter.

15. Dr. Abrams reviewed Respondent's medical and psychiatric records, administered psychological testing, and interviewed Respondent for two hours. In a report dated September 9, 2015, Dr. Abrams opined that Respondent did not have a physical or mental condition that would inhibit his ability to practice medicine, and that Respondent's anxiety would not interfere with his ability to practice safely.

16. On October 15, 2015, Dr. Abrams wrote a second report in which he "clarified [his] opinions." He had not further evaluated Respondent during the six weeks between his two reports. In the October 15, 2015 report, and in his testimony at the hearing, Dr. Abrams opined that Respondent does suffer from a mental illness or condition that impacts his ability to engage in the safe practice of medicine, specifically Respondent's history of alcohol misuse. He further opined that, because Respondent is in the very early stages of substance abuse recovery, he should be required to undergo weekly external monitoring and substance abuse recovery treatment to ensure he continues to practice medicine safely. Lastly, Dr. Abrams opined that, because Respondent is being monitored by LLU, he is not currently impaired. Dr. Abrams considers random drug testing to be "therapeutic" and "as much treatment as monitoring." He emphasized that on-going monitoring is necessary for Respondent to practice medicine safely at this time.

17. During his session with Dr. Abrams, Respondent "used minimization and denial extensively." Respondent told him that he only took a few puffs of marijuana a few times a month, which is not consistent with the high level of THC found in his urine in June 2014. Respondent told Dr. Abrams that he had been intoxicated from alcoholic beverages only ten times in his life. This was inconsistent with Dr. Winchel's entry in 2009, noting that Respondent habitually engaged in binge drinking, heavily consuming alcoholic beverages on weekends during medical school. It was also inconsistent with Respondent's ability to drive with a .21 percent blood alcohol level in July 2014, which indicates some tolerance to alcohol.

18. Dr. Abrams opined that Respondent is "very bright and skilled." However, because he has unspecified anxiety disorder, and probable mild alcohol use disorder, Dr. Abrams opined that on-going monitoring of Respondent should continue for the next two years, at which time Respondent is expected to complete his four-year LLU residency. Dr. Abrams suggested that a Business and Professions Code section 820 evaluation should be conducted at that time to assess the need for continued monitoring, based on the likelihood of future relapse.

19. Michel A. Sucher, M.D., practices addiction medicine. He is a Diplomate of the American Board of Addiction Medicine and is president of the California Physicians Health Program (Program). The Program's goal is to ensure public safety and patient protection through education, assessment, referral to treatment, and monitoring. The Program works with hospitals, providing initial assessments, treatment referrals, monitoring, random drug and alcohol testing, therapy, and coordination of medical and psychological care.

20. In early July 2014, Dr. Sucher met with Respondent at the request of LLU's Physician Well-Being Committee and Respondent's residency program. Respondent was referred to him for substance use disorder. Based upon Respondent's dependence on benzodiazepines, mild alcohol use disorder/DUI, and testing positive for marijuana at work, Dr. Sucher recommended that Respondent seek outpatient rehabilitation treatment to achieve on-going abstinence. Respondent followed his advice and successfully completed the Intensive Outpatient Treatment Program at Columbia University Medical Center.

21. In January 2015, after Respondent completed the program at Columbia University Medical Center, Dr. Sucher met with Respondent again. Dr. Sucher recommended that LLU continue to require random drug testing until the end of Respondent's residency, participation in self-help groups, and therapy. LLU retained Dr. Sucher to design and carry out a monitoring program for Respondent's return to his residency program in Fall 2015. Dr. Sucher uses First Lab to carry out the drug testing. Respondent must check in with First Lab for random testing seven days per week, year-round. Since January 2015, Respondent has never missed a test or had a positive test result.

22. When he first met with Dr. Sucher, Respondent had already recognized that he lacked control over his use of benzodiazepines, and was tapering its use, but he did not see its global significance or its impact on his medical career. With treatment, monitoring, education, and therapy, Respondent "is a different person now." In addition to communicating with each other by telephone, as a monitoring physician, Dr. Sucher has met with Respondent four or five times since they first met. Dr. Sucher conducts a thorough review of Respondent's work, personal and family life, and medications, conducts a mental status examination, and sends a quarterly report to LLU's Well-Being Committee. As required by Respondent's residency program, Dr. Sucher will continue to monitor him for the next two years, until he completes his residency.

23. Dr. Sucher opined that the Program achieves the same public protection goals as formal Board probation, without any negative consequences. He opined that putting Respondent on Board probation would be "an anchor on him" because it would make it difficult for Respondent to obtain malpractice insurance, get hospital privileges, or serve on insurance panels. Respondent has been sober for two years. Dr. Sucher opined that he understands the severity of his substance abuse problems and is now in "stable, sustained recovery."

Testimony of Laura Dawn Henrichsen Nist, M.D.

24. Laura Dawn Henrichsen Nist, M.D., LLU's Neurology Residency Director, testified at the hearing in support of Respondent's licensure. Dr. Nist and and Bryan Tsao, M.D., Chair of LLU's Department of Neurology, wrote a letter evaluating Respondent's progress since his reinstatement in February 2015. They wrote in part:

> We are very pleased with Dr. Kamen's participation and progress within the program. He has satisfactorily completed, or in many cases surpassed the requirements and expectations set for him. As attending physicians to Dr. Kamen we have had an opportunity to assess his clinical skills and knowledge. We are very pleased with Dr. Kamen's training and progress as a neurologist. He is a solid resident and we feel that he is a capable and insightful physician. Dr. Kamen recently received his semi-annual evaluation which covered the period of time from July through December 31, 2015. Dr. Kamen received positive reviews which describe him as an effective leader, appropriately delegating responsibility, and serving as a good teacher to medical students and interns at Loma Linda University Health. Dr. Kamen is enthusiastic about patient care and the practice of neurology; he is devoted to his own education and is a collegial member of the department. He is well liked by faculty, colleagues, and medical students he mentors. The program received an unsolicited email in January from a medical student relaying his appreciation of the teaching Dr. Kamen provided.

(Exhibit K.)

25. Respondent does not minimize or deny his substance abuse issues. If Dr. Nist had any concerns, she would have Respondent test immediately, and would recommend immediate dismissal from the residency program if there were a positive result. Dr. Nist was initially skeptical about Respondent's ability to complete his residency, but he is "dramatically better" and she is "very impressed." Respondent "works hard and does all that's asked of him." She has no patient safety concerns and has asked Respondent to serve as Chief Resident during his last year of residency.

Testimony of Ricardo Whyte, M.D.

26. Ricardo Whyte, M.D., testified at hearing in support of Respondent's licensure. Dr. Whyte is an addiction psychiatrist and Director of Chemical Dependency at LLU's Behavioral Medicine Center. In connection with the directives of the Resident Physician Well-Being Committee, Respondent has been treating with Dr. Whyte since he first returned to his residency program in February 2015. At that time, Dr. Whyte diagnosed Respondent with Major Depressive Disorder, General Anxiety Disorder, Alcohol Abuse

Disorder, THC Use Disorder, and gambling addiction. However, Respondent has made excellent progress under Dr. Whyte's care. Dr. Whyte wrote:

> 3. Dr. Kamen's issues with alcohol and/or controlled substances were mild at worst. Dr. Kamen has been undergoing treatment for over a year and is well beyond the early stages of recovery.
>
> 4. In or about 2014, Dr. Kamen took a leave of absence from his residency program to enroll in an intensive outpatient program at Columbia University. In February 2015, after completing the Columbia University program, Dr. Kamen returned to his residency program at Loma Linda University Health. Since returning to his residency program, he has been doing exceptionally well. He is committed to abstaining from the use of alcohol and/or controlled substances. Dr. Kamen has been objectively screened, through continual random biological fluid testing.
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> 5. I see Dr. Kamen a session [sic] once every three or four months. The infrequency with which I see him is due to his successful re-entry into his residency program plus sensitivity to the rigorous time demands of some of his residency rotations. As a result of his excellent clinical progress I have deemed the current frequency of his visits as appropriate. He has been honest and forthcoming in our sessions. He has demonstrated an understanding of responsibility with respect to all of his behaviors.
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> 6. Dr. Kamen has been excelling in his residency program. He continually receives positive reviews from his supervisors. He is being encouraged to become a chief resident, which is a position of respect and responsibility.
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> 7. As Dr. Kamen is being continually monitored by Loma Linda University Health Wellbeing Committee, and constantly complied with its request I am greatly appreciative of this opportunity to bear witness to the Medical Board of California that I have experienced Dr. Kamen as a conscientious responsible clinician deeply committed to at all times behaving in such a way as to protect the viability of his Medical License. Due to the length of time (Dr. Kamen has undergone random urine tests for approximately 1.5 years without incident) under which Dr. Kamen has been successfully monitored, I am writing this letter in support of the position that no further restrictions be

imposed on Dr. Kamen's license or there be any escalation in monitoring.

(Exhibit D.)

27. Dr. Whyte met with Respondent eight times in 2015 and three or four times in 2016. Respondent "still experiences issues of anxiety." Although Respondent has a mental illness (alcohol abuse disorder, THC use disorder, and gambling addiction), Dr. Whyte opined that Respondent is nevertheless safe to practice medicine because "treatment has been effective in helping him to maintain his sobriety and improving his performance as a physician."

28. Respondent is now "empowered with tools to use in life" and is in sustained recovery. Respondent is remorseful and no longer has any urge to gamble, consume alcoholic beverages, or use marijuana or benzodiazepines. He wants to be valued by his colleagues, peers, and advisors, and to make contributions to his residency program. Respondent "has found his passion [in the practice of neurology] and has now developed supportive social relations."

29. Dr. Whyte opined that the current level of "extensive oversight and monitoring" is appropriate. Respondent is required to attend 12-step meetings, meet with Dr. Whyte and Dr. Sucher, and undergo random drug testing. Dr. Whyte believes that increased monitoring in the form of Board probation could potentially interrupt Respondent's progress in recovery by preventing him from advancing his career and hampering his efforts "to distance himself from the shame and setbacks of his [previous] poor decisions." Dr. Whyte opined that it would be a "risk [for Respondent to practice medicine] without a recovery program in place," but Respondent "should not be monitored indefinitely."

Respondent's Testimony

30. Respondent is 32 years old. He graduated from New York University with a bachelor's degree in Health and Disease in May 2006, and received his medical degree in June 2011 from Albert Einstein College of Medicine of Yeshiva University in New York. Respondent began a one-year internship in Internal Medicine at Yale University in June 2011. Because he encountered difficulty presenting cases from memory on rounds, he did not complete his internship until August 2012. He then spent approximately one year working as an assistant in a medical office while deciding where to do a residency. In July 2013, he began a neurology residency at LLU. He chose neurology because he "was always fascinated by the brain" and finds "it is a good fit" and "the perfect field" for him.

31. Respondent has been diagnosed with Generalized Anxiety Disorder, for which he was first prescribed benzodiazepines at age 19. He continued to take varying doses of prescribed benzodiazepines for 11 years, until August 2014. Respondent sometimes took more than were prescribed. Starting in 2009, Respondent attempted to taper his use over time, under the supervision of physicians. He wanted to discontinue taking benzodiazepines

entirely because he had become habituated to the medication, as well as physically dependent.

32. Respondent was first introduced to marijuana in high school and used it prior to coming to California. Respondent used marijuana up to a few times per month, and sometimes went for years without using it at all. When he moved to California to begin his residency, he obtained a medical marijuana recommendation (recommendation) and smoked marijuana intermittently to help him with anxiety and insomnia, and to assist him in tapering his use of benzodiazepines. Marijuana use is contraindicated with benzodiazepines. Respondent did not inform the physician who gave him the recommendation that he was taking benzodiazepines. He now realizes this was indicative of a substance abuse problem and "it was irresponsible and poor judgment to mix medications this way." Respondent is "remorseful to think that one in the role of a doctor could use medical marijuana."

33. When he was in college, Respondent drank six to eight drinks, three times per week. After college, he testified that he consumed alcoholic beverages infrequently, meaning that once per month, he might have two beers with dinner after work. This testimony is not credible, in light of Respondent's ability to drive with a blood alcohol content of .21, which suggests a degree of alcohol tolerance. Respondent has not gambled since December 2013. Over the course of his gambling, he lost a total of $10,000.

34. Starting at age 19, Respondent suffered from insomnia, which is now in remission. On the evening of June 4, 2014, Respondent had difficulty falling asleep and smoked marijuana. On June 5, 2014, he overslept and was late arriving at LLU. He was required to take a drug test, tested positive for THC, and was suspended from the LLU residency program.

35. During the following month, Respondent researched and got quotations from addiction specialists. He was very remorseful and felt he had let himself down by allowing substance abuse to impair his ability to work.

36. On July 4, 2014, Respondent went out with friends from out of town. Respondent consumed wine at a friend's apartment, and then had five or more Bloody Mary's at a restaurant. After watching a fireworks display, Respondent was driving home when he was pulled over by a California Highway Patrol Officer and arrested. This was a "moment of reckoning." Respondent realized that he had a substance abuse problem and needed to change. He "was lucky that he had not hurt [himself] or anyone else." Respondent decided that he would never drink alcohol or use marijuana again, and that he would taper off benzodiazepines completely as soon as it was medically possible. He felt that he had disappointed himself, and those close to him.

37. In August 2014, Respondent moved back to New York, where his immediate family resides. He began psychotherapy with Dr. Benibgui, a psychologist who specializes in the treatment of substance abuse and other mental health disorders. He believed that weekly psychotherapy was sufficient to treat Respondent. However, because the "[LLU]

Well-Being Committee insisted on increasing the level of care to intensive outpatient treatment," Dr. Benibgui referred Respondent to the Intensive Outpatient Treatment Program at Columbia University Medical Center. Respondent had sessions with Dr. Benibgui twice per week through the end of December 2014, after which he returned to California. Since then, Respondent has had telephone sessions once or twice per week with Dr. Benibgui. Their sessions focus on "how best to deal with stress and improve interpersonal skills both professionally and socially as well as regulate emotions more effectively and manage impulsive behavior." (Exhibit X.)

38. From October 2014 through December 2014, Respondent participated in the dual diagnosis Intensive Outpatient Treatment Program at Columbia University Medical Center in September 2014. His goals were to manage his anxiety without drugs, communicate better, and "avoid having other issues become a problem down the line." Respondent attended the program from 9 a.m. to 5 p.m., four days per week. Respondent completed 99 hours of group psychotherapy, and participated in abstinent-based addiction group therapy and dialectical behavior therapy. He was given twice-weekly urine drug tests, and twice-weekly breathalyzer tests. All of Respondent's test results were negative, he attended all group sessions without any absences, expressed a serious commitment to his treatment goals, and was always engaged and participatory in his treatment. (Exhibit N.)

39. Respondent recognizes that he has a substance use problem with alcohol and benzodiazepines. He "was in denial in the past, but [his] eyes are open now." Respondent has completely abstained from marijuana since June 4, 2014, from alcohol since July 4, 2014, and from benzodiazepines since August 4, 2014. Those who use marijuana or consume alcoholic beverages are "no longer part of [his] life." He has "changed the people, places, and things related to past problems."

40. Respondent emphasized that he will never use benzodiazepines again. He considers them to be "toxic." Respondent also has no intention to use marijuana. He does "better without it" and "would never jeopardize where [he is] now."

41. Respondent voluntarily began to attend Alcoholic Anonymous (AA) meetings three times per week before his criminal conviction and finds the meetings helpful. He continues to attend 12-step and other support group meetings, such as Smart Recovery and Emotions Anonymous. He attends "as many as [he] can," generally up to three times per week. Respondent now understands that he cannot handle the effects of alcohol and function normally. He "made a bad decision to drink and drive." Consuming alcoholic beverages impaired his judgment. Now, no one could "pay him enough to drink. It terrifies [him]."

42. Respondent plans to continue psychotherapy with Dr. Whyte, and telephone sessions with Dr. Benigbui, and to have Dr. Sucher as his program monitor. Respondent focuses on exercise, studying, and making sure his actions reflect his intentions. He "is a changed person."

43. Respondent will remain on informal criminal probation until January 2018. He has paid all fines and completed all required classes.

44. Respondent has successfully returned to the LLU residency program in neurology. They asked him to return on a part-time basis in February 2015, but allowed him to return to a full-time schedule as of July 2015. He realizes he was "given an enormous second chance" when he was permitted to return to his residency program, and he "would not want to let Dr. Nist down" or disappoint his family, with whom he is very close. He is "very remorseful." Respondent hopes "to pay it forward," and is considering becoming a [12-step program] sponsor. He is "very proud of the hard work [he] has put into the process of recovery" and is "very optimistic about the future."

45. Respondent hopes to practice as a neurologist. He is scheduled to complete his LLU residency in February 2018. He has been offered the opportunity to begin a movement disorder fellowship at LLU immediately thereafter, but Respondent has not yet decided whether he will accept that offer. He opined that Board probation "would be an anchor on [his] neck" and would negatively impact him "in the infancy of [his] career."

LEGAL CONCLUSIONS

1. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code sections 2227 and 2234, as defined by section 2236, subdivision (a), on the grounds that Respondent has used alcoholic beverages to the extent, or in such a manner, as to be dangerous or injurious to Respondent, another person, or the public, as set forth in Factual Findings 9- 41.

2. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code sections 2227 and 2234, as defined by section 2236, on the grounds that Respondent has been convicted of a crime substantially related to the qualifications, functions and duties of a licensed physician and surgeon, as set forth in Factual Findings 9-10.

3. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code sections 2227 and 2234, on the grounds that Respondent engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as set forth in Factual Findings 4-43.

4. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code sections 2227 and 2234, as defined by section 2234, subdivision (a), on the grounds that Respondent has violated a provision of the Medical Practice Act, as set forth in Factual Findings 4-43.

5. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code section 822, on the grounds that Respondent's ability to practice medicine safely is impaired due to mental illness affecting competency, as set forth in Factual Findings 4-43.

6. Pursuant to California Code of Regulations, title 16, section 1360.1:

> When considering the suspension or revocation of a license, certificate or permit on the ground that a person holding a license, certificate or permit under the Medical Practice Act has been convicted of a crime, the division, in evaluating the rehabilitation of such person and his or her eligibility for a license, certificate or permit shall consider the following criteria:
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> (a) The nature and severity of the act(s) or offense(s).
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> (b) The total criminal record.
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> (c) The time that has elapsed since commission of the act(s) or offense(s).
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> (d) Whether the licensee, certificate or permit holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.
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> (e) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
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> (f) Evidence, if any, of rehabilitation submitted by the licensee, certificate or permit holder.

7. In January 2015, Respondent suffered a conviction for driving under the influence of alcohol. This crime demonstrates an extreme disregard for human health, safety and welfare, a trait which is undesirable in a person who works with patients. Respondent's unlawful behavior as a motorist and a citizen does not necessarily illustrate that Respondent is now unsafe as a physician. However, the fact that Respondent reported to work with THC in his system in June 2014 raises additional concern. A physician suffering from clouded judgment may cause harm or death, and even one instance of work-related substance use could pose a grave danger to patients. The potential for substance abuse to filter into his workplace requires some type of discipline to ensure that Respondent's professional life remains untainted, and that patients and the public are protected.

8. Additionally, although Respondent has complied with the terms of his criminal probation for his DUI conviction, he will remain on probation until January 2018. Since people have a strong incentive to obey the law while under the supervision of the criminal

justice system, little weight is generally placed on the fact that a respondent has engaged in good behavior while on probation or parole. (See, *In re Gossage* (2000) 23 Cal.4th 1080.) In this case, Respondent's probation is not scheduled to terminate for another year and a half. Consequently, there has been no passage of time to assess Respondent's rehabilitation while released from the command of the criminal justice system.

9. Permitting Respondent to continue to engage in the unrestricted practice of medicine will endanger the public health, safety and welfare by reasons of Factual Findings through 4-39. However, the public health, safety and welfare will not be endangered if Respondent continues to undergo treatment and monitoring.

10. Business and Professions Code section 822 states:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
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> (a) Revoking the licentiate's certificate or license.
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> (b) Suspending the licentiate's right to practice.
>
> (c) Placing the licentiate on probation.
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> (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.
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> The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

11. Respondent has a history of drug and alcohol misuse that caused him to be discharged from the LLU neurology residency program and then caused him to suffer a misdemeanor alcohol-related criminal conviction. However, he chose to reverse his path by entering an intensive outpatient treatment program consisting of numerous treatment sessions each week and random drug and alcohol testing. The therapy was successful, and the drug testing was 100 percent negative. Respondent was then reinstated into the LLU neurology residency program on the condition that he undergo treatment and monitoring through its physician well-being committee. He did so with extremely successful results including continued therapy both locally and with his psychologist from Columbia University, and with negative results on all drug and alcohol tests. Those who know Respondent best, his

therapists and attending physicians in his residency program, praise Respondent's recovery efforts and his progress as a resident and mentor to medical students.

12. Immediately following his DUI arrest, Respondent expressed remorse for his actions, committed to abstain from the consumption of alcohol, and intends to maintain his sobriety. He has remained sober for nearly two years. Respondent is undergoing weekly random biological fluid testing and psychotherapy with two therapists. His testing has been 100 percent negative since August 2014. Respondent has demonstrated remorse for his wrongdoing, has remained sober for nearly two years, and has developed a plan and a support network to ensure his continued sobriety. Respondent's abstinence from alcohol, marijuana, and benzodiazepines and his firm commitment to continued abstinence, point to a lowered chance of recidivism, although not a guarantee.

13. The evidence established that revocation of Respondent's license to practice medicine would constitute unduly harsh discipline. Given the foregoing, a probationary period, with appropriate terms and conditions, should provide adequate protection of the public health, safety and welfare.

14. Complainant sought a five year term of probation and argued persuasively that probation must include the mandatory terms set forth in the Uniform Standards for Substance Abusing Licensees.

15. The Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines (11th Edition/2011) has been supplemented by the Board's Uniform Standards for Substance Abusing Licensees (2015) as follows:

(1). California Code of Regulations, title 16, section 1361 (Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees), provides in pertinent part:

> (a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the Medical Board of California shall consider the disciplinary guidelines entitled "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (11th Edition/2011) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the particular case warrant such a deviation – for example: the presence of mitigating factors; the age of the case; evidentiary problems.
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> (b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance-Abusing Licensees as provided in section

1361.5, without deviation, for each individual determined to be a substance-abusing licensee. . . . (Emphasis added.)

(2). California Code of Regulations, title 16, section 1361.5 (Uniform Standards for Substance-Abusing Licensees), provides in pertinent part:

> (a) If the licensee is to be disciplined for unprofessional conduct involving the use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another prohibited substance as defined herein, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code.
>
> (b) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's disciplinary guidelines referenced in section 1361 that the Board determines is necessary for public protection or to enhance the rehabilitation of the licensee.
>
> (c) The following probationary terms and conditions shall be used without deviation in the case of a substance-abusing licensee: (1) Clinical Diagnostic Evaluations and Reports; [¶] (2) Notice of Employer or Supervisor Information; [¶] (3) Biological Fluid Testing; [¶] (4) Group Support Meetings; [¶] (5) Worksite Monitor Requirements and Responsibilities; [¶] and (6) The licensee must remain in compliance with all terms and conditions of probation. . . . (Emphasis added.)

16. The language of California Code of Regulations, title 16, sections 1361 and 1361.5 indicates that, although the Uniform Standards for Substance-Abusing Licensees must be followed without deviation, variation from the Manual of Model Disciplinary Orders and Disciplinary Guidelines is allowed.

17. The totality of the evidence established that, given Respondent's two-year participation in outpatient treatment, drug testing, and a monitoring program, an additional three years of Board-ordered probation should protect the public health, safety and welfare.

ORDER

Physician's and Surgeon's Certificate Number A129006, issued to Respondent, Charles Edward Kamen, M.D., is revoked. However, the revocation is stayed, and Respondent is placed on probation for three years upon the following terms and conditions.

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1. Clinical Diagnostic Evaluations and Reports:

Within thirty (30) calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo and complete a clinical diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed board certified physician and surgeon. The examiner shall consider any information provided by the Board or its designee and any other information he or she deems relevant, and shall furnish a written evaluation report to the Board or its designee.

The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of physicians and surgeons with substance abuse disorders, and is approved by the Board or its designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The evaluator shall not have a current or former financial, personal, or business relationship with respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation. The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether respondent has a substance abuse problem, whether respondent is a threat to himself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to respondent's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process that respondent is a threat to himself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

In formulating his or her opinion as to whether respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors: respondent's license type; respondent's history; respondent's documented length of sobriety (i.e., length of time that has elapsed since respondent's last substance use); respondent's scope and pattern of substance abuse; respondent's treatment history, medical history and current medical condition; the nature, duration and severity of respondent's substance abuse problem or problems; and whether respondent is a threat to himself or herself or the public.

For all clinical diagnostic evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

The Board shall review the clinical diagnostic evaluation report within five (5) business days of receipt to determine whether respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations shall be imposed on

respondent based on the recommendations made by the evaluator. Respondent shall not be returned to practice until he has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of Regulations.

Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic evaluation, including any and all testing deemed necessary by the examiner, the Board or its designee, shall be borne by the licensee.

Respondent shall not engage in the practice of medicine until notified by the Board or its designee that he or she is fit to practice medicine safely. The period of time that respondent is not practicing medicine shall not be counted toward completion of the term of probation. Respondent shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the notification from the Board if he or she is fit to practice medicine safely.

Respondent shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

2. Notice of Employer or Supervisor Information

Within seven (7) days of the effective date of this Decision, respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the Board, respondent's worksite monitor, and respondent's employers and supervisors to communicate regarding respondent's work status, performance, and monitoring.
For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when the respondent has medical staff privileges.

3. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the respondent.

During the first year of probation, respondent shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, respondent shall be subject to 36 to 104 random tests per year. Nothing precludes the Board from increasing the number of random tests to the first-year level of frequency for any reason.

Prior to practicing medicine, respondent shall contract with a laboratory or service, approved in advance by the Board or its designee, which will conduct random, unannounced, observed, biological fluid testing and meets all the following standards:

(a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.

(b) Its specimen collectors conform to the current United States Department of Transportation Specimen Collection Guidelines

(c) Its testing locations comply with the Urine Specimen Collection Guidelines published by the United States Department of Transportation without regard to the type of test administered.

(d) Its specimen collectors observe the collection of testing specimens.

(e) Its laboratories are certified and accredited by the United States Department of Health and Human Services.

(f) Its testing locations shall submit a specimen to a laboratory within one (1) business day of receipt and all specimens collected shall be handled pursuant to chain of custody procedures. The laboratory shall process and analyze the specimens and provide legally defensible test results to the Board within seven (7) business days of receipt of the specimen. The Board will be notified of non-negative results within one (1) business day and will be notified of negative test results within seven (7) business days.

(g) Its testing locations possess all the materials, equipment, and technical expertise necessary in order to test respondent on any day of the week.

(h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for the detection of alcohol and illegal and controlled substances.

(i) It maintains testing sites located throughout California.

(j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the respondent to check in daily for testing.

(k) It maintains a secure, HIPAA-compliant website or computer system that allows staff access to drug test results and compliance reporting information that is available 24 hours a day.

(l) It employs or contracts with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory biological fluid test results, medical histories, and any other information relevant to biomedical information.

(m) It will not consider a toxicology screen to be negative if a positive result is obtained while practicing, even if the respondent holds a valid prescription for the substance.

Prior to changing testing locations for any reason, including during vacation or other travel, alternative testing locations must be approved by the Board and meet the requirements above.

The contract shall require that the laboratory directly notify the Board or its designee of non-negative results within one (1) business day and negative test results within seven (7) business days of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and respondent.

If a biological fluid test result indicates respondent has used, consumed, ingested, or administered to himself or herself a prohibited substance, the Board shall order respondent to cease practice and instruct respondent to leave any place of work where respondent is practicing medicine or providing medical services. The Board shall immediately notify all of respondent's employers, supervisors and work monitors, if any, that respondent may not practice medicine or provide medical services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited substance use exists, the Board shall lift the cease-practice order within one (1) business day.

After the issuance of a cease-practice order, the Board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory, communicating with the licensee, his or her treating physician(s), other health care provider, or group facilitator, as applicable.

For purposes of this condition, the terms "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a respondent's urine, blood, breath, or hair.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for

use by respondent and approved by the Board, alcohol, or any other substance the respondent has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

If the Board confirms that a positive biological fluid test is evidence of use of a prohibited substance, respondent has committed a major violation, as defined in section 1361.52(a), and the Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance respondent's rehabilitation.

4. Substance Abuse Support Group Meetings

Within thirty (30) days of the effective date of this Decision, respondent shall submit to the Board or its designee, for its prior approval, the name of a substance abuse support group which he or she shall attend for the duration of probation. Respondent shall attend substance abuse support group meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with respondent within the last five (5) years. Respondent's previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the Board or its designee showing respondent's name, the group name, the date and location of the meeting, respondent's attendance, and respondent's level of participation and progress. The facilitator shall report any unexcused absence by respondent from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

5. Worksite Monitor for Substance-Abusing Licensee

Within thirty (30) calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more licensed physician and surgeon, other licensed health care professional if no physician and surgeon is available, or, as approved by the Board or its designee, a person in a position of authority who is capable of monitoring the respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with respondent, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board or its designee. . If it is impractical for anyone but respondent's employer to serve

as the worksite monitor, this requirement may be waived by the Board or its designee, however, under no circumstances shall respondent's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of respondent's disciplinary order and agrees to monitor respondent as set forth by the Board or its designee.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with respondent in the work environment on as frequent a basis as determined by the Board or its designee, but not less than once per week; interview other staff in the office regarding respondent's behavior, if requested by the Board or its designee; and review respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall be made to the Board or its designee within one (1) hour of the next business day. A written report that includes the date, time, and location of the suspected abuse; respondent's actions; and any other information deemed important by the worksite monitor shall be submitted to the Board or its designee within 48 hours of the occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board or its designee which shall include the following: (1) respondent's name and Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3) the worksite monitor's license number, if applicable; (4) the location or location(s) of the worksite; (5) the dates respondent had face-to-face contact with the worksite monitor; (6) the names of worksite staff interviewed, if applicable; (7) a report of respondent's work attendance; (8) any change in respondent's behavior and/or personal habits; and (9) any indicators that can lead to suspected substance abuse by respondent. Respondent shall complete any required consent forms and execute agreements with the approved worksite monitor and the Board, or its designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

If the worksite monitor resigns or is no longer available, respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

6. Violation of Probation Condition for Substance-Abusing Licensees

Failure to fully comply with any term or condition of probation is a violation of probation.

A. If respondent commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at respondent's expense. The cease-practice order issued by the Board or its designee shall state that respondent must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of the determining the length of time a respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until notified in writing by the Board or its designee that he or she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (b).)

B. If respondent commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of respondent;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at respondent's expense;

(7) Take any other action as determined by the Board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (d).)

C. Nothing in this Decision shall be considered a limitation on the Board's authority to revoke respondent's probation if he or she has violated any term or condition of probation. (See Cal. Code Regs., tit. 16, § 1361.52, subd. (e).) If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

7. Notification

Respondent shall provide a true copy of this Decision to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

8. Controlled Substances - Abstain From Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation

and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

9. Alcohol - Abstain From Use

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

10. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the

Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

11. Psychotherapy

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the Board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

12. Obey All Laws

Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

13. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of

probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

14. Probation Unit Compliance

Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Respondent shall not engage in the practice of medicine in Respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

15. Interview with the Board or Its Designee

Respondent shall be available in person for interviews either at Respondent's place of business or at the probation unit office, with the Board or its designee upon request at various intervals and either with or without prior notice throughout the term of probation.

16. Residing or Practicing Out-of-State

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws and Probation Unit Compliance.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California totals two years. However,

Respondent's license shall not be cancelled as long as Respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

17. Failure to Practice Medicine - California Resident

In the event Respondent resides in the State of California and, for any reason, Respondent stops practicing medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

18. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

19. License Surrender

Following the effective date of this Decision, if Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request the voluntary surrender of Respondent's license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall, within 15 calendar days, deliver Respondent's wallet and wall certificate to the Board or its designee, and Respondent shall no longer practice medicine. Respondent will no

longer be subject to the terms and conditions of probation and the surrender of Respondent's license shall be deemed disciplinary action.

If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

20. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

21. Solo Practice

Respondent is prohibited from engaging in the solo practice of medicine.

22. Completion of Probation

Respondent shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

DATED: June 3, 2016

DocuSigned by
Laurie R. Pearlman
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LAURIE R. PEARLMAN
Administrative Law Judge
Office of Administrative Hearings

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **CHARLES EDWARD KAMEN, M.D.** **Anderson Street, Westerly C** **Loma Linda, CA 92354-2804** **Physician's and Surgeon's Certificate No. A129006,** Respondent.	Case No. 800-2014-006709 OAH No. 2015070151 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about March 5, 2014, the Medical Board of California issued Physician's and Surgeon's Certificate No. A129006 to Charles Edward Kamen, M.D. (respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges and allegations brought herein and will expire on February 28, 2018, unless renewed.

JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on May 11, 2015, is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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5. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"..."

6. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

7. Section 2236 of the Code states, in pertinent part:

"(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

"...

"(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred."

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8. Section 2239 of the Code states:

"(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

"(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Division of Medical Quality may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment." [1]

9. California Code of Regulations, title 16, section 1360, states:

"For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit

[1] There is a nexus between a physician's use of alcoholic beverages and his or her fitness to practice medicine, established by the Legislature in section 2239, "in all cases where a licensed physician used alcoholic beverages to the extent or in such a manner as to pose a danger to himself or others." (*Watson v. Superior Court (Medical Board)* (2009) 176 Cal.App.4th 1407, 1411.)

in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or

assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act."

10. Section 822 of the Code states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

"(a) Revoking the licentiate's certificate or license.

"(b) Suspending the licentiate's right to practice.

"(c) Placing the licentiate on probation.

"(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

"The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

FIRST CAUSE FOR DISCIPLINE

(Use of Alcoholic Beverages to the Extent, or in Such a Manner, as to be Dangerous to Respondent, Another Person, or the Public)

11. Respondent has subjected his Physician's and Surgeon's Certificate No. A129006 to disciplinary action under sections 2227 and 2234, as defined by section 2239, subdivision (a), of the Code, in that he has used alcoholic beverages to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or the public, as more particularly alleged hereinafter:

Loma Linda University Medical Center Residency

(a) In or around June 2013, respondent began residency training in the area of neurology at Loma Linda University Medical Center (LLUMC).

(b) At some point during his residency, respondent was referred to the Resident Physician Well-being Committee as a result of appearing possibly impaired on multiple occasions.

(c) On or about May 2, 2014, respondent presented with complaints of anxiety at the Evaluation Center for Medical Marijuana. During the medical evaluation, respondent admitted he was already using cannabis to treat his medical condition. On that same date, respondent was provided a recommendation for marijuana for a medical purpose that was valid for one year.

(d) On or about June 5, 2014, respondent did not present to work at the expected time. When he was reached at home, respondent indicated that he had overslept, having not awakened to the alarm he had set. When he finally appeared for work, respondent submitted to a urine toxicology, the result of which was positive for tetrahydrocannabinol.[2]

(e) On or about June 16, 2014, LLUMC suspended respondent from his residency training.

(f) After a period of time away from the program, on or about February 23, 2015, respondent rejoined the neurology residency program at LLUMC. As part of his acceptance back into this program, respondent was required to participate in and be monitored by the Resident Physician Well-being Committee, whose directives included psychiatric treatment and random biological fluid testing.

July 4, 2014 DUI Arrest

(g) On or about July 4, 2014, California Highway Patrol Officer (Officer) P.K. was on routine patrol for 4th of July festivities in Marina Del Ray, CA. At approximately 11:05 p.m., Officer P.K. was flagged down by a female motorist, who claimed there was a

[2] Tetrahydrocannabinol (THC), is the principal psychoactive constituent of cannabis, and is a Schedule I controlled substance pursuant to Health and Safety Code section 11054, subdivision (d).

blue Subaru two cars in front of her driving drunk, cutting off other vehicles, flipping off other drivers, and driving with no lights on.

(h) Officer P.K. located the Subaru and initiated a traffic stop. Officer P.K. then approached the driver, later identified as respondent, and informed him of the reason for the stop. Although respondent claimed that he was not driving badly, Officer P.K. noted respondent's speech was slurred and that he smelled of alcohol. Respondent claimed he had consumed only one beer at 8:00 p.m., prior to driving. Officer P.K. then asked respondent to exit the vehicle and had respondent perform various field sobriety tests.

(i) During the Horizontal Gaze Nystagmus Test, respondent exhibited an angle of onset prior to 45 degrees, distinct nystagmus at the extremes, and a lack of smooth pursuit. During the One Leg Stand Test, respondent miscounted and swayed. During the Modified Position of Attention Test, respondent displayed eyelid tremors, swayed, and estimated thirty (30) seconds in only nine (9) seconds.

(j) Respondent was then placed under arrest on suspicion of violating Vehicle Code section 23152, subdivision (a), a misdemeanor. At approximately 12:04 a.m., a blood sample was obtained from respondent that was subsequently tested for alcohol. The blood test result indicated respondent had a blood alcohol level of 0.21 percent.

(k) On or about November 12, 2014, the Los Angeles County District Attorney filed a criminal complaint against respondent in the matter of *The People of the State of California v. Charles Edward Kamen*, Los Angeles County Superior Court Case No. 4WA12770. Count one of the complaint charged respondent with driving under the influence of an alcoholic beverage, in violation of Vehicle Code section 23152, subdivision (a), a misdemeanor. Count two of the complaint charged respondent with driving with a blood alcohol content level of 0.08 percent or more, in violation of Vehicle Code section 23152, subdivision (b), a misdemeanor. Both counts were charged with a further allegation that respondent's concentration of blood alcohol was 0.20 percent by weight or more, within the meaning of Vehicle Code section 23553.

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(l) On or about January 22, 2015, respondent was convicted upon his plea of no contest to count two of the complaint, i.e., driving with a blood alcohol content level of 0.08 percent or more in violation of Vehicle Code section 23152, subdivision (b). On that same date, the Superior Court sentenced respondent to probation for three (3) years on the following terms and conditions: (1) pay fines totaling $390.00, (2) enroll in and complete a three (3) month DUI Program, and (3) attend a MADD impact panel.

Medical Board Investigation

(m) On or about June 20, 2014, pursuant to section 805 of the Code, the Board received a Health Facility/Peer Review Reporting Form from LLUMC regarding their suspension of respondent from their residency program.

(n) On or about January 7, 2015, respondent submitted to an interview with an investigator from the Division of Investigations, Health Quality Investigations Unit (HQIU). During that interview, respondent admitted being treated for anxiety and depression beginning in or around 2003, and to taking prescribed benzodiazepines until approximately 2012, when he began to taper off of those medications. Respondent admitted using marijuana for a medical purpose in the past to help him with his insomnia, but claimed his use was minimal. Respondent also claimed that prior to his DUI arrest on or about July 4, 2014, he drank alcohol only about three (3) times each year.

(o) On or about January 7, 2015, respondent signed authorizations for the release of psychiatric information and a voluntary agreement for a psychiatric examination with the Board.

Psychiatric Treatment and Evaluation

(p) Between on or about November 11, 2009, and on or about June 9, 2014, respondent received psychiatric treatment from Dr. R.W. During that treatment, respondent admitted to Dr. R.W. that he consumed 6-8 alcoholic beverages approximately 2-3 times each week, and had used THC in the past. Respondent also admitted to Dr. R.W. that he used lawfully obtained prescription benzodiazepines consistently, but felt he had become dependent on them. Dr. R.W. diagnosed respondent with Generalized Anxiety Disorder,

and prescribed respondent Xanax[3] and Klonopin.[4] Over time, Dr. R.W. attempted to replace those medications with other non-dependency-generating anxiolytic medications, while slowly tapering respondent down from the benzodiazepines.

(q) Between on or about February 2, 2015, and on or about October 22, 2015, respondent received psychiatric treatment as required by the LLUMC Resident Physician Well-being Committee from Dr. R.J.W., Attending Addiction Psychiatrist at LLUMC. Respondent admitted to Dr. R.J.W. that he was first prescribed benzodiazepines at age 19, that he sometimes took more than prescribed, and at some point he felt he became dependent on them. Dr. R.J.W. diagnosed respondent with, among other things, Major Depressive Disorder, General Anxiety Disorder, Alcohol Abuse Disorder, and THC Use Disorder.

(r) On or about September 1, 2015, A. A. A., M.D., J.D., (Dr. A.) performed a psychiatric evaluation of respondent at the Board's request.

(s) Dr. A. concluded, among other things, that respondent suffers from a mental illness or condition that impacts his ability to engage in the safe practice of medicine, specifically his history of alcohol misuse. Dr. A. opined, however, that respondent is in the very early stages of his substance abuse recovery, and that external monitoring and substance abuse recovery treatment is necessary to ensure respondent can continue to practice medicine safely.

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[3] Xanax, brand name for Alprazolam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[4] Klonopin, brand name for Clonazepam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

SECOND CAUSE FOR DISCIPLINE

(Conviction of an Offense Substantially Related to the Qualifications, Functions, or Duties of a Physician and Surgeon)

12. Respondent has further subjected his Physician's and Surgeon's Certificate No. A129006 to disciplinary action under sections 2227 and 2234, as defined by section 2236, of the Code, in that he has been convicted of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon, as more particularly alleged in paragraphs 11(g) - 11(l), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

13. Respondent has further subjected his Physician's and Surgeon's Certificate No. A129006 to disciplinary action under sections 2227 and 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 11 and 12, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Violation of a Provision or Provisions of the Medical Practice Act)

14. Respondent has further subjected his Physician's and Surgeon's Certificate No. A129006 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (a), of the Code, in that he has violated a provision or provisions of the Medical Practice Act, as more particularly alleged in paragraphs 11 through 13, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SECTION 822 CAUSE FOR ACTION

(Mental Illness, and/or Physical Illness Affecting Competency)

15. Respondent is subject to action under section 822 of the Code in that his ability to practice medicine safely is impaired due to mental illness, and/or physical illness affecting competency, as more particularly alleged in paragraph 11, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

WHEREFORE, complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A129006, issued to respondent Charles Edward Kamen, M.D.;

2. Revoking, suspending or denying approval of respondent Charles Edward Kamen, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent Charles Edward Kamen, M.D., to pay the Medical Board of California, if placed on probation, the costs of probation monitoring;

4. Taking action as authorized by section 822 of the Code as the Board, in its discretion, deems necessary and proper; and

5. Taking such other and further action as deemed necessary and proper.

DATED: February 25, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

2017 NY Consent Agreement

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 18, 2017

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Charles E. Kamen, M.D.
1 South Meadow Lane, Apt. '
Colton, California 92324

Re: License No. 267117

Dear Dr. Kamen:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 17-264. This order and any penalty provided therein goes into effect September 25, 2017.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,

Robert A. Catalano, MD

Robert A. Catalano, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: David A. Zarett, Esq.
Weiss, Zarett, Brofman, Sonnenklar & Levy
3333 New Hyde Park Rd., Suite 211
New Hyde Park, New York 11042

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

BPMC No. 17-264

IN THE MATTER
OF
CHARLES KAMEN, M.D.

CONSENT
ORDER

Upon the application of (Respondent) CHARLES KAMEN, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either

by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 9/15/2017

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
CHARLES KAMEN, M.D.

CONSENT AGREEMENT

CHARLES KAMEN, M.D., represents that all of the following statements are true.

That on or about October 10, 2012, I was licensed to practice as a physician in the State of New York, and issued License No. 267117 by the New York State Education Department.

My current address is South Meadow Lane, Apt. Colton CA 92324, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I agree not to contest the allegations, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended indefinitely.

I shall be subject to a Condition that I comply with attached Exhibit "C," "Requirements For Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension (Of 6 Months or More) of a Medical License."

I further agree that the Consent Order shall impose the following conditions

Respondent shall comply fully with the July 12, 2016, Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California (the "California Decision and Order").

Respondent shall provide a written authorization for the Medical Board of California to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the Decision and Order. Nothing in this Consent Order, or Exhibit C, is intended by OPMC to restrict, limit or bear upon Respondent's practice of medicine in California and/or his compliance with the California Decision and Order.

Respondent, by making this application, asserts that Respondent does not currently practice medicine in New York State or in any setting or jurisdiction where that practice is predicated upon Respondent's New York State medical license ("New York Practice"). As a Condition of this Order, should Respondent decide to resume practicing medicine in New York, Respondent

shall, before beginning such practice, provide 90 days advance written notice to the Director of OPMC. Respondent may not begin practicing medicine in New York until after Respondent receives the Director's written acknowledgment that this Condition has been satisfied, and the Director stays or terminates the indefinite suspension, and shall be subject to any further Conditions the Director may impose upon Respondent's New York Practice based on matters underlying this Consent Agreement and/or any circumstances or information known to the Director at the time of Respondent's proposed return to New York Practice. Respondent, by making this Application, stipulates that the Director shall be authorized in his or her sole discretion to impose whatever further Conditions the Director deems appropriate upon Respondent's return to practice in New York, and Respondent further stipulates that Respondent's failure to comply with these Conditions shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid

registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the department all information required by the Department to develop a public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for

failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to $10,000 per specification of misconduct found; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order

and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

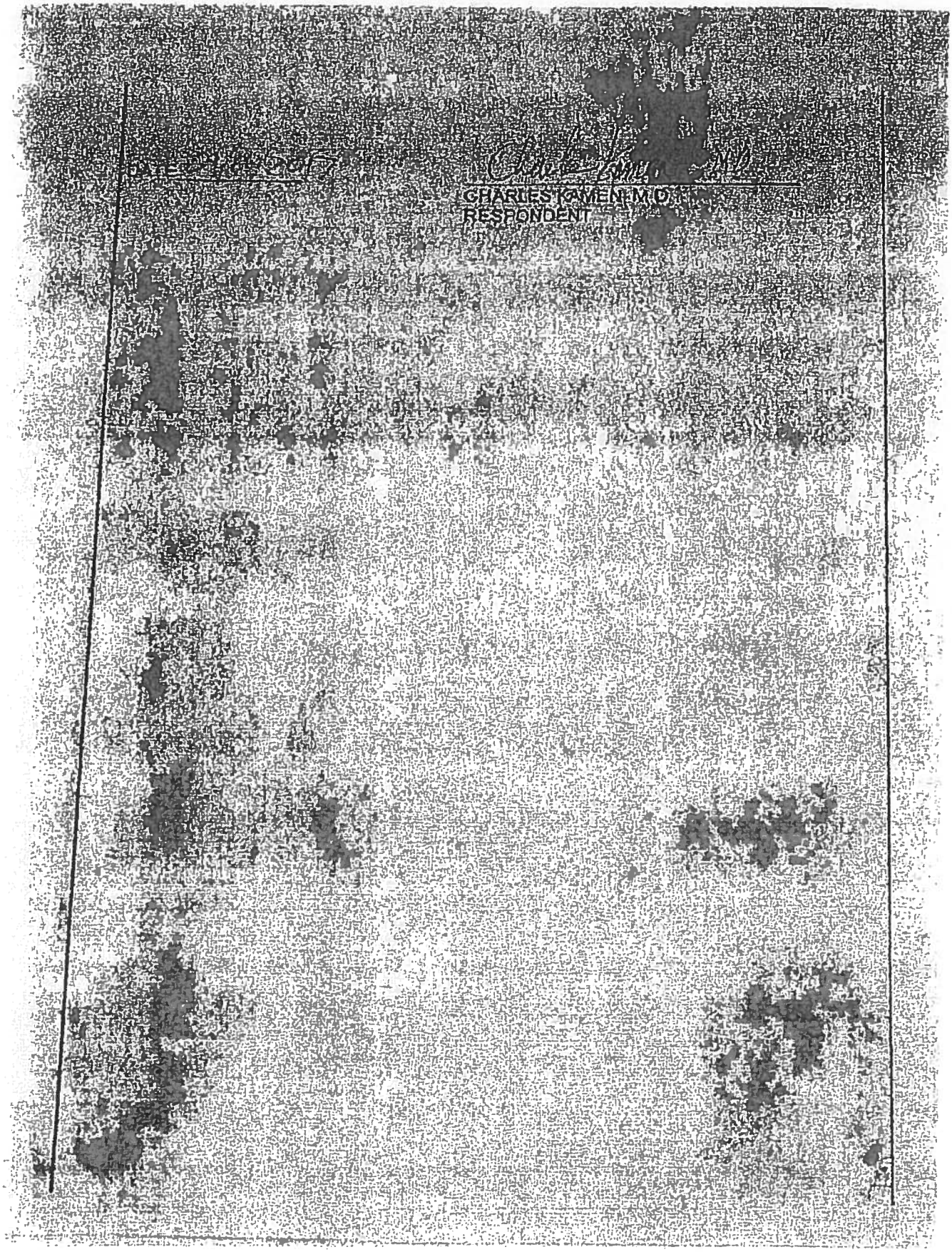
I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order

shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities or other confidential information, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.


CHARLES KAMEN, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: _____

_____
DAVID A. ZARETT, ESQ.
Attorney for Respondent

DATE: 9/12/17

_____
JOHN THOMAS VITI
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 9/15/17

_____
KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF CHARLES KAMEN, M.D.	STATEMENT OF CHARGES

Charles Kamen, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 10, 2012 by the issuance of license number 267117 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about July 12, 2016 the Medical board of California Department of Consumer Affairs (herein after the "Board") issued a Decision (the "Decision") after a Hearing, whereby Respondent's Physician's and Surgeon's Certificate was revoked, with revocation stayed and Respondent placed on probation for three (3) years, with an impairment worksite monitor and other conditions. The Board based its Decision that cause exists to revoke or suspend Respondent's certificate pursuant to Business and Professions Code, §§ 822, 2227, 2234, and 2236 on the evidence that Respondent had used alcohol and drugs to the extent, or in such a manner, as to be dangerous or injurious to Respondent, another person, or the public.

1. The conduct resulting in the California Decision, would constitute misconduct under the laws of New York State, pursuant to the following section of New York State Law:
    a. New York Education Law §6530(8) (Being a Habitual User of Alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effect.).

SPECIFICATION OF CHARGES

HAVING HAD DISCIPLINARY ACTION TAKEN

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(b) Having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law §6530(8) alleged in the facts of the following:

1. The facts in Paragraph A, A1 and its subparagraphs.

DATE: September 12, 2017
New York, New York

Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "C"

Requirements for Closing a New York Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.

2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.

3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.

4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

EXHIBIT "C"

5 In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.

6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.

7 Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.

8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.

9 If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.

10 Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to $10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.

2017 NY DEA Registration Info

Weiss Zarett Brofman Sonnenklar & Levy, P.C.
ATTORNEYS AT LAW

Seth A. Nadel
snadel@weisszarett.com
D. 516-926-3308
P. 516-627-7000
F. 516-877-1172
www.weisszarett.com

October 19, 2017

Via Certified Mail - RRR
Diversion Program Manager, New York Field Division
U.S. Drug Enforcement Administration
99 Tenth Avenue
New York, NY 10011

Re: Charles E. Kamen, M.D.

To whom it may concern:

This office represents Charles E. Kamen, M.D. Dr. Kamen is a New York-licensed physician, and entered into a Consent Order with the New York Office of Professional Medical Conduct effective September 15, 2017, which suspended his New York license. A copy of the Consent Order is annexed hereto.

Pursuant to Paragraph 5 of Exhibit "C" of the Consent Order, Dr. Kamen is required to surrender his DEA controlled substances privileges, and any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA.

By way of background, although Dr. Kamen is licensed to practice in New York, he lives and has practiced exclusively in California, with the exception of a brief period in 2012 where he does not believe his DEA privileges were ever exercised. Hence, though Dr. Kamen does technically have DEA controlled substance privileges in New York, they are currently expired and he has no current plans to renew them. He does, however, plan to apply for DEA privileges in California, which is not forbidden by the New York Consent Order.

The purpose of this letter is to inform your office, for compliance purposes, that Dr. Kamen advises and affirms that his DEA controlled substance privileges in New York are expired and inactive. Additionally, Dr. Kamen is not in possession of any Order Forms. Finally, Dr. Kamen's Controlled Substance Registration is enclosed herewith.

Thank you for your attention to this matter, please do not hesitate to contact me if you have any questions.

Very truly yours,

Seth Nadel /nrs

Seth A. Nadel

DAZ:nrs
CC: Benjamin Fenton, Esq. (via email)
CC: Charles Kamen, M.D. (via email)

KAMEN, CHARLES, EDWARD, (MD)
45 WALWORTH AVE
SCARSDALE, NY 10583-0000-000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2015	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-16-2012

KAMEN, CHARLES, EDWARD, (MD)
45 WALWORTH AVE
SCARSDALE, NY 10583-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2015	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-16-2012

KAMEN, CHARLES, EDWARD, (MD)
45 WALWORTH AVE
SCARSDALE, NY 10583-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE

Form DEA-223 (4/07)

Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

July 10, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Amendment of Nevada Administrative Code (NAC) 639.2971 Authorization

Dear Executive Secretary Wuest,

I am writing to you in my capacity as Program Manager for the Nevada State Immunization Program (NSIP). As Nevada prepares for the 2020-2021 influenza season and the COVID-19 vaccine response, NSIP is working on ways to increase access to immunization services throughout the state to reduce the significant burden of respiratory illness on the health care system and to prepare for overwhelming demand and mass vaccination for both influenza and COVID-19 vaccines. Allowing pharmacists to delegate the task of administering a vaccine to a pharmacy technician is one of those ways.

Pharmacists already play an important and trusted role in the immunization community. They can strategically advance public health through immunization advocacy and reach more children, adults, and at-risk populations alike through vaccine administration. In addition, pharmacies are well positioned to increase access to immunization services because of their extended hours, including evenings and weekends, and their accessible and convenient locations. Having additional personnel trained and available to administer vaccines in pharmacies will alleviate some of the pharmacists' technical workload and continue to expand community access to immunizations during and beyond influenza season and the COVID-19 pandemic.

NSIP appreciates the Board's efforts to amend NAC 639.2971 to allow the delegation of immunization authority by a pharmacist to a pharmacy technician with appropriate training and under the direct supervision of a pharmacist.

If you have any questions, please contact me at (775) 350-5261.

Sincerely,

Shannon Bennett
Immunization Program Manager

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521
dwuest@pharmacy.nv.gov

Re: Amendment of Nevada Administrative Code (NAC) 639

Dear Executive Secretary Wuest,

As a grassroots issue-based organization **Indivisible Northern Nevada** engages in the state and national dialogue on Health Care issues, specifically we work to empower patients to have their voices heard by policy makers. In particular we labor to improve not just nominal, but ***real*** access to care. Most of our legislative testimony has been led by **Nevada patients with pre-existing conditions** who are most vulnerable to preventable diseases in regular times and extremely so now with COVID. This high risk community is alarmed by declining vaccination rates, the vocal and aggressive anti vaxx movement, and the challenges for a large scale vaccination effort when a COVID vaccine becomes available. All of these endanger our health and our chances of surviving the next 12 months.

We support amending of Nevada Administrative Code (NAC) 639 to authorize a pharmacy technician with appropriate training to administer immunizations under the direct supervision of a pharmacist.

The number of vaccines administered annually in Nevada by pharmacists has increased by 1376 percent since 2007. Studies show patients have a high acceptance of pharmacy-based immunizations, with 97 percent of vaccinated patients' surveyed reporting satisfaction with their experience in the pharmacy, and various studies have also demonstrated that pharmacists can help increase influenza, pneumonia, and shingles vaccination rates. As we look towards an eventual COVID-19 vaccine, it is also imperative that Nevada increase opportunities and locations for getting vaccinated – and expanding the scope of pharmacy technicians is a step in ensuring adequate vaccine access.

Additionally, pharmacy technicians in all states already hold key roles related to providing immunizations, such as helping patients complete vaccine administration record forms, as well as accessing vaccination histories, managing inventory, inputting data, and being responsible for billing.

Sincerely,

Vivian Leal
Health Care Team Lead for **Indivisible Northern Nevada**
vivian@Mendezleal.com
775 453 4167

especially this fall given impending demand for influenza vaccine, pneumonia vaccine, and the forthcoming COVID-19 vaccine, in addition to others. Now more than ever, it is critical to leverage the expertise and skills of all pharmacy staff, without undue restrictions, to optimize the capacity of pharmacies to provide much needed vaccinations and other care services across the state. These unprecedented times require new models of care and innovative practices that leverage all healthcare resources and deploy all skills to best support and care for the public. Thank you for considering and please do not hesitate to contact NACDS' Mary Staples at mstaples@nacds.org or 817-442-1155 to discuss further.

Sincerely,

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer

Office of the Coroner/Medical Examiner

1704 Pinto Lane · Las Vegas NV 89106
(702) 455-3210 · Administration Fax: (702) 455-0416 · Investigations Fax: (702) 455-3101
John Fudenberg, Coroner · Brett Harding, Assistant Coroner

Medical Examiners
Lisa Gavin, MD · Jennifer Corneal, MD · Christina Di Loreto, MD · Chiara Mancini, DO · Jan Gorniak, DO

July 10, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Potential Nevada Board of Pharmacy Action to Schedule Mitragynine (Kratom)

Dear Executive Secretary Wuest,

As one of the senior Medical Examiners and having served as Lead Medical Examiner at the Clark County Office of the Coroner/Medical Examiner, I provide autopsy and death investigation services for Clark County as well as autopsy services to Nye County, White Pine County, Lincoln County and Mohave County (Arizona). I also review fatalities as a member and Co-Chair of the Clark County Child Fatality Review Team. My *Curriculum Vitae* is attached.

I write to you today to express my concern regarding the danger of the currently unregulated and unscheduled drug mitragynine to Nevada residents. This plant-derived alkaloid compound also known as Kratom has historically been utilized in Southeast Asia for its stimulant-like effects at lower doses and opioid-like effects at higher doses. The drug has found its way to the western world, including Nevada, and apparently can be obtained with ease in concentrated extract form via the internet by its users.

Despite the lack of clinical research to determine the safety and efficacy of mitragynine, its use has become more widespread, and the number of mitragynine-related fatalities in Southern Nevada has increased alarmingly over the past 4 years after being first seen in 2016. The following data include the year and number of mitragynine related deaths identified in that year: 2016 – 1 death; 2017 – 2 deaths; 2018 – 2 deaths; 2019 – 10 deaths; and as of May 2020 – 8 deaths for a total of 23 mitragynine related deaths (of note, these data reflect cases in which the manner of death was either accident or suicide). Mitragynine concentrations ranged from 10 ng/mL to 4800 ng/mL in postmortem blood.

To date in the Southern Nevada deaths observed, mitragynine is most frequently observed in combination with other opioid and depressant drugs, both prescription and illicit. The combination with illicit drugs in particular suggests mitragynine is being used recreationally, as a drug of abuse, rather than in any therapeutic fashion. Its safety and efficacy have not been assessed, and the potency of the alkaloid in various plant extracts and powders is likely highly variable. Mitragynine (Kratom) presents a danger to Nevadans and should be designated schedule I, having no currently accepted medical use and a high potential for abuse.

Respectfully,

Lisa Gavin, MD, MPH
Medical Examiner/Forensic Pathologist
Clark County Office of the Coroner/Medical Examiner

REGIONAL MEDICAL EXAMINER'S OFFICE

July 2, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Potential Nevada Board of Pharmacy Action to Schedule Mitragynine (Kratom)

Dear Executive Secretary Wuest,

As Chief Medical Examiner and Coroner at the Washoe County Regional Medical Examiner's Office, I provide autopsy and death investigation services for Washoe County, as well as autopsy services to an additional 19 counties in Northern Nevada and Northern California. I also review fatalities as a member of the Washoe County Child Fatality Review Team, the Nevada Maternal Mortality Review Committee, and serve as a consulting subject matter expert for the State of Nevada Committee to Review Suicide Fatalities. My *Curriculum Vitae* is attached.

I write to you today to express my concern regarding the danger of the currently unregulated and unscheduled drug mitragynine to Nevada residents. This plant-derived alkaloid compound also known as Kratom has historically been utilized in Southeast Asia for its stimulant-like effects at lower doses and opioid-like effects at higher doses. The drug has found its way to the western world, including Nevada, and apparently can be obtained with ease in concentrated extract form via the internet by its users.

Despite the lack of clinical research to determine the safety and efficacy of mitragynine, its use has become more widespread, and the number of mitragynine-related fatalities in Northern Nevada has increased alarmingly over the past 4 years after being first seen in 2015. In an abstract[1] recently submitted for presentation at the October 2020 Annual Scientific Meeting of the National Association of Medical Examiners, my co-authors and I describe 35 deaths from 2015 to Spring 2020 in Northern Nevada in which mitragynine was detected and quantitated in postmortem blood. In 28 of the cases mitragynine was a contributing or causal factor in the death. In one case, mitragynine was the sole intoxicant present and it alone caused the death, with a high postmortem blood concentration of 950 ng/mL. Furthermore, following submission of our study, additional mitragynine-related deaths have occurred in our region, including one particularly alarming case in which mitragynine was detected in

the blood of a deceased infant who had been breastfed by a mitragynine-abusing mother; mitragynine toxicity was a contributing factor in the death, as the infant most likely died of asphyxia and the central nervous depressant drug may have contributed to hypoxia through respiratory depression.

To date in the Northern Nevada deaths observed, mitragynine is most frequently observed in combination with other opioid and depressant drugs, both prescription and illicit. The combination with illicit drugs in particular suggests mitragynine is being used recreationally, as a drug of abuse, rather than in any therapeutic fashion. Its safety and efficacy have not been assessed, and the potency of the alkaloid in various plant extracts and powders is likely highly variable. Mitragynine (Kratom) presents a danger to Nevadans and should be designated schedule I, having no currently accepted medical use and a high potential for abuse.

Sincerely,

Laura D. Knight, MD
Chief Medical Examiner & Coroner
Washoe County Regional Medical Examiner's Office
Associate Professor, Departments of Pathology and Pediatrics
University of Nevada-Reno School of Medicine
Reno, Nevada

References:

1. Schmitt JS, Bingham K, Knight LD. "Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level is Fatal?" Annual Meeting of the National Association of Medical Examiners, Virtual, October 2020.

Laura D. Knight, MD

Washoe County Regional Medical Examiner's Office
990 E. 9th St, Reno, NV 89512
775-785-6114 phone | 775-785-6163 fax
Email: ldknight@washoecounty.us

PROFESSIONAL EMPLOYMENT AND EXPERIENCE

Reno, NV
7/2015-present

Washoe County Regional Medical Examiner's Office
Chief Medical Examiner and Coroner, since 1/2017
Deputy Chief Medical Examiner, 7/2015-1/2017

Various locations
11/2009-present

Independent Consultant in Forensic Pathology
Consultant in select civil and criminal cases
Incorporated as *Knight Forensics, PLLC*, since 12/2016, Reno, NV

Syracuse, NY
11/2009-6/2015

Medical Examiner's Office, Onondaga County Center for Forensic Sciences
Deputy Chief Medical Examiner, 5/2013-6/2015
Medical Examiner/Forensic Pathologist, 11/2009-4/2013
-Direct Supervisor, Forensic Autopsy Technicians (5), 2011-2015
-Physician Liaison with Tissue Procurement Organizations
-Child Death Review Teams, Onondaga and Oneida Counties, member

Kansas City, MO
7/2007-10/2009

Jackson County Medical Examiner's Office
Deputy Medical Examiner – covering Jackson, Clay, Platte, and Cass Counties
-Biosafety Officer for ME Office; Child Fatality Review Panel member

Charleston, SC
2002-2006

Medical University of South Carolina, Division of Forensic Pathology
Resident Medical Examiner (moonlighting)
-Performed approximately 200 forensic autopsies; courtroom testimony

ACADEMIC APPOINTMENTS

6/2016-present

University of Nevada School of Medicine - Reno
Associate Professor, Department of Pathology
-Lecturer, 2nd year medical school class, topics in Forensic Pathology
-Mentor, rotating 3rd and 4th year medical students
-Mentor, medical student Pathology Student Interest group
Associate Professor, Department of Pediatrics
-Mentor, rotating 3rd and 4th year medical students

8/2010-12/2014
Syracuse, NY

Syracuse University
Part-time Instructor, Institute for Forensic and National Security Sciences
-FSC 451/651, Forensic Pathology (sole instructor) – Five semesters, 2010-2014
-Research Mentor, Forensic Capstone Seminar (FSC 498), 2013, 2014
-Youth Suicides poster
-Mentor, Medical Examiner's Office Internship for SU forensic science students

11/2009-6/2015
Syracuse, NY

Upstate Medical University, State University of New York
Assistant Professor, Department of Pathology
-Course Director, Forensic Pathology elective (4th year students), 2014-2015
-Forensic Pathology Journal Club, organizer
-Lecturer, Pathology Resident didactics – Numerous forensic pathology topics
-Lecturer, Pathology Course (2nd year medical students)

-Congenital heart disease, perinatal disease and SIDS, basic Forensic Pathology and death certification

7/2007-10/2009 **School of Medicine, University of Missouri-Kansas City**
Kansas City, MO *Clinical Assistant Professor*, Department of Pathology
-Lecturer, 2nd Year Pathology Course – Forensic pathology, neuropathology
-Lecturer, Pathology Resident didactics – Forensic pathology, child abuse

EDUCATION AND TRAINING

7/2006-6/2007 **Office of the Medical Investigator, University of New Mexico**
Albuquerque, NM Fellowship in Forensic Pathology

7/2001-6/2006 **Medical University of South Carolina**
Charleston, SC Residency in Anatomic and Clinical Pathology

1997-2001 **University of Louisville School of Medicine**
Louisville, KY Doctor of Medicine

1994-1997 **Murray State University**
Murray, KY B.S. Chemistry, *Magna Cum Laude*

1990-1994 **Lone Oak High School**
Paducah, KY Valedictorian

BOARD EXAMINATIONS AND LICENSURE

Unrestricted Licenses to practice Medicine:
Nevada (active)
New York (active)
Missouri (inactive)
South Carolina (inactive)

Board certification in Anatomic and Clinical Pathology, American Board of Pathology, 2007
-Continuous Certification (CC) compliant

Board certification in Forensic Pathology, American Board of Pathology, 2007
-Continuous Certification (CC) compliant

STATE AND LOCAL BOARDS/COMMITTEES

State Disaster Identification Coordination Committee (NRS 414.270), Nevada, appointed member, convened April 2020 for COVID-19 pandemic response.

Maternal Mortality Review Committee (NRS 442.764), State of Nevada, Member, January 2020 - present

Nevada Physician Wellness Coalition, Board of Directors, August 2018-present

Substance Abuse Task Force (Reno-Sparks and Washoe County, NV), member, August 2018-present

Statewide Partnership on the Opioid Crisis (SPOC), appointed by Nevada Attorney General, March 2018
-Working Group member
-Coroner Training Subcommittee member

Committee to Review Suicide Fatalities, NV State Department of Health and Human Services, (non-member) invited participant/subject matter expert, 2016-present

Sudden Death in the Young Grant, NV Advanced Review Team member, 2016-2019

Child Death Review Team, Washoe County, member, 2015-present

Trauma Multidisciplinary Peer Review Committee participant, Renown Regional Medical Center, 2015-2018

NATIONAL COMMITTEES

Member, Sudden Unexplained Death in Pediatrics (SUDPeds) Panel, a collaboration of the National Association of Medical Examiners, American Academy of Pediatrics, and the SUDC Foundation, 2017-2019

-**Chairperson**, Autopsy Practices and Standards Committee
-Member, Overview/Historical Perspective Committee
-Member, Biospecimen Archives and Postmortem Tissue Donation Committee
-Member, Death Certification Committee

PROFESSIONAL SOCIETY MEMBERSHIPS AND LEADERSHIP ROLES

2002-present **National Association of Medical Examiners (NAME), Fellow** (since 2007)
-**Executive Committee**, member at-large, Feb 2019-December 2020
-**Board of Directors**, 2018-present
-Scientific Program Chair: 2020 Annual Meeting (anticipated)
-Standards Committee, 2020-present
-**Ad Hoc Committee: Workplace Stress and Wellness, Co-Chair,** 2020-present
-Ad Hoc Committee: Workforce Development, 2020-present
-Ad Hoc Committee: Deaths Involving Drugs, 2018-present
-Education, Program, and Publications (EPP) Committee, member ex-officio, 2014-2019
-EPP Subcommittee: Development of Self-Assessment Modules (SAMs), 2011-present
-**Committee Chairperson, May 2013-Dec 2019**
-Advisor, 2020-present
-EPP Subcommittee: Program, 2010-present
-EPP Subcommittee: Journal, 2018-present
-Nominating Committee: elected in 2014, 2015, 2016
-**Committee Chairperson, 2016**
-EPP Subcommittee: Scientific Awards, 2008-2013
-EPP Subcommittee: Forensic Pathology Training, 2004-2005, 2008-2010
-NAME Foundation Member, 2018-present

2007-present **American Academy of Forensic Sciences, Member**, Pathology/Biology section
-Nominating Committee, 2018-2019
-Research Committee, Pathology/Biology Section, 2012-2015
-Best Resident Paper Award Committee, 2010-2014

2016 **American Board of Pathology**
-Maintenance of Certification Advisory Committee, 2016

2001-present **College of American Pathologists, Fellow** (since 2007)
-National Spokesperson Program, 2010-2012

2001-2015 **American Society for Clinical Pathology, Fellow** (since 2007)

1997-2001 American Medical Women's Association, student chapter, University of Louisville
-President, 1998-1999

EDITORIAL AND REVIEW POSITIONS

Invited Reviewer, *American Journal of Forensic Medicine and Pathology,* 2018-present
Guest Editor, *Academic Forensic Pathology*, June 2018 issue, '"Hepatobiliary/Pancreas"
Editorial Board, *Academic Forensic Pathology*, January 2015-2019
Invited Reviewer, *Forensic Science Policy & Management: An International Journal* (official journal of ASCLD), September 2015
Guest Reviewer, *Academic Forensic Pathology*, 2013-2014
Invited Reviewer, ASCP Check Sample CME Series in Forensic Pathology, 2010-2012
Reviewer, RTI CME modules, National Association of Medical Examiners, 2011-2013

ABSTRACTS PRESENTED AT SCIENTIFIC CONFERENCES (26)

Schmitt JS, Bingham K, **Knight LD**. Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level is Fatal? Annual Meeting of the National Association of Medical Examiners, October 2020. [Submitted]

Knight LD, Franklin N, Oxborrow K. A Medical Examiner Bereavement Mementos Program Via Non-Profit Auxiliary Organization. Annual Meeting of the National Association of Medical Examiners, October 2020. [Submitted]

Clark S, deJong J, Jentzen J, Sens MA, **Knight L**, McGee M, Cvitanovich G. Automated Drug-Involved Death Data Collection Pilot. Platform presentation (Clark) at the Annual Meeting of the National Association of Medical Examiners, October 22, 2019, Kansas City, MO.

Bundock EA, Corey TS, Sens MA, Pinneri K, **Knight LD**, Crandall LG, Goldstein RD. Unexplained pediatric deaths: investigation, certification, and family needs. Panel platform presentation at the Annual Meeting of the National Association of Medical Examiners, October 20, 2019, Kansas City, MO.

Knight LD, Batalis NI, Boggs C, Bryce C, Martin A, Obenson K, Wiens A, Aurelius M, Fisher-Hubbard A, Pandey M. Forensic Pathology-Relevant "Patient Safety" Course. Live Presentation at the Annual Meeting of the National Association of Medical Examiners, October 16, 2018, West Palm Beach, FL.

Knight LD, Sampson B, Aurelius M, Batalis NI. Update on Continuous Certification and Impact on Forensic Pathologists. Platform panel presentation, Annual Meeting of the National Association of Medical Examiners, October 14, 2018, West Palm Beach, FL.

Martin HK, **Knight LD**, Vaughan-Allen M, Clements-Nolle K. Behaviors and risk factors associated with suicide completion in Nevada. Poster presentation (Martin), Nevada Public Health Association Annual Conference, September 26-27, 2018, Las Vegas, NV. (Awarded Best Research Poster)

Swenson VM, George RL, Pilloud MA, **Knight LD**. Decapitation: A Case Study and Review of the Literature. Poster presentation (Swenson), American Association of Physical Anthropologists Meeting, April 11-14, 2018.

Hulse CN, Stull KE, **Knight LD,** Bocinsky K. Determining common skeletal injury locations based on manner of death. Platform presentation (Hulse), American Academy of Forensic Sciences, Annual Meeting, February 22, 2018, Seattle, WA.

Skipper CE, Pilloud MA, **Knight LD.** Differentiating impact and heat-related skeletal fractures from a small plane crash. Poster presentation, American Academy of Forensic Sciences, Annual Meeting, February 22, 2018, Seattle, WA.

Knight LD, Stoppacher R, Moody M, Yerdon C, Zaferes A. Suspicious Deaths in Water. Platform Presentation (Workshop). Annual Meeting of the National Association of Medical Examiners, October 15, 2017, Scottsdale, AZ.
Published in: *Academic Forensic Pathology*, Nov 2017, volume 7, supplemental:S32.

Knight LD, Batalis N, Boggs C, Hess G, Martin A, Pandey M, Shelly M, Wiens A. A Forensic Pathologist Panel on Maintenance of Certification (MOC): Point and Counterpoint. Platform Panel Presentation (Batalis et al). Annual Meeting of the National Association of Medical Examiners, October 5, 2015, Charlotte, NC.

Martin A, **Knight LD.** Evidence Basis for Maintenance of Certification (focusing on Pathology/Forensic Pathology). Platform presentation (Martin). Annual Meeting of the National Association of Medical Examiners, October 5, 2015, Charlotte, NC.

Knight LD, Batalis NI, Hess GL. Maintenance of Certification (MOC) for the Forensic Pathologist. Platform presentation (all authors), Annual Meeting of the National Association of Medical Examiners, September 22, 2014, Portland, OR.

Logan BK, Labay LM, Caruso JL, Gilson TB, Lemos N, McIntyre IM, Stoppacher R, **Knight LD**, Wiens A, Williams E. Synthetic Cannabinoid Drugs as a Cause or Contributory Cause of Death. Platform presentation, Annual Meeting of the National Association of Medical Examiners, September 2014, Portland, OR.

Back J, **Knight LD**. Parkour-related death: First case report and review of the literature. Platform presentation (Back), Annual Meeting of the National Association of Medical Examiners, October 2012.

Hookano R, **Knight LD**, Brunelli R, Stoppacher R. Application of Social Network Services in Medicolegal Death Investigation. Platform presentation (Hookano), Annual Scientific Meeting of the American Academy of Forensic Sciences, February 24, 2012.

Knight LD. Analysis of Usage of a Tableside Urine Drug Screen Immunoassay at Autopsy: A Retrospective Review. Platform presentation, Annual Meeting of the National Association of Medical Examiners, October 5, 2010.

Knight LD, Fredrickson LA, Stueve MM, Dudley MH. Young Drivers Over-Represented in Traffic Fatalities in Missouri: Retrospective Review of Young Driver Deaths in a Large Metropolitan Jurisdiction, 2006-2008, with an Eye Toward Prevention." Poster, Annual Meeting of the National Association of Medical Examiners, September 2009. Published in: Am J For Med Pathol, Mar 2010, 31(1):e34.

Fleming S, Frazee C, Garg U, Dudley M, **Knight L**, Young T. Deadly Ingestion Involving Zolpidem, Clonazepam, and Ethanol: A Case Report. Annual Meeting of the Society of Forensic Toxicologists, Fall 2009.

Lingamfelter D, **Knight LD**. Sudden Death from Massive Gastrointestinal Hemorrhage Associated with Crack Cocaine Use: Case Report and Review of the Literature. Platform presentation (Lingamfelter), Annual Meeting of the National Association of Medical Examiners, September 2008.

Knight LD, Collins KA. Intentionally-Induced Premature Labor Using Black-Market Misoprostol: A Case Report and Review of the Literature. Platform presentation, Annual Meeting of the National Association of Medical Examiners, October 16, 2006, San Antonio, TX.

Knight LD, Collins KA. A 25-Year Retrospective Review of Child Neglect. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Sept 13, 2004, Nashville, TN.

Knight LD, Presnell SE. Death by Sewer Gas: Case Report of a Double-Fatality and Review of the Literature. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Sept 20, 2003, San Jose, CA.

Knight LD, Hunsaker DM, Corey TS. Co-sleeping and Sudden Infant Deaths in Kentucky: A Ten-Year Retrospective Review. Platform presentation, Annual Meeting of the National Association of Medical Examiners, Oct 2, 2002, Shreveport, LA. (Best Resident Paper)

Lugemwa FN, **Denison L**. Cytotoxic Effects of African Plant Extracts, Platform presentation, Memphis State University Undergraduate Research Conference, March 1995.

PUBLICATIONS (26)

Beutler BD, Moody AE, **Knight LD**, Ulmer PS, Guajardo AR, Christensen ED, Lu EX, Ulanja MB, Antwi-Amoabeng D, Schrader JA. LODOX: A review of whole-body, low-dosage, digital x-ray scanning in the emergency setting. Emergency Radiology. 2020 [Submitted]

Pilloud MA, Swenson VM, George RL, **Knight LD**. Patterns in Forensic Decapitations: A Review of the Literature and Case Report. *American Journal of Forensic Medicine & Pathology*. 2019. 40: 246-250.

Callahan K, **Knight LD.** The Pancreas in Child Abuse (Invited Review). *Academic Forensic Pathology*. June 2018. 8(2): 219-238.

Mittenzwei R, **Knight LD**. Hyponatremia Causing Sudden Death. *ASCP Case Reports*, FP 17-2. June 2017.

Labay LM, Caruso JL, Gilson TP, Jufer-Phipps R, **Knight LD**, Lemos NP, McIntyre IM, Stoppacher R, Tormos LM, Weins AL, Williams E, Logan BK. Synthetic cannabinoid drug use as a cause or contributory cause of death. *Forensic Science International*. 2016. 260: 31-39.

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Fleury M, **Knight LD**. A rise in fentanyl-laced heroin deaths. The New York State Poison Centers Toxicology Letter. July 2015. Vol XX, No. 3, pg 1-2, 5.

Knight LD, Stoppacher RS. Investigation of deaths and injury of prison inmates (Invited Review). *Academic Forensic Pathology*. 2014 Sept;4(3):351-365.

Patton A, Seely K, Pulla S, Rusch N, Moran C, Fantegrossi W, **Knight LD**, Marraffa J, Kennedy P, James L, Endres G, Moran J. Quantitative measurement of acetyl fentanyl and noracetyl fentanyl in human urine by LC-MS/MS. *Analytical Chemistry*. 2014 Feb;86(3):1760-6.

Carson HJ, Dudley M, **Knight LD**, Lingamfelter D. Psychosocial complications of Crohn's disease and cause of death. *J Forensic Sci*. March 2014. 59(2):568-570.

Hookano R, **Knight LD**, Brunelli R, Stoppacher R. Application of social network services in medicolegal death investigation. *J Forensic Sci*. November 2013. 58(6):1628-1632.

Back J, **Knight LD**. Parkour-related death: case report and review of the literature. *Academic Forensic Pathology*. Sept 2013. 3(3):329-335.

Lakis N, **Knight LD**. No. FP13-3: Retropharyngeal and parapharyngeal abscesses. *American Society for Clinical Pathology Case Reports*. 2013. 55(3).

Lichtenwalner M, Barba K, **Knight LD**, Johnson DG. Case Notes: Two cases involving fluoroamphetamines. *Tox Talk*. September 2012. 36(3).

Knight LD. Consistency vs. Cognition in Manner of Death Classification: 'But That's How I Was Trained!' (Invited Review). *Academic Forensic Pathology*. 2012 Jun. 2(2):108-109.

Sundberg A, **Knight LD**. FP12-3: AIDS at Autopsy. *American Society for Clinical Pathology Check Sample Series*. 2012. 54(3):23-38.

Rao VJ, Giles JC, **Knight L**. Forensic Pathology of Thermal Injuries. *Medscape Reference* (online). April 2011. http://emedicine.medscape.com/article/1975728-overview

Carson HJ, **Knight LD**, Dudley M, Garg U. A fatality involving an unusual route of fentanyl delivery: chewing and aspirating the transdermal patch. *Legal Medicine*. May 2010. 12(3):157-159.

Lingamfelter D, **Knight LD**. Sudden Death from Massive Gastrointestinal Hemorrhage Associated with Crack Cocaine Use: Case Report and Review of the Literature. *American Journal of Forensic Medicine and Pathology*. March 2010. 31(1):98-99.

Fleming S, Frazee C, Garg U, Dudley M, **Knight L**, Young T. Deadly Ingestion Involving Zolpidem, Clonazepam, and Ethanol: A Case Report. *ToxTalk*. 2009. 33(8):15-17.

Fleming S, Frazee C, Garg U, Johnson L, Dudley M, **Knight L**, Rao V. Toxciological Findings of Dicyclomine and Morphine in a Deceased Cancer Patient. *ToxTalk*. 2008. 32(1).

Knight LD, Collins KA. A 25-Year Retrospective Review of Child Neglect. *American Journal of Forensic Medicine and Pathology*. Sept 2005. 26(3):221-228.

Knight LD, Presnell SE. Death by Sewer Gas: Case Report of a Double Fatality and Review of the Literature. *American Journal of Forensic Medicine and Pathology*. June 2005. 26(2):181-185.

Knight LD, Hunsaker DM, Corey TS. Co-sleeping and Sudden Infant Deaths in Kentucky: A Ten-Year Retrospective Review. *American Journal of Forensic Medicine and Pathology*. March 2005. 26(1):28-32.

Lugemwa FN, **Denison L**. Benzyl-3-deoxy-3 (phenethylamino) β-L-xylopyranoside Synthesis. *Molecules* (online). 1998 April; 3 (3).

Lugemwa FN, **Denison L**. Synthesis of 3-Substituted Xylopyranosides from 2,3-Anhydropentosides. *Journal of Carbohydrate Chemistry*. 1997; 16(9): 1433-1443.

BOOK CHAPTERS (7)

Knight LD, Andrew TA, Eason EA, Landi K, Lear KC, McCleskey B, Pinneri K. Chapter 5, Autopsy. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Bundock EA, Eason EA, Andrew TA, **Knight LD**, Lear KC, Sens MA, Shapiro-Mendoza C, Warner M. Chapter 10, Death Certification and Surveillance. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Gunther W, Corey T, Crandall L, Drake SA, **Knight LD**, McCleskey B, Palusci VJ. Chapter 2, Historical Perspectives. In: *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs*. Academic Forensic Pathology International, San Diego CA, 2019.

Hanzlick RL, **Knight LD**. Chapter 30, Medical Certification of Death and Cause-of-Death Statements. *Autopsy Performance and Reporting*, 3rd edition, College of American Pathologists Press, 2017.

Frost BE, Dukes GD, Maines SC, **Knight LD**, Davis GJ. Chapter 34, The Autopsy in Medical Education. *Autopsy Performance and Reporting*, 3rd edition, College of American Pathologists Press, 2017.

Knight LD. Chapter 33, Childhood Obesity. In: Collins KA, Byard R, eds. *Forensic Pathology of Infancy and Childhood*, Springer, New York, 2014.

Collins KA, **Knight LD**. Chapter 17, Pediatric Deaths. In: *Basic Competencies in Forensic Pathology: A Forensic Pathology Primer*, ASCP Press, 2006.

INVITED PANELS AND SESSIONS MODERATED

Invited Panel Member, "Learn to Lead in Forensic Pathology from Chief Medical Examiners", Workshop at the Annual Meeting of the National Association of Medical Examiners, October 21, 2019, Kansas City, MO.

Scientific Session Co-Moderator, "Pediatric Forensic Pathology and Cardiac Pathology", Annual Meeting of the National Association of Medical Examiners, October 21, 2019, Kansas City, MO.

Invited Panel Member, "Building Capacity for Investigations of Drug-Related Deaths", Nevada Opioid Response Summit, Las Vegas, NV, Aug 14, 2019

Scientific Session Co-Moderator, "Postmortem Changes", Pathology/Biology Section, American Academy of Forensic Sciences Annual Meeting, Seattle, WA, Feb 23, 2018

Invited Panel Member, "Science and the Law", Syracuse University, Nature of Science in Science Education course (SCE 614), Dr. John Tillotson, May 27, 2010

Invited Speaker and Panel Member, "From Loss to Hope" Sudden Infant Death Syndrome Conference, Metropolitan Community College-Penn Valley, Kansas City, MO, Oct 25, 2008

Scientific Session Co-Moderator, "Suicides & Gunshot Wounds", Pathology/Biology Section, American Academy of Forensic Sciences Annual Meeting, Washington, D.C., Feb 22, 2008

SELECT PRESENTATIONS AND LECTURES

Invited Speaker, Robert M. Brissie, MD Memorial Lecture in Pathology and Radiology, "Optimizing Medical Examiner/Coroner Cooperation with Organ, Eye, and Tissue Donation", University of Alabama Medical Center, Birmingham, AL, Dec 12, 2019

Invited Speaker, "Medicolegal Death Investigation and Organ/Tissue Donation". Donor Network West Donation Symposium, Reno, NV, Oct 23, 2018

Invited Speaker, Annual Phi Delta Epsilon medical fraternity Lecture, "The Perfect Storm: The Opioid Epidemic and Forensic Pathology Workforce Crisis", University of Nevada-Reno School of Medicine, Oct 20, 2018

Invited Speaker, "Investigation and Certification of Drug-Related Deaths". Nevada Attorney General's Law Enforcement Summit, Legislative Counsel Bureau, Carson City, NV, October 10, 2018

Invited Speaker, "The Science of What Happens After We Die" and "The Autopsy", Social Science: CSI event, The Discovery Museum, Reno, NV, Sept 22, 2018

Invited Speaker, "Introduction to Medical Examiners, Coroners, and the Medicolegal Investigation of Death", Nevada Association for Court Career Advancement, Reno, NV, Sept 20, 2018

Invited Speaker, "Sudden Infant Death & Sleep Environment: An Update on Safe Infant Sleep", Grand Rounds Series, Renown Regional Medical Center. Reno, NV, Oct 19, 2017

Invited Speaker, "Issues Surrounding Jail and In-Custody Deaths". Jail Symposium 2017, Washoe County Sheriff's Office. Reno, NV, Sept 29, 2017

Invited Speaker, "Forensic Pathology – The World of Medical Examiners and Coroners". Educational summit for gifted youth ages 7-17, Reno, NV, June 2017

Invited Speaker, "Mass Fatality Incidents". 6th Annual Rural Preparedness Summit, Fallon, NV, June 6, 2017

Invited Speaker, "Sudden Infant Deaths and the Relationship to Sleep Environment and Co-sleeping, with a focus on the breastfeeding relationship." Live Webinar, Mohawk Valley Perinatal Network, Utica, NY, February 23, 2017

"Sudden Unexplained Infant Death Investigation" with doll reenactment exercise. WCMEO Outside Agency Death Investigation Training Conference, Reno, NV, June 15, 2016

Instructor, "Basic Forensic Pathology, LAW 492-02" Course, Southern Institute of Forensic Science, Missouri Western State University, St. Joseph, Missouri, March 12-13, 2015. Topics of lectures: postmortem changes and decomposition, asphyxia, drowning, electrocution and lightning deaths, motor vehicle collisions, and child abuse and neglect.

"A Case of Carbon Monoxide Poisoning in a Child." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. Oct 9, 2014

Invited Speaker, "Youth Suicide Statistics", OnCare Full Stakeholder Meeting, Syracuse, NY, June 2, 2014

Invited Speaker, "Safe Infant Sleep: A Key to Preventable Sudden Infant Deaths." Family Medicine Grand Rounds, St. Elizabeth Medical Center, Utica, NY, July 16, 2013

"Demise of a pediatric myasthenic patient." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. July 11, 2013

Invited Guest Lecturer, "Toxicology and the Forensic Pathologist". FSC 453/653 Forensic Toxicology, instructor Dr. Mark Lichtenwalner, Forensic and National Security Sciences Institute, Syracuse University, Spring Semester, 2013, 2014, 2015

"The Autopsy, Postmortem Changes, and Decomposition: A Primer for Writers". ReaderCon 23rd Annual Conference on Imaginative Literature. Boston, MA. July 14, 2012

Invited Speaker, "Introduction to Forensic Pathology" and "Spontaneous Human Combustion: Fact or Fiction?" Central New York Chapter of Mensa. April 5, 2012

Invited Speaker, "Child Neglect: Far More Common than Abuse". New York State Association of Coroners and Medical Examiners, Spring Meeting, Buffalo, NY, March 24, 2012

Invited speaker, "Bedsharing and Other Unsafe Sleep Environments: An Update" and "American Academy of Pediatrics Expansion of Recommendations for a Safe Infant Sleeping Environment". Beyond Back to Sleep: Safe Sleep for a New Generation Conference, McMahon Ryan Child Advocacy Center, Syracuse, NY, January 25, 2012

"Two Overdose Cases: Patient with Bradycardia and Hypotension (Diltiazem), and an Interesting Fentanyl Case." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. October 20, 2011

"Anaphylaxis to Chemotherapeutic Agents" and "Hydroxychloroquine: Panacea or Poison?" Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. April 21, 2011

"Unusual Methods of Using the Fentanyl Transdermal Patch." Combined Toxicology and Poison Control Center Grand Rounds, SUNY Upstate Medical University and Onondaga County Center for Forensic Sciences. January 20, 2011

Invited speaker, "Applying Infant Growth and Development to the Investigation of Infant Death" and "Pre-Autopsy Reporting and the SUIDI Top 25: Autopsy Findings in Sudden Infant Death." Sudden Unexpected Infant Death Investigation Training Seminar, Oswego County, NY. October 12, 2010

Invited speaker, "Applying Infant Growth and Development to the Investigation of Infant Death" and "Pre-Autopsy Reporting and the SUIDI Top 25: Autopsy Findings in Sudden Infant Death." Sudden Unexpected Infant Death Investigation Training Seminar, Broome County, NY. December 11, 2009

Invited speaker, Children's Mercy Hospital Toxicology Laboratory Continuing Education Seminar, Kansas City, MO. "Death by Sewer Gas: Hydrogen Sulfide Fatalities." May 14, 2009

"Child Neglect, Contrasting Organic Failure to Thrive." Faculty Journal Club, Department of Pathology and Laboratory Services, Children's Mercy Hospital, Kansas City, MO. Co-presented with Pediatric Pathology Fellow, March 3, 2009

Invited speaker, "Current Topics in SIDS Research." 'From Loss to Hope' Sudden Infant Death Syndrome Conference, Metropolitan Community College-Penn Valley, Kansas City MO, Oct 25, 2008

"Child Neglect Fatalities." Office of the Medical Investigator, State of New Mexico. University of New Mexico. Forensic Pathology Continuing Education Lectures. Albuquerque NM, June 15, 2007

"Renal Tumor in an Adolescent Patient: Differential Diagnosis." Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, Charleston SC, December 14, 2005

"Introduction to Forensic Pathology", South Carolina Governor's Scholars Program, Charleston SC, June 2004 and 2005

"The Long QT Syndrome: Another Forensic Application of Molecular Testing", Medical University of South Carolina, Cytogenetic and Molecular Pathology Joint Laboratory Meeting, January 28, 2005

"Postmortem Applications for Vitreous Humor", Medical University of South Carolina, Department of Pathology, Division of Forensic Pathology, Forensic Continuing Education Conference, October 6, 2004

"A 25-Year Review of Child Neglect Fatalities." Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, Sept 8, 2004

"Death by Sewer Gas: Case Report of a Double Fatality and Review of the Literature", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, October 8, 2003

"Postmortem Analysis of Vitreous Humor", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, April 16, 2003

"Stab Wounds and Other Sharp Injuries", Medical University of South Carolina, Department of Pathology, Graduate Medical Education Seminar, June 5, 2002

"Antibacterial Agents from Lake Sediments", Student Affiliates of the American Chemical Society 20th Annual Area Collegiate Chemistry Conference, Murray State University, April 1997 (updated with additional results)

"Antibacterial Agents from Lake Sediments", Murray State University Department of Chemistry Seminar, Murray KY, Fall 1996

RESEARCH / GRANTS

Medical University of South Carolina, Department of Pathology, Clinical Chemistry Division

Spring 2003 — Primary Investigator
-Investigation of spurious values obtained in the analysis of forensic vitreous fluid samples for electrolytes; performed bench-side validation of a pre-analytical treatment to decrease error, and implemented process

Murray State University, Department of Chemistry

1994-1997 — Research Assistant to Fulgentius Lugemwa, PhD, Organic Chemistry
-Laboratory activities: to synthesize or purify compounds with cytotoxic or antimicrobial activity from natural sources,
-Student Research Grant ($3000) awarded by the Council on Undergraduate Research for "Antibacterial Agents from Lake Sediments" project, summer 1996

1995-1996 — Teaching Assistant, General Chemistry Laboratory

HONORS/AWARDS AND COMMUNITY INVOLVEMENT

NATIONAL:

President's Award, awarded by the National Association of Medical Examiners, 10/22/2019, "For Special and Ongoing Service".

AOPO Professional Leadership Award, 2018, awarded by the Association of Organ Procurement Organizations at the Annual Meeting of the National Association of Medical Examiners, 10/16/2018, "in grateful recognition of her outstanding and ongoing contributions through leadership and collaboration with the field of organ and tissue donation."

Forensic Leader of the Month, April 2018, awarded by the Association of Organ Procurement Organizations, "for outstanding leadership, innovative practices and success to make a difference in the field of donation and transplantation".

Outstanding Service Award, awarded by the National Association of Medical Examiners, 10/17/2017, "for outstanding service to NAME and significant contributions to the advancement of medicolegal investigation of deaths in the United States".

LOCAL:

Member, Reno-Tahoe Young Professionals Network, 2016-2017
Mentor to 3rd Year medical students, Career Advisory Dinner Event, The Medical Alumni Association of SUNY Upstate Medical University, January 9, 2012
Invited career mentor, Junior Achievement Young Women's Symposium. Syracuse, NY, April 9, 2010

Residency and Medical School

Medical University of South Carolina Hospital Authority, Blood Usage Committee, representative alternate, 2003-2005
Mentor, High School Mentoring Program, Forensic Pathology career path, January 2003
Best Resident Paper, "Co-Sleeping and Sudden Unexpected Infant Deaths in Kentucky: A Ten-Year Retrospective Review." 2002 Annual Meeting of the National Association of Medical Examiners

William M. Christopherson Pathology Award, University of Louisville, 2001
Parish B. Cleveland Achievement Award, University of Louisville, 2001
SOUL (Student Outreach at U of L) Award, 2000
Student Co-Director of Louisville Inner-City Family and Community Education Clinic at the Healing Place homeless shelter and detox program, 1998-99
Volunteer, Medical Supplies Over Seas (SOS) Program, 1998-99
Southern Medical Association Scholarship, 1997
Liza Spann Scholarship, 1997

Undergraduate
Garrison Scholarship, full tuition, all years
Robert C. Byrd Scholarship
Fraternal Order of Police Scholarship
National Elks Scholarship
Dean's List, High Scholarship, all semesters
Honors Program, University Scholar
Outstanding Freshman Chemist, 1994-95
Roberta Whitnah Scholarship for Outstanding Sophomore Chemist, 1995-96
Outstanding Senior Chemistry Major, 1996-97
All-American Scholar, 1996
Who's Who Among American College Students, 1996-97
National Merit Scholar Finalist

SELECT MEDIA/TELEVISION INTERVIEWS AND APPEARANCES

KSNV News 3 (Las Vegas, NV) phone interview, regarding COVID-19 and risk to Medical Examiners and Coroners, April 22, 2020.

Multiple media interviews, April 2018, regarding organ and tissue donation (Donate Life Month) and methamphetamine-related deaths in Northern Nevada.

Associated Press, phone interview for article on Unidentified Bodies and NamUs Identification System, 7/2017.

KOLO (Reno, NV), television news interview, "Heroin overdose clusters catch attention", aired March 2, 2017. http://www.kolotv.com/content/news/Heroin-overdose-clusters-catch-attention-415278923.html

Reno Gazette Journal (Reno, NV), newspaper interview on in-custody deaths, February 16, 2017, subsequently incorporated into feature/investigative article series.

Multiple stations (Reno, NV), television news interviews for grand opening of new Medical Examiner facility, January 18, 2017.

KOLO (Reno, NV), television news interview for "New Washoe Medical Examiner's facility nears completion"; aired Sept 26, 2016. http://www.kolotv.com/content/news/Medical-Examiners-facility-near-completion-394876761.html

KOLO (Reno, NV), television news interview for "Infant Deaths Blamed on Unsafe Sleeping Conditions"; aired Jan 22, 2016.

WCNY (Syracuse, NY), "Cycle of Health", interviewed in television segment on SIDS facts and prevention; aired May 28, 2015. http://www.wcny.org/television/cycleofhealth/

SPECIAL SKILLS

Able to detect cyanide by olfactory means

Pharmacologic and clinical assessment of kratom

C. Michael White, Pharm.D., FCP, FCCP ✉

American Journal of Health-System Pharmacy, Volume 75, Issue 5, 1 March 2018, Pages 261–267, https://doi.org/10.2146/ajhp161035
Published: 01 March 2018

Purpose

This article reviews the pharmacology, clinical utility, adverse effects, and abuse potential of kratom.

Summary

The leaves of *Mitragyna speciosa* contain the biologically active alkaloids of kratom. Kratom exerts opioid and α-2 receptor agonistic effects as well as antiinflammatory and parasympathetic-impeding effects. There are no published human pharmacologic, pharmacokinetic, or drug interaction studies on kratom or mitragynine, making it virtually impossible to fully understand kratom's therapeutic potential and risks and the populations most likely to benefit or experience harm from its use. Kratom has been used to ameliorate opioid withdrawal symptoms but also induces withdrawal. Human pharmacologic, pharmacokinetic, and clinical data are of low quality, precluding any firm conclusions regarding safety and efficacy. Respiratory depression has not been commonly reported, but kratom does cause a host of adverse effects without clear guidance for how they should be treated. There are numerous assessments where people have been unable to stop using kratom therapy, and withdrawal signs and symptoms are problematic. Kratom does not appear in normal drug screens and, when taken with other substances of abuse, may not be recognized. Thirty-six deaths have been attributed to kratom, and the Food and Drug Administration issued a public health warning about the substance in November 2017.

Conclusion

Kratom exerts opioid and α-2 receptor agonistic effects as well as antiinflammatory and parasympathetic-impeding effects. Human pharmacologic, pharmacokinetic, and clinical data are of low

quality, precluding any firm conclusions regarding safety and efficacy.

Keywords: addiction, herb, kratom, *Mitragyna speciosa*, opioids

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Review

Neurobiology of Kratom and its main alkaloid mitragynine

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ABSTRACT

Kratom or its main alkaloid, mitragynine is derived from the plant *Mitragyna speciosa* Korth which is indigenous to Southeast Asian countries. This substance has become widely available in other countries like Europe and United States due to its opium- and coca-like effects. In this article, we have reviewed available reports on mitragynine and other *M. speciosa* extracts. *M. speciosa* has been proven to have a rewarding effect and is effective in alleviating the morphine and ethanol withdrawal effects. However, studies in human revealed that prolonged consumption of this plant led to dependence and tolerance while cessation caused a series of aversive withdrawal symptoms. Findings also showed that *M. speciosa* extracts possess antinociceptive, anti-inflammatory, anti-depressant, and muscle relaxant properties. Available evidence further supports the adverse effects of *M. speciosa preparations, mitragynine* on cognition. Pharmacological activities are mainly mediated *via* opioid receptors as well as neuronal Ca^{2+} channels, expression of cAMP and CREB protein and *via* descending monoaminergic system. Physicochemical properties of mitragynine have been documented which may further explain the variation in pharmacological responses. In summary, current researchs on its main indole alkaloid, mitragynine suggest both therapeutic and addictive potential but further research on its molecular effects is needed.

Contents

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0361-9230/

1. Introduction

Mitragyna speciosa Korth (*M. speciosa*) is a medicinal herb originated from the Rubiaceae (coffee) family. It is a naturally occurring plant in tropical and sub-tropical regions of Southeast Asia and Africa. This plant is also known as *Ketum* or *biak-biak* in Malaysia and *Kratom*, *Kakuam*, *Kraton*, *Ithang* or *Thom* in Thailand (Jansen and Prast, 1988; Matsumoto et al., 1996a,b; Ponglux et al., 1994; Boyer et al., 2008; Ingsathit et al., 2009; Adkins et al., 2011; Gong et al., 2012; Hassan et al., 2013; Saingam et al., 2014). Today, it is one of several psychoactive herbal products that are widely available over the Internet and its use is being spread around the world (Adkins et al., 2011). This plant has been widely used throughout Southeast Asian countries as a herbal drug for decades, as early as the late 1800 (Nelson et al., 2014) such as for the treatment of muscle pain, diarrhea, cough, and to enhance productivity. It is used to reduce intake of more expensive opiates and as alternative to other opioid-replacement medications. It mitigates opioid withdrawal symptoms and can develop euphoric or pleasure effect (Assanangkornchai et al., 2007a,b; Chan et al., 2005; Hassan et al., 2013; Vicknasingam et al., 2010; Ahmad and Aziz, 2012). In animal models, mitragynine has shown to elicit reward behaviour (Sufka et al., 2014; Yusoff et al., 2016) and it is effective in ameliorating morphine withdrawal effects (Khor et al., 2011). However, prolonged consumption of this plant preparation may develop tolerance. Therefore, increasing dosage is required to achieve the desired effects (Hassan et al., 2013). In addition, aversive withdrawal effects upon abstaining from consumption have been documented (for review see: Hassan et al., 2013). Withdrawal symptoms include hostility, aggression, aching of muscles and bones, jerky movements of the limbs, anorexia, weight loss, insomnia, and psychosis (Hassan et al., 2013; Singh et al., 2014; Yusoff et al., 2016). Here, we aim to provide an overview about the latest findings of Kratom and its main alkaloid, mitragynine on its physicochemical properties as well as its psychological, pharmacological and behavioural activities based on published reports. The review shall contribute to a more comprehensive understanding about Kratom in regards to its potential medical application, legal status and future research needs.

2. Preparations and consumption

The fresh leaves of *M. speciosa* can be chewed. The dried leaves can be smoked or taken as tea by brewing the powder with hot water and some sugar or honey to mask the bitter taste of the brew (Tanguay, 2011; Hassan et al., 2013). Extraction of the alkaloids is facilitated by the addition of lemon juice. Other than that, the fresh leaves can be chewed alone with removal of the veins before eating, or taken together with the betel nut (*Areca catechu*) (Scholz and Eigner, 1983; Hassan et al., 2013). Sometimes, this plant is consumed as a pill made from syrup. Dried leaves are powdered and boiled in hot water until syrup is produced. Then the syrup is mixed with the finely chopped leaves of palas palm and made into pills known as 'madat' in Malaysia which are smoked in long bamboo pipes (Macmillan et al., 1991; Hassan et al., 2013). People in southern Thailand created a homemade ice-cold cocktail called '4 × 100' that are made of three basic ingredients, the *M. speciosa* leaves, caffeine-containing soft drink and codeine- or diphenhydramine-containing cough syrup (Tanguay, 2011). However, consumption of this cocktail may result in fatal outcomes due to its multidrug actions (Tungtananuwat and Lawanprasert, 2010).

3. Epidemiology and legal status

In Southern Thailand, the lifetime prevalence for *M. speciosa* use among high school students was approximately 2.3–4.9% in 2002–2004 (Assanangkornchai et al., 2007a). The prevalence among 12–65 years old in the year 2007 was 3.76% and a year before was 4.73% (Assanangkornchai et al., 2007b, 2008). However, the use of *M. speciosa* is no longer restricted to Southeast Asia. It has been reported that the use of *M. speciosa* substance has spread to Japan (Kikura-Hanajiri et al., 2011; Maruyama et al., 2009), Europe and United States as it can be easily purchased on Internet (Prozialeck et al., 2012; Hillebrand et al., 2010; Schmidt et al., 2011). *M. speciosa* has been used as an ingredient of 'legal- or herbal-high' preparations and is distributed under various names such as Krypton in which after its consumption showed the presence of mitragynine, other *M. speciosa* alkaloids and synthetic drugs in urine test (Dresen et al., 2010; Arndt et al., 2011).

Due to its abuse potential, *M. speciosa* and its preparation have been placed under Poison Act 1952 since 2003 in Malaysia (Vicknasingam et al., 2010; Chan et al., 2005). This means that any selling of *M. speciosa* and its preparations is an offence with a penalty or a jail sentence. In Thailand, Kratom is placed under Schedule 5 of the Thai Narcotic Act which makes it illegal to buy, sell, import or possess it. The law also applies to the planting of trees and led to the cutting down of existing ones. However, Kratom is legally cultivated in Indonesia and its leaves are exported to North America and Europe for processing and re-distribution (Tanguay, 2011). European countries like Denmark, Latvia, Lithuania, Romania, Poland and Sweden classified *M. speciosa* and its derivatives as a controlled drug whilst other countries including Australia and Myanmar have put them under the control of the narcotic laws. *M. speciosa* and its preparations are not controlled drugs in US, UK and Germany, but they are put under surveillance (EMCDDA, 2012). United Nation Office of Drugs and Crime had conducted a survey on natural psychoactive substances in 2012 and reported that Kratom was among the top plant-based substances used (United Nations Office on Drugs And Crime, 2013). The US Drug Enforcement Administration (DEA) has listed 'Kratom' on its Drugs and Chemicals of Concern list which suggest that there is a potential of banning the substances once more convincing data on the addictive properties and/or health hazards become available in future (Hassan et al., 2013).

4. Medicinal use

Over years, *M. speciosa* leaves have been traditionally used to treat muscle pain, intestinal infections, coughing and diarrhea (Suwanlert, 1975; Jansen and Prast, 1988; Said et al., 1991; Watanabe et al., 1997; Prozialeck et al., 2012) particularly in Malaysia and Thailand. Apart from that, *M. speciosa* may also possess analgesic, antipyretic, anti-depressant and anxiolytic effects. They can also improve the immune system, lower blood pressure, act as antiviral, antidiabetic as well as appetite-suppressing agent (Macko et al., 1972; Chan et al., 2005).

M. speciosa also has been consumed by Malay and Thai natives to enhance tolerance for hard work under scorching sun due to

its opium- and coca-like effects (Shellard, 1974; Suwanlert, 1975; Tanguay, 2011; Ramanathan et al., 2015). It has been reported that *M. speciosa* was used as a substitute in the treatment of opium addiction in Malaysia (Beckett et al., 1965; Tanguay, 2011). In Thailand, *M. speciosa* also has been used for detoxification in treatment programmes for morphine addicts (Norakanphadung, 1966). The plant was also used as a self-treatment for opiate and alcohol withdrawal as well as for chronic pain (Boyer et al., 2008; Havemann-Reinecke, 2011; Ward et al., 2011).

5. Phytochemistry

Isolation and chemical characterization of constituents from *M. speciosa* started as early as 1960s (Beckett et al., 1965, 1966; Zacharias et al., 1965). Since then, a number of alkaloids have been isolated from *M. speciosa*. Investigation of the young leaves of Thai *M. speciosa* showed the presence of mitragynine and its analogues, speciogynine, paynantheine and speciociliatine. A new alkaloid, 7α-hydroxy-7H-mitragynine (7-hydroxymitragynine) has also been isolated from the plant (Ponglux et al., 1994; Takayama et al., 2002; Takayama, 2004; León et al., 2009; Orio et al., 2012). Methanolic extraction of the mature leaves of Malaysian *M. speciosa* also yielded the same alkaloids along with other minor constituents known as mitragynaline, pinoresinol, mitralactonal, mitrasulgynine and 3,4,5,6-tetradehydromitragynine (Takayama et al., 1998; Takayama, 2004). In addition, 7-hydroxyspeciociliatine was found in the fruits of *M. speciosa* (Kitajima et al., 2007).

Mitragynine is the principle alkaloid from the leaves of *M. speciosa* with 66% (Thailand) and 12% (Malaysia) of the total alkaloid contents (Takayama et al., 1998; Chittrakarn et al., 2008; Hassan et al., 2013; Harun et al., 2015). The difference in the alkaloidal content depends on several factors, such as the particular variety and age of the plant, environmental factors, and the time of harvest (León et al., 2009). The percentage of mitragynine varies between younger and older plants, being much more abundant in older plants than the younger ones. In addition, there are minor alkaloids besides the common 9-methoxy-corynanthe-type indole alkaloids in the Malaysian *M. speciosa*, which are not present in the Thai *M. speciosa* (Takayama et al., 1998). Mitragynine has a molecular composition of $C_{23}H_{30}N_2O_4$ (Ramanathan et al., 2015). The structure of mitragynine was first determined by Zacharias et al. (1965) using X-ray crystallography and further confirmed by Liu et al. (2010) in a computational study. Takayama et al. (1995) reported the first synthesis of mitragynine. An alternative synthesis was reported later by Ma et al. (2009). The molecular structures of *M. speciosa* alkaloids were found to be either indoles with a methoxy group in the C19 position and an open E ring with substitution at C9 position, or oxindoles with a closed E ring and no substitution at C9 position (Beckett et al., 1966; Shellard and Phillipson, 1966; Takayama et al., 2002). Mitragynine is a white amorphous powder with solubility in alcohol, chloroform and acetic acid and it is chemically known as 9-methoxy-corynantheidine. There are many other alkaloids which are structurally related to mitragynine that includes 7-hydroxy-mitragynine, speciogynine, speciociliatine and paynantheine (Hassan et al., 2013; Fig. 1).

Takayama et al. (1995) reported the first total synthesis of mitragynine. The total synthesis was initiated using optically pure alcohol (R)-(3) which was prepared by enzymatic hydrolysis of the racemic acetate or through enantioselective reduction of ketone derivative. Later, alternative total synthesis of mitragynine using 4-methoxytryptophan was reported (Ma et al., 2007, 2009). Initially, 4-methoxytryptophan was prepared *via* a Mori-Ban-Hagedus indole synthesis which involved the radical-mediated regioselective bromination of indoline. Then, a more efficient route called regiospecific Larock heteroannulation was introduced to produce the tryptophan derivative. This route utilized asymmetric Pictet-Spengler reaction and $Ni(COD)_2$—mediated cyclization steps (Ma et al., 2007, 2009). However, these total synthesis of mitragynine are laborious (18–23 steps), time-consuming and not economical. Moreover, the total synthesis of mitragynine produce low yield which is approximately 3–13% (Isabel, 2012). Therefore, semi-synthetic approach or isolation of mitragynine from plant are more cost effective than to prepare mitragynine *via* total synthesis.

6. Pharmacokinetics

A bioavailability study found that mitragynine and 7-hydroxy-mitragynine have moderate permeability across human colonic adenocarcinoma (Caco-2) and Madin Darby Canine Kidney (MDCK)-transfected with the *MDR1* gene (MDR-MDCK) monolayers with no significant efflux. However, another minor constituent, mitraphylline showed a significant efflux mediated by P-glycoprotein in both Caco-2 and MDR-MDCK monolayers (Manda et al., 2014). Using equilibrium dialysis, these compounds exhibited plasma protein binding of more than 90%. One of the earliest research done on the pharmacokinetic of mitragynine was carried by Janchawee et al. (2007). A simple high performance liquid chromatography method with ultraviolet detection (HPLC–UV) was developed to measure mitragynine in rats plasma sample. After a single oral administration of 40 mg/kg mitragynine, mitragynine was found to be rapidly absorbed. The maximum serum concentration (C_{max}) of 0.63 ± 0.18 μg/mL was achieved at 1.83 ± 1.25 h (T_{max}) with an absorption rate constant (ka) of 1.43 ± 0.90 h^{-1}. Mitragynine had a high volume of distribution (Vd/F, 89.50 ± 30.30 L/kg). This may be due to its distribution to highly perfused and lipid containing tissues, especially the brain, which is its site of action. It was slowly eliminated with an elimination rate constant (λz) of 0.07 ± 0.01 h^{-1} and a clearance (Cl/F) of 1.60 ± 0.58 L/h. The half-life of absorption ($t_{1/2}$ ab) and elimination ($t_{1/2}$ λz) were 0.48 ± 0.36 and 9.43 ± 1.74 h, respectively. The mean residence time (MRT0 → ∞) was 14.00 ± 2.84 h. In a separate study, de Moraes et al. (2009) had described a method to detect mitragynine in rat plasma using HPLC and tandem mass spectrometry (LC–MS/MS). In this study, an oral dose of 20 mg/kg mitragynine led to maximum serum concentration (C_{max}) of 0.42 ± 0.06 μg/mL after a T_{max} of 1.26 h. The half-life of absorption ($t_{1/2}$ ab) and elimination ($t_{1/2}$ λz) were 0.28 ± 0.095 and 3.85 ± 0.51 h, respectively. Total clearance was 6.35 L/h/kg. Mitragynine could still be quantified in the plasma after 24 h (de Moraes et al., 2009). A detailed pharmacokinetic profile of mitragynine after oral and intravenous administration was determined by Parthasarathy et al. (2010). The mitragynine was determined in the plasma with solid-phase extraction and rapid HPLC–UV analysis. After intravenous administration of 1.5 mg/kg, the concentration peaked at 1.2 ± 1.1 h (T_{max}) with 2.3 ± 1.2 μg/mL (C_{max}) followed by a biphasic elimination with a $t_{1/2}$ of 2.9 ± 2.1 h and a total clearance of 0.29 ± 0.27 L/h/kg. The volume of distribution (Vd/F) was relatively small 0.79 ± 0.42 L/kg indicating that mitragynine is not distributed into tissue compartments. The bioavailability of mitragynine through intravenous administration was reported to be complete. However, in contrast to intravenous application, the oral absorption of mitragynine was shown to be prolonged and incomplete with an oral bioavailability of around 3.03 ± 1.47%. After oral administration of 50 mg/kg mitragynine, C_{max} was 0.7 ± 0.21 μg/mL after T_{max} 4.5 ± 3.6 h with $t_{1/2}$ of 6.6 ± 1.3 h. The apparent total clearence was 7.0 ± 3.0 L/h/kg. The bioavailability of mitragynine through inhalation and the bioavailability of other analogues are yet to be explored.

The pharmacokinetic study of mitragynine was carried out in healthy human volunteers who are kratom chronic users. From data of nine subjects, mitragynine levels decline by exponen-

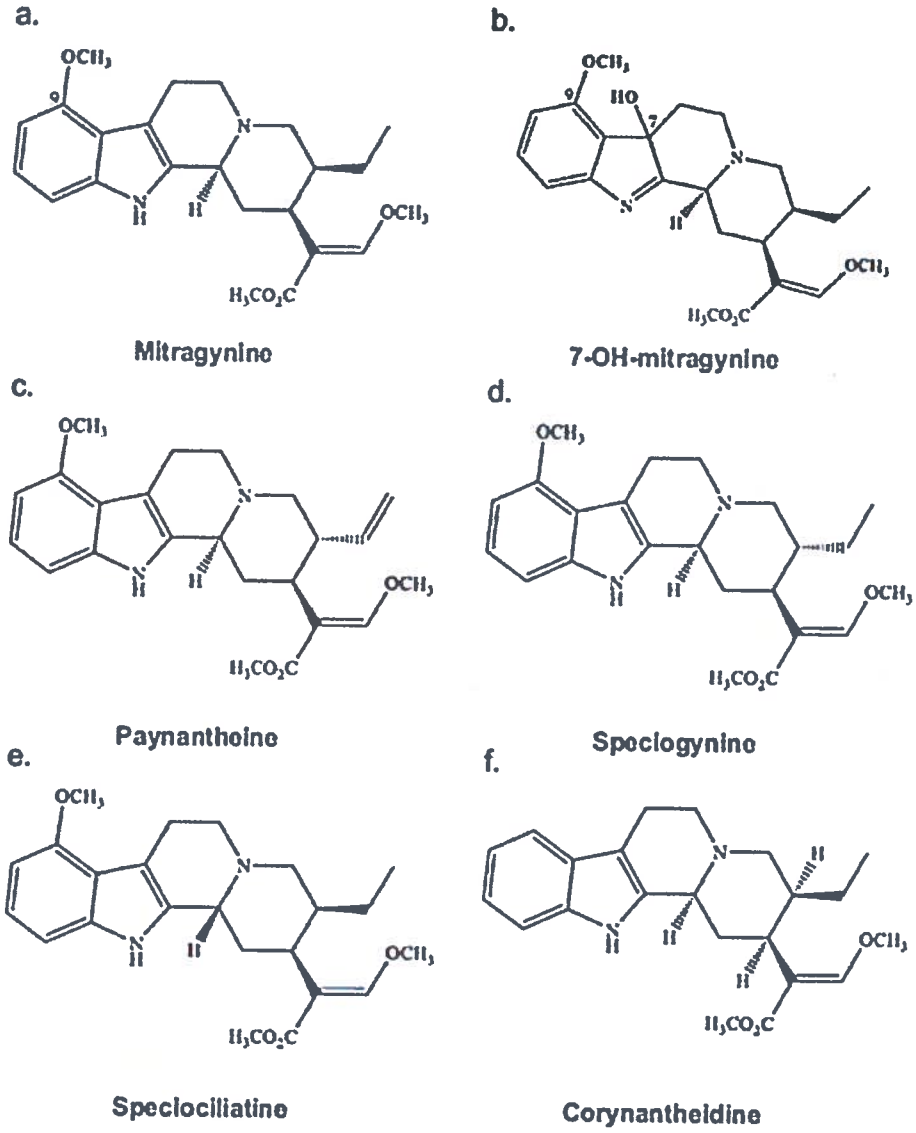

Fig. 1. Chemical structure of mitragynine and its major analogues. (Reprinted with permission from Hassan et al., 2013).

tially suggesting it followed the oral two-compartment model. The maximum plasma concentration was for T_{max} 0.83 ± 0.35 h with terminal $t_{1/2}$ (23.24 ± 16.07 h), and the apparent volume of distribution (38.04 ± 24.32 L/kg). The urine excretion of unchanged mitragynine was 0.14%. However the metabolites were not screen in this study (Trakulsrichai et al., 2015).

The physicochemical properties of mitragynine was recently documented (Ramanathan et al., 2015). The pKa of mitragynine measured by conventional ultraviolet (UV) detection at 248 nm (8.11 ± 0.11) was in agreement with the microplate reader determination (8.08 ± 0.04). Mitragynine is a lipophilic alkaloid, as indicated by a logP value of 1.73. Mitragynine had poor solubility in water and basic media, and conversely in acidic environments, but it is acid labile. In *in vitro* dissolution, the total drug release was higher for the simulated gastric fluid but was prolonged and incomplete for the simulated intestinal fluid. The hydrophobicity, poor water solubility, high variability of drug release in simulated biological fluids and acid degradable characteristics of mitragynine probably explain the large variability of its pharmacological responses reported in the literature (Ramanathan et al., 2015).

Metabolism studies of mitragynine on phase I and phase II in rat and human urine have been reported by Philipp et al. (2009). Seven of the phase I metabolites have been identified which indicates that the metabolic pathways of mitragynine for rats and humans were *via* hydrolysis of the methylester at position 16 and *O*-demethylation of the 9- and 17-methoxy group. These metabolites were from either *via* aldehyde intermediates or oxidation to carboxylic acids or reduction to alcohol metabolites. In rats, five of the phase II metabolites have been identified which are four glucuronides and one sulfate which were conjugated products of the phase I metabolites. Meanwhile, in humans, six of the phase II metabolites have been identified which are three glucuronides and three sulfates (Philipp et al., 2009).

There is a possibility of drug-drug interactions when mitragynine and 7-hydroxy-mitragynine are co-administered with drugs that are P-glycoprotein substrates. Both mitragynine and 7-hydroxy-mitragynine inhibited P-glycoprotein with EC_{50} values of 18.2 ± 3.6 μM and 32.4 ± 1.9 μM, respectively, determined by the calcein-AM fluorescent assay (Manda et al., 2014). Administration of mitragynine and its crude alkaloid extract also

hinder the metabolism of permethrin since both were able to bind to the carboxylesterase enzyme. Hence, there is an increased risk of permethrin toxicity (Srichana et al., 2015). Since mitragynine has been reported to inhibit cytochrome P450 2C9 (IC_{50} = 9.701 ± 4.80 mM), 2D6 (IC_{50} = 0.45 ± 0.33 mM) and 3A4 (IC_{50} = 41.32 ± 6.74 mM) enzyme activities, drug interactions may occur when mitragynine and other drugs that are metabolized by the same enzymes, particularly CYP206, are given concomitantly (Hanapi et al., 2013). With respect to phase II drug metabolism, the possibility of drug-drug interaction may happen if 7-hydroxymitragynine, ketamine and buprenorphine are administered together with drugs that are UG72B7 substrates since these three drugs have been reported to exhibit significant inhibition on human UG72B7 enzyme activity(Haron and Ismail, 2015).

7. Detection of breakdown products of mitragynine

The exposure or abuse of *M. speciosa* can be confirmed by the presence of mitragynine and its metabolites in urine samples. This compound can be detected by gas chromatography coupled with mass spectrometry (GC–MS) (Kaewklum et al., 2005), liquid chromatography with linear ion trap mass-spectrometry (Philipp et al., 2009, 2010a, 2010b; Arndt et al., 2011) or with electrospray tandem mass spectrometry (Lu et al., 2009; Le et al., 2012). Another study did a comparison of three chromatographic techniques using GC with MS, supercritical fluid chromatography (SPC) with diode array detection, and HPLC with MS and diode array detection. Both HPLC and SPC method could resolve mitragynine apart from its diastereoisomers, speciogynine, and speciociliatine. GC however could not fully distinguish these three diastereoisomers as the spectra of the EI, ESI, and ESI MS/MS is nearly identical (Wang et al., 2014).

Mitragynine has been reported to be metabolized to 7-hydroxy-mitragynine, 5-desmethylmitragynine and 17-desmethylhydromitragynine in human urine (Le et al., 2012). A stability study showed that mitragynine was unstable in simulated gastric fluid with 26% degradation but stable in simulated intestinal fluid. 7-hydroxy-mitragynine degraded up to 27% in simulated gastric fluid, which could account for its conversion to mitragynine (23%), while only 6% degradation was seen in simulated intestinal fluid. Mitraphylline was stable in simulated gastric fluid but unstable in simulated intestinal fluid (13.6% degradation). Mitragynine was found to be metabolically stable in both human liver microsomes and S9 fractions. In contrast, both 7-hydroxy-mitragynine and mitraphylline were metabolized by human liver microsomes with $t_{1/2}$ of 24 and 50 min, respectively (Manda et al., 2014).

8. Toxicology

The toxicology of mitragynine and analogues have been reviewed recently (Ramanathan and Mansor, 2015). In animal models, mitragynine showed a relatively low toxicity (Macko et al., 1972; Sabetghadam et al., 2013b). Azizi et al. (2010) reported that oral doses of total alkaloid extract of *M. speciosa* at 200 mg/kg caused lethality in rats. Janchawee et al. (2007) also reported that a single dose of mitragynine (200 mg/kg) given orally caused death in rats.

Another study demonstrated that oral treatment of methanolic extract of *M. speciosa* at 100, 500 and 1000 mg/kg for 14 days caused no changes in food and water intake, behaviour, hematological status and organ weights, but increased the blood pressure after one hour of administration in rats. Biochemical studies also revealed an increase in alanine transaminase (ALT) and aspartate aminotransferase (AST), triglyceride, albumin and cholesterol, regardless of the doses. However, only the highest dose caused acute severe hepatotoxicity and mild nephrotoxicity (Harizal et al., 2010). Sabetghadam et al. (2013a) reported an LD_{50} of 477 mg/kg for mitragynine and 591 mg/kg for alkaloid extract in mice. The therapeutic index for the alkaloid extract and for mitragynine was estimated as 3:1 and 20:1, respectively, suggesting that mitragynine is relatively safer compared to the alkaloid extract. The authors also reported that mitragynine treatment at 100 mg/kg for 28 days led to hepatotoxicity as evidenced by the increase of ALT and AST. Mild kidney toxicity with a significant increase in serum levels of urea was also observed. Histopathological examination revealed brain abnormalities as indicated by local vacuolation, necrotic and degenerating neurons in the 100 mg/kg subchronic regimen in both female and male rats (Sabetghadam et al., 2013b). No signs of toxicity, such as haemorhage and infiltration of inflammatory cells, were observed for heart, lung, and spleen.

A recent study showed that rats when orally administered with 100, 200, and 500 mg/kg of the standardized methanolic extract of *M. speciosa* (SMEMS) for 28 days, had an altered body weight compared to control group. Biochemistry findings showed that liver and kidney were affected with the abnormal values in AST, creatinine, globulin, glucose, total protein, and urea. However, SMEMS produced toxic effect more to liver, kidney, and lung than other organs as observed histopathologically. The results suggested subchronic exposure of methanolic extract is toxic to the animals (Ilmie et al., 2015). However, chronic studies of mitragynine and its extract are needed in order to understand the effects of long term exposure.

To date, there have been no reports of fatal overdose of Kratom *per se*. If there are such occurrences, they are probably the result of Kratom products contaminated with synthetic adulterants. For instance, Kroonstad et al. (2011) reported nine fatal cases involving adulterated Kratom products. The product known as "Krypton" consists of powdered Kratom leaves and mu-opioid receptor agonist, *O*-desmethyltramadol was detected in the post-mortem blood samples. Despite limited data involving fatal cases through consumption of adulterated Kratom products, serious adverse reactions have been reported in several cases (Ramanathan and Mansor, 2015). A typical case of adverse reactions related to Internet access to kratom was reported by Roche et al. (2008), where the user did not report taking it together with other drugs or substance of abuse. The patient experienced foaming at the mouth and seizure-like movements and later developed fever, aspiration, pneumonia and presented an episode of hypotension in response to intravenous fluids. Another case characterized by seizure and coma was reported by Nelsen et al. (2010). The hepatic toxicity in the form of intrahepatic cholestasis was reported after intake of powdered Kratom with escalating doses for 2 weeks in the absence of any other drugs. Mitragynine and its metabolites were detectable in the urine sample 2 weeks after cessation of drug use (Kapp et al., 2011).

Taken together, the above findings suggest that various *M. speciosa* preparations and consumption may be toxic and could be potentially lethal depending on the dose, duration and possible herb-drug interactions.

9. Pharmacology

9.1. Receptor interactions

Previous studies have suggested that mitragynine acts as an opioid receptor agonist with high affinity to μ-opioid receptors (Yamamoto et al., 1999; Watanabe et al., 1997). Mitragynine pseudoindoxyl, its derivative compound also demonstrates potent opioid agonistic properties *in vitro* (Yamamoto et al., 1999). Mitragynine exhibited its antinociceptive effects *via* supraspinal μ- and δ-opioid receptors in both *in vivo* and *in vitro* studies (Babu et al.,

2008; Thongpradichote et al., 1998; Tohda et al., 1997; Matsumoto et al., 1996a). A recent study by Shamima et al. (2012) further confirmed that mitragynine acts *via* opioid receptors as the administration of naloxone, a non- selective opioid receptor antagonist completely reversed the antinociceptive effects of mitragynine. Mitragynine also acts *via* δ opioid receptors since blockade by naltrindole, a δ-opioid antagonist yields the same result. However, this study also showed that mitragynine acts partially on κ-opioid receptors (Shamima et al., 2012).

Meanwhile, a competitive binding study has shown that mitragynine has different affinity to different opioid receptor subtypes. Mitragynine exerts the highest affinity to κ-opioid receptors followed by μ- and δ-opioid receptors. These differences in binding affinity may be due to the differences in interaction between polar structures of mitragynine with a set of N-termini and carboxyl (COOH) transmembrane 4 and extracellular loop 2 and 3 located at the membrane which differentiate between the μ-, κ- and δ-opioid receptors (Taufik Hidayat et al., 2010). In addition, central opioid receptors may also be involved in mediating the effects of mitragynine, particularly on its psychoactive effects of mitragynine.

At cellular level, mitragynine blocked neuronal Ca^{2+} channels, which partly contributes to the inhibition of neurotransmitter release from the nerve endings at the vas deferens. The neuronal Ca^{2+} channel-blocking effect of mitragynine is believed to be a general mechanism for other physiological effects (Matsumoto et al., 2005b). Mitragynine was also found to inhibit forskolin-stimulated cAMP formation *in vitro* which can be blocked by the opioid receptor antagonist, naloxone (Tohda et al., 1997; Jamil et al., 2013). Study by Fakurazi et al. (2013) demonstrated that repeated exposure to mitragynine and morphine concomitantly caused a reduction in the expression of cAMP and CREB protein level. However, previous studies mainly focused on the interactions of mitragynine with opioid receptors. Present findings do not rule out involvement of other receptors which are crucially involved in *e.g.* psychostimulant action. Thus, studies on other receptor interactions are warranted.

9.2. Pharmacological effects

Many scientific reports provide accumulating evidences that active compounds present in *M. speciosa* produce a variety of pharmacologic effects, both *in vivo* and *in vitro*. One of the pharmacologic effects include the inhibition of ileum (Watanabe et al., 1997) and vas deferens contraction (Matsumoto et al., 2005b) as well as the inhibition of gastric acid secretion (Tsuchiya et al., 2002) which is comparable to the actions of morphine.

9.3. Antidepressant activity

Chronic administration of *M. speciosa* extract induced Fos expression in the dorsal raphe nucleus, the major source of serotonergic projections in the brain. However, acute administration of *M. speciosa* extract only caused a slight increase in Fos expression (Kumarnsit et al., 2007b). Meanwhile, single administration of *M. speciosa* extract reduced the duration of immobility in forced swim test indicating that the extract has antidepressant-like activity. Thus, it seems likely that at least some of the immunoreactivity or behavioural effects of *M. speciosa* extract were mediated *via* activation of the dorsal raphe nucleus (Kumarnsit et al., 2007b).

Farah Idayu et al. (2011) further proved that mitragynine possesses antidepressant-like effect as supported by the significant reduction in corticosterone levels in mice exposed to the forced swim test and tail suspension test. The authors suggested that the antidepressant-like action of mitragynine might be mediated *via* restoration of monoamine neurotransmitter levels including serotonin, noradrenaline and dopamine, and/or *via* interaction with neuroendocrine hypothalamic-pituitary-adrenal axis systems (Farah Idayu et al., 2011). In addition, repeated treatments of *M. speciosa* extract for seven days increased the time spent in open arm of elevated plus-maze, indicating the anxiolytic-like effects of *M. speciosa* extract (Moklas et al., 2013). In another study, anxiolytic-like effects of acute mitragynine was also observed in the open field and elevated plus maze tests (Hazim et al., 2014). Recent study further supported the anxiolytic-like effects of acute mitragynine in a light/dark box and elevated plus-maze (Yusoff et al., 2016).

δ opioid receptor agonists was found to produce antidepressant-like effects in the forced swimming test of animal model (Saitoh and Yamada, 2012). In addition, δ opioid receptor knockout mice also demonstrated increased levels of anxiety and depressive-like behaviour but not for μ- and κ- opioid receptors (Filliol et al., 2000). The effects of AZD2327, a δ opioid receptor agonist, was reported to have anxiolytic-like properties in prenatal stress rodents, but no statistically significant differences between drug and placebo groups in rating scale scores for either anxiety or depression in participants with anxious depression (Richard et al., 2016). Evidence from animal studies indicate that mitragynine acts on μ-, κ- and δ-opioid receptors (Shamima et al., 2012; Taufik Hidayat et al., 2010; Babu et al., 2008; Thongpradichote et al., 1998; Tohda et al., 1997; Matsumoto et al., 1996a). These could probably explain mitragynine exerts an antidepressant-like effects.

9.4. Gastrointestinal effects

The methanolic extract of *M. speciosa* reduced the defecation frequency and faecal weight in castor oil-induced diarrhoea in rats. However, the methanolic extract of *M. speciosa* may affect mechanisms other than opioid-receptor-mediated since naloxone pre-treatment showed no effect on the inhibition of the defecation frequency and faecal weight. A single dose of the methanolic extract of *M. speciosa* also resulted in a dose-dependent reduction of the intestinal transit, which is the time taken for the ingesta to pass through the gastrointestinal tract. Repeated treatments with this extract, however, did not cause any significant change of the intestinal transit and fluid (Chittrakarn et al., 2008). Subcutaneous 7-hydroxy-mitragynine also caused an inhibition of the gastrointestinal transit in mice (Matsumoto et al., 2006). Meanwhile, central administration of mitragynine into the lateral ventricle did not alter basal gastric acid secretion. Administration into fourth ventricle of anesthetized rats, however, caused an inhibition of 2-deoxy-D-glucose-stimulated gastric acid secretion in a dose dependent manner. This inhibition was reversed by naloxone, thus suggesting an involvement of opioid receptors.

9.5. Anorectic effect

Acute administration of the alkaloid extract of *M. speciosa* in rats significantly reduced food and water intake while chronic administration caused a prolongation in these reductions and eventually led to a suppression of body weight gain (Kumarnsit et al., 2006). The level of cholecystokinin, a peptide hormone of the gastrointestinal system which is associated with hunger suppression, was not affected by the methanolic extract of *M. speciosa*. These findings suggest that the anorectic effect of the plant extract may be attributed to other factors (Chittrakarn et al., 2008). Tsuchiya et al. (2002) suggested that the anorectic effects of *M. speciosa* is related to a direct inhibition of neurons in the lateral hypothalamus or with an addictive disorder.

9.6. Antinociceptive effects

Extensive studies have been performed to investigate the antinociceptive properties of *M. speciosa* (Matsumoto et al., 1996a,

b, 2004, 2005a, 2006; Reanmongkol et al., 2007; Shaik Mossadeq et al., 2009). Methanolic and alkaloid extracts from *M. speciosa* exert antinociceptive activity in mice. However, oral administration of both methanolic and alkaloid extracts only prolonged the latency of nociceptive responses to noxious stimulation in hot-plate test with higher potency in methanolic extracts, but not in tail-flick test. The antinociceptive action could be blocked by naloxone, thus suggesting the action *via* opioid receptors (Reanmongkol et al., 2007). In accordance with these findings was a study by Shaik Mossadeq et al. (2009) who showed that intraperitoneal administration of methanolic extract of *M. speciosa* in mice increased the latency to nociceptive responses in the hot-plate test. Acetic-acid-induced writhing test and formalin test further proved that the methanolic extract of the plant has an antinociceptive activity as it significantly inhibits the writhing responses and pain sensation in both tests (Shaik Mossadeq et al., 2009). Another study showed that oral administration of alkaloid (20 mg/kg), methanolic (200 mg/kg) and aqueous (400 mg/kg) extracts of *M. speciosa* prolonged the latency to nociceptive response in both hot-plate and tail-flick tests. The antinociceptive effects of these extracts could be blocked by pretreatment with naloxone (Sabetghadam et al., 2010).

A recent study compared *M. speciosa* and its active component, mitragynine, against the well-known and commonly abused opioids, morphine and oxycodone, on thermal nociception in rats. In this study, mitragynine exhibited antinociceptive effects similar to oxycodone when administered both intraperitoneally (i.p) and orally. *M. speciosa* exhibited a trend towards antinociceptive effects when administered both i.p and orally. This research demonstrated that *M. speciosa* possesses properties like oxycodone and raises the possibility of an abuse liability which might warrant consideration for restrictions on the consumer marketplace (Criddle, 2015; Carpenter et al., 2016).

7-Hydroxy-mitragynine, a minor constituent of *M. speciosa*, has been found to have more potent antinociceptive activity than morphine in tail-flick and hot-plate tests when administered orally or subcutaneously. The higher potency and rapid effect of 7-hydroxy-mitragynine might be attributed to its strong lipophilicity and easy penetration of the blood brain barrier. However, 7-hydroxy-mitragynine is actually more polar than mitragynine which makes it more difficult to cross the blood brain barrier (Matsumoto et al., 2004, 2006). The antinociceptive effects of 7-hydroxy-mitragynine were dose-dependent and primarily mediated through μ1-opioid receptors since blockade of this receptor completely abolished the antinociceptive effects in both tail-flick and hot-plate tests (Takayama, 2004). In addition, supraspinal δ- (Matsumoto et al., 2006) and κ-opioid receptors (Matsumoto et al., 2005a) were also considered to be partially responsible for the antinociceptive activity of 7-hydroxy-mitragynine.

A dual-acting μ- and δ-opioid agonist derived from 7-hydroxy-mitragynine and MGM-16 (7-hydroxy-mitragynine and (E)-methyl 2-((2S,3S,7aS,12aR,12bS)-3-ethyl-9-fluoro-7a-hydroxy-8-methoxy-1,2,3,4,6,7,7a,12,12a,12b-decahydroindolo[2,3-a]quinolizin-2-yl)-3-methoxyacrylate) showed potent anti-allodynic effect on neuropathic pain in mice. It has high affinity to both μ- and δ-opioid receptors with Ki values of 2.1 and 7.0 nm respectively (Matsumoto et al., 2014).

In general, studies have shown that *M. speciosa* and its preparations possessed various pharmacological activities with the focus on antinociception, antidepression and antiinflammation. However, mechanisms underlying the pharmacological activities of *M. speciosa* need to be elucidated.

9.7. Abuse potential effects

M. speciosa has been claimed to possess both narcotic and stimulant-like effects, which both contribute to an abuse potential (Suwanlert, 1975). The users claimed that they became happy, strong and active after five to ten minutes of *M. speciosa* consumption (Hassan et al., 2013). The psychomotor stimulant effects urged them to continue consuming the plant until it developed into a habit. Cheapness and easy access to this plant may contribute to the gradual increase of the user's daily dosage (Suwanlert, 1975; Chan et al., 2005; Vicknasingam et al., 2010).

Aziz and Latiff (2006) conducted drug discrimination procedures in rats to identify the psychoactive class of Kratom. Rats were trained to discriminate between kratom extract and saline. Thereby kratom exerted only a weak control over differential lever responding compared to more readily discriminable drugs such as D-amphetamine and pentobarbital.

A recent study in rats demonstrated that the discriminative stimulus effect of mitragynine depend on both opioid- and psychostimulant-like subjective. Rats acquired the mitragynine discrimination (15.0 mg/kg, i.p.) which was similar to the acquisition of morphine discrimination (5.0 mg/kg, i.p.) in another group of rats. Mitragynine also substituted fully to the morphine discriminative stimulus in a dose-dependent manner, suggesting pharmacological similarities between the two drugs. The administration of 7 hydroxy-mitragynine (3.0 mg/kg, i.p.) engendered full generalisation to the morphine discriminative stimulus. The mitragynine stimulus also partially generalised to a cocaine (10.0 mg/kg, i.p.) stimulus (Harun et al., 2015).

In humans, chronic consumption of *M. speciosa* preparations is usually followed by withdrawal symptoms such as hostility, aggression, excessive tearing, inability to work, aching of muscle and jerky limb movements (Hassan et al., 2013; Singh et al., 2014). It can also be accompanied by anorexia, weight loss, insomnia, skin pigmentation particularly on cheeks, dry mouth, frequent micturition and constipation with blackish stools. In some cases, psychotic symptoms such as confusion and delusion were reported (Sheleg and Collins, 2011). *M. speciosa* dependence also produced withdrawal symptoms like anxiety, restlessness, tremor, sweating and craving in an old man with a history of alcohol and anxiety disorder (McWhirter and Morris, 2010). This is in line with reports in animals that describe opioid-like somatic withdrawal, locomotor hypersensitivity after single drug stimulation and enhanced anxiety levels following withdrawal from chronic mitragynine (Yusoff et al., 2016).

Drug tolerance occurs when a dose of specific drug no longer gives the same reactions and a higher dose is required to produce the desired effects. 7-hydroxy-mitragynine and (E)-methyl 2-(3-ethyl-7a,12a-(epoxyethanoxy)-9-fluoro-1,2,3,4,6,7,12,12b-octahydro-8-methoxyindolo[2,3-a]quinolizin-2-yl)3methoxyacrylate (MGM-9), a derivative of mitragynine, induced tolerance in mice after repeated administration for 5 consecutive days. This was shown by the significant reduction of the analgesic effect of each substance. The anti-nociceptive tolerance was mediated by μ-opioid receptors for 7-hydroxy-mitragynine, but both μ- and κ-opioid receptors for MGM-9 (Matsumoto et al., 2005a, 2008).

Accumulating evidences suggest that *M. speciosa* may be beneficial to mitigate the harshness of drug withdrawal. Kumarnsit et al. (2007a) demonstrated that aqueous extract of *M. speciosa* reduced the ethanol withdrawal-induced behaviours such as rearing and head weaving. Another study demonstrated that the alkaloid extract from *M. speciosa* alleviated ethanol withdrawal severity with no side effect on rapid eye movement (REM) sleep. The crude alkaloid extract from *M. speciosa* was found to produce anti-depressant activities. It was hypothesized that the alkaloid extract from *M. speciosa* may attenuate ethanol withdrawal without REM sleep disturbance. In this study, adult male Wistar rats implanted with electrodes over the frontal and parietal cortices were used for two separated studies. For an acute study, 10 mg/kg

fluoxetine or 60 mg/kg alkaloid extract from *M. speciosa* were administered intragastrically. EEG signals were recorded for 3 h to examine sleep profiles and EEG fingerprints. Another set of animal was used in an ethanol withdrawal study. They were rendered dependent on ethanol *via* a modified liquid diet (MLD) containing ethanol ad libitum for 28 days. On day 29, fluoxetine (10 mg/kg) or alkaloid extract from *M. speciosa* (60 mg/kg) were administered 15 min before the ethanol-containing MLD was replaced with an isocaloric ethanol-free MLD to induced ethanol withdrawal symptoms. The sleep analysis revealed that alkaloid extract from *M. speciosa* did not change any REM parameters which included average duration of each REM episode, total REM time, number of REM episode and REM latency whereas fluoxetine significantly suppressed all REM parameters and delayed REM latency. However, power spectral analysis revealed similar fingerprints for fluoxetine and alkaloid extract from *M. speciosa* characterized by decreasing powers in the slow frequency range in frontal and parietal cortical EEG. Neither treatment affected spontaneous motor activity. Finally, alkaloid extract from *M. speciosa* or fluoxetine were found to significantly attenuate ethanol withdrawal-induced hyperexcitability (increases gamma activity) in both cortices and to reduce locomotor activity. In addition, these data suggest that suppressive effects on slow frequency power, but not REM sleep may be hallmarks of effective antidepressants for ethanol withdrawal treatment (Cheaha et al., 2015).

In another study using zebrafish, the effects of mitragynine on anxiety behaviour, cortisol level and gene expression of stress pathway were assessed during the morphine withdrawal phase. Cessation of two weeks chronic treatment of adult zebrafish with morphine caused a decrease in exploratory behaviour, increased erratic movements and elevated whole-body cortisol level. However, exposure to mitragynine attenuated the stress-related swimming behaviours and reduced the whole-body cortisol level in morphine-withdrawn fish. Mitragynine was also able to reduce the mRNA expression of corticotrophin releasing factor receptors and prodynorpin in zebrafish brain, suggesting that mitragynine may be effective in ameliorating opiate withdrawal effects (Khor et al., 2011). Acute anxiolytic effect of mitragynine was also observed in two different tests, the light-dark box and elevated plus maze by Yusoff et al. (2016).

The rewarding properties of kratom metabolites and its derivatives have been elucidated in animal models by Matsumoto et al. (2008) using conditioned place preference (CPP). This associative learning procedure is based on the notion that animals prefer environments previously associated with positively reinforcing substances, such as morphine and other drugs of abuse. The rewarding properties can lead to dependence and addiction (Huston et al., 2013). From the study, 7-hydroxy-mitragynine induced a significant CPP and hyperlocomotion effects in mice, which were suggested to be mediated by μ-opioid receptors. In contrast, MGM-9 did not produce such a rewarding effect, probably due to its dual-acting μ- and κ-opioid agonist properties. Based on the previous studies, systemic administration of a μ-opioid agonist activates dopaminergic system and induces CPP as well as hyperlocomotion effects (Matthes et al., 1996) whereas κ-opioid agonist administration decreases locomotor activity and exhibits place aversion (Kuzmin et al., 2001; Narita et al., 2001).

Using extract-fraction-constituent strategy, Sufka et al. (2014) investigated the putative liabilities of kratom by concomitant screening of kratom extract, kratom alkaloid fraction and mitragynine for their rewarding properties. This approach is believed to reveal, if any, antagonistic or synergistic effects within the kratom extract and fraction, fully characterize the liabilities of mitragynine. From the findings, mitragynine exhibited a robust increase in preference score indicative of a CPP. Meanwhile, kratom extract and its fraction increased preference scores in a lesser degree compared to mitragynine, which could be due to lower concentration of mitragynine present and/or presence of other psychoactive constituents that affect mitragynine's rewarding effects (Sufka et al., 2014).

In conjunction to the above findings, our group has also demonstrated a significant CPP effect by mitragynine at dose of 10 mg/kg after 8 conditioning trials (Yusoff et al., 2016). Like morphine, mitragynine at all doses tested did not show any increment in locomotor activity after single drug administration. However, mitragynine did not resemble morphine' responses in terms of sensitization development. Morphine increased locomotor activity after the second treatment. In contrast, mitragynine, induced locomotor sensitization only after four treatment trials and only after the highest dose tested (30 mg/kg). It seems that mitragynine may need a higher dose and longer time to develop locomotor sensitization effect compared to morphine. Furthermore, mitragynine did not produce a profound conditioned locomotor effect as elicited by morphine and methamphetamine, suggesting that the mitragynine response is less associated with psychomotor activation. From the CPP studies, it can be concluded that the rewarding properties of mitragynine support the abuse potential of kratom.

It has been established that the CPP effects induced by various classes of drugs of abuse, such as cocaine, methamphetamine and morphine, depend on activation of the mesolimbic dopaminergic system (McCreary et al., 2015). The ventral tegmental area of the midbrain contains the cell bodies of the mesolimbic dopaminergic neurons, which are under tonic inhibition of GABAergic interneurons. Activation of opioid receptors localized on the GABAergic neurons reduces GABAergic neuronal activity and consequently disinhibits dopaminergic system. Increases in the extracellular dopamine releases at particular brain areas including nucleus accumbens, result in reward effects (Sahraei et al., 2009). In our lab, research on some basic aspects of these pathways has been undertaken to study the neurobiology of mitragynine reward. Since pharmacological studies revealed that mitragynine has agonistic effects on opioid receptors (Watanabe et al., 1997; Matsumoto et al., 2005b; Taufik Hidayat et al., 2010), there is a possibility that mitragynine may shares the common reward circuit as above.

Apart from that, the mechanistic analysis of mitragynine action in the brain reward system has been studied following subchronic administration of mitragynine in mice and rats (Yusoff et al., 2016). The locomotor sensitization observed was accompanied by sensitization of the dopamine system in a brain region containing dopamine neurones (mesencephalon) but not in the target areas of their projections (ventral striatum), as reflected by an enhanced expression of dopamine transporter (DAT) and dopamine receptor-regulating factor (DRRF) mRNA. Other potential mechanisms identified for mitragynine addictive behaviours include serotonergic mechanisms, however it should be noted that they are not comprehensive and warrant further investigation (Hassan et al., 2013; Yusoff et al., 2016).

In general, data from both human reports and animal studies suggests that *M. speciosa* extracts and its psychoactive compounds may have a significant abuse and addiction potential through its narcotic and stimulant-like effects.

9.8. Cognitive effects

Emerging evidence has shown that consumption of *M. speciosa* or its psychoactive compounds can alter cognitive functions. Chronic administration of mitragynine (5, 10 and 15 mg/kg, i.p) decreased the performance in an object location task, indicating the impairment of the working memory (Apryani et al., 2010). However, a study by (Hazim et al., 2011) showed a contrasting results. Acute oral administration of an alkaloid extract of *M. speciosa* or mitragynine (20, 40 and 80 mg/kg) did not affect the short-term

memory as no difference was observed in the spontaneous alternation scores in the Y-maze task.

In a passive avoidance task, animals that were orally treated with the methanolic extract of *M. speciosa* (1000 mg/kg) were able to avoid the test environment where it previously received aversive stimulus. This finding suggested that the methanolic extract of *M. speciosa* can facilitate learning. However, the reduction in the step-through latency of a passive avoidance task indicated that memory consolidation was impaired while no changes were observed in the memory consolidation of the two-way active avoidance task (Senik et al., 2012b). Meanwhile, the acute oral ethanolic extract of *M. speciosa* impaired the acquisition of the shuttle box avoidance learning, but not the memory consolidation (Stolt et al., 2014).

Recently, a more comprehensive study was carried out by Yusoff et al. (2016). Acute administration of mitragynine (1, 5 and 10 mg/kg, i.p) impaired all phases of learning and memory, *i.e.* acquisition, consolidation, and retrieval, of the passive avoidance task. These impairments are in line with the disruption of the low-frequency rhythms (delta and theta) in the electroencephalogram of the rats treated with mitragynine. Chronic administration of mitragynine (1, 5 and 10 mg/kg, i.p, 28 days) led to the impairment of the passive avoidance learning that could be seen during early withdrawal and abstinence. However, memory impairment in a new learning task during abstinence was only observed at a dose of 10 mg/kg, suggesting a dose-dependent effect of mitragynine (Yusoff et al., 2016).

Physiological study further supported the effects of *M. speciosa* on the cognition. The methanolic extract of *M. speciosa* was found to produce an irreversible reduction of field excitatory post-synaptic potentials (fEPSP) amplitude with an IC_{50} of 0.008% in the hippocampal slices of rats. The methanolic extract of *M. speciosa* at 0.008% also inhibited long term potentiation (LTP) induction but induced a short-term potentiation. LTP is considered to underlie the learning and memory processes in the brain (Hansen and Manahan-Vaughan, 2015, Shapiro, 2001; Martin and Morris, 2002). Therefore, the finding may elucidate one of the mechanisms underlying the memory-impairing effects of *M. speciosa* (Senik et al., 2012a).

In conclusion, studies in rodents have revealed that consumption of mitragynine or other *M. speciosa* extracts can cause cognitive deficit as observed in different behavioural tasks. However, evidence for the mechanisms underlying the cognitive deficit is still missing and merits further investigations.

Authors' contributions

F.W.S., N.H.M.Y., R.H, S.M.M, C.P.M. and Z.H. wrote the paper. All authors read and approved the manuscript.

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July 10, 2020

To: Dave Wuest
Nevada Board of Pharmacy

Fr: PACE Coalition
Elko, Nevada

PACE Coalition is a community coalition in Elko County, Nev., and member of the Nevada Statewide Coalition Partnership.

PACE Coalition supports the scheduling of kratom, mitragynine, and 7-hydroxymitragynine for the following reasons:

1. Kratom has no FDA-approved medical application in the United States.
2. Kratom and kratom-derived products sold in Nevada lack adequate quality controls and standards.
3. Kratom's action on opioid receptors gives it a high likelihood of producing dependency and addiction.
4. Kratom's interactions with other drugs are not well studied, whereas it has been linked to several deaths in combination with other substances.
5. Deaths from kratom use alone are documented.
6. Claimed benefits by kratom users and vendors are anecdotal and unsupported by controlled scientific trials.
7. Kratom products have been linked to salmonella outbreaks.
8. Unacceptable levels of some heavy metals have been found in some kratom products.
9. Kratom use has been linked to liver damage
10. Kratom's effects are dose dependent. Without adequate controls over potency, users are unable to reliably manage the effects from their use.
11. Kratom's efficacy as a treatment for opioid dependence and withdrawals is not clearly established.
12. Regular kratom users experience varying degrees of withdrawal symptoms.
13. Those who use kratom for its opioid-like euphoria may be drawn to other opioid use.

Many safer, evidence-based options exist for those coping with pain. Another unregulated substance with safety concerns makes it more likely that some will try to self-medicate or avoid proper medical care for pain-producing conditions. Public safety decreases when people without proper training or experience experiment with unproven drugs or combinations of drugs.

For these reasons, PACE Coalition, favors scheduling kratom and its derivatives or synthetic analogs.

Sincerely,

Laura L. Oslund, Executive Director
PACE Coalition

Nevada Statewide
Coalition Partnership

P.O. Box 20732
Carson City, NV 89721
775.450.7333

July 8, 2020

Dave Wuest, Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Mr. Wuest:

The Nevada Statewide Coalition Partnership (NSCP) is submitting this letter as public comment to the Board of Pharmacy public hearing to be held July 16, 2020. This public comment specifically addresses support of the scheduling of Kratom in Nevada.

When Kratom first appeared in retail establishments, there was confusion as to what this product was and the effects of its use. Coalitions across the state researched the origins of this product, how consumers were using it, the effects of usage by consumers, and the impacts of potential abuse. Recently, there has been a surge in the marketing of Kratom, resulting in increased abuse of the product.

Kratom can act as a stimulant or depressant, depending on the quantity taken, but is most often used to feel the same affects as heroin. The ease of access, challenges with drug testing, and false marketing claims make this product attractive to consumers, leading to over usage of the product and addiction. Scheduling Kratom would alleviate the misconceptions about this product and deter retail establishments from marketing it as an herbal supplement with no harmful effects.

In closing, the substance misuse prevention coalitions that are members of the Nevada Statewide Coalition Partnership, respectfully ask that you consider the harm this product produces and schedule this product.

Sincerely,

Linda Lang
Director

JTNN Join Together Northern Nevada
Building Partnerships for a Healthy Community

July 8, 2020

Directors of the Nevada State Board of Pharmacy:

As the Executive Director of Join Together Northern Nevada (JTNN), a nonprofit substance abuse prevention coalition in Washoe County, I'd like to provide public comment on the potential scheduling of the drug mitragynine (kratom). JTNN facilitates conversations to address substance use issues in the community and monitors drug trends to provide timely education and awareness about drugs of abuse to parents, teachers, youth and other community members.

JTNN staff first became aware of youth and others abusing kratom in Washoe County five years ago. Our office began to get calls from parents about an herb their kids were using, and we started hearing from students that they were purchasing kratom at convenience stores and head shops with the intent of getting high. They had figured out how to use it as a sedative or a stimulant, depending on their desired effect, and they also discovered the drug wasn't appearing on drug screens. Around the same time, we began hearing from our treatment partners about their clients who were addicted to kratom, withdrawing from kratom, or relapsing by using kratom. In the last year, our partners at Washoe County's Alternative Sentencing reported noticing their probationers were acting like they were high, yet not testing positive for any drugs. They implemented a 14-panel drug test and found a high percentage of their probationers testing positive for kratom. Alternative Sentencing does not allow the use of kratom, and they're concerned by their probationers who are suffering withdrawal right alongside those who abuse prescription opioids or heroin.

As you most likely know, there have been multiple reports of deaths throughout the country of people who had ingested kratom, in most cases with other substances. The Washoe County Medical Examiner began tracking decedents whose tox screens included mitragynine (kratom) in 2019 and providing that data in quarterly reports for which opioid-related and methamphetamine-related deaths are also reported.

As a substance abuse prevention coalition, our staff stays abreast of trends in the community by conducting environmental scans relating to the marketing and sales of alcohol, marijuana, vaping devices, and other products sold in various retail establishments. Recently JTNN staff conducted an environmental scan at a few head shops as well as a kratom-only shop to learn how kratom was being marketed. The persona of the head shop staff was that of a medical professional giving advice of how to use kratom to get a desired effect which contrasted with the dark, somewhat gritty nature of the stores visited. The kratom-only establishment visited

was clean and aesthetically pleasing. When walking into the store, JTNN staff were automatically transported into what feels like a health and wellness spa with a hint of matcha tea in the air. The establishment markets to the modern-day woman who needs something to take the edge off without any judgement. Upon greeting the customers, sales staff explain the amazing benefits of kratom from curing nausea, pain, and helping with sleep, to providing a "euphoric" feeling. During the visit JTNN staff asked several questions to which the answers are provided below.

- **Question: Can kratom get you high? Sales person's answer:** "No, it's natural so you don't get high, you just get a strong sense of euphoria." She said it's not possible to overdose on kratom, so keep taking it until you reach your "desired feeling." She said, "the worst thing that could happen is you get constipated or a little stomach pain."
- **Question: Can I mix my anxiety medication with kratom? Sales person's answer:** "You should talk to your doctor, but I take my anxiety medication and my pain medication for my back with my kratom and nothing bad has happened. "
- **Question: How do you consume kratom and is it safe to take before or after work? Sales person's answer:** "I take it everyday. You can mix it with coffee, put it in smoothies, or take it by the spoonful." She explained that even though kratom has sedative effects, users are still completely functional no matter what strain they use. She has taken kratom at work and is still able to assist the customers to her fullest ability and has driven under the influence of kratom and was completely fine.

I wanted to share this with you to give you an idea of how this drug is being marketed and sold in our community. JTNN staff concluded that shops like the ones mentioned above can be very harmful to average consumers who may not take the time to conduct their own research before being sold a drug that could potentially do harm through interactions with prescribed drugs.

It is JTNN's position that mitragynine (kratom) should be scheduled in the state of Nevada. From our interactions with youth, parents, treatment agencies, and Washoe County Alternative Sentencing, we have learned this is a drug being abused like other illicit drugs, and we do not believe it is safe for our community.

Sincerely,

Jennifer DeLett-Snyder
Executive Director

PARTNERSHIP Carson City
Education. Prevention. Results

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Executive Secretary, Mr. Dave Wuest
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Dear Mr. Wuest and Nevada State Board of Pharmacy,

As Youth Program Coordinator of Partnership Carson City, Carson City's Substance Abuse Prevention and Education Coalition, I am writing to you to inform you of Partnership Carson City's (PCC) support to schedule the Kratom (Mitragyna speciose).

For nearly 10 years PCC has worked with local law enforcement, the Carson City Sheriff's Office, and retailers to educate on the risks of Kratom. Educational opportunities include training retailers on ID checking through Responsible Beverage and Purchasing Training, behind the counter placement to minimize theft by underage individuals and provide information on the substance itself to ensure understanding of Kratom all while encouraging the retailer to not sell the products. While our efforts persist, Carson City continues to see Kratom on its shelves.

In my role as Youth Program Coordinator, I work directly with the youth population of Carson City and have built a strong rapport in order to effectively educate and empower youth to become advocates of Carson City and the issues that surround them in our community. Kratom has become a topic that the youth of Carson City find to be a major emerging problem. With Kratom being readily available on the shelves of gas stations and many other stores that might attract youth, the accessibility is growing astronomically. Youth have reported directly to me that they are seeing more use of Kratom within their peers as another option to using opioids. While PCC respects the historical and traditional use of this herb, western tradition uses this substance as a recreational drug to fulfill and opiate like high that eventually becomes addictive. PCC strives to create a healthy community through prevention at this time the best course to take is prevention through the scheduling of Kratom. Thank you for your time and support on this matter.

Samantha Szoyka
Youth Program Coordinator